



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-PA

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

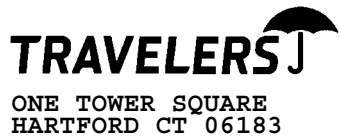
CHAMPLAIN COLLEGE
INCORPORATED

PA- NO BUSINESS LOCATION

COLLEGE OR SCHOOL N.O.C.- ALL EMPLOYEES INCLUDING OFFICE	0965	39388.00	1.25	492
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PA MANUAL PREMIUM \$ 492

1.10% EMPL. LIAB. INCREASED LIMITS (9807)	\$	5
0.950 MERIT MODIFICATION (9885)		-25
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		472
-4.60% PREMIUM DISCOUNT (0064)		-22
TERRORISM (9740)		26
CAT (OTHER THAN CERT ACTS OF TERRORISM) (9741)		13
TOTAL ESTIMATED PREMIUM		489
2.48% EMPLOYER ASSESSMENT		12
TOTAL PREMIUM		501
DEPOSIT AMOUNT DUE		501



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 37 04 05 (00)

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

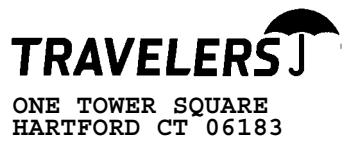
PENNSYLVANIA MERIT RATING PLAN ENDORSEMENT

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

The premium for this insurance may be subject to merit rating because your premium may be less than the amount necessary to be eligible for the uniform Experience Rating Plan.

The following premium discount or surcharge will be applied to your manual premium based on your claims during the most recent two year period for which statistics are available.

1. A 5% credit (**discount**) will be applied if you had no compensable employee lost-time injuries - **Statistical Code 9885.**
2. No credit or debit will be applied if you had one (1) compensable employee lost-time injury - **Statistical Code 9884.**
3. A 5% debit (**surcharge**) will be applied if you had two (2) or more compensable employee lost-time injuries - **Statistical Code 9886.**



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

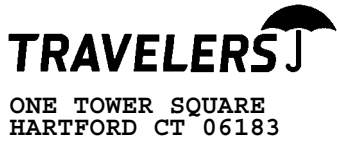
ENDORSEMENT WC 37 06 01 (00)

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

SPECIAL PENNSYLVANIA ENDORSEMENT – INSPECTION OF MANUALS

The manuals of rules, rating plans, and classifications are approved pursuant to the provisions of Section 654 of the Insurance Company Law of May 17, 1921, P.I. 682, as amended, and are on file with the Insurance Commissioner of the Commonwealth of Pennsylvania.

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



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 37 06 02 (00)

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

**NOTICE
INSURANCE CONSULTATION SERVICES EXEMPTION ACT**

This notice is issued by that member of The Travelers Insurance Companies which issued your insurance policy and shall be attached to and become a part of your policy.

This Notice is provided to you pursuant to the law of the Commonwealth of Pennsylvania effective January 1, 1981 and known as the "Insurance Consultation Services Exemption Act", which generally provides that "the furnishing of, or failure to furnish, insurance consultation services related to, in connection with or incidental to a policy of insurance shall not subject the insurer, its agents, employees or service contractors to liability for damages from injury, death or loss occurring as a result of any act or omission by any person in the course of such services."

Such immunity does not apply: (I) where the injury occurred during the actual performance of consultation services and was caused by the negligence of the insurer; (II) with respect to consultation services performed pursuant to a written service contract not incidental to a policy of insurance; and (III) in any action against an insurer in which it is judicially determined that any act or omission resulting in damages constituted a crime, actual malice or gross negligence.

The Travelers may make such inspection in accordance with provisions of our policies.

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

**PENNSYLVANIA ACT 86-1986 ENDORSEMENT
NONRENEWAL, NOTICE OF INCREASE OF PREMIUM, and RETURN OF
UNEARNED PREMIUM**

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

The policy conditions are amended by adding the following regarding nonrenewal, notice of increase in premium, and return of unearned premium.

Nonrenewal

1. We may elect not to renew the policy. We will mail to each named insured, by first class mail, not less than 60 days advance notice stating when the nonrenewal will take effect. Mailing that notice to you at your mailing address last known to us will be sufficient to prove notice.
2. Our notice of nonrenewal will state our specific reasons for not renewing.
3. If we have indicated our willingness to renew, we will not send you a notice of nonrenewal. However, the policy will still terminate on its expiration date if:
 - a. you notify us or the agent or broker who procured this policy that you do not want the policy renewed; or
 - b. you fail to pay all premiums when due; or
 - c. you obtain other insurance as a replacement of the policy.

Notice of Increase in Premium

1. We will provide you with not less than 30 days advance notice of an increase in renewal premium of this policy, if it is our intent to offer such renewal.
2. The above notification requirement will be satisfied if we have issued a renewal policy more than 30 days prior to its effective date.
3. If a policy has been written or is to be written on a retrospective rating plan basis, the notice of increase in premium provision of this endorsement does not apply.

Return of Unearned Premium

1. If this policy is canceled and there is unearned premium due you:
 - a. If the Company cancels, the unearned premium will be returned to you within 10 business days after the effective date of cancellation.
 - b. If you cancel, the unearned premium will be returned within 30 days after the effective date of cancellation.
2. Because this policy was written on the basis of an estimated premium and is subject to a premium audit, the unearned premium specified in 1a. and 1b. above, if any, shall be returned on an estimated basis. Upon our completion of computation of the exact premium, an additional return premium or charge will be made to you within 15 days of the final computation.
3. These return of unearned premium provisions shall not apply if this policy is written on a retrospective rating plan basis.

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

PENNSYLVANIA

EMPLOYER ASSESSMENT ENDORSEMENT

Act 57 of 1997 requires that "...the assessments for the maintenance of the Subsequent Injury Fund, the Workmen's Compensation Supersedes Fund and the Workmen's Compensation Administration Fund under sections 306.2, 443 and 446 of the act of June 2, 1915 (P.L. 736, No. 338), known as the "Workers' Compensation Act, shall be imposed, collected and remitted through insurers in accordance with regulations promulgated by the Department of Labor and Industry".

EMPLOYER ASSESSMENT FORMULA:

Employer = Act 57 of 1997 Employer X Employer Assessment
Assessment Assessment Factor Premium Base

Act 57 of 1997 Employer Assessment Factor

A factor expressed to four decimal places proposed by the Pennsylvania Compensation Rating Bureau and approved by the Pennsylvania Insurance Commissioner.

Employer Assessment Premium Base

Calculation of Employer Assessment Premium Base proceeds by adding back to the total policy premium the amount of any Small Deductible Premium Credit or Large Deductible Premium Credit.

Code 0938

**EMPLOYER ASSESSMENT
FACTOR**

See info page

EMPLOYER ASSESSMENT

\$ See info page

WORKERS' COMPENSATION INFORMATION

Pennsylvania

THANK YOU FOR YOUR BUSINESS

We look forward to partnering with you in your Workers Compensation program.

The following will introduce you to Claim related forms and medical provider information that you need to be familiar with.

1. Forms – There are two forms that need to be signed by your employees, before an accident ever happens .
 - A. **Workers Compensation Information Form.** Please have your employees sign this form when you receive this letter, and again at the time of any reported accident or incident. Be sure th at this form is also signed by all newly hired employees. The two signatures (form signed at time of hire and form signed at time of reported accident) are required to comply with current guidelines set forth by the Pennsylvania Workers Compensation Bureau.
 - B. **Pennsylvania Rights and Duties.** Please have your employees sign this form shortly after receiving your policy packet, as well as at the time of any workers compensation accident or incident. This assures that your employees treat with a recommended network medical provider for the first 90 days following an injury when you have posted a List of Network Providers.
2. List of Network Medical Providers – This is also known as a "panel" list.
 - A. Benefits: Using a panel list provides you the opportunity to direct your employees for the first 90 days of a claim to a recommended network medical provider that is familiar with the workers compensation program, if you get the Rights and Duties signed. Using this panel list helps your employee to return to work and helps you by to reducing the overall cost of the workers compensation claim.

"Why not let people treat where they want?" Many family doctors or health care providers are not familiar with the workers compensation process and fail to properly address issues that we need them to address, such as medical causation and work status.

We recommend that you implement and post a panel list and have your employees sign the two forms to ensure the best possible outcome for your workers compensation claim. We feel it is important that you prepare for a claim event before it happens.

WORKERS' COMPENSATION INFORMATION

Pennsylvania

To all employees:

The workers' compensation law in Pennsylvania provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for treatment of injured employees or for the administration of first aid.

You should report immediately any injury or work-related illness to your employer.

Your benefits could be delayed or denied if you do not notify your employer immediately.

If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.

The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at:

Bureau of Workers' Compensation
1171 South Cameron Street, Room 103
Harrisburg, PA 17104-25
Telephone number within Pennsylvania: 800-482-2383
Telephone number outside of this Commonwealth: 717-772-4447
TTY- 800-362-4228 (for hearing and speech impaired only)

www.state.pa.us, PA Keyword: workers comp.

I, _____, employee of _____ (employer), certify that I received, read, and understood the information provided above on my date of hire _____ (date).

If applicable, I, _____, employee of _____ (employer), certify that I received, read, and understood the above information on _____ (the date of work-related injury or disease).

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

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

Pennsylvania Policyholders

Pennsylvania law now permits an employer to buy Workers' Compensation Insurance with a deductible. The deductible is for 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 \$10,000 per claim, 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. 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 (WC 37 04 03 (00)) 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 producer.

DEDUCTIBLE TABLE

DEDUCTIBLE PER ACCIDENT:	\$1,000	\$5,000	\$10,000
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Yes, I want a deductible of \$_____ applied to my medical and indemnity benefits under the Pennsylvania Workers' Compensation Law. I understand that the company shall pay the deductible amount and seek reimbursement from the employer shown below.

DATE OF ISSUE: 02-14-22

W37N1C06

I understand that in accordance with Pennsylvania 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: _____

PENNSYLVANIA IMPORTANT POLICYHOLDER INFORMATION NOTICE OF ACCIDENT & ILLNESS PREVENTION SERVICES

IMPORTANT NOTE: THIS NOTICE IS PROVIDED TO YOU IN ACCORDANCE WITH A REGULATORY REQUIREMENT OF THE COMMONWEALTH OF PENNSYLVANIA THAT APPLIES BECAUSE OF YOUR OPERATIONS IN PENNSYLVANIA. IT IS NOT PART OF YOUR POLICY WITH US NOR DOES IT CHANGE YOUR WORKERS COMPENSATION COVERAGE PROVIDED BY US.

ACCIDENT AND ILLNESS PREVENTION SERVICES

Pennsylvania Statute requires us to provide our workers' compensation policyholders with certain accident and illness prevention services.

Travelers' Risk Control department has a sufficient number of qualified loss control personnel to assist you in maintaining a safe and healthy working environment.

Accident and illness prevention services that are available to you upon request include:

1. Physical surveys of your work areas to help identify potential accident hazards or existence of harmful hazards.
2. Providing or proposing corrective actions in the area of industrial hygiene services.
3. Providing or proposing corrective actions in the area of industrial health services.
4. Accident and illness prevention training programs, which may include training for safety committee members.
5. Consultations regarding specific safety and health problems and hazard abatement programs and techniques related to the introduction of new equipment or new materials.

These services are available upon request and as appropriate to the nature of your operations. For more information on our accident and illness prevention services, see the attached Safety Services notice. If you need assistance or further information on our Risk Control services contact our Risk Control office located at 112 Washington Place, Suite 800, Pittsburgh, PA 15219 or call 800-973-9215. Access our collection of safety and accident prevention resources by logging in at www.travelers.com. Not registered? Select "Log In" and then "Register Now" to register for MyTravelers for Business.

CERTIFIED WORKPLACE SAFETY COMMITTEE PREMIUM DISCOUNT

Pennsylvania statute makes available to insureds that form a certified workplace safety committee a 5% workers' compensation premium discount. Your agent or broker can provide you with additional information on this program or can direct you to the appropriate Travelers underwriting contact.

IMPORTANT: If you receive notification from the Commonwealth of Pennsylvania Department of Labor and Industry Health and Safety Division stating that your application for certification of your workplace safety committee has been granted, you **must** forward a copy of the certification letter to Travelers in order to receive the 5% workers' compensation premium credit. Please mail or fax the certification letter to:

Travelers Insurance
Resource Center
One Tower Square 5GS
Hartford, CT 06183

PENNSYLVANIA POSTING NOTICE RIGHTS AND DUTIES

Dear Policyholder:

On August 23, 1996 the State of Pennsylvania enacted broadening legislative changes pertaining to the rights and duties of employers and employees which requires you, the employer, to inform your employees of their rights under the Workers' Compensation And Employers' Liability Act, as well as your responsibilities as an employer. With the enacted legislation two major changes affecting both employer and employees should be noted.

1. Gives the employee the option of having a second opinion paid by the employer, before undergoing invasive surgery; and
2. Employer-controlled medical treatment has been expanded from 30 days to 90 days.

Enclosed is a new Posting Notice which must be posted in a conspicuous place where employees will readily see it. Also enclosed is a listing of physicians ("Pennsylvania Work-Related Injuries") which must be posted alongside the Posting Notice. It is your responsibility to complete this list of qualified physicians. Contact your Travelers claim representative or the nearest Travelers claim office for assistance in completing the list of physicians. Refer to the Posting Notice for the address of the nearest Travelers claim office.

The law also requires you to see that the "Rights and Duties" form is provided to each employee AND signed by each employee, and that a record is maintained for future reference. It is your responsibility to photocopy the form and distribute it to each employee. If you fail to have this form distributed and signed by your employees, you may be liable for any treatment rendered for work-related injuries. With the legislative changes that have occurred it is necessary to update your records and have your employees sign the revised "Pennsylvania Rights and Duties" form.

Your agent, producer, or local claim office can assist you to be in compliance with the Pennsylvania Workers' Compensation Law.

**PENNSYLVANIA
WORK-RELATED INJURIES**

1. If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances and prostheses, including training in their use.
2. In order to insure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the six designated health care providers listed below:

NAME	ADDRESS	TELEPHONE	AREA OF SPECIALTY
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

*(NOTE: If any of the health care providers listed above are employed, owned or controlled by the employer or the employer's carrier, it will be so designated by an asterisk next to the health care provider's name.)

3. You must continue to visit one of these health care providers listed above, if you need treatment, for ninety (90) days from the date of your first visit.
4. After this ninety (90) day period, if you still need treatment and your employer has provided a list as set forth above, you may choose to go to another health care provider. You **MUST** notify your employer of this action within five (5) days of your visit to the health care provider of your choice.

Your bills will be considered IF: your health care provider files written reports on a form prescribed by the Department (these reports must be filed within ten (10) days of commencing treatment and at least once a month thereafter, as long as treatment continues).

The employer shall not be liable to pay for such treatment until a report has been filed.

5. If one of the health care providers listed above refers you to another health care provider, your employer or its insurer will pay the bill for these services provided they are reasonable and necessary.
6. If you are faced with a medical emergency, you may secure assistance from a hospital or health care provider of your choice.
7. If you have any questions, contact: _____



Notification to Employees of Their Rights and Duties Under the PA Workers' Compensation Act Section 306 (f.1)(1)(i)

The Pennsylvania Workers' Compensation Act requires that employees be given written notice of their rights and duties under Sec. 306 (f.1)(1)(i) of the Act if a list of designated health care providers is established by the employer. The text of this section is provided on the next page.

If you are viewing this electronically, your electronic signature will be your acknowledgement that you have been provided with your rights and duties; otherwise, you must acknowledge this with your signature and return it to your employer. You may keep a copy for your records.

Rights and Duties

As an employee of the commonwealth working at a location where a list of designated health care providers has been established and posted, you have the right to seek emergency medical treatment from any provider; for post-emergency and other injuries, you must obtain treatment for work-related injuries and illnesses from a designated health care provider for 90 days. The penalty for not using a designated health care provider is that the commonwealth is not liable for the medical bills incurred. Specific rights and duties are:

- The duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.
- The right to seek emergency medical treatment from any provider, but subsequent non-emergency treatment shall be by a designated provider for the remainder of the 90-day period.
- The right to have all reasonable medical supplies and treatment related to the injury paid for by your employer as long as treatment is obtained from a designated provider during the 90-day period.
- The right, during this 90-day period, to switch from one designated health care provider to another designated provider.
- The right to seek treatment from a provider if you are referred to that provider by a designated provider.
- The right to an additional opinion from a provider of your choice when invasive surgery is prescribed by the designated provider.
- The right to seek treatment or medical consultation from a non designated provider during the 90-day period, but the services shall be **at your expense** for the applicable 90 days.
- The right to seek treatment from any health care provider after the 90-day period has ended.
- The duty to **notify your employer of treatment by a non designated provider (after the 90 day period) within 5 days of the first visit to that provider.** The employer may not be required to pay for treatment rendered by a non designated provider prior to receiving this notification.

I acknowledge that I have been informed of my rights and duties under Sec. 306 (f.1)(1)(i) and that I understand them to the extent they are explained above.

Employee's Printed Name

Employee's Signature

Date

**If you have any questions, ask your human resources office or
call the Bureau of Workers' Compensation at 800.482.2383**

Text of Section 306 (f.1)(1)(i): The employer shall provide payment in accordance with this section for reasonable surgical and medical services, services rendered by physicians or other health care providers, including an additional opinion when invasive surgery may be necessary, medicines and supplies, as and when needed. Provided an employer establishes a list of at least six designated health care providers, no more than four of whom may be a coordinated care organization and no fewer than three of whom shall be physicians, the employee shall be required to visit one of the physicians or other health care providers so designated and shall continue to visit the same or another designated physician or health care provider for a period of ninety (90) days from the date of the first visit: provided, however, that the employer shall not include on the list a physician or other health care provider who is employed, owned or controlled by the employer or the employer's insurer unless employment, ownership or control is disclosed on the list. Should invasive surgery for an employee be prescribed by a physician or other health care provider so designated by the employer, the employee shall be permitted to receive an additional opinion from any health care provider of the employee's own choice. If the additional opinion differs from the opinion provided by the physician or health care provider so designated by the employer, the employee shall determine which course of treatment to follow: provided, that the second opinion provides a specific and detailed course of treatment. If the employee chooses to follow the procedures designated in the second opinion, such procedures shall be performed by one of the physicians or other health care providers so designated by the employer for a period of ninety (90) days from the date of the visit to the physician or other health care provider of the employee's own choice. Should the employee not comply with the foregoing, the employer will be relieved from liability for the payment for the services rendered during such applicable period. It shall be the duty of the employer to provide a clearly written notification of the employee's rights and duties under this section to the employee. The employer shall further ensure that the employee has been informed and that he understands these rights and duties. This duty shall be evidenced only by the employee's written acknowledgment of having been informed and having understood his rights and duties. Any failure of the employer to provide and evidence such notification shall relieve the employee from any notification duty owed, notwithstanding any provision of this act to the contrary, and the employer shall remain liable for all rendered treatment. Subsequent treatment may be provided by any health care provider of the employee's own choice. Any employee who, next following termination of the applicable period, is provided treatment from a nondesignated health care provider shall notify the employer within five (5) days of the first visit to said health care provider. Failure to so notify the employer will relieve the employer from liability for the payment for the services rendered prior to appropriate notice if such services are determined pursuant to paragraph (6) to have been unreasonable or unnecessary.



REMEMBER:
**It is Important to Tell Your
Employer about Your Injury**

The name, address and telephone number of your employer's workers' compensation insurance company, third-party administrator (TPA), or person handling workers' compensation claims for your company, are shown below.

CHAMPLAIN COLLEGE INCORPORATED

Employer Name: _____ **Date Posted:** _____

IF INSURED:
(Complete all applicable spaces)

**IF SOMEONE OTHER THAN INSURER IS
HANDLING CLAIMS:**
(Complete all applicable spaces)

Name of Insurance Company:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

Name of TPA (Claims administrator):

Address: **P.O. BOX 4614**

Address: _____

Telephone Number: **(800) 238-6225**

Telephone Number: _____

Insurer Code: **2174**

IF SELF-INSURED:
(Complete all applicable spaces)

**IF SOMEONE OTHER THAN SELF-INSURER
HANDLING CLAIMS:**
(Complete all applicable spaces)

Name of person handling claims at
the self-insured: _____

Name of TPA (Claims administrator):

Address: _____

Address: _____

Telephone Number: _____

Telephone Number: _____

Insurer Code: _____

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

**Employer Infor-
mation
Services**
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
PA Relay 7-1-1

Email
ra-li-bwc-helpline@pa.gov

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*