

CANCELLATION ENDORSEMENT

ITEM 1. NAMED INSURED:

ITEM 2. NAMED INSURED'S MAILING ADDRESS:

ITEM 3. POLICY NUMBER:

ITEM 4. CANCELLATION EFFECTIVE DATE:

ITEM 5. RETURN PREMIUM: \$

ITEM 6. REASON FOR CANCELLATION:

ITEM 7. CANCELLATION METHOD: FLAT PRO RATA SHORT RATE 25% MINIMUM EARNED PREMIUM

By: 
James R. Brooks

Endorsement No.