



SOMPO AMERICA

This Endorsement Changes the Policy. Please Read It Carefully.

**GEORGIA CANCELLATION, NON-RENEWAL AND CHANGE
ENDORSEMENT**

This endorsement modifies coverage provided under the following:

**SPECIFIC EXCESS INSURANCE POLICY FOR WORKERS' COMPENSATION AND
EMPLOYERS LIABILITY SELF INSURER**

This endorsement applies only to the insurance provided by the Policy because Georgia is shown in Item 5.A. of the Information Page.

Part Six - Conditions, Paragraph K. of the policy is replaced by the following:

K. CANCELLATION, NON-RENEWAL AND CHANGE

1. You may cancel this policy. You must mail or deliver advance written 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 non-renew 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 non-payment of premium or if we non-renew this policy, we must send to you a notice of cancellation or non-renewal by certified mail, return receipt requested, to your last address of record, at least 75 days before the effective date of cancellation or non-renewal. We must also send this notice to the Georgia Self-Insurers Guaranty Trust Fund
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 notice of our action (including the dollar amount of any increase in renewal premium more than

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15%) to you at the last mailing address of record and to the the Georgia Self Insurers Guaranty Trust Fund, 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.

All other terms and conditions of the policy remain unchanged.

This endorsement is part of your policy and takes effect on the effective date of your policy, unless another effective date is shown below.

This endorsement forms a part of:
Policy Number:

Effective Date:

Insured:

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