

**INSURANCE COMPANY AS INSURED ENDORSEMENT**

The policy does not cover your obligations as a workers compensation reinsurer or insurer of other employers.

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  
Insured

Policy No.

Endorsement No.  
Premium:

Insurance Company

Countersigned by \_\_\_\_\_

**WC 00 03 04**  
(Ed. 4-84)