

Endorsement No. _____

Effective date of this endorsement: 12:01 a.m. on _____

To be attached to and form part of Policy Number: _____

Issued to: _____

By: _____

RHODE ISLAND AMENDATORY ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

SECUREXCESS POLICY

1. Section **X. MODIFICATION, CANCELLATION AND NONRENEWAL**, paragraph **C.** is deleted and replaced by the following:
 - C.** The **Insurer** may cancel this Policy only for nonpayment of premium, and only by delivering or mailing to the **Policyholder**, and its agent of record, written notice stating when, not less than ten (10) days thereafter, such cancellation shall become effective. The delivery or mailing of such notice shall be sufficient proof thereof and this Policy and the **Policy Period** shall terminate at the date and hour specified in the notice. The notice of cancellation shall provide the reason for cancellation if the **Policyholder** requests such a statement in writing and the **Policyholder** agrees in writing to hold the **Insurer** harmless from liability for any communication giving notice of or specifying the reasons for a cancellation or for any statement made in connection with an attempt to discover or verify the existence of conditions which would be a reason for cancellation. If such notice is mailed, the **Insurer** will maintain proof of mailing by United States Postal Service certificate of mailing in the ordinary course of the **Insurer's** business, and this proof of mailing shall be sufficient proof of notice.

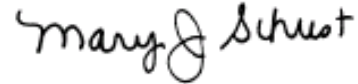
If this Policy is cancelled at the request of a premium finance company, the **Insurer** will retain the pro rata portion of the premium.
2. Section **X. MODIFICATION, CANCELLATION AND NONRENEWAL**, paragraph **E.** is deleted and replaced by the following:
 - E.** The **Insurer** shall have no obligation to renew this Policy upon its expiration. If the **Insurer** decides not to renew this Policy, the **Insurer** shall provide written notice to the **Policyholder**, and its agent of record, at least sixty (60) days prior to the expiration of the Policy. Notice shall be sent by first class mail or delivered to the **Policyholder** at the mailing address shown in the Declarations. If such notice is mailed, the **Insurer** will maintain proof of mailing by United States Postal Service certificate of mailing in the ordinary course of the **Insurer's** business, and this proof of mailing shall be sufficient proof of notice. If the **Insurer** fails to provide such notice, the Policy's coverage shall remain in effect for sixty (60) days following the date of notice. The earned premium for any period of coverage which extends beyond the Policy's expiration date shall be calculated pro rata based upon the previous Policy's rate. The notice of nonrenewal shall state the reason for nonrenewal.
3. Section **X. MODIFICATION, CANCELLATION AND NONRENEWAL** is amended by the addition of the following:
 - F.** The **Insurer** shall provide written notice to the **Policyholder**, or to its agent of record, of any premium increase, change in deductible, reduction in the limit of liability or decrease in coverage at least sixty (60) days before the end of the **Policy Period**. The mailing of such notice shall be sufficient notice and delivery of such notice shall be equivalent to mailing.

If the **Insurer** fails to provide such notice, the Policy's coverage shall remain in effect until notice is provided or until the effective date of replacement coverage obtained by the **Policyholder**, whichever occurs first. For the purpose of this provision, notice is effective sixty (60) days after it is provided to the **Policyholder**. If the **Policyholder** elects not to renew, the earned premium for the period of extension of the terminated Policy shall be calculated pro rata at the lower of the premium applicable to the current Policy or the prior Policy's rate. If the **Policyholder** renews the Policy, the premium increase, if any, and any other changes shall be effective the day following the prior Policy's expiration date or anniversary date.

4. This Policy is amended by the addition of the following:

Insurer's Toll-Free Telephone Number: 1-866-259-5435

All other provisions remain unchanged.



Authorized Representative

Date