

WEST VIRGINIA CANCELATION ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because West Virginia is shown in Item 3.A. of the Information Page.

Part Six, D (Conditions – Cancellation) is replaced by:

D. Cancellation

1. If you are not required to have workers compensation coverage under West Virginia law, you may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect. You must notify the insurance commissioner within twenty-four hours or by the end of the next working day, whichever is later, of your lapse of coverage.

2. If you fail to pay the initial premium under this policy when due, we may cancel the policy as of its inception date and time as indicated on the Information Page by providing you with 15 days notice of our intent to cancel [85CSR§8.7.4]. If you fail to pay any premium due under this policy, subsequent to the initial premium, we may cancel the policy, by providing 15 days notice of our intent to cancel, as of the date and time set forth in the Notice of Cancellation. Our mailing of the Notice of Cancellation to your mailing address as listed in Item 1 of the Information page will be sufficient notice of our intent to cancel. We will also provide immediate notice within one (1) business day of the cancellation to the West Virginia Insurance Commissioner.

3. If you fail to comply with the auditing, inspection or reporting requirements of this policy, we may cancel this policy by providing 15 days notice to you. Cancellation will be effective as of the date and time set forth in the Notice of Cancellation. Our mailing of the Notice of Cancellation to your mailing address as listed in Item 1 of the Information page will be sufficient notice of our intent to cancel. We will also provide immediate notice within one (1) business day of the cancellation to the West Virginia Insurance Commissioner.

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:

Policy No.:

Endorsement No.:

Insured:

Premium: (See Attached)

Insurance Company:

WC 47 06 01

(Ed. 1-06)

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