



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-VT

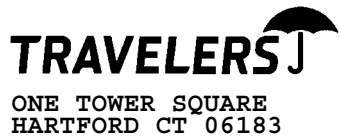
RATE BUREAU ID: 911451999

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				
285 S WILLARD ST BURLINGTON , VT 05401 NAICS: 611699				
COLLEGE: PROFESSIONAL EMPLOYEES & CLERICAL	8868	32494701.00	0.44	142977
COLLEGE: ALL OTHER EMPLOYEES	9101	1004539.00	3.72	37369

VT MANUAL PREMIUM \$ 180346

0.80% EMPL. LIAB. INCREASED LIMITS(9807)	\$	1443
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		181789
EXPERIENCE MODIFICATION:0.65 MODIFIED PREMIUM		118163
-20.00% SCHEDULE CREDIT(9887)		-23633
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		94530
-4.60% PREMIUM DISCOUNT(0064)		-4348
TERRORISM(9740)		1675
CAT(OTHER THAN CERT ACTS OF TERRORISM)(9741)		3685
TOTAL ESTIMATED PREMIUM		95542
1.40% ADMINISTRATIVE FUND ASSESSMENT SURCHRG		1338
TOTAL PREMIUM		96880
DEPOSIT AMOUNT DUE		96880



**WORKERS COMPENSATION
AND
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ENDORSEMENT WC 44 06 01 (00)

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

VERMONT LAW ENDORSEMENT

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

1. We may not limit our liability to pay damages if a judgment for damages is entered against you and we continue the suit or other action without your consent.
2. No action will lie against us to recover for a loss under this insurance unless it is brought within one year after the amount of loss is made certain either by agreement between the parties with our consent or by actual trial and final judgment. If you are bankrupt or insolvent, anyone who obtains such a judgment or agreement has a right of action against us to recover under the policy to the extent that insurance is provided for the damages or loss.
3. If you pay a judicial judgment or claim for any of our liability under this insurance, that will not bar you from an action or right of action against us.

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VERMONT CANCELLATION AND NONRENEWAL ENDORSEMENT

This endorsement applies because Vermont 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 and Nonrenewal

1. You may cancel this policy. You will mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must provide to you by certified mail, and file with the Commissioner of Labor (Commissioner) or their designee as provided by Vt. Admin. Code 13-4-1:24.0000, at least 45 days' advance written notice stating when the cancellation is to take effect. Mailing notice by certified mail to you at your mailing address last known to us will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. We may elect not to renew the policy. We must provide to you by certified mail, and give notice to the Commissioner or their designee as provided by Vt. Admin. Code 13-4-1:24.0000, at least 45 days' advance written notice stating when the nonrenewal is to take effect. If we do not give 45 days' notice, the policy will automatically be extended for 45 days from the date the notice is received by you and the Commissioner.
5. In the following circumstances, notice of nonrenewal to you is not required, and the policy will expire upon notice to the Commissioner or their designee as provided by Vt. Admin. Code 13-4-1:24.0000:
 - a. We offer to continue the insurance by delivery of a renewal contract to you, or
 - b. You notify us in writing that you do not want to renew the policy, or
 - c. You obtain other insurance or a guarantee contract, or you establish and maintain, to the satisfaction of the Commissioner, security for compensation.
6. Any of these provisions that conflict with a law that controls the cancellation 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

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by _____



VERMONT

DEPARTMENT OF LABOR

Employer's Liability and Workers' Compensation

NOTICE TO EMPLOYEES

CHAMPLAIN COLLEGE INCORPORATED

This employer, _____, has complied with the provisions of Title 21 of the Vermont Statutes, Annotated §687, by obtaining Workers' Compensation Insurance coverage through:

THE TRAVELERS INSURANCE COMPANIES

(Insurance Carrier)

Workers' Compensation benefits for lost time, medical expenses, disability or death because of a work-related injury are available through the above named company.

- An injured employee **MUST** immediately notify his/her employer of an injury.
- The employer **MUST** file an Employee Claim and Employer's First Report of Injury (Form 1) with the Vermont Department of Labor within 72 hours of the notice of an injury that requires medical attention or results in time lost from work. The employer must also provide a copy of the Form 1 to the injured worker and to the insurance carrier.
- If the employer fails to file a First Report, an employee may file a **Notice of Injury and Claim for Compensation** (Form 5) with the Vermont Department of Labor within six months of the date of injury.
- Information concerning injured worker rights and benefits is available on the department's Workers' Compensation website at <http://www.labor.vermont.gov> or by calling (802) 828-2286.

Equal Opportunity is the Law

The State of Vermont is an Equal Opportunity/Affirmative Action Employer. Applications from women, individuals with disabilities, and people from diverse cultural backgrounds are encouraged. Auxiliary aids and services are available upon request to individuals with disabilities. 711 (TTY/Relay Service) or 802-828-4203 TDD (Vermont Department of Labor).