



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: THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

INSURED'S NAME: CHAMPLAIN COLLEGE INCORPORATED

12637-NV

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

NV- NO BUSINESS LOCATION

COLLEGE: PROFESSIONAL EMPLOYEES & CLERICAL	8868	IF ANY	0.60	0
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NV MANUAL PREMIUM \$ 0

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TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.	\$	0
EXPERIENCE MODIFICATION:0.65 MODIFIED PREMIUM		0
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		0
-4.60% PREMIUM DISCOUNT(0064)		0
TOTAL ESTIMATED PREMIUM		0
TOTAL PREMIUM		0
DEPOSIT AMOUNT DUE		0

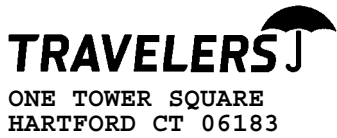
## **NEVADA CANCELLATION AND NONRENEWAL ENDORSEMENT**

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

Part Six – Conditions, D. Cancellation of the policy is replaced by the following:

### **A. Midterm Cancellation**

1. You may cancel this policy by mailing or delivering advance written notice to us stating when the cancellation is to take effect.
2. We will provide you not less than 10 days notice if this policy is cancelled because you failed to pay a premium or remit an amount due because of an endorsement for a deductible when due.
3. We will provide you not less than 30 days notice for any other cancellation reason permitted under Nevada law, including failure to pay additional premium charged due to an audit of any payroll under the terms of the current or previous policy.
4. No policy of industrial insurance that has been in effect for at least 70 days or that has been renewed may be cancelled, except on any one of the following grounds:
  - a. A failure by the policyholder to pay a premium for the policy of industrial insurance when due, including the failure of the policyholder to remit an amount due because of an endorsement for a deductible;
  - b. A failure by the policyholder to:
    - (1) Report any payroll;
    - (2) Allow the insurer to audit any payroll in accordance with the terms of the policy or any previous policy issued by the insurer; or
    - (3) Pay any additional premium charged because of an audit of any payroll as required by the terms of the policy or any previous policy issued by the insurer;
  - c. A material failure by the policyholder to comply with any federal or state order concerning safety or any written recommendation of the insurer's designated representative for loss prevention;
  - d. A material change in ownership of the policyholder or any change in the policyholder's business or operations that:
    - (1) Materially increases the hazard for frequency or severity of loss;
    - (2) Requires additional or different classifications for the calculation of premiums; or
    - (3) Contemplates an activity that is excluded by any reinsurance treaty of the insurer;
  - e. A material misrepresentation made by the policyholder; or
  - f. A failure by the policyholder to cooperate with the insurer in conducting an investigation of a claim.
5. We cannot cancel the policy when the referenced reasons are corrected by you within the time specified in the written notice of cancellation.



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

**ENDORSEMENT WC 27 06 01 ( C )**

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

**B. Nonrenewal**

- 1. We may elect not to renew the policy. We will provide to you a written notice of our intention not to renew at least 60 days before the expiration date.
- 2. We need not provide notice of our intention not to renew if you have accepted replacement coverage, if you have requested or agreed to nonrenewal, or if the policy is expressly designated as nonrenewable.

**C. Information About Claims Paid**

- 1. If you request information for the renewal of the policy, we will provide you with information regarding claims paid on your behalf.
- 2. We will provide the information within 30 working days after we receive your written request. We may charge a reasonable fee for providing the information.

**D. Notices**

- 1. We will provide advance written notice of cancellation or nonrenewal as provided in A and B above. This notice must be served personally on or sent by first-class mail or electronic transmission to the employer.
- 2. Notices will state the effective date of the cancellation or nonrenewal and will be accompanied by a written explanation of the specific reasons for the cancellation or nonrenewal.
- 3. A written notice of cancellation is not required if we mutually agree with you to cancel the policy and reissue a new policy based upon a material change in the ownership or operation of your business.

**E. Compliance With Law**

- 1. Any of these provisions that conflict with a law that controls the cancellation or renewal or nonrenewal of the insurance in this policy is changed by this statement to comply with the law.

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  
Insured

Policy No.

Endorsement No.  
Premium \$

Insurance Company

Countersigned by \_\_\_\_\_

## IMPORTANT NOTICE TO NEVADA POLICYHOLDERS

Dear Policyholder:

Nevada law requires that you complete form C-3 within six (6) days from the receipt of the report of initial treatment (form C-4). Form C-3 should be forwarded to our Claim Department. Failure to timely complete form C-3 may result in administrative fines to you in the amount of \$1,000 per violation.

For additional information please contact us at 1-800-832-7839.

*"For your convenience, the following is the applicable statutory language."*

### **AC616A.480 Use, alteration, printing and distribution of certain posters and forms.**

1. The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers' compensation:

(d) C-3, Employer's Report of Industrial Injury or Occupational Disease. A copy of the form must be delivered to or the form must be filed by electronic transmission with the insurer or third-party administrator. The form signed by the employer must be retained by the employer. A copy of the form must be delivered to the injured employee. If the employer files the form by electronic transmission, the employer must:

- (1) Transmit all fields of the form that are required to be completed, as prescribed by the administrator.
- (2) Sign the form with an electronic symbol representing the signature of the employer that is:
  - i. Unique to the employer;
  - ii. Capable of verification; and
  - iii. Linked to data in such a manner that the signature is invalidated if the data is altered.
- (3) Acknowledge on the form that he will maintain the original report of industrial injury or occupational disease for 3 years. If the employer moves from or ceases operation in this state, the employer shall deliver the original form to the insurer for inclusion in the insurer's file on the injured employee within 30 days after the move or cessation of operation.

3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.

### **NRS 616C.045 Report of industrial injury or occupational disease: Duty of employer to file; electronic filing; form and contents; penalty.**

1. Except as otherwise provided in NRS 616B.727, within 6 working days after the receipt of a claim for compensation from a physician or chiropractor, an employer shall complete and file with his insurer or third-party administrator an employer's report of industrial injury or occupational disease.
2. The report must:
  - (a) Be on a form prescribed by the administrator;
  - (b) Be signed by the employer or his designee;
  - (c) Contain specific answers to all questions required by the regulations of the administrator; and

- (d) Be accompanied by a statement of the wages of the employee if the claim for compensation received from the treating physician or chiropractor indicates that the injured employee is expected to be off work for 5 days or more.
- 3. An employer who files the report required by subsection 1 by electronic transmission shall, upon request, mail to the insurer or third-party administrator the form that contains the original signature of the employer or his designee. The form must be mailed within 7 days after receiving such a request.
- 4. The administrator shall impose an administrative fine of not more than \$1,000 on an employer for each violation of this section.

**NAMED INSURED: CHAMPLAIN COLLEGE INCORPORATED**

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

**EFFECTIVE DATE: 02-15-22**

**GUNTHER OPERATOR:**

**MANUALLY INSERT 1 COPIES OF W27P1**

**NEVADA OVERSIZED POSTING NOTICES**

**ATTACH NEVADA STICKERS**

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**See instructions on other side.**