



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-NJ

RATE BUREAU ID: 000660253

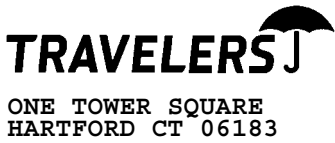
EXP. MOD. EFFECTIVE DATE: 02-15-22

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001				
FEIN 030220266 ENTITY CD 001 00				
TAX IDENTIFIER NUMBER 030220266000				
CHAMPLAIN COLLEGE INCORPORATED				
NJ- NO BUSINESS LOCATION				
COLLEGE: PROFESSIONAL EMPLOYEES & CLERICAL	8868	110867.00	1.36	1508

NJ MANUAL PREMIUM \$ 1508

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1.10% EMPL. LIAB. INCREASED LIMITS (6199)	\$	17
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		1525
ESTIMATED EXP MOD:0.976 MODIFIED PREMIUM		1488
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		1488
TERRORISM (9740)		33
CAT (OTHER THAN CERT ACTS OF TERRORISM) (9741)		11
TOTAL ESTIMATED PREMIUM		1532
5.33% SECOND INJURY FUND SURCHARGE		79
TOTAL PREMIUM		1611
DEPOSIT AMOUNT DUE		1611



WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY ENDORSEMENT WC 29 03 06 ( B)

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

NEW JERSEY PART TWO EMPLOYERS LIABILITY ENDORSEMENT

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because New Jersey is shown in Item 3.A. of the Information Page.

With respect to Exclusion C5, this insurance does not cover any and all intentional wrongs within the exception allowed by N.J.S.A. 34:15-8 including but not limited to, bodily injury caused or aggravated by an intentional wrong committed by you or your employees, or bodily injury resulting from an act or omission by you or your employees, which is substantially certain to result in injury.

With respect to Exclusion C7, we will defend any claim, proceeding or suit for damages where bodily injury is alleged. We have the right to investigate and settle. We will not defend or continue to defend after the applicable limits of insurance have been paid. Such policy limits include any legal costs assessed against you on behalf of your employee(s).

We may not limit our liability to pay damages for which we become legally liable to pay because of bodily injury to an infant under the age of 18 years in a proceeding made pursuant to Article 2 as provided in N.J.S.A. 34:15-10.

This insurance does not provide for the payment of any common law negligence damages or other damages when the provisions of Article 2 of the New Jersey Workers Compensation Law have been rejected by you and your employee(s) as provided in N.J.S.A. 34:15-9.

With respect to paragraph F, the "Other Insurance" provision is replaced with the following:

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

This insurance, however, is excess over any other applicable insurance with respect to claims for bodily injury arising out of employer practices, policies, acts or omissions enumerated in C7 above, whether such other insurance is stated to be primary, contributory, excess, contingent or otherwise.

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 \_\_\_\_\_

DATE OF ISSUE: 02-14-22 ST ASSIGN:

**NEW JERSEY**

**NOTICE OF ELECTION – PROPRIETORS AND PARTNERS  
WORKERS’ COMPENSATION AND EMPLOYERS’ LIABILITY INSURANCE**

The New Jersey Workers’ Compensation Law was amended effective April 13, 2000. The amendment permits **election** by a self-employed person or partners of any partnership including partners of a limited liability partnership and members of a limited liability company actively performing services on behalf of the business to be deemed employees for the purpose of receipt of benefits and the payment of premiums. This election does not affect the insurance obligations for employees other than the self-employed person, partners or members.

The election must be made at the time the policy is purchased or renewed and must be effective at the inception date of the policy. It is important to note that the election cannot be rescinded during the policy period and that in the case of any partnership including a limited liability partnership or limited liability company, **ALL** of the partners or **ALL** of the members must elect the coverage. You will be required to pay a premium based on the remuneration and duties of the self-employed person or each partner or each member.

The insurer or insurance producer shall not be liable in an action for damages on account of the failure of a business, limited liability partnership, limited liability company or partnership to elect to obtain workers’ compensation coverage for a self-employed person, limited liability partner, limited liability company member or partner, unless the insurer or insurance producer causes damage by a willful, wanton or grossly negligent act of commission or omission.

Whether electing or rejecting coverage, it will be necessary to complete all of the information requested below. This completed form must then be returned to the insurer/producer. A copy of this Notice and proof of mailing should be retained for your records. If you received this form in relation to a renewal of insurance, and fail to execute and return it to the insurer/producer, coverage will continue as per the expiring policy.

<b>NAME OF BUSINESS</b> _____		
<b>COVERAGE IS ELECTED</b> <input type="checkbox"/>	<b>COVERAGE IS REJECTED</b> <input type="checkbox"/>	<b>BUSINESS IS A CORPORATION or OTHER FORM OF ORGANIZATION</b> <input type="checkbox"/>

Always complete this section

<u>Name(s) of Proprietor or ALL Partners</u> (Please Print)	<u>Estimated Annual Wage</u>	<u>Duties</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Complete this section only when coverage is elected

Signature: _____	Date: _____
Proprietor or a Partner	

Always complete this section



# **NOTICE**

**The undersigned employer hereby gives notice that the payment of compensation to employees and their dependents has been secured in accordance with the provisions of the Employer's Liability Insurance Law, Title 34, Chapter 15, Article 5, Revised Statutes New Jersey, by insuring with**

**TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA Insurance Company**

**for the period**

**Beginning** 02-15-22 **Ending** 02-15-23

**Employer** CHAMPLAIN COLLEGE INCORPORATED

*In accordance with the above cited law, notice of compliance must be posted and maintained conspicuously in and about the employer's workplaces.*

# **AVISO**

**El empleador abajo firmante, notifica que el pago de compensación a empleados y sus dependientes ha sido asegurado de acuerdo con las disposiciones de la ley de seguros de responsabilidad del empleador, Título 34, Capítulo 15, Artículo 5, Estatutos Revisados del estado New Jersey, asegurándolos con el**

**( TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA )**

**Compañía de Seguros**

**por el periodo**

**Comenzando** 02-15-22 **Finalizando** 02-15-23

**Empleador** CHAMPLAIN COLLEGE INCORPORATED

*De acuerdo con la ley citada anteriormente, aviso de cumplimiento deben publicarse y mantenerse de manera visible en y alrededor los lugares de trabajo del empleador.*