

This Endorsement forms a part of the Policy to which attached, effective on the inception date of the Policy unless otherwise stated herein. (The following information is required only when this Endorsement is issued subsequent to preparation of the Policy).

**INSURED** \_\_\_\_\_

Policy No. \_\_\_\_\_ Endorsement Effective \_\_\_\_\_ (12:01 A.M.)

by **OLD REPUBLIC INSURANCE COMPANY**, Greensburg, Pennsylvania

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

**GEORGIA CHANGES ENDORSEMENT**

**Schedule**

<b>Mailing Address</b>	<b>Physical Address</b>
[Georgia Self-Insurers Guaranty Trust Fund PO Box 57047 Atlanta, GA 30343]	[Georgia Self-Insurers Guaranty Trust Fund 303 Peachtree Street Suite 3500 Atlanta, GA 30308]

This endorsement applies only to the insurance provided by the policy because Georgia is shown in Item 5.a. 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 written notice to you 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 or statutory overnight delivery, return receipt requested, to your last address of record at least 75 days prior to the effective date of cancellation or nonrenewal.

Proof of coverage documented by us with a Licensed Rating Organization. A mid-term cancellation by us documented with a Licensed Rating Organization is evidence that coverage is terminated, effective not less than 15 days after filing except where the provisions of Title 33 provide for an earlier effective date.

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.
5. Our cancellation or nonrenewal notice will also be given to the Georgia Self-Insurers Guaranty Trust Fund at the Mailing Address or Physical Address shown in the above Schedule.

**PART SEVEN – CONDITIONS**, paragraph **K. BANKRUPTCY OR INSOLVENCY OF INSURED**, is changed to include the following:

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.

This Endorsement will not vary, alter or extend any agreement, provision, condition or declaration of the Policy other than as stated above.