

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GEORGIA AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

SPECIFIC EXCESS WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

- I. Under **PART FOUR – VOLUNTARY COMPENSATION AND EMPLOYEE LIABILITY COVERAGE, Paragraph E. Recovery From Others** is deleted in its entirety and replaced by the following:

E. Recovery From Others

Our recovery shall be limited to the recovery of the amount of disability benefits, death benefits, and medical expenses paid and shall only be recoverable if the injured employee has been fully and completely compensated, taking into consideration both the benefits received and the amount of the recovery in the third-party claim, for all economic and non-economic losses incurred as a result of the injury.

If the claimants make a recovery from others, the claimant must reimburse us for any benefits we have reimbursed you.

- II. **PART NINE – CONDITIONS, Condition G. Bankruptcy or Insolvency** is deleted and replaced by the following:

G. 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.

- III. **PART NINE – CONDITIONS, Condition K. Cancellation or Non-Renewal** is amended by the following:

In addition if we cancel or non-renew this policy, sixty (60) days advance written notice, ten (10) days notice if we cancel for non-payment of premium, shall be given by the party canceling the policy to:

Commission of Insurance
Georgia Insurance Department
904 West Tower, Floyd Building
No. 2 Martin Luther King Jr. Drive
Atlanta, GA 30334

AND

State Board of Workers' Compensation
270 Peachtree Street, N.W.
Atlanta, GA 30303-1299

AND

Georgia Self-Insurers Guaranty Trust Fund

303 Peachtree Street, Suite 3500
Atlanta, GA 30308

Endorsement Number:

Policy Number: [REDACTED]

Named Insured: [REDACTED]

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: