

State of Arkansas

Important Loss Control Information

Travelers is required to provide its policyholders with certain accident prevention services at no additional cost as required by Ark. Code Ann. § 11-9-409(d) and AWCC Rule 32. If you would like more information, call 800-973-9215. If you have any questions about this requirement, call the Health and Safety Division, Arkansas Workers' Compensation Commission at 1-800-622-4472.

Notice To Policy Recipient:

If you are not the person directly responsible for the accident prevention activities of your company in Arkansas, please direct these safety services notices to the person directly responsible for accident prevention activities.



ONE TOWER SQUARE
HARTFORD CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: UB-6N259033-22-14-G

INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

INSURED'S NAME: CHAMPLAIN COLLEGE INCORPORATED

13579-AR

RATE BUREAU ID: 911451999

EXP. MOD. EFFECTIVE DATE: 02-15-22

| CLASSIFICATION | CODE | PREMIUM BASIS | RATES | ESTIMATED |
|---------------------------------|------|-------------------------------------------|------------------------------|-------------------|
| | | ESTIMATED TOTAL ANNUAL REMUNERATION | PER \$100 OF REMUNERATION | ANNUAL PREMIUM |
| LOCATION 001 | | | | |
| FEIN 030220266 ENTITY CD 001 00 | | | | |

CHAMPLAIN COLLEGE
INCORPORATED

AR- NO BUSINESS LOCATION

| | | | | |
|-----------------------------------------------|------|-----------|------|-----|
| COLLEGE: PROFESSIONAL EMPLOYEES & CLERICAL | 8868 | 101048.00 | 0.30 | 303 |
|-----------------------------------------------|------|-----------|------|-----|

AR MANUAL PREMIUM \$ 303

| | | |
|------------------------------------------------|----|-----|
| 0.80% EMPL. LIAB. INCREASED LIMITS (9807) | \$ | 2 |
| TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD. | | 305 |
| EXPERIENCE MODIFICATION:0.65 MODIFIED PREMIUM | | 198 |
| TOTAL ESTIMATED ANNUAL STANDARD PREMIUM | | 198 |
| -4.60% PREMIUM DISCOUNT (0064) | | -9 |
| TERRORISM (9740) | | 8 |
| CAT (OTHER THAN CERT ACTS OF TERRORISM) (9741) | | 16 |
| TOTAL ESTIMATED PREMIUM | | 213 |
| TOTAL PREMIUM | | 213 |
| DEPOSIT AMOUNT DUE | | 213 |

POLICY NUMBER: UB-6N259033-22-14-G

ARKANSAS AMENDATORY ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Arkansas is shown in Item 3.A. of the Information Page.

Part Two—Employers Liability Insurance, Section C. (Exclusions), Item 2 of the policy is replaced by the following:

- 2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law; punitive or exemplary damages are defined by Arkansas Bulletin No. 4-82 as those damages which are imposed to punish a wrongdoer and to deter others from similar conduct;

Part Six—Conditions, Section D. (Cancellation) of the policy is replaced by the following:

D. Cancellation

- 1. You may cancel this policy. You must mail or deliver at least 30 days' advance written notice of cancellation to us. Cancellation is effective at 12:01 a.m. 30 days after we receive notice unless you specify a later date for cancellation.

You may cancel coverage effective less than 30 days after written notice has been received by us if you have obtained other coverage or become a self-insurer.

- 2. We may cancel this policy. If we cancel because you fail to pay all premium when due, we will mail or deliver to you and to the Arkansas Workers Compensation Commission not less than 10 days advance written notice stating when the cancellation is to take effect. If we cancel for any other reason, we will mail or deliver to you and to the Arkansas Workers Compensation Commission not less than 30 days' advance written notice stating when the cancellation is to take effect. Mailing notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient notice.
- 3. The policy period will end on the day and hour stated in the cancellation notice.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

| | | |
|-----------------------|------------------------|-----------------|
| Endorsement Effective | Policy No. | Endorsement No. |
| Insured | | Premium \$ |
| Insurance Company | Countersigned by _____ | |

POLICY NUMBER: UB-6N259033-22-14-G

**NOTICE OF ELECTION TO ACCEPT AN INSURANCE DEDUCTIBLE
FOR ARKANSAS' COMPENSATION MEDICAL OR INDEMNITY OR BOTH BENEFITS**

Arkansas Policyholders

Arkansas law now permits an employer to buy one of three Workers' Compensation Insurance deductibles. The deductible is for medical or indemnity or both medical and indemnity benefits and applies separately to each bodily injury by accident or disease during the policy term, regardless of the number of employees who sustain injury in the accident. The deductible amount is subject to a minimum of \$1,000 and a maximum of \$5,000 for each accident, with intermediate increments shown in the table below.

To prevent putting you in an uninsured position, your policy has been issued at full rates with no deductible for medical benefits.

If you wish to have this deductible option apply to your policy, fill in the information requested at the bottom of this form. Three copies of this form are provided: (1) Retain a copy for your records; (2) Send a copy to your producer to keep him/her informed of your intention; and (3) Complete and return a copy to the carrier at the location address noted above within sixty (60) days after the effective date of your policy. An endorsement, WC 03 06 02 (A) will be then attached to your policy to reflect the change.

If you decide that you do not want a deductible to apply, you may disregard this form. Your policy will continue in force as issued.

For a complete explanation of how this program operates or the savings available please contact your producer.

TABLE "A" – Medical and Indemnity Losses

Workers Compensation

Available Deductibles Per Accident: \$1,000, \$1,500, \$2,000, \$2,500 \$3,000, \$3,500, \$4,000, \$4,500 or \$5,000

TABLE "B" – Indemnity Losses Only

Workers Compensation

Available Deductibles Per Accident: \$1,000, \$1,500, \$2,000, \$2,500, \$3,000, \$3,500, \$4,000, \$4,500 or \$5,000

TABLE "C" – Medical Losses Only

Workers Compensation

Available Deductibles Per Accident: \$1,000, \$1,500, \$2,000, \$2,500, \$3,000, \$3,500, \$4,000, \$4,500 or \$5,000

DATE OF ISSUE: 02-14-22

POLICY NUMBER:

Yes, I want a deductible of \$_____ from TABLE "A", "B" or "C" (_____) applied under Arkansas Workers' Compensation Law. I understand that the company shall pay the deductible amount and seek reimbursement from the employer shown below.

I understand that in accordance with Arkansas revised statutes, I have the option of modifying the above deductible program choice at the time of renewal of my Workers' Compensation policy with the insurance company named below.

Date: _____

Employer: _____

Name: _____

Title _____

Signature: _____

Insurance Company: _____

Producer's Name: _____

Policy Number: _____

DATE OF ISSUE: 02-14-22

IMPORTANT NOTICE TO ARKANSAS POLICYHOLDERS

NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.

Dear Policyholder:

In the event you need to contact someone about this policy for any reason, please contact your agent. If you need additional assistance you may contact us at the address and telephone number indicated below:

INSURANCE COMPANY

Travelers Property Casualty
One Tower Square
Hartford, CT 06183
1-800-842-9928

PRODUCER/AGENT

Name: HICKOK & BOARDMAN INS

Address: PO BOX 1064
BURLINGTON VT 05402-1064

Phone Number: 802-658-3500

If you have been unable to contact or obtain satisfaction from the company or agent, you may contact the Arkansas Insurance Department:

Arkansas Insurance Department
One Commerce Way
Little Rock, Arkansas 72202
(501) 371-2640 or (800) 852-5494

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Department of Insurance, please have your policy number available.

Policyholders have the right to file a complaint with the Arkansas Insurance Department (AID). You may call AID to request a complaint form at (800) 852-5494 or (501) 371-2640 or write the Department at the address shown above.

Thank you for insuring with Travelers.

| | | |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Form AR-P | ARKANSAS WORKERS' COMPENSATION COMMISSION | P |
| Ark. Code Ann. §11-9-403, 407 AWCC Rule 7 Updated 6-16-14 | 324 Spring Street, Little Rock, AR 72201 Mail: P.O. Box 950, Little Rock, AR 72203-0950 Little Rock Office – 1-800-622-4472 / 501-682-3930 Springdale Office – 1-800-852-5376 / 479-751-2790 | |

WORKERS' COMPENSATION INSTRUCTIONS TO EMPLOYERS & EMPLOYEES

All employees of this establishment entitled to benefits under the provisions of the Arkansas workers' compensation laws are hereby notified that their employer has secured the payment of such compensation as may at any time be due employees or their dependents. This employer is required by state law to provide workers' compensation coverage or this employer has waived the exclusion or exemption from the operation of the workers' compensation laws, and the employer certifies by the display of this poster that workers' compensation coverage is now provided by a workers' compensation insurance policy or by enrollment in the Arkansas Self-Insurance Program or by the Public Employee Claims Division of the Arkansas Insurance Department.

EMPLOYER—Name: CHAMPLAIN COLLEGE INCORPORATED

CARRIER—Name: THE TRAVELERS INSURANCE COMPANIES

Address: P.O. BOX 660456
DALLAS, TX 75266-0456

Telephone No. (800) 238-6225

POLICY NUMBER: 6N259033

EXPIRATION DATE: 02-15-23

IN CASE OF JOB-RELATED INJURIES OR OCCUPATIONAL DISEASES

The Employer Shall:

1. Provide all necessary medical, surgical and hospital treatment, as required by law, following the injury and for such additional time as ordered by the Workers' Compensation Commission.
2. Provide compensation payments in accordance with the provisions of the law. The first installment of compensation becomes due on the 15th day after the employer has notice of the injury or death, except in those cases where liability has been denied by the employer.
3. Provide prompt reporting of accidents to appropriate parties.
4. Keep a record of all injuries received by their employees.

The Employee Shall:

The employee shall report the injury to the employer on Form N and to a person or at a place specified by the employer, unless the injury either renders the employee physically or mentally unable to do so, or the injury is made known to the employer immediately after it occurs. The employer shall not be responsible for disability, medical, or other benefits prior to receipt of the employee's notice of injury. All reporting procedures specified by the employer must be reasonable and shall afford each employee reasonable notice of the reporting requirements. The foregoing shall not apply when an employee requires emergency medical treatment outside the employer's normal business hours; however, in that event, the employee shall cause a report of the injury to be made to the employer on the employer's next regular business day.

Failure to give such notice shall not bar any claim (1) if the employer had knowledge of the injury or death, (2) if the employee had no knowledge that the condition or disease arose out of and in the course of employment, or (3) if the Commission excuses such failure on the grounds that for some satisfactory reason such notice could not be given. Objection to failure to give notice must be made at or before the first hearing on the claim.

Statutory Information:

Ark. Code Ann. §11-9-514(b) states: "Treatment or services furnished or prescribed by any physician other than the ones selected according to the foregoing, except emergency treatment, shall be at the claimant's expense."

Ark. Code Ann. § 11-9-514(f), however, indicates: When compensability is controverted, subsection (b) shall not apply if:

- (1) The employee requests medical assistance in writing prior to seeking the same as a result of an alleged compensable injury; and
- (2) The employer refuses to refer the employee to a medical provider within forty-eight (48) hours after such written request as provided above; and
- (3) The alleged injury is later found to be a compensable injury; and
- (4) The employer has not made a previous offer of medical treatment.

If you have any questions regarding your rights under the Arkansas workers' compensation laws, you may call an Arkansas Workers' Compensation Commission legal advisor at our toll-free number listed above.

All employers who come within the operation of the Arkansas workers' compensation laws and have complied with its provisions must post this notice in a **CONSPICUOUS** place in or about their place or places of business.

AWCC Form P
(Posting Notice)

A Posting Notice is mentioned in **Ark. Code Ann. §11-9-403**, **Ark. Code Ann. §11-9-407** and **AWCC Rule 7. AWCC Form P** satisfies all requirements.

Form P.

1. Is to be on display in a conspicuous place;
2. Tells employers what to do when an employee is injured.
3. Instructs employees to notify the employer immediately (or no later than the close of the next business day) when injured;
4. Lists the claims office that will be handling the insurance aspects of the case;
5. Gives the claims office telephone number;
6. Announces the expiration date of the insurance policy; and
7. Provides telephone numbers for Arkansas Workers' Compensation Commission legal advisors if either party needs assistance.

Employers without **Form P** may lose the use of **Form N** as a defense in litigation. Employees disobeying instructions on **Form P** may delay their benefits or jeopardize the awarding of any benefits in a contested case.

The AWCC furnishes samples, not supplies, of **Form P**. Carriers are to send their insureds an adequate number, and self-insureds must arrange with a printer for the supply they need. Carriers and employers may enlarge **Form P** for posting purposes.

Information about **FORM P** is available from the Support Services Division (1-800-622-4472 or 501-682-3930) .

Ark. Code Ann. §11-9-106(a): “Any person or entity who willfully and knowingly makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who willfully and knowingly employs any device, scheme, or artifice for the purpose of: obtaining any benefit or payment; defeating or wrongfully increasing or wrongfully decreasing any claim for benefit or payment; or obtaining or avoiding workers’ compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for any of said purposes, under this chapter shall be guilty of a Class D felony. Fifty percent (50%) of any criminal fine imposed and collected under ... this section shall be paid and allocated in accordance with applicable law to the Death and Permanent Total Disability Trust Fund administered by the Workers' Compensation Commission.”