

POLICY NUMBER: [REDACTED]

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**GEORGIA CANCELLATION, NONRENEWAL AND CHANGE ENDORSEMENT**

This endorsement modifies insurance provided under the following:

EXCESS INSURANCE POLICY FOR SELF-INSURER OF  
WORKERS COMPENSATION AND EMPLOYERS LIABILITY

The provisions of the policy apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured [REDACTED]	Endorsement Effective [REDACTED]
GREAT WEST CASUALTY COMPANY	Endorsement Number

**SOUTHERN INSURANCE GROUP LLC (3683)**

This endorsement applies only to the insurance provided by the policy because Georgia is shown in item 5. a. and 5. b. of the Information Page.

**PART SEVEN - Conditions, paragraph L. Cancellation** is replaced by the following:

**L. CANCELLATION**

1. You may cancel this policy. You must mail or deliver advance notice to us stating when the cancellation is to take effect, subject to the following:
  - a. If only your interest is affected, the effective date of cancellation will be the later of the date we receive notice from you or the date specified in the notice.
  - b. If by statute, regulation or contract this policy may not be cancelled unless notice is given to a governmental agency or other third party, we will mail or deliver at least 10 days notice to you and the third party as soon as practicable after receiving your request for cancellation.

Our notice will state the effective date of cancellation, which will be the later of the following:

- (1) 10 days from the date of mailing or delivering our notice, or
- (2) The effective date of cancellation stated in your notice to us.

2. We may cancel or nonrenew this policy. We must mail or deliver notice at least 10 days before the effective date of cancellation if this policy has been in effect less than 60 days or if we cancel for nonpayment of premium. If this policy has been in effect 60 or more days and we cancel for a reason other than nonpayment of premium or if we nonrenew this policy, we must send to you a notice of cancellation or nonrenewal by certified mail, return receipt requested, to your last address of record at least 75 days prior to the effective date of cancellation or nonrenewal.

If we cancel because of non-payment of premium, we must mail or deliver to you and the Georgia Self-Insurers Guaranty Trust Fund, not less than 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 75 days 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. If we increase current policy premium by more than 15% (other than any increase due to change in risk, exposure or experience modification or resulting from an audit of auditable coverages), limit or restrict coverage, we must mail by first class mail or deliver a notice of our action (including dollar amount of any increase in renewal premium more than 15%) to you at the last mailing address of record at least 45 days before the expiration date of this policy.
4. The policy period will end on the day and hour stated in the cancellation notice except as provided for above.