



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-NM

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

NM- NO BUSINESS LOCATION

COLLEGE: PROFESSIONAL EMPLOYEES & CLERICAL	8868	IF ANY	0.92	0
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NM 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



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AND  
EMPLOYERS LIABILITY POLICY**

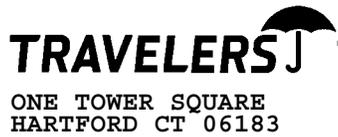
**ENDORSEMENT WC 30 03 01 (00)**

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

**NEW MEXICO SAFETY DEVICE COVERAGE ENDORSEMENT**

Section 52-1-10 of the New Mexico workers compensation law may make you liable for the payment of additional benefits in the case of bodily injury to employees resulting from your failure to supply safety devices. The benefits payable under Part One (Workers Compensation Insurance) includes these additional benefits.

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



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

**ENDORSEMENT WC 30 04 01 ( A)**

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

**NEW MEXICO WORKERS COMPENSATION PREMIUM ADJUSTMENT  
PROGRAM FOR QUALIFYING CLASSIFICATIONS ENDORSEMENT**

The premium for the policy may be adjusted by New Mexico Workers Compensation Premium Adjustment credits and Offset to Experience Rating debit. The credits and debit were not available when the policy was issued. If you qualify, or if estimated credits and estimated debit have been applied, we will issue an endorsement to show the proper premium adjustment credits and debit after they are calculated.

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## **NEW MEXICO CANCELLATION AND NONRENEWAL ENDORSEMENT**

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

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

### **D. Cancellation**

1. You may cancel this policy by giving us advance written notice stating when the cancellation is to take effect.
2. At any time during the policy period, regardless of the number of days the policy has been in effect, we may cancel this policy for nonpayment of premium when due. We must give written notice to you at least 10 days prior to the effective date of the cancellation.
3. If the policy has been in effect less than 60 days and is not a renewal policy, we may cancel this policy without cause by giving written notice to you at least 10 days prior to the effective date of the cancellation. The cancellation effective date must fall within this period of less than 60 days.
4. Subject to Subsection 2 above, if the policy has been in effect for 60 days or more or is a renewal, we may cancel this policy only for one or more of the following reasons:
  - a. The policy was obtained through material misrepresentation, fraudulent statements, omissions or concealment of fact material to the acceptance of the risk or to the hazard assumed by us. We must give written notice to you at least 15 days prior to the effective date of cancellation.
  - b. Willful and negligent acts or omissions by you have substantially increased the hazards insured against. We must give written notice to you at least 15 days prior to the effective date of cancellation.
  - c. You presented a claim based on fraud or material misrepresentation. We must give written notice to you at least 15 days prior to the effective date of cancellation.
  - d. There has been a substantial change in the risk assumed by us since the policy was issued. We must give written notice to you at least 30 days prior to the effective date of cancellation.
  - e. Revocation or suspension of driver's license of the named insured or other operator who either resides in the same household or customarily operates the vehicle. We must give written notice to you at least 15 days prior to the effective date of cancellation.
5. We will give the required Notice of Cancellation stating the reason(s) for cancellation before the cancellation is effective. The notice will state the time that the cancellation is to take effect. The written notice of cancellation will be sent to your last address of record with us.

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Part Six – Conditions of the policy is changed by adding the following:

**F. Nonrenewal**

1. If we decide not to renew this policy, we must give you written notice of our intention at least 30 days prior to the expiration of the policy. The written notice of nonrenewal will be sent to your last address of record with us.
2. This nonrenewal section does not apply to any policy of insurance issued to an insured that has its principal place of business outside the state of New Mexico.

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.	EndorsementNo.
Insured		Premium
Insurance Company	Countersigned by _____	

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

**NOTICE OF ELECTION TO ACCEPT AN INSURANCE DEDUCTIBLE  
FOR NEW MEXICO WORKERS' COMPENSATION INDEMNITY AND MEDICAL BENEFITS**

New Mexico Policyholders

New Mexico law now permits an employer to buy Workers' Compensation Insurance with a deductible. The deductible is for indemnity and medical benefits and applies separately to each accident 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 \$500 and a maximum of \$10,000 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 applied.

If you wish to have this deductible option apply to your policy, fill in the information requested at the bottom of this form. Retain your copy for your records and send the agent and company copies to your agent within sixty (60) days after the effective date of your policy. An endorsement will then be attached to your policy to reflect the change.

If you decide that you do not want a deductible to apply, or if you already have a deductible on the policy, 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 agent.

**DEDUCTIBLE TABLE**

**DEDUCTIBLE  
PER ACCIDENT:**

\$ 500  
\$ 1,000  
\$ 1,500  
\$ 2,000  
\$ 2,500  
\$ 5,000  
\$ 10,000

DATE OF ISSUE: 02-14-22

W30N4C06

Yes, I want a deductible of \$\_\_\_\_\_ applied to my indemnity and medical benefits under the New Mexico 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 New Mexico Laws, 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: \_\_\_\_\_

# State of New Mexico Workers' Compensation Administration

## WORKERS' COMPENSATION ACT

If You Are Injured At Work  
Si Se Lastima En El Trabajo

- 1) Notice – In most cases you must tell your employer about the accident within 15 days, using the Notice of Accident Form
  - 2) You have the right to information and assistance from an information specialist known as an "Ombudsman" at the Workers' Compensation Administration.
  - 3) Claims information – Contact your employer's Claims Representative.
- 1) Aviso. – En la mayoría de los casos usted debe de avisarle a su empleador del accidente dentro de los primeros 15 días usando las formas de Aviso de Accidente.
  - 2) Usted tiene el derecho a información y ayuda contactándose con un especialista en información conocido como "Ombudsman" en la Administración para la Compensación a los Trabajadores.
  - 3) Información acerca de Reclamaciones. – Contáctese con el representante de reclamaciones de su compañía.

**Employer's Insurer/Claims Representative:**

**Name:** THE TRAVELERS INSURANCE COMPANIES

**Phone #:** (800) 238-6225

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

**Note:** Employer must fill in this insurer/claims representative information.

WCA POSTER (TOP)  
PART 1 OF 2  
ATTACH BOTTOM OF  
POSTER HERE

## YOUR RIGHTS

If you are injured in a work-related accident:

Your employer / insurer must pay all reasonable and necessary medical costs.

You may or may not have the right to choose your health care provider. If your employer / insurer has not given you written instructions about who chooses first, call an ombudsman. In an emergency get emergency medical care first.

If you are off work for more than seven days, your employer / insurer must pay wage benefits to partially offset your lost wages.

If you suffer "permanent impairment," you may have the right to receive partial wage benefits for a longer period of time.

Ombudsmen are located at the following offices:

<b>Albuquerque:</b>	<b>Farmington:</b>	<b>Hobbs:</b>	<b>Las Cruces:</b>	<b>Las Vegas:</b>	<b>Roswell:</b>	<b>Santa Fe:</b>
1-866-967-5667	1-800-568-7310	1-800-934-2450	1-800-870-6826	1-800-281-7889	1-866-311-8587	1-505-476-7381
1-505-841-6000	1-505-599-9746	1-575-397-3425	1-575-524-6246	1-505-454-9251	1-575-623-3997	

### If You Need HELP Call:

*Ask for an Ombudsman*

### Si Usted Necesita Ayuda Llame Al:

*Pregunte por un Ombudsman*

1 - 8 6 6 - W O R K O M P ( 1-866-967-5667)

Visit our website at: <https://workerscomp.nm.gov>

For FREE copies of this poster and Notice of Accident Forms call: 1-866-967-5667

### USE A NOTICE OF ACCIDENT FORM TO REPORT YOUR ACCIDENT TO YOUR SUPERVISOR

**EMPLOYER:** You are required by law to post this poster where your employees can read it and to post Notice of Accident forms with it.

This poster without Notice of Accident forms does not comply with law.

You have other rights and duties under the law.

New Mexico Workers' Compensation  
2410 Centre Avenue, Albuquerque, New Mexico 87106  
P.O. Box 27198, Albuquerque, New Mexico 87125-7198