



**Transfer of Cancellation Rights**  
Addendum

Policyholder Name	Policy Number
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This Addendum extends the right to cancel this policy to the party listed below. I understand that this will allow the listed party to cancel my coverage and receive any premium refund due if the premium was paid by the party below. All other rights of this policy are limited to the First Named Insured. Notification of cancellation will be provided to the First Named Insured on the policy. This assignment may be revoked by me at any time by submitting notification in writing to EmPRO's or my agent.

List the employer or named third party that you authorize to cancel your policy coverage.

\_\_\_\_\_

Assignee Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Phone

_____	_____
<b>Signature of Applicant</b>	<b>Title</b>
_____	_____
<b>Printed Name</b>	<b>Date</b>