## KANSAS AMENDATORY ENDORSEMENT

(For Automobile Policies)

reed that the Cancelation Condition of the policy is amended to read as follows:

Cancelation. This policy may be canceled by the named insured by mailing written notice to the company stating when thereafter such cancelation shall be effective. This policy may be canceled by the company by mailing written notice to the named insured at the address shown in this policy stating when not less than five days thereafter such cancelation shall be effective. The mailing of notice as aforesaid shall be sufficient proof of notice and the insurance under this policy as aforesaid shall end on the effective date and hour of cancelation stated in the notice. Delivery of such written notice either by the named insured or by the company shall be equivalent to mailing.

If the named insured cancels, earned premiums shall be computed in accordance with the customary short rate table. If the company cancels, earned premiums shall be computed pro rata. Premium adjustment may be made at the time cancelation is effected and, if not then made, shall be made as soon as practicable after cancelation becomes effective. If required by statute in the state where this policy is issued, refund of premium due to the named insured shall be tendered with notice of cancelation when the policy is canceled by the company and refund of premium due to the named insured shall be made upon computation thereof when the policy is canceled by the named insured. The company's check or the check of its representative similarly mailed or delivered shall be a sufficient tender of any refund of premium due to the named insured.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms and conditions of the said policy other than as above stated.

This e	endorsement is he	ereby made a pa	rt of F	olicy No	A	21423	5	issued	by the
	Indemnity								
		Forrest	C. A	llen					
but this endo	orsement shall not	take effect unless	counte	rsigned by a	a duly a	uthorized	representati	ve of the co	ompany.

President.

Countersigned in Insurance Agency

Authorized Representative.

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