

**MASSACHUSETTS BENEFITS CLAIM AND AGGREGATE DEDUCTIBLE ENDORSEMENT**

This endorsement applies only to the insurance provided by Part One (Workers Compensation Insurance) because Massachusetts is listed in Item 3.A. of the Information Page.

1. Part One (Workers Compensation Insurance) applies only to benefits in excess of the deductible amounts shown in the Schedule below. These deductibles apply to claims compensable under the law.
2. The claim deductible shown in the Schedule below applies separately to each claim for bodily injury by accident or disease.
3. The aggregate deductible amount shown in the Schedule below is the most you must reimburse us for the sum of all medical and indemnity benefits compensable under the law for each policy period.
4. We will pay the deductible amount for you, but you must reimburse us within 30 days after we send you notice that payment is due. If you fail to fully reimburse us when due, we may cancel the policy for nonpayment of premium. We may keep the amount of unearned premium that will reimburse us for the payments we made. These rights are in addition to other rights to be reimbursed.
5. You agree that any claim and its cost shall be included in experience data used to determine experience modifications for your policy; regardless of the requirement that such claim be reimbursed by you to us under the deductible provisions of this policy.

**Schedule**

<b>Basis for the Aggregate Limit at Policy Inception</b>	<b>Claim Deductible Amount \$2,500</b>	<b>Aggregate Deductible Amount</b>	<b>Premium Reduction Percentage</b>
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Notes:

1. Use this endorsement if the insured elects both a per claim and aggregate deductible amount. The election must be made prior to the effective date of the policy.
2. Under Aggregate Deductible Amount, insert \$10,000 if Basis for the Aggregate Limit at Policy Inception does not exceed \$200,000; insert 5% of Basis for the Aggregate Limit at Policy Inception if Basis for the Aggregate Limit at Policy Inception exceeds \$200,000.