

This endorsement modifies your policy. Please read it carefully.

SELF-INSURED RETENTION ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Your policy contains a Self-Insured Retention of

\$1,000.00 Per Claim

That applies to each Boldly Injury and or Property Damage Claim

Claim Service Provider:

US Administrator Claims P.O. Box 2005 Oak Ridge Tennessee 37831

Phone Claims First Reporting: 1-855-817-6016

Fax Claims First Reporting; 1-866-984-3316

Online Claims First Reporting:

The Insurance provided by this policy is subject to the following additional provisions:

1. Our Limit of Liability (as stated in the policy) will apply in-excess of the Self-Insured Retention (shown in the schedule of this endorsement). Our obligation under the policy applies only after you have paid the full amount of the Self-Insured Retention.
2. The full amount of the Self-Insured Retention must be paid by you and not funded or paid by any other insurance. You understand and agree this provision is to provide you with a personal interest in and share of any "Claim" under this policy, and to provide incentive for you to avoid unnecessary or avoidable claims under the policy.
3. You are obligated to make payments for damages and "defense cost" up to the amount of your Self-Insured Retention shown in the schedule. These payments are before we have any obligation to pay damages or participate in any "defense cost". For the purposes of the endorsement, "defense cost" means: All costs of investigation and any legal cost incurred in your defense.
4. The Self-Insured Retention is primary and underlying to the insurance provided by this policy and can only be satisfied by those amounts paid by you for covered claims and "suits". Your bankruptcy, insolvency, or inability to pay your Self-Insured Retention amount shall not increase our obligation under this policy.

5. Your Self-Insured Retention applies on a per claim basis. This means the self-insured retention applies to all damages and “defense cost” covered by this policy sustained by any one person or organization as the result of any one “occurrence”.

Claims Reporting

All claim notices are to be reported to the claim service provider shown in the Schedule of this endorsement in a timely manner. In the event you do not report, within 30 days of the date you know or should have known of the claim or injury, we shall have the option, at our sole discretion, to deny coverage under this policy if your failure to report any such loss has prejudiced our rights under this policy.

Settlement of Claims

- a. You are obligated to make payments for damages and “defense cost” up to the amount of your Self-Insured Retention.
- b. You may not settle any claim or “suit” which exceeds your Self-Insured Retention without prior approval of your Claim Service Provider. We will not be responsible for the portion of any settlement made exceeding your Self-Insured Retention without prior approval of the claim service provider.
- c. Our obligation for the investigation, defense, and settlement on any “occurrence”, claim or “suit” begins when your payments equal your Self-Insured Retention.
- d. You may report any claim expected to exceed your retention to your Claim Service Provider with the payment of your entire Self Insured Retention amount. The Claim Service Provider will then assume responsibility for the claim. If the ultimate claim payments are below your Self-Insured Retention, the difference will be returned to you.