

**MICHIGAN
AMENDATORY ENDORSEMENT**

This endorsement, effective _____ forms a part of

policy no.: _____ issued to

by:

Wherever used in this endorsement: 1)"Insurer" shall mean the insurance company which issued this policy; and 2)"First Named Insured", shall mean the Named Corporation, Named Organization, Named Sponsor, Named Insured, or Insured stated in the Declarations page.

It is hereby agreed and understood that the cancellation condition is deleted and replaced by the following:

1. This policy may be cancelled at any time at the request of the First Named Insured, in which case the Insurer shall refund the excess of paid premium or assessment above the pro rata rates for the expired time.
2. This policy may be cancelled at any time by the Insurer by mailing to the First Named Insured at the First Named Insured's address last known to the Insurer or an authorized agent of the Insurer, with postage fully prepaid, not less than ten (10) days' written notice of cancellation with or without tender of the excess of paid premium or assessment above the pro rata premium for the expired time. The excess, if not tendered, shall be refunded on demand.
3. The minimum earned premium on any policy cancelled hereunder shall not be less than the pro rata premium for the expired time or \$25.00, whichever is greater.

All other terms and conditions remain unchanged.

AUTHORIZED REPRESENTATIVE