

**EXCESS WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY POLICY**

**Notice of Cancellation Endorsement**

**Part Five – CONDITIONS** is amended to replace section C. as follows:

**C. Cancellation**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than 10 days' advance written notice stating when the cancellation is to take effect if the cancellation is for non-payment of premium; otherwise, we must provide 90 days' advance written notice. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the date and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy are changed by this statement to comply with that law.
5. We will provide notice of cancellation to the Georgia Self Insurers Guaranty Trust Fund.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Company No.

Insured:

Policy Number:

Endorsement Number:

Endorsement Effective:

Printed on: