

WYOMING  
AMENDATORY ENDORSEMENT

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

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.

CANCELLATION/NONRENEWAL

It is hereby agreed and understood that the cancellation provision of this policy is amended as follows:

After coverage has been in effect for sixty (60) days, the policy will not be cancelled except for one or more of the following reasons:

1. Failure to pay a premium when due;
2. Material misrepresentation of fact which if known to the Insurer would have caused the Insurer not to issue the policy;
3. Substantial change in the risk assumed, except to the extent that the Insurer should reasonably have foreseen the change or contemplated the risk in writing the policy; or
4. Substantial breaches of contractual duties, conditions or warranties.

In the event of such cancellation due to reasons 1, 3, and/or 4, a written notice stating the precise reason for cancellation shall be made. Such notice shall be not less than ten (10) days before the proposed effective date of cancellation, in the case of reason 1, and not less than forty-five (45) days in the case of reasons 3 and/or 4.

This policy may be non renewed by the Insurer at its expiration or anniversary date by giving written notice of nonrenewal no less than forty-five (45) days prior to the expiration or anniversary date of this policy. The notice shall state the precise reason for nonrenewal.

Notice for cancellation and nonrenewal shall be personally delivered to the Insured and his Agent or shall be mailed to the Insured and his Agent at their addresses last of record with the Insurer. If mailed, notice shall be deemed given when deposited in the United States mail, postage prepaid. Proof of mailing shall be sufficient proof of notice.

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AUTHORIZED REPRESENTATIVE