

GEORGIA SPECIFIC EXCESS AMENDATORY ENDORSEMENT

Named Insured ████████████████████			Endorsement Number ██
Policy Symbol ██	Policy Number ██████████	Policy Period ██████████ to ██████████	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY.

PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

SPECIFIC EXCESS WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

1. **The Insured named in Item 1 is amended to include:** Self-Insured Subsidiaries and affiliates, if any.

2. **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., we 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.

3. PART SIX – CONDITIONS, paragraph D. Cancellation, is deleted and replaced with the following:

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take place.
2. We may cancel this policy. If we cancel because of non-payment of premium, we must mail or deliver to you and the Georgia Self-Insurers Guaranty Trust Fund, P.O. Box 57047 Atlanta, GA 30343, not less than ten (10) days advance written notice stating when the cancellation is to take effect. If we cancel for any other reason, we must mail or deliver to you and the Georgia Self-Insurers Guaranty Trust Fund not less than sixty days (60) advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 2 of the Information Page and to the Georgia Self-Insurers Guaranty Trust Fund will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with that law.

Authorized Representative