



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-OH

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

OH- NO BUSINESS LOCATION

COLLEGE: PROFESSIONAL EMPLOYEES & CLERICAL	8868	47634.00	0.013	6
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OH MANUAL PREMIUM \$ 6

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	ADD FOR STOP GAP MINIMUM	\$	180
	TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		186
	EXPERIENCE MODIFICATION:NONE MODIFIED PREMIUM		NONE
	TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		186
	TOTAL ESTIMATED PREMIUM		186
	TOTAL PREMIUM		186
	DEPOSIT AMOUNT DUE		186

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

## **OHIO EMPLOYERS LIABILITY COVERAGE ENDORSEMENT**

This endorsement applies only to work in Ohio.

- A.** Part One (Workers Compensation Insurance) does not apply to work in Ohio.
- B.** Part Two (Employers Liability Insurance) applies to work in Ohio as though it were shown in Item 3.A. of the Information Page.
- C.** Part Two (Employers Liability Insurance), C. Exclusions 5. is removed and replaced with the following:

- C.** Exclusions

This insurance does not cover:

- 5.** bodily injury directly intended by the insured;

Part Two (Employers Liability Insurance), C. Exclusions is changed by adding these exclusions:

- 14.** bodily injury to an employee when you are deprived by common law defense or are subject to penalty because of your failure to secure your obligations under the workers compensation law of Ohio or otherwise fail to comply with the law.

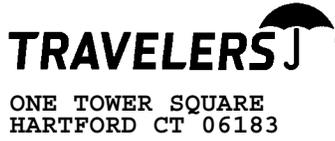
## **OHIO CANCELLATION AND NONRENEWAL ENDORSEMENT**

This endorsement applies only to work in the state of Ohio.

The following replaces Paragraph **D.**, **Cancellation**, of **PART SIX – CONDITIONS**, but only for a policy which has been in effect for more than 90 days or is a renewal of a policy we issued:

### **D. Cancellation**

1. This policy may be cancelled by you by mailing to us written notice stating when thereafter such cancellation may be effected.
2. We may cancel this policy only for one or more of the following reasons:
  - a. Nonpayment of premium;
  - b. Discovery of fraud or material misrepresentation in the procurement of the insurance or with respect to any claims submitted thereunder;
  - c. Discovery of a moral hazard or willful or reckless acts or omissions on your part which increases any hazard insured against;
  - d. The occurrence of a change in the individual risk which substantially increases any hazard insured against after the insurance coverage has been issued or renewed except to the extent the insurer could reasonably have foreseen the change or contemplated the risk in writing the contract;
  - e. Loss of applicable reinsurance or a substantial decrease in applicable reinsurance, if the superintendent has determined that reasonable efforts have been made to prevent the loss of, or substantial decrease in, the applicable reinsurance, or to obtain replacement coverage;
  - f. Failure of an insured to correct material violations of safety codes or to comply with reasonable written loss control requirements; or
  - g. A determination by the superintendent of insurance that the continuation of the policy would create a condition that would be hazardous to the policyholders or the public.
3. We will mail to you at your last known address written notice stating when, not less than ten days thereafter in the case of nonpayment of premium or not less than 30 days thereafter in all other cases, such notice will be effective. Mailing of notice will be sufficient proof of notice. Such notice of cancellation will contain all of the following information:
  - a. The policy number;
  - b. The date of the notice;
  - c. The effective date of the cancellation; and
  - d. An explanation of the reason for the cancellation.Such notice will also be mailed to your agent, if any.



**WORKERS COMPENSATION  
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EMPLOYERS LIABILITY POLICY**

**ENDORSEMENT WC 99 06 U5 (00)**

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

The following is added to **PART SIX – CONDITIONS:**

**F. Nonrenewal**

If we elect not to renew this policy, we will mail written notice of nonrenewal to you at your last known address. We will mail the notice of nonrenewal at least 30 days before the expiration date of the policy. Mailing of notice will be sufficient proof of notice. The notice of nonrenewal will contain the policy number, the date of notice, and the expiration date of the policy. Such notice will also be mailed to your agent, if any.

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 _____	