NEW YORK EXCESS MEDICAL COVERAGE ENDORSEMENT

This endorsement applies only to the insurance provided by Part One (Workers' Compensation Insurance) because New York is shown in Item 3.A. of the Information Page and subject to the "New York Medical Benefits Reimbursement Endorsement" (WC 31 03 10) attached to this policy.

1. You will pay medical benefits directly to the persons entitled to them.

2. We will reimburse you for any payment you make in excess of $ _____ because of bodily injury to one (or more) person(s) as a result of any one accident or because of disablement of one person due to bodily injury by disease.

3. You will promptly notify us if you are required to make any payment which would require us to reimburse you. You will not admit any liability without our written consent.

4. You will periodically, to our satisfaction, give us a written statement showing the amount we owe you.

5. The premium for this endorsement is calculated separately from other premium under this policy. This premium is not subject to any premium discount or any retrospective premium endorsement. In addition, losses under this endorsement are not subject to experience rating or any retrospective premium endorsement.

Classification and Code # of Operation	Estimated Total Annual Remuneration	Excess Medical Rate Per $100 of Remuneration	Estimated Excess Medical Premium

Notes		
	1.	Use this endorsement on a policy which provides coverage under the New York Workers' Compensation Law when the "New York Medical Benefits Reimbursement Endorsement" (WC 31 03 10) is attached and the company agrees to pay the excess over a stated amount.
	2.	In paragraph 2. insert the limit agreed upon by the carrier and the employer.