**“New Mexico Amendatory Endorsement”**

* **Cancellation**

If policy is cancelled by any party, Insurer will deliver to the New Mexico Workers’

Compensation Administration not less than ten days advance written notice stating when

the cancellation is to take effect. Mailing that notice to the mailing address shown below

will be sufficient to prove notice.

* **Coverage**

Subject only to the specified retention, this policy will pay for any and all benefits pursuant to the New Mexico Workers’ Compensation Act (The Act). Any provisions that exclude or limit coverage provided for in The Act or rules governing self-insurance are null and void.

* **For Retention**

The term “Bodily injury by Accident or Occurrence” shall include any and all employees that sustain bodily injury, including death resulting from an accident or occurrence or series of accidents or occurrences arising out of any one event.

The term “Bodily injury by disease” shall include any or all employees contracting a disease as a result of any single, repeated or continuous exposure to substantially the same general harmful conditions, including subsequent injury, illness or death caused by that condition.

* **Disputes**

The Insurer and Insured agree that this contract shall be interpreted under the laws of the State of New Mexico and that any litigation arising under this contract shall be resolved in the courts of the State of New Mexico, unless otherwise approved by the Director of the New Mexico Workers’ Compensation Administration.

* **Commutations or Diminutions of Coverage**

Insurer and Insured agree to provide notice to the New Mexico Workers’ Compensation Administration in the event that any claims under this policy are commuted or if any change is made to the policy during the policy year or upon renewal that diminishes liability to Insurer and or increases liability of the Insured.

* **Notice**

Any notice to the New Mexico Workers’ Compensation Administration will be mailed or

delivered to the following address:

New Mexico Workers’ Compensation Administration

ATTN: Self Insurance and Regulatory Audit Bureau

P.O. Box 27198

Albuquerque, N.M. 87125-7198

* **Bankruptcy or Insolvency**

The bankruptcy or insolvency of the insured shall not relieve the insurer of its liability for injury sustained or loss incurred during the policy term. In the case of the insured’s insolvency, bankruptcy or other failure to pay, insurer will promptly commence payments directly to claimants and providers or their authorized representatives of all benefits required to be paid by the insured, under the New Mexico Workers’ Compensation and Disease Disablement Acts that are in excess of the insured’s approved self-insured retention(SIR). Whereas approved SIR is the retention level that has been approved in writing by the Director of the New Mexico Workers’ Compensation Administration. Insurer will pay without regard to any deductible or the collectability of such deductible amounts. Insurer is not entitled to reimbursement from the New Mexico self-insurers’ Guarantee Fund or from the Workers’ Compensation Administration.