



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-AL

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

AL- NO BUSINESS LOCATION

COLLEGE: PROFESSIONAL EMPLOYEES & CLERICAL (COUNTY/TOWN CODE 9999)	8868	134630.00	0.88	1185
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AL MANUAL PREMIUM \$ 1185

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1.10% EMPL. LIAB. INCREASED LIMITS(9807)	\$	13
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		1198
EXPERIENCE MODIFICATION:0.65 MODIFIED PREMIUM		779
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		779
-4.60% PREMIUM DISCOUNT(0064)		-36
TERRORISM(9740)		18
CAT(OTHER THAN CERT ACTS OF TERRORISM)(9741)		34
TOTAL ESTIMATED PREMIUM		795
TOTAL PREMIUM		795
DEPOSIT AMOUNT DUE		795

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

Alabama Policyholders

Alabama 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 \$100 and a maximum of \$2,500 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 producer and company copies to your producer within sixty (60) days after the effective date of your policy. An endorsement, WC 00 06 03 (00), will then be attached to your policy to reflect the change.

If you decide that you do not want the 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.

**TABLE**

Workers Compensation

Available Deductibles Per Accident: \$100, \$200, \$300, \$400, \$500, \$1,000, \$1,500, \$2,000 or \$2,500.

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

DATE OF ISSUE: 02-14-22

# STATE OF ALABAMA WORKERS' COMPENSATION INFORMATION



If you are injured on the job, or contract an occupational disease, notify your employer immediately.

Your employer will advise you of the physician to see for authorized medical treatment.

WORKERS' COMP INSURANCE  
CARRIER THE TRAVELERS INSURANCE COMPANIES

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TELEPHONE NUMBER (800) 238-6225

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**ASSISTANCE IS AVAILABLE UNDER THE ALABAMA WORKERS'  
COMPENSATION LAW INCLUDING MEDIATION SERVICE.**

**FOR INFORMATION CALL:**

**1-800-528-5166**

**Alabama Department of Labor  
Workers' Compensation Division  
649 Monroe Street  
Montgomery, AL 36131**

**CODE OF ALABAMA, 1975, § 25-5-290(d), REQUIRES THAT THIS NOTICE BE POSTED  
IN ONE OR MORE CONSPICUOUS PLACES IN YOUR BUSINESS.**