

Endorsement Effective: [REDACTED]

Policy No.: [REDACTED]

Named Insured: [REDACTED]

Georgia Endorsement

This endorsement applies only to coverage provided by this Policy because Georgia is named in Item 3 of the Schedule Page.

IF YOU ARE A MEMBER OF THE GEORGIA SELF-INSURERS GUARANTY TRUST FUND, THEN THE FOLLOWING AMENDMENTS APPLY:

The following is added to the end of Section C. Bankruptcy or Insolvency of Part Six – Conditions of this Policy:

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 this 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.

Section I. Cancellation of Part Six – Conditions of this Policy is amended to read as follows:

I. Cancellation and Non-Renewal.

1. You may cancel this Policy by giving us and the authorities shown below at least sixty (60) days advance notice by registered mail stating the cancellation date.

We may cancel this Policy by giving notice to you and the following authorities:

State Board of Workers' Compensation
270 Peachtree Street, NW
Atlanta, GA 30303-1299

Georgia Self-Insurers Guaranty Trust Fund
303 Peachtree Street, Suite 3500
Atlanta, GA 30308

We must mail or deliver notice at least ten (10) days before the effective date of cancellation if this Policy has been in effect less than sixty (60) days or if we cancel for nonpayment of premium. If this Policy has been in effect sixty (60) or more days and we cancel for a reason other than nonpayment of premium, we must send to you a notice of cancellation by certified mail, return receipt requested, at least sixty (60) days prior to the effective date of cancellation. Our mailing of registered notice to your address shown in Schedule Item 2 will be sufficient proof that we cancelled this Policy.

If by mutual consent we agree with you to cancel the Policy, we will mail to the authorities shown above a copy of the cancellation endorsement that you and we have signed.

If this Policy is cancelled, the Policy Period shall end at 12:01 A.M. on the cancellation date. This Policy does not apply to loss or liability which arises out of bodily injury by accident or bodily injury by disease that occurs after the effective date of such cancellation.

Endorsement Effective: [REDACTED]

Policy No.: [REDACTED]

Named Insured: [REDACTED]

In the event of cancellation of this Policy, Final Premium shall be calculated as set forth in Part Five – Premium, Section C. Final Premium of this Policy.

2. If you and the Georgia Board of Workers' Compensation have not received written notice by registered mail of our intent not to renew this Policy at least sixty (60) days prior to policy expiration set forth in Schedule Item 5, this Policy shall automatically renew for a period of time equal to the period set forth in Schedule Item 5.

The following is added as Section K. Subsidiaries and Affiliates of Part Six – Conditions of this Policy:

K. Subsidiaries and Affiliates. You must notify us within ten (10) days of the existence of any Georgia self-insured subsidiaries or affiliates not contemplated at the effective date of this Policy; additional premium may apply.

IF YOU ARE NOT A MEMBER OF THE GEORGIA SELF-INSURERS GUARANTY TRUST FUND, THEN THE FOLLOWING AMENDMENTS APPLY:

Section I. Cancellation of Part Six – Conditions of this Policy is amended to read as follows:

I. Cancellation and Non-Renewal.

1. You may cancel this Policy by giving us and the authority shown below at least sixty (60) days advance notice by registered mail stating the cancellation date.

We may cancel this Policy by giving notice to you and the following authority:

State Board of Workers' Compensation
270 Peachtree Street, NW
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If by mutual consent we agree with you to cancel this Policy, we will mail to the authority shown above a copy of the cancellation endorsement that you and we have signed.

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In the event of cancellation of this Policy, Final Premium shall be calculated as set forth in Part Five – Premium, Section C. Final Premium of this Policy.

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2. If you and the Georgia Board of Workers' Compensation have not received written notice by registered mail of our intent not to renew this Policy at least sixty (60) days prior to policy expiration set forth in Schedule Item 5, this Policy shall automatically renew for a period of time equal to the period set forth in Schedule Item 5.
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Countersigned

MIDWEST EMPLOYERS CASUALTY COMPANY

Anna L. Eavaldi



Authorized Representative

Secretary

President

This endorsement forms part of the Policy to which attached, effective on the inception date of the Policy unless otherwise stated herein. All other terms and conditions of the Policy remain unchanged.