

**WISCONSIN
LIMITED OTHER STATES INSURANCE ENDORSEMENT**

“Part Three-Other States Insurance” of the policy is replaced by the following:

PART THREE OTHER STATES INSURANCE

How This Insurance Applies

1. We will pay promptly when due the benefits required of you by the workers compensation law of a state other than Wisconsin if all of the following conditions are met:
 - a. The employee claiming benefits was either hired under a contract of employment made in Wisconsin, or was, at the time of injury, principally employed in Wisconsin; and
 - b. The employee claiming benefits is not claiming benefits in a state where, at the time of injury, (i) you had other workers compensation insurance coverage, or (ii) you were, by virtue of the nature of your work in that state, required by that state’s law to have obtained separate workers compensation insurance coverage, or (iii) you are an authorized self-insurer or participant in a self-insured group plan; and
 - c. The duration of the work being performed by the employee claiming benefits in the state for which the employee is claiming benefits does not exceed 30 days in a given calendar quarter.
2. If we are not permitted to pay the benefits directly to persons entitled to them and all of the above conditions are met, we will reimburse you for the benefits required to be paid.
3. This insurance does not apply to fines or penalties arising out of your failure to comply with the requirements of the workers compensation law of any state.

IMPORTANT NOTICE!

If you hire any employees outside of Wisconsin or work in any state other than Wisconsin, you should do whatever may be required under that state’s law, as this endorsement does not provide coverage for, and does not satisfy the requirements of, that state’s workers compensation law.

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 Effective Date
Insured

Effective Policy No.

Endorsement No.
Premium