

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEW YORK MARINE AND GENERAL INSURANCE COMPANY

SPECIFIC EXCESS AND AGGREGATE EXCESS WORKERS COMPENSATION AND  
EMPLOYERS LIABILITY INDEMNITY POLICY

**Georgia Endorsement  
For Individual Self - Insurers**

- I. **PART FIVE – CONDITIONS, C. Bankruptcy or Insolvency** is deleted and replaced by the following:

**C. Bankruptcy or Insolvency** IN THE EVENT OF THE BANKRUPTCY OR INSOLVENCY OF THE NAMED INSURED: If the Georgia Self-Insurers Guaranty Trust Fund is called upon to expend monies on behalf of the insolvent or bankrupt member Insured under this policy in order to pay workers' compensation benefits, medical expenses or other costs pursuant to O.C.G.A. 34-9-1, et seq., the Company will reimburse the Georgia Self-Insurers Guaranty Trust Fund for those amounts according to the terms of the policy. This provision is subject to the policy terms, retention(s) and limit(s). The Georgia Self-Insurers Guaranty Trust Fund will be treated as the Insured for purposes of reimbursement pursuant to this endorsement and payments made by the bankrupt insolvent named Insured will be credited towards the retention for the benefit of the Georgia Self-Insurers Guaranty Trust Fund.

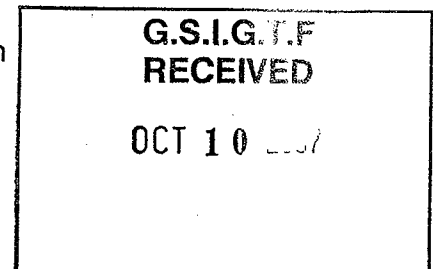
- II. **PART FIVE – CONDITIONS, H. Cancellation** is deleted and replaced by the following:

**H. Cancellation.** This policy may be canceled by the Insured or by the Company by giving written notice at least 60 days prior to the date on which coverage is to cease. The notice must include the date as of which the policy is to be canceled and must be sent by certified or registered mail, and a copy must be sent to:

Division of Self-Insurance  
Georgia State Board of Workers' Compensation  
270 Peachtree Street, NW  
Atlanta, GA 30303

and to

Georgia Self-Insurers Guaranty Trust Fund  
880 West Peachtree Street  
Atlanta, GA 30309



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**III. PART FIVE – CONDITIONS, E. Renewal**, the following is added:

- I. Renewal.** This policy will automatically renew for an additional term beginning on the date listed in Declarations Item 5(b), unless the Insured or the Company gives written notice of the decision not to renew. Notice must be sent by certified or registered mail at least 60 days prior to the date listed in Item 5(b), and a copy must be sent to:

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Georgia State Board of Workers' Compensation  
270 Peachtree Street, NW  
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