



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-CO

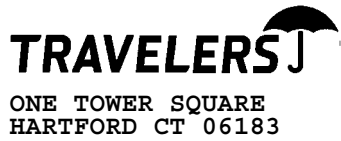
RATE BUREAU ID: 911451999

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				
CO- NO BUSINESS LOCATION				
COLLEGE: PROFESSIONAL EMPLOYEES & CLERICAL	8868	19480.00	0.47	92

CO MANUAL PREMIUM \$ 92

0.80% EMPL. LIAB. INCREASED LIMITS (9807)	\$	1
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		93
EXPERIENCE MODIFICATION:0.65 MODIFIED PREMIUM		60
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		60
-4.60% PREMIUM DISCOUNT (0064)		-3
TERRORISM (9740)		1
CAT (OTHER THAN CERT ACTS OF TERRORISM) (9741)		3
TOTAL ESTIMATED PREMIUM		61
TOTAL PREMIUM		61
DEPOSIT AMOUNT DUE		61

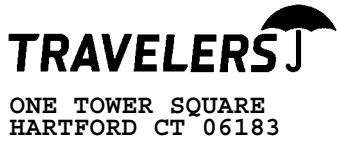


**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 99 03 A1 (00)**

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

NOTICE OF CANCELATION

Colorado Revised Statute 8-44-110 requires all insurance carriers to give a 30 day notice of cancelation, except in the case of: Fraud; Material Misrepresentation; Nonpayment of Premium; Other reasons approved by the Commissioner of Insurance.



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 05 04 02 (00)

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

COLORADO CLASSIFICATION ENDORSEMENT

This endorsement applies only to the insurance provided by Part One (Workers Compensation Insurance) because Colorado is shown in Item 3.A. of the Information Page.

Section B. Classifications of Part Five (Premium) is amended by adding the following:

The assignment of a proper classification resulting in higher premium is allowed only if the misclassification was caused by your failure to provide accurate or complete data. If your operation changes during the policy term, you must notify us within ninety days of the change. Failure to notify us will be considered a failure to provide accurate or complete data.

Section E. Final Premium of Part Five is amended by adding this sentence at the end of the first paragraph:

Payments to us or to you based on improper classification may be collected or refunded during the term of the policy and for twelve months after the term.



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

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

Colorado Policyholders

Colorado 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 claim for bodily injury by accident or disease. The deductible amount is subject to a minimum of \$500 and a maximum of \$18,500 as 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.

DEDUCTIBLE TABLE

INDEMNITY AND MEDICAL BENEFITS

\$500, \$1,000, \$1,500, \$2,000, \$2,500, \$5,000, \$10,000, \$13,500, \$15,500, \$16,000, \$16,500, \$17,000, \$17,500, \$18,000 or \$18,500.

Yes, I want a deductible of \$ _____ applied as indicated above under the Colorado Workers' Compensation Law. I understand that the company shall pay the deductible amount and seek reimbursement from the employer shown below.

I understand that 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: _____

DATE OF ISSUE: 02-14-22

COLORADO RISK MODIFICATION PLANS

PREMIUM CREDIT FOR EMPLOYING PREVIOUSLY INJURED EMPLOYEES WITH PERMANENT PARTIAL DISABILITIES

Effective March 1, 1993 Colorado Regulation 5-1-11 provides criteria for the modification of manual rates Workers Compensation.

One section of the Regulation provides for a premium credit for all employers who rehire injured employees.

The credit applies to the premium developed from the payroll of rehired injured employees who sustained permanent partial disabilities. (Does not apply to minimum premium policies.)

The Regulation defines a rehired employee with permanent partial disabilities as one "Who sustained permanent partial disabilities and is re-employed by the same employer, not a successor, at the pre-injury wages, including any wage increases to which such employee would have been entitled had the employee not been injured.

If any employee is rehired during a policy period the rehired employee shall be considered as being rehired for the total annual policy period or term.

If you have any employees who are in this category, please indicate the information below and return this to your agent or broker. Upon receipt of this information the payrolls will be verified at final audit and your policy will be adjusted to show any credit.

EMPLOYEE NAME	PAYROLL	POLICY PERIOD	DATE INJURED	DATE REHIRED	CLASS CODE

TOTAL NUMBER OF EMPLOYEES WHO SUSTAINED
PERMANENT PARTIAL DISABILITIES _____
(During the policy term)

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

**Workers Compensation
Acknowledgement Form:**

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

POLICY EFFECTIVE DATE: 02-15-22

IMPORTANT MESSAGE TO INSUREDS

ACKNOWLEDGEMENT FORM REQUIREMENTS

Dear Insured:

Colorado Insurance Regulation 5-1-11, Risk Modification Plans, allows premium credits to employers who have IMPLEMENTED Certified Workers Compensation Risk Management Programs.

Premium credits for eligible employers are to be applied by the attachment of endorsement WC 05 04 03 (00) to the policy. The Colorado Workers Compensation Cost Containment Board has determined that a premium differential shall be provided on all policies when you have selected a Designated Medical Provider.

In order to obtain the premium credit you – the Employer – must complete and sign the bottom portion of this form with the requested information. Retain a copy for your records and send your agent or producer a copy. Your agent or producer will forward a copy to your Insurer. An endorsement, will then be attached to your policy to reflect the credit.

For a complete explanation of how these programs operate and the savings, please contact your agent or producer.

I have implemented a Certified Workers Compensation Risk Management Program**

I have NOT implemented a Certified Workers Compensation Risk Management Program

I have selected a Designated Medical Provider

PROVIDER: _____

I have NOT selected a Designated Medical Provider.

** A copy of your Workers Compensation **Colorado Premium Cost Containment Certificate** must be forwarded to your Insurer.

Date: _____

Employer: _____

Name: _____

Title: _____

Signature: _____

**COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION**

Colorado Workers' Compensation Information

Your employer has workers' compensation coverage for employees through:

THE TRAVELERS INSURANCE COMPANIES

Workers' compensation is a type of insurance coverage that employers must provide to their employees. The cost of workers' compensation insurance is paid entirely by the employer and may not be deducted from an employee's wages.

If you are injured or sustain an occupational disease while at work, you may be entitled to compensation benefits as provided by law. **WRITTEN NOTICE MUST BE GIVEN TO YOUR EMPLOYER WITHIN 4 WORKING DAYS OF THE ACCIDENT.** If you don't report your injury or occupational disease promptly your benefits may be reduced.

If you are unable to work as the result of a work-related injury or occupational disease, compensation (wage replacement) benefits will be based on 2/3 of your average weekly wage up to a maximum set by law. No compensation is payable for the first 3 days' disability unless the period of disability exceeds two weeks.

You are entitled to reasonable and necessary medical treatment of compensable injuries or occupational diseases. If you notify your employer of an injury or occupational disease and are not offered medical care, you may select the services of a licensed physician or chiropractor.

You may file a Worker's Claim for Compensation with the Division of Workers' Compensation. To obtain forms or information regarding the workers' compensation system, you may call Customer Service at 303-318-8700 or toll-free at 1-888-390-7936 or visit our website at www.colorado.gov/cdle/dwc.

**COLORADO DIVISION OF WORKERS' COMPENSATION
633 17th Street, Suite 400, Denver, CO 80202-3626**

Any information provided below comes from your employer and is specific to this place of employment:

NAME INSURED: CHAMPLAIN COLLEGE INCORPORATED

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

EFFECTIVE DATE: 02-15-22

GUNTHER OPERATOR:

**MANUALLY INSERT 1 COPIES OF THE
COLORADO OVERSIZED POSTING NOTICE
CP-5992 – YELLOW CARD STOCK**

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See instructions on other side.