

Georgia Amendatory Endorsement

This endorsement changes the policy. Please read it carefully.

This endorsement modifies insurance provided under the following:

Excess Workers Compensation and Employers Liability Policy

This endorsement applies only to the insurance provided by the policy because Georgia is shown in Item 2. of the Information Page.

Section V., Conditions Applicable to Part One-Workers Compensation and Part Two- Employers Liability, Items **C. Bankruptcy and Insolvency**, **D. Cancellation** and **E. Non-Renewal**, are deleted and replaced by the following:

C. Bankruptcy and Insolvency

Your bankruptcy or insolvency will not relieve us from the payment of any claim covered by this policy; however, in no event shall our obligation to pay be increased or expanded as a result of your bankruptcy or insolvency so as to apply to Your Retention, or otherwise except 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 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 the purposes of the reimbursement pursuant to this endorsement and payments made by the bankrupt insolvent named insured will be credited towards the retention for the benefits of the Georgia Self-Insurers Guaranty Trust Fund.

D. Cancellation, Nonrenewal and Change

1. You may cancel this policy. You must mail or deliver advance notice to us stating when the cancellation is to take effect.
2. We may cancel or nonrenew this policy. 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 or if we nonrenew this policy, we must send to you and the Georgia Self-Insurers Guaranty Trust Fund a notice of cancellation or nonrenewal by certified mail, return receipt requested, to your last address of record at least seventy-five (75) days prior to the effective date of cancellation or nonrenewal.
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 and the Georgia Self-Insurers Guaranty Trust Fund at the last mailing address of record at least forty-five (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 above.

All other policy terms and conditions 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.

Must be completed always:

Endorsement Number:
Policy Number:

XL Specialty Insurance Company

Complete only when this endorsement is not prepared with the policy or is not to be effective with the policy:

Issued to:
Effective Date of this Endorsement:

Countersigned by _____
Authorized Representative