



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 99 06 03 (00)-001

POLICY NUMBER: _____

GENERAL PURPOSE ENDORSEMENT

EXCESS WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY GEORGIA
SELF INSURER CANCELLATION ENDORSEMENT

This policy is amended as follows:

Part Nine - Condition E. Cancellation is amended to include:

If you or we cancel or non-renew this policy, sixty (60) days prior, written notice will be given to the parties in the schedule below. If we cancel for non-payment of premium ten (10) days prior, written notice will be given to the parties in the schedule below.

Schedule

Insurance Commissioner
State of Georgia
2 Martin Luther King, Jr Drive, S.W.
Room 604, West Tower
Atlanta, GA 30334

And

Georgia Self Insurers Guaranty Trust Fund
P.O. Box 57047
Atlanta, GA 30343