



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-IN

RATE BUREAU ID: 911451999

EXP. MOD. EFFECTIVE DATE: 02-15-22

CLASSIFICATION	CODE	PREMIUM BASIS		ESTIMATED ANNUAL PREMIUM
		ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	
LOCATION 001 FEIN 030220266 ENTITY CD 001 00				
CHAMPLAIN COLLEGE INCORPORATED				
IN- NO BUSINESS LOCATION				
COLLEGE: PROFESSIONAL EMPLOYEES & CLERICAL	8868	7405.00	0.30	22

IN MANUAL PREMIUM \$ 22

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0.80% EMPL. LIAB. INCREASED LIMITS (9807)	\$	0
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		22
EXPERIENCE MODIFICATION:0.65 MODIFIED PREMIUM		14
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		14
-4.60% PREMIUM DISCOUNT (0064)		-1
TERRORISM (9740)		1
CAT (OTHER THAN CERT ACTS OF TERRORISM) (9741)		1
TOTAL ESTIMATED PREMIUM		15
1.0084 SECOND INJURY FUND SURCHARGE (0935)		0
TOTAL PREMIUM		15
DEPOSIT AMOUNT DUE		15

## **IMPORTANT NOTICE – FILING COMPLAINTS WITH THE INDIANA DEPARTMENT OF INSURANCE – IN**

**NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.**

**Questions regarding your policy or coverage should be directed to:**

**Travelers**

**(800) 328-2189**

If you (a) need the assistance of the governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer, you may contact the Department of Insurance by mail, telephone or email:

State of Indiana Department of Insurance  
Consumer Services Division  
311 West Washington Street, Suite 300  
Indianapolis, Indiana 46204

Consumer Hotline: (800) 622-4461; (317) 232-2395

Complaints can be filed electronically at [www.in.gov/idoi](http://www.in.gov/idoi)

# **WORKERS' COMPENSATION NOTICE**

Your employer is required to provide for payment of benefits under the Workers' Compensation Act of the State of Indiana.

Any employee who is injured while at work should report the injury immediately to their supervisor, employer, or designated representative.

The Workers' Compensation insurance carrier or the administrator for

CHAMPLAIN COLLEGE INCORPORATED

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(name of company)

is: THE TRAVELERS INSURANCE COMPANIES

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(name of insurance carrier or administrator)

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(name of carrier/administrator)

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P.O. BOX 660456

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(mailing address)

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DALLAS, TX 75266-0456

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(city, state, zip)

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(800) 238-6225

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(telephone number)

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WC Supervisor

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(contact person)

For more information about rights or procedures under the Indiana Workers' Compensation system, call or write:

Workers' Compensation Board of Indiana  
Ombudsman Division  
402 W. Washington St., Rm W196  
Indianapolis, IN 46204  
(317) 232-3808  
1-800-824-2667

## **NOTICIA DE COMPENSACION PARA TRABAJADORES**

A su empleador le es requerido proveer pagos de beneficios bajo el Acta de Compensación para Trabajadores del Estado de Indiana.

Cualquier empleado que sea lesionado mientras esté, trabajando debe reportar el accidente laboral inmediatamente a su supervisor, empleador o representante designado.

La compañía de seguro de compensación del trabajador o el administrador de la compañía

CHAMPLAIN COLLEGE INCORPORATED

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(nombre de la compañía)

es:

THE TRAVELERS INSURANCE COMPANIES

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(nombre de la compañía de seguro/administrador)

P.O. BOX 660456

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(dirección)

DALLAS, TX 75266-0456

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(ciudad, estado, código postal)

(800) 238-6225

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(número de teléfono)

WC Supervisor

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(persona de contacto)

Para más información acerca de sus derechos o loss procedimientos bajo el sistema de compensación para trabajadores de Indiana, llame o escriba a:

**Workers' Compensation Board of Indiana  
Ombudsman Division  
402 W. Washington St., Rm W196  
Indianapolis, IN 46204  
(317) 232-3808  
1-800-824-2667**