REVISION TO NOTICE REQUIREMENTS - OCCURRENCE FORMS

It is understood and agreed that the Policy is amended to add the following:

1. Failure to give any notice required to be given by this Policy within the time prescribed herein shall not invalidate coverage of any claim, unless the failure to provide timely notice has prejudiced us. However, failure to give any notice required to be given by this Policy within the time prescribed therein shall not invalidate any claim made by the insured or by any other claimant if it shall be shown not to have been reasonably possible to give such notice within the prescribed time and that notice was given as soon as was reasonably possible thereafter.

2. Notwithstanding any provision in this Policy to the contrary, with respect to any claim alleging death or personal injury, if we disclaim liability or deny coverage based upon the failure to provide timely notice, then the injured person, someone acting for the injured person or other claimant may bring an action against us, provided the sole question is whether such disclaimer or denial is based on the failure to provide timely notice.

    However, the injured person, someone acting for the injured person or other claimant may not bring an action if within 60 days after we deny coverage, or do not admit liability, we or an insured:

    (a)   brings an action to declare the rights of the parties under the policy; and

    (b)   names the injured person, someone acting for the injured person or other claimant as a party to the action.

As used herein, the word "us" refers to the insurer named on the Declarations.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy and expires concurrently with said Policy unless another effective date is shown below.

By Authorized Representative _____

(No signature is required if issued with the Policy or if it is effective on the Policy Effective Date)

GSL11892NY (3-09)
Page 1
Insured Name:

Policy No:
Endorsement No:
Effective Date: