



ESSEX INSURANCE COMPANY

MINIMUM EARNED PREMIUM ENDORSEMENT

* Entry optional if shown in the Common Policy Declarations. If no entry is shown, the effective date of the endorsement is the same as the effective date of the policy.

* ATTACHED TO AND FORMING PART OF POLICY NO.	* EFFECTIVE DATE OF ENDORSEMENT	* ISSUED TO

THIS ENDORSEMENT CHANGES THE POLICY.

If this insurance policy is cancelled at your request, there will be a Minimum Earned Premium retained by us of \$ _____ or _____ %(per cent) of the premium, whichever is the greater. Cancellation for nonpayment of premium is considered a request by the first Named Insured for cancellation of this policy.

_____/_____
 AUTHORIZED REPRESENTATIVE DATE