

## AMENDATORY ENDORSEMENT – DISTRICT OF COLUMBIA

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

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

**WESTCHESTER FIRE INSURANCE COMPANY**

This endorsement modifies insurance provided under the following:

Pet Health Insurance Policy

1. Section **III GENERAL CONDITIONS**, Item 1) is replaced by the following:
  - 1) Premium is payable monthly by Direct Debit or by charge to **your** credit card, according to the option selected by **you** on the application. This **policy** is continued until cancelled, and will renew automatically each month as long as premium payments are current. When **you** have not paid the premium, **we** may cancel this **policy** by letting **you** know at least thirty (30) days before the date cancellation takes effect.
2. Section **IV ADDITIONAL CONDITIONS**, Item 2) **CANCELLATION**, subparagraph a. is replaced by the following:
  - a. **We** may cancel this **policy** if **we** do not receive a monthly premium from **you** when the premium is due. In such a case a written notice will be sent to **you** at **your** last email address known to **us**. **We** will provide at least thirty (30) days' notice of **our** intent to cancel. The notice will be in accordance with the provisions of **III. GENERAL CONDITIONS 1**). Otherwise, **we** may cancel this **policy** by providing **you** at least ninety (90) days written notice.

All other terms and conditions remain unchanged.

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Authorized Representative