

Amendatory Rider

Employerâ€™s Liability Insurance

This Rider is attached to and made part of the Employerâ€™s Liability Insurance Policy issued to the Insured, subject to all terms, conditions, and provisions of the Policy except as expressly modified herein.

Policy Details

Policy Number: _____

Effective Date: _____

Named Insured: _____

Endorsement Number: _____

Amendment

In consideration of the premium paid, it is hereby understood and agreed that the policy is amended as follows:

(State the change, extension, limitation, or additional condition clearly.)

All Other Terms Unchanged

All other terms, conditions, limitations, and exclusions of the policy remain unchanged and in full force and effect.

Authorized Representative

Date