

**Participant**

Policy issued to:

Name

\_\_\_\_\_

Attached to and forming part of:

Master Policy number

\_\_\_\_\_

Effective date of Endorsement:

\_\_\_\_\_

The following shall apply if the principal place of business of the Initial Insured, as designated on the Cover Page of the above-captioned Master Policy, is located in Maine. Capitalized terms not otherwise defined herein shall have the meaning set forth in such Master Policy.

**Section 3**

*Section 3* of the above-captioned Master Policy is hereby amended by adding the following provision as Section 3.7:

**Section 3.7 – Maine Cancellation Provisions**

The State of Maine, pursuant to Title 24–A M.R.S. § 2908(2), requires the following list of reasons that a Policy may be cancelled to be stated in the Policy:

- A. Nonpayment of Premium;
- B. Fraud or material misrepresentation made by or with the knowledge of the named Insured in obtaining the Policy, continuing the Policy or in presenting a Claim under the Policy;
- C. Substantial change in the risk which increases the risk of loss after insurance coverage has been issued or renewed, including but not limited to an increase in exposure as a result of rules, legislation or court decision;
- D. Failure to comply with reasonable loss control recommendations;
- E. Substantial breach of contractual duties, conditions or warranties.

Notwithstanding the forgoing, the Policy will only be cancelled by us pursuant to Section 3.6 and other terms and conditions of the Policy.

**Section 18**

*Section 18* of the of the above-captioned Master Policy is hereby deleted and replaced with the following:

**Section 18 – Governing Law; Conformity to Statute**

All matters arising under or relating to this Policy will be determined exclusively in accordance with the laws of the State of Maine without regard to any other choice of law provisions.

Any provision of this Policy which is in conflict with law that governs this Policy is hereby amended to conform to the minimum requirements of that law, it being the intention of the Initial Insured and us that the specific provisions of this Policy will be controlling whenever possible.

**Corporate Seal**

*In witness whereof*, the Company has caused its Corporate Seal to be hereto affixed and these presents to be signed by its duly authorized officers in facsimile to become effective as its original seal and signatures and binding on the Company.



**Radian Guaranty Inc.**

*John Ryan Bazemore*

\_\_\_\_\_  
President

*M. W. [Signature]*

\_\_\_\_\_  
Secretary

*To be countersigned by the Company's duly authorized agent to the extent required by applicable state law or regulation.*

\_\_\_\_\_  
Authorized Company representative