

**LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT
RATE CHANGE ENDORSEMENT**

Rate changes that apply to the policy have been approved by the proper regulatory authority for work subject to the Longshore and Harbor Workers' Compensation Act. The changes are shown in the Schedule.

Schedule

State	Date of Change	% Change
-------	----------------	----------

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

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement
Insured

Effective Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____

WC 00 04 08
(Ed. 4-84)