



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-ND

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001				
FEIN 030220266 ENTITY CD 001 00				

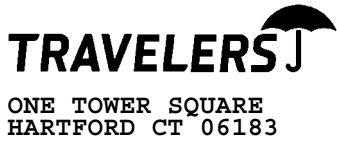
CHAMPLAIN COLLEGE
INCORPORATED

ND- NO BUSINESS LOCATION

COLLEGE: PROFESSIONAL EMPLOYEES & CLERICAL	8868	IF ANY	0.013	0
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ND MANUAL PREMIUM \$ 0

TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.	\$	0
EXPERIENCE MODIFICATION:NONE MODIFIED PREMIUM		NONE
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		0
TOTAL ESTIMATED PREMIUM		0
TOTAL PREMIUM		0
DEPOSIT AMOUNT DUE		0



**WORKERS COMPENSATION
AND
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ENDORSEMENT WC 99 06 99 (00)

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

**NORTH DAKOTA AMENDATORY ENDORSEMENT
(EMPLOYERS LIABILITY COVERAGE)**

This endorsement applies only to work in North Dakota.

We agree that PART FIVE - PREMIUM, Item G. Audit is amended as follows:

1. Except as provided in 2. below, we may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.
2. Any audit conducted to determine the premium due or to be refunded must be completed within 180 days after:
 - a. The expiration date of the policy; or
 - b. The anniversary date, if this is a continuous policy or a policy written for a term longer than one year; unless you agree in writing to extend the audit period.

It is also agreed that PART SIX - CONDITIONS, D. Cancellation item number 2 is amended as follows:

We may cancel this policy by mailing or delivering to you at the address shown on the Information Page written notice stating when A) not less than ten days thereafter in the case of Non-Payment of premium, or B) not less than 30 days thereafter, in all other cases, such cancellation shall be effective.