



NATIONAL UNION
FIRE INSURANCE COMPANY
OF PITTSBURGH, PA.
A CAPITAL STOCK COMPANY

(Herein called the Company)
Executive Offices
70 Pine Street
New York, NY 10270
(212) 770-7000

*** AMENDATORY ENDORSEMENT No. 4 ***

In consideration of the payment of premium calculated in the manner stated in the policy/summary of coverage to which this endorsement is attached, it is hereby agreed that the policy/summary of coverage is amended as follows:

The revised Schedule of Coverages is made a part of this Summary of Coverage. Those specific benefits denoted by an asterisk have been changed.

PART	COVERAGE	AMOUNT OF INSURANCE
I.	Loss of Life Benefits	
A.	Accidental Death Benefits	
(i)	Accidental Death Indemnity Benefit.....	\$ 100,000
(ii)	Seat Belt Benefit Amount.....	\$ 10,000
B.	Illness Loss Of Life Benefit.....	\$ 100,000
C.	Dependent Benefit Amount (Per Dependent Child).....	\$ 10,000
D.	Spousal Support Benefit Amount.....	\$ 5,000
E.	Memorial Benefit Amount.....	\$ 2,000
II.	Lump Sum Living Benefits	
A.	Accidental Dismemberment Principal Sum.....	\$ 100,000
B.	Vision Impairment Benefit.....	\$ 100,000
C.	Permanent Physical Impairment Principal Sum - Injury Only.....	\$ 100,000
D.	Cosmetic Disfigurement Resulting From Burns Principal Sum.....	\$ 100,000
E.	HIV Positive Benefit.....	\$ 100,000
III.	Weekly Income Benefits	
A.	Total Disability Benefit	
(1)	Total Disability Weekly Income Benefit (first 28 days).....	\$ 300
(2)	Total Disability Maximum Weekly Amount (after 28 days).....	\$ 900
(3)	Total Disability Minimum Weekly Amount.....	\$ 75
B.	Partial Disability Benefit	
(1)	Partial Disability Weekly Income Benefit (first 28 days).....	\$ 150
(2)	Partial Disability Maximum Weekly Amount (after 28 days).....	\$ 450
(3)	Partial Disability Minimum Weekly Amount.....	\$ 38
IV.	Occupational Retraining Benefit Maximum Amount.....	\$ 20,000
V.	Weekly Permanent Physical Impairment Benefit	
VI.	Optional Weekly Permanent Physical Impairment COLA Benefit.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VII.	Medical Expense Benefits	
A.	Medical Expense Maximum Amount.....	\$ 10,000
	Medical Expense Benefit Options	
1.	Excess of Worker's Compensation or No-Fault Auto Insurance Benefits.....	<input checked="" type="checkbox"/>
2.	Excess of Worker's Compensation, No-Fault Auto Insurance and Other Group Insurance.....	<input type="checkbox"/>
3.	Primary Medical Expense Benefit.....	<input type="checkbox"/>
B.	Cosmetic/Plastic Surgery Maximum Amount.....	\$ 10,000
C.	Post Traumatic Stress Disorder Maximum Amount.....	\$ 10,000
D.	Critical Incident Stress Management Maximum Amount (Per Covered Activity).....	\$ 2,500
E.	Family Expense Benefit.....	\$ 100
VIII.	Optional Benefits	
A.	Weekly Hospital Indemnity Benefit.....	\$ none
B.	Additional Disability Weekly Benefit.....	\$ none
C.	24 Hour Accidental Death and Dismemberment Benefit.....	\$ none
D.	Non-Covered Activity Accidental Death and Dismemberment Benefit.....	\$ none

Due to change in # of career members to 33, the total three year premium is amended to read:
\$80,191.00

The additional premium for the July 1, 2007 installment is \$5447.00

The remaining installment is amended to read as follows:

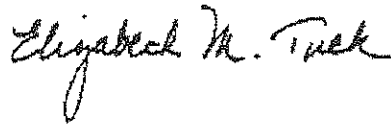
July 1, 2008.....\$26,738.00

This endorsement takes effect on 07/01/2007 12:01 A.M., Standard Time at Rochester Hills, MI and it expires concurrently with the policy and is subject to all of the provisions, definitions, limitations and conditions of the policy not inconsistent herewith.

Attached to and made a part of Policy No. VFP 2523-9125C -00 / 03 issued to City of Rochester Hills by the National Union Fire Insurance Company of Pittsburgh, Pa. But the same shall not be binding on the Company unless countersigned by its duly authorized agent.



President



Secretary

Countersigned by _____
Licensed Resident Agent
(Where required by law)