

Effective date of this Endorsement: <Effective Date>
This Endorsement is attached to and forms a part of Policy Number: <Policy Number>
<Insurer> Referred to in this endorsement as either the "Insurer" or the "Underwriters"

PREMIUM RESTRICTION NOTIFICATION - WISCONSIN

IMPORTANT NOTICE TO ALL WISCONSIN POLICYHOLDERS:

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

- *If this Policy is cancelled by the **Named Insured**, the Underwriters shall retain the customary short rate proportion of the premium hereon. If this Policy is cancelled by the Underwriters, the Underwriters shall retain the pro rata proportion of the premium hereon. Payment or tender of any unearned premium by the Underwriters shall not be a condition precedent to the effectiveness of cancellation.*
- *In the event of the purchase of the **Optional Extension Period**, the entire premium for the **Optional Extension Period** shall be deemed earned at its commencement.*