

**ADDENDUM TO LOSS PORTFOLIO TRANSFER
AND ASSUMPTION AGREEMENT (“AGREEMENT”)**

by and between

_____, a duly qualified Self-Insurer of Workers’ Compensation
benefits in the State of Georgia (hereinafter, collectively, **Employer**).

and

_____, duly authorized to transact the business of workers’ compensation
insurance in the State of Georgia, (hereinafter **Insurer**) .

and

THE STATE OF GEORGIA
STATE BOARD OF WORKERS’ COMPENSATION

and

THE GEORGIA SELF-INSURERS GUARANTY TRUST FUND

Effective Date: _____

WITNESSETH:

In further consideration for acceptance of the Loss Portfolio Transfer and Assumption
Agreement (“Agreement”) effective _____ by the Georgia State Board of Workers'
Compensation and the Georgia Self-Insurers Guaranty Trust Fund, Employer and Insurer hereby
certify and agree as follows:

1.

As set forth in Section 1 of the "Agreement" Employer and Insurer certify that they have reconciled all "Covered Claims" with the records of the Georgia State Board of Workers' Compensation and there is no dispute between them as to the identity of all "Covered Claims".

2.

Insurer and Employer agree to be jointly liable for all "Covered Claims" in the event excess carriers fail to pay said "Covered Claims." Furthermore, either Employer or Insurer shall be responsible for paying "Covered Claims" in excess of Employer's self-insured retention and seeking reimbursement or payment directly from the excess carriers. It is understood and agreed that the Georgia Self-Insurers Guaranty Trust Fund shall not be responsible for making any payment regarding "Covered Claims", and it shall have no responsibility for administering "Covered Claims" and the responsibility for administration shall remain with either the Employer or the Insurer according to the terms of the contract between them.

3.

The parties agree all capitalized or undefined terms used in this Addendum shall have the same meaning as in the "Agreement."

IN WITNESS WHEREOF, the parties have caused this Addendum to be executed in four (4) original counterparts by their respective duly authorized representatives, effective as of the date above written.

Insurer

Employer (all entities under Agreement)

By:_____

Name/Print:_____

Title:_____

By:_____

Name/Print:_____

Title:_____

State Board of Workers' Compensation

Georgia Self-Insurers Guaranty Trust Fund

By:_____

Name/Print:_____

Title:_____

By:_____

Name/Print:_____

Title:_____

**APPROVAL OF THE STATE OF GEORGIA STATE
BOARD OF WORKERS' COMPENSATION**

The foregoing Addendum to Loss Portfolio Transfer and Assumption Agreement between _____ on the one hand, and _____ on the other hand, is hereby approved in its entirety.

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

By: _____

Name: _____ (Seal)

Title: Executive Director

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