

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PROVIDE REQUIRED NOTICE OF CANCELLATION TO ANOTHER ENTITY

This endorsement modifies insurance provided under the following:

- COMMERCIAL CRIME COVERAGE FORM
- COMMERCIAL CRIME POLICY
- EMPLOYEE THEFT AND FORGERY POLICY
- GOVERNMENT CRIME COVERAGE FORM
- GOVERNMENT CRIME POLICY



A. Schedule*

Entity	No. Of Days

* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

B. Provisions

If this insurance is terminated or cancelled, whether at your request or ours, we will provide the entity shown in the Schedule with written notice of such termination or cancellation. No termination or cancellation of this insurance shall take effect until the entity shown in the Schedule has received such written notice and then only after the number of days shown in the Schedule, unless an earlier date is approved by such entity.

