

Stop Gap Insurance

This endorsement changes the policy. Please read it carefully.

This endorsement modifies insurance provided under the following:

Employers Liability Insurance

Changes

It is agreed that **Section II, Part Two – Employers Liability Insurance** is amended to include the following:

Stop Gap Insurance

If, under any circumstances, it is determined that any employee of yours, who is reported and declared under the workers compensation law(s) of the state(s) of North Dakota, Ohio, Washington, Wyoming, U.S. Territory of Puerto Rico and any of the provinces of Canada, sustains bodily injury by accident or bodily injury by disease in the course of his/her employment by you, but is not entitled to receive (or elects not to accept) the benefits provided by the aforementioned law, then this policy shall cover you for loss arising from such bodily injury by accident or bodily injury by disease in excess of **Your Retention** as stated in **Item 5.** of the **Information Page** or the Schedule below.

This Stop Gap Insurance shall not apply to:

1. any premium assessment, penalty, fine or other obligation imposed by any workers compensation law;
2. bodily injury, disease or death suffered or caused by any person knowingly employed by you in violation of any law as to age, or under the age of fourteen (14) years, regardless of such law;
3. bodily injury, disease or death suffered or caused by any employee whose remuneration has not been included in the total remuneration upon which the premium for this policy is based; or
4. any claim for bodily injury disease or death with respect to which you are deprived of any defense or defenses or are otherwise subject to penalty because of default in premium payment under, or any other failure to comply with, the provisions of the workers compensation law or laws of the states named above.
5. bodily injury intentionally caused or aggravated by you, or bodily injury resulting from an act which is determined to have been committed by you with the belief that an injury is substantially certain to occur.

Schedule

State:

Our Limit of Indemnity for Stop Gap Insurance is stated in **Item 4.** of the Information Page.

Item 4. Our Limit of Indemnity on the Information Page is amended to include the following:

Part Two – Stop Gap Insurance

Each Accident

Each Employee for Disease

Your Retention for Stop Gap Insurance is stated in **Item 5.** of the Information Page.

Item 5. Your Retention on the Information Page is amended to include the following:

Part Two –Stop Gap Insurance

Each Accident

Each Employee for Disease

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:

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