**ENDORSEMENT**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement, effective 12:01 A.M.,

Forms a part of Policy No.:

LINE OF DUTY DEATH BENEFIT ENDORSEMENT

This endorsement modifies insurance provided under the following:

LAW ENFORCEMENT LIABILITY COVERAGE PART

1. The following is added Paragraph **C. Supplementary Payments** of **SECTION I – COVERAGES:**
2. We will reimburse you for an amount not to exceed $50,000 per “employee” / $100,000 Aggregate per Policy Period, for voluntary payments by you to the family or household members of your “employee” engaged in “law enforcement activities”, who dies in the line of duty while responding or reacting to a felony that occurs during the Policy Period, provided that:
3. The death of your “employee” results within one year from the date of the initial injury;
4. The “employee” was under your direct supervision;
5. The “employee” was acting within the course and scope of their duties at the time the injury occurred; and
6. The death does not:
   1. Arise out of or in any way involve suicide; or
   2. Result from an injury caused by a member of the “employee’s” immediate family or members of their household; or
   3. Result from a heart attack or stroke that occurs more than twenty-four (24) hours after such felony related injury.

We have the right to request an independent autopsy, at our own expense, as allowed by law.

1. The following condition is added to Paragraph **C. Duties in the Event of Claim, “Suit”, “Wrongful Act” or “Occurrence”:**:

You must provide us with written notice of a fatal injury as soon as practicable after the fatal injury occurs.

Notice must include:

1. Identification of such “employee”; and
2. Description of the felony that “employee” was responding or reacting to; and
3. Nature of the fatal injury; and
4. Proof of your payment to the family or household member.

All other terms and conditions of the policy remain the same.

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Authorized Representative