



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-RI

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 EMPLOYER IDENTIFIER 0002160013 CHAMPLAIN COLLEGE INCORPORATED				
RI- NO BUSINESS LOCATION				
COLLEGE: PROFESSIONAL EMPLOYEES & CLERICAL	8868	42901.00	0.36	154

RI MANUAL PREMIUM \$ 154

0.80% EMPL. LIAB. INCREASED LIMITS (9807)	\$	1
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		155
EXPERIENCE MODIFICATION:0.65 MODIFIED PREMIUM		101
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		101
-4.60% PREMIUM DISCOUNT (0064)		-5
TERRORISM (9740)		3
CAT (OTHER THAN CERT ACTS OF TERRORISM) (9741)		6
TOTAL ESTIMATED PREMIUM		105
TOTAL PREMIUM		105
DEPOSIT AMOUNT DUE		105

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

RHODE ISLAND SHORT RATE CANCELLATION ENDORSEMENT

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

The cancellation condition in the Workers Compensation and Employers Liability Insurance Policy – Part Five Premium, E. Final Premium, states that if this policy is cancelled by you, the final premium will be more than pro rata but not less than the policy minimum premium.

The final premium will be calculated as follows based on the Short-Rate Cancellation Table attached to this endorsement:

If	Then
<p>This policy is cancelled by you, except when retiring from this business</p>	<p>Unless a different method has been filed by the carrier and approved by the appropriate regulatory authority, the premium for the cancelled policy must be calculated by using either the short-rate percentage or short-rate factor as follows, based on the Short Rate Cancellation Table located in Appendix B:</p> <p>Steps based on short-rate percentage:</p> <ol style="list-style-type: none"> 1. Determine the payroll developed during the period the policy was in effect. 2. Determine the full policy payroll by using the following formula: $\frac{\text{number of days for which the policy was written}}{\text{number of days the policy was in effect}} \times \text{actual payroll}$ 3. Apply authorized rates to such payroll. 4. Calculate the extended number of days by using the following formula. If the policy was written for a one-year period, the extended number of days is the number of days the policy was in effect: $\frac{\text{number of days the policy was in effect}}{\text{number of days for which the policy was written}} \times 365$ 5. Based on the extended number of days, apply the short-rate percentage shown in the Short Rate Cancellation Table located in the Appendix to the full policy premium calculated in step 3. This result is the short-rate manual premium. 6. If applicable: <ul style="list-style-type: none"> • Apply any pricing programs • Apply any experience rating modification • Apply any premium discount based on the final earned total standard premium • Add the short-rate portion of the expense constant but not less than \$15 • Apply catastrophe provisions based on the earned manual premium

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	<p>7. The total earned premium for the short-rate cancelled policy must not be less than the annual minimum premium applicable to the policy.</p> <p>Steps based on the short-rate factor:</p> <ol style="list-style-type: none"> 1. Determine the payroll developed during the period that the policy was in effect. 2. Apply authorized rates to such payroll. 3. Based on the number of days that the policy was in effect, determine the applicable short-rate factor shown in the Short Rate Cancellation Table located in Appendix B. 4. Apply the short-rate factor to the premium calculated on the basis of the earned premium for the period that the policy was in effect in step 2. This result is the short-rate manual premium. 5. If applicable: <ul style="list-style-type: none"> • Apply any pricing programs • Apply any experience rating modification • Apply any premium discount based on the final earned total standard premium • Add the short-rate portion of the expense constant but not less than \$15 • Apply catastrophe provisions based on the earned manual premium 6. The total earned premium for the short-rate cancelled policy must not be less than the annual minimum premium applicable to the policy.
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POLICY NUMBER: UB-6N259033-22-14-G

SHORT RATE CANCELLATION TABLE

Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect
1	5%	18.2482	46	23%	1.8250	91	35%	1.4038
2	6	10.9489	47	23	1.7861	92	36	1.4283
3	7	8.5158	48	24	1.8250	93	36	1.4129
4	7	6.3869	49	24	1.7877	94	36	1.3979
5	8	5.8394	50	24	1.7520	95	37	1.4216
6	8	4.8662	51	24	1.7176	96	37	1.4068
7	9	4.6924	52	25	1.7548	97	37	1.3923
8	9	4.1058	53	25	1.7216	98	37	1.3781
9	10	4.0552	54	25	1.6899	99	38	1.4010
10	10	3.6496	55	26	1.7255	100	38	1.3870
11	11	3.6496	56	26	1.6947	101	38	1.3733
12	11	3.3455	57	26	1.6650	102	38	1.3598
13	12	3.3689	58	26	1.6362	103	39	1.3820
14	12	3.1283	59	27	1.6704	104	39	1.3688
15	13	3.1630	60	27	1.6425	105	39	1.3557
16	13	2.9653	61	27	1.6156	106	40	1.3774
17	14	3.0056	62	27	1.5895	107	40	1.3645
18	14	2.8386	63	28	1.6222	108	40	1.3519
19	15	2.8818	64	28	1.5969	109	40	1.3395
20	15	2.7377	65	28	1.5723	110	41	1.3605
21	16	2.7812	66	29	1.6038	111	41	1.3482
22	16	2.6547	67	29	1.5799	112	41	1.3362
23	17	2.6980	68	29	1.5566	113	41	1.3243
24	17	2.5856	69	29	1.5341	114	42	1.3447
25	17	2.4821	70	30	1.5643	115	42	1.3330
26	18	2.5270	71	30	1.5423	116	42	1.3215
27	18	2.4334	72	30	1.5208	117	43	1.3414
28	18	2.3465	73	30	1.5000	118	43	1.3301
29	18	2.2656	74	31	1.5291	119	43	1.3189
30	19	2.3117	75	31	1.5087	120	43	1.3079
31	19	2.2371	76	31	1.4888	121	44	1.3273
32	19	2.1672	77	32	1.5169	122	44	1.3164
33	20	2.2121	78	32	1.4974	123	44	1.3057
34	20	2.1471	79	32	1.4785	124	44	1.2951
35	20	2.0857	80	32	1.4600	125	45	1.3140
36	20	2.0278	81	33	1.4870	126	45	1.3036
37	21	2.0716	82	33	1.4689	127	45	1.2933
38	21	2.0171	83	33	1.4512	128	46	1.3117
39	21	1.9654	84	34	1.4774	129	46	1.3016
40	21	1.9162	85	34	1.4600	130	46	1.2916
41	22	1.9585	86	34	1.4430	131	46	1.2817
42	22	1.9119	87	34	1.4264	132	47	1.2996
43	22	1.8674	88	35	1.4517	133	47	1.2899
44	23	1.9079	89	35	1.4354	134	47	1.2802
45	23	1.8655	90	35	1.4194	135	47	1.2708



ONE TOWER SQUARE
HARTFORD CT 06183

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 38 04 01 (B)**

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

SHORT RATE CANCELLATION TABLE (cont'd)

Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect
136	48%	1.2882	181	60%	1.2099	226	70%	1.1305
137	48	1.2788	182	60	1.2033	227	70	1.1255
138	48	1.2696	183	61	1.2167	228	70	1.1206
139	49	1.2867	184	61	1.2101	229	71	1.1317
140	49	1.2775	185	61	1.2035	230	71	1.1267
141	49	1.2684	186	61	1.1970	231	71	1.1219
142	49	1.2595	187	61	1.1906	232	71	1.1170
143	50	1.2762	188	62	1.2037	233	72	1.1279
144	50	1.2674	189	62	1.1974	234	72	1.1231
145	50	1.2586	190	62	1.1910	235	72	1.1183
146	50	1.2500	191	62	1.1848	236	72	1.1136
147	51	1.2663	192	63	1.1977	237	72	1.1089
148	51	1.2578	193	63	1.1914	238	73	1.1195
149	51	1.2493	194	63	1.1853	239	73	1.1149
150	52	1.2653	195	63	1.1792	240	73	1.1102
151	52	1.2569	196	63	1.1732	241	73	1.1056
152	52	1.2487	197	64	1.1858	242	74	1.1161
153	52	1.2405	198	64	1.1798	243	74	1.1115
154	53	1.2562	199	64	1.1739	244	74	1.1070
155	53	1.2481	200	64	1.1680	245	74	1.1025
156	53	1.2401	201	65	1.1804	246	74	1.0980
157	54	1.2554	202	65	1.1745	247	75	1.1083
158	54	1.2475	203	65	1.1687	248	75	1.1038
159	54	1.2396	204	65	1.1630	249	75	1.0994
160	54	1.2319	205	65	1.1573	250	75	1.0950
161	55	1.2469	206	66	1.1694	251	76	1.1052
162	55	1.2392	207	66	1.1638	252	76	1.1008
163	55	1.2316	208	66	1.1582	253	76	1.0964
164	55	1.2241	209	66	1.1526	254	76	1.0921
165	56	1.2388	210	67	1.1645	255	76	1.0878
166	56	1.2313	211	67	1.1590	256	77	1.0979
167	56	1.2240	212	67	1.1535	257	77	1.0936
168	57	1.2384	213	67	1.1481	258	77	1.0893
169	57	1.2311	214	67	1.1428	259	77	1.0851
170	57	1.2238	215	68	1.1544	260	77	1.0810
171	57	1.2167	216	68	1.1491	261	78	1.0908
172	58	1.2308	217	68	1.1438	262	78	1.0866
173	58	1.2237	218	68	1.1385	263	78	1.0825
174	58	1.2167	219	69	1.1500	264	78	1.0784
175	58	1.2097	220	69	1.1448	265	79	1.0881
176	59	1.2236	221	69	1.1396	266	79	1.0840
177	59	1.2167	222	69	1.1345	267	79	1.0800
178	59	1.2098	223	69	1.1294	268	79	1.0759
179	60	1.2235	224	70	1.1406	269	79	1.0719
180	60	1.2167	225	70	1.1356	270	80	1.0815

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SHORT RATE CANCELLATION TABLE (cont'd)

Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect
271	80%	1.0775	303	87%	1.0396	335	94%	1.0242
272	80	1.0735	304	87	1.0480	336	94	1.0211
273	80	1.0696	305	87	1.0446	337	94	1.0181
274	81	1.0790	306	88	1.0411	338	95	1.0259
275	81	1.0751	307	88	1.0497	339	95	1.0229
276	81	1.0712	308	88	1.0462	340	95	1.0198
277	81	1.0673	309	88	1.0429	341	95	1.0169
278	81	1.0635	310	88	1.0395	342	95	1.0139
279	82	1.0728	311	89	1.0361	343	96	1.0216
280	82	1.0689	312	89	1.0445	344	96	1.0186
281	82	1.0651	313	89	1.0412	345	96	1.0156
282	82	1.0614	314	89	1.0379	346	96	1.0127
283	83	1.0705	315	90	1.0346	347	97	1.0203
284	83	1.0667	316	90	1.0429	348	97	1.0174
285	83	1.0630	317	90	1.0363	349	97	1.0145
286	83	1.0593	318	90	1.0330	350	97	1.0116
287	83	1.0556	319	90	1.0298	351	97	1.0087
288	84	1.0646	320	91	1.0380	352	98	1.0162
289	84	1.0609	321	91	1.0347	353	98	1.0133
290	84	1.0572	322	91	1.0315	354	98	1.0105
291	84	1.0536	323	91	1.0283	355	98	1.0076
292	85	1.0625	324	92	1.0364	356	99	1.0150
293	85	1.0589	325	92	1.0332	357	99	1.0122
294	85	1.0553	326	92	1.0301	358	99	1.0094
295	85	1.0517	327	92	1.0269	359	99	1.0065
296	85	1.0481	328	92	1.0238	360	99	1.0038
297	86	1.0569	329	93	1.0318	361	100	1.0111
298	86	1.0534	330	93	1.0286	362	100	1.0083
299	86	1.0498	331	93	1.0255	363	100	1.0055
300	86	1.0463	332	93	1.0224	364	100	1.0027
301	86	1.0429	333	94	1.0303	365	100	1.0000
302	87	1.0515	334	94	1.0272			

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.)

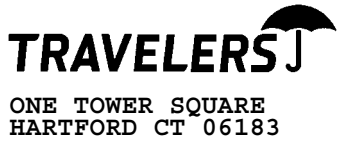
Endorsement Effective Insured

Policy No.

Endorsement No. Premium

Insurance Company

Countersigned by _____



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 38 06 01 (00)

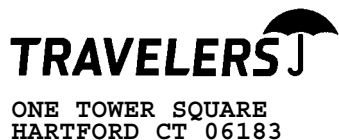
POLICY NUMBER: **UB-6N259033-22-14-G**

RHODE ISLAND DIRECT LIABILITY STATUTE ENDORSEMENT

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

1. Your employee, or the persons entitled to sue you for damages in the event of the death of the employee, may add us as a defendant in a suit against you to recover damages because of bodily injury or death to your employee.
2. We are directly liable to pay to your injured employee, or to the persons entitled to sue you for damages in the event of the death of your employee, the damages for which you are liable.

This endorsement is subject to all provisions of Part Two (Employers Liability Insurance) that do not conflict with the direct liability statute (Section 28.36.11) of the Rhode Island workers compensation law.



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 38 06 02 (00)

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

RHODE ISLAND SAFETY INSPECTION ENDORSEMENT

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

If you pay an annual premium of more than twenty-five thousand dollars (\$25,000) for workers compensation insurance, you may request that we inspect your site or sites of employment. You must make this request in writing. Inspection will be made within sixty days following receipt of your request. We will make a written report to you for your use in enhancing the safety and health of your employees on the site or sites inspected.

If your workers compensation premiums are less than fifty thousand dollars (\$50,000) or your experience modification is less than 1.5 you may request one (1) inspection per calendar year. You may be entitled to two (2) such inspections in one (1) calendar year.

NOTICE

RHODE ISLAND EMPLOYERS WHO USE TEMPORARY OR LEASED WORKERS

The Rhode Island Workers' Compensation Act ("Act") provides that in situations involving temporary or leased employees, the general employer, and not the special employer, is considered the employer for most purposes under that Act. When a workers is provided by a temporary employment agency or employee leasing company, that company is the general employer, and the company to which the employee is provided is the special employer. In the event of injury, a temporary or leased employee may proceed only against the general employer (the temporary employment or employee leasing agency) for benefits under the Act. Further, for the purposes of payroll and premium audit, the client company (you, if you use temporary or leased workers) is **not** considered the employer.

Effective January 1, 2006, client companies are required to obtain a valid "Rhode Island Workers' Compensation Insurance Coverage Certification" (DWC-09), from the temporary employment agency or employee leasing company used. The certificate of insurance is produced by the agency's insurance carrier and will confirm that coverage is currently in effect.

Additionally, should the agency's policy be cancelled or non-renewed the insurance carrier is required to notify the certificate holder and the Insurance Department in writing. **If you use temp or ary employees, and you do not secure the above certificate or do not take action when you receive written notice of cancellation or non-renewal, the law states that you will be deemed to be the employer as it relates to workers' compensation and be responsible for premium and losses relative to any of the temporary or leased workers.**



Department of Labor and Training
RHODE ISLAND

This employer is subject to the provisions of the

WORKERS' COMPENSATION ACT

of the State of Rhode Island

Workers' Compensation Insurance Company: THE TRAVELERS INSURANCE COMPANIES

Adjusting Company: THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

Telephone: (800) 238-6225 Policy Effective Date: 02-15-22

In accordance with Rhode Island General Law §28-32-1, the employer must report to the Director of Labor and Training every personal injury sustained by an employee if the injury incapacitates the employee from earning full wages for at least three (3) days or requires medical treatment, regardless of the period of incapacity. If the injury proves fatal, the report must be filed within forty-eight (48) hours. If not fatal, the report shall be made within ten (10) days of the injury.

An injured employee shall have the freedom to choose medical treatment initially. The employee's first visit to any facility under contract or agreement with the employer or insurer to provide priority care shall not be considered the employee's initial choice.

For more information about Workers' Compensation procedures and benefits, call the Education Unit at (401) 462-8100 and press option #1 or TDD (401) 462-8006. If you suspect fraud, contact the Fraud Prevention Unit at (401) 462-8100 and press option #7.

In accordance with Rhode Island General Law §28-29-13, this notice must be posted and maintained in conspicuous places where workers are employed. Fines may be imposed for noncompliance.



Esta empresa esta sujeta a las estipulaciones delis

ACTA DE COMPENSACION DE TRABAJADORES

del Estado de Rhode Island

Seguro de Compensación de Trabajo: THE TRAVELERS INSURANCE COMPANIES

Compañía Ajustadora: THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

Teléfono: (800) 238-6225

Fecha Efectiva de Póliza: 02-15-22

De acuerdo con las Leyes Generales de Rhode Island §28-32-1, las empresas tienen que reportarle al Director de Trabajo y Entrenamiento cada lesión personal reportada por un empleado si la lesión incapacita al empleado de ganar un sueldo completo por un mínimo de tres (3) días, o requiere tratamiento médico, sin importar el período de incapacidad. Si la lesión es fatal, el incidente debe ser reportado dentro de cuarenta y ocho (48) horas. Si no es fatal, el incidente será reportado dentro de diez (10) días de la lesión.

Un empleado lesionado tiene la libertad de escoger al primer proveedor médico. La primera visita del empleado a cualquier centro de atención médico contratado por la empresa o la aseguradora, con la intención de facilitar atención inmediata, no será considerado el primer proveedor médico.

Para más información referente a la compensación para trabajadores a causa de accidentes de trabajo, procedimientos y beneficios, llame a la Unidad Educacional al (401) 462-8100 y apriete la opción #1 o TDD (401) 462-8006. Si usted sospecha de fraude, póngase en contacto con la Unidad de Prevención de Fraude al (401) 462-8100 y apriete la opción #7.

De acuerdo con las Leyes Generales de Rhode Island §28-29-13, este aviso debe ser colocado y mantenido en lugares visibles para los trabajadores. Las empresas que no cumplan con este requerimiento pueden ser sujetas a multas.