XXX Insurance Company

ST. LOUIS, MISSOURI

**WORKERS’ COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY WC 99 22 02 (11 22)**

**MINNESOTA SELF INSURANCE REPLACEMENT NAMED INSURED ENDORSEMENT**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Paragraph **B. Who is Insured**, of the General Section of the Policy is amended to read:

You are insured if you are an employer named in Item 1 of the Information Page or are one of the Scheduled Entites as described below. If any employer is a partnership, and you are one of its partners, you are insured but only in your capacity as an employer of the partnership’s employees.

**SCHEDULED ENTITIES**

|  |  |  |
| --- | --- | --- |
| **EMPLOYER NAME** | **EMPLOYER IDENTIFICATION NUMBER (FEIN)** | **DATES OF COVERAGE** |
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| --- | --- | --- | --- | --- | --- | --- |
| 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 $ |
|  | | | | | | |
| Insurance Company: XXX Insurance Company | | | | | | |
| Countersigned By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
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