

## REPORTING OF DATA ON CLAIMS WITHIN YOUR RETENTION

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period <b>to</b>	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

**THIS ENDORSEMENT CHANGES THE POLICY OF INSURANCE.**

**PLEASE READ IT CAREFULLY.**

**This endorsement modifies insurance provided under the following:**

**SPECIFIC EXCESS WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

The following is added to **A. Your Claims Reporting Duties** under **PART FOUR - CLAIMS**:

You agree to provide or cause your claims administrator to provide any claims information that we may require, whether within Your Retention or above.

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Authorized Representative