

## ENDORSEMENT

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement, effective 12:01 A.M.,  
Forms a part of Policy No.:

### **AMENDMENT OF NOTICE OF CANCELLATION ENDORSEMENT (SCHEDULED PERSONS OR ORGANIZATIONS)**

This endorsement modifies insurance provided under the following:

#### **COMMON POLICY CONDITIONS**

1. The following replaces Section **A. Cancellation**, Subparagraph **2.b.**:
  - b. \_\_\_\_\_ days before the effective date of cancellation if we cancel for any other reason, but no less than the number of days required by state insurance law.
2. We will provide the person or organization specified in the Schedule below with notice of cancellation equal to the number of days specified in **1.** above if we cancel your policy for any reason other than nonpayment of premium.

#### **SCHEDULE**

Person or Organization (Name and Address):

#### **ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED**

This endorsement is part of the Policy and takes effect on the Inception Date of the Policy, unless another Effective Date is shown below.

Endorsement  
No.:

Of Policy  
No.:

Effective  
Date:

Issued To:

All other terms and conditions of the policy remain the same.

\_\_\_\_\_  
Authorized Representative

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