

MISSISSIPPI  
AMENDATORY ENDORSEMENT

This endorsement, effective \_\_\_\_\_ forms a part of  
policy no.: \_\_\_\_\_ issued to  
by: \_\_\_\_\_

**CANCELLATION / NONRENEWAL**

Wherever used in this endorsement: 1) "we", "us", "our", and "Insurer" mean the insurance company which issued this policy; and 2) "you", "your", "named Insured", "First Named Insured", and "Insured" mean the Named Corporation, Named Organization, Named Sponsor, Named Insured, or Insured stated in the declarations page; and 3) "Other Insured(s)" means all other persons or entities afforded coverage under the policy.

In compliance with the Insurance Regulations of the State of Mississippi, the cancellation and nonrenewal provisions are deleted from the policy and replaced with the following:

**CANCELLATION/NONRENEWAL**

This policy may be cancelled by the Insured by mailing to the Insurer written notice stating when such cancellation shall be effective.

This policy may be cancelled or nonrenewed by the Insurer by mailing or delivering a notice of cancellation or nonrenewal to the named Insured at least thirty (30) days prior to the effective date of cancellation or nonrenewal.

Where cancellation is for nonpayment of premium, ten (10) days notice of cancellation will be given to the named Insured.

**Reduction in Coverage:**

A reduction in coverage will not be effective unless notice is mailed or delivered to the Insured at least thirty (30) days prior to the effective date of such reduction.

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE