



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-SC

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				
SC- NO BUSINESS LOCATION				
COLLEGE: PROFESSIONAL EMPLOYEES & CLERICAL	8868	66481.00	0.55	366

SC MANUAL PREMIUM \$ 366

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0.80% EMPL. LIAB. INCREASED LIMITS (9807)	\$	3
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		369
EXPERIENCE MODIFICATION:0.65 MODIFIED PREMIUM		240
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		240
-4.60% PREMIUM DISCOUNT (0064)		-11
TERRORISM (9740)		7
CAT (OTHER THAN CERT ACTS OF TERRORISM) (9741)		13
TOTAL ESTIMATED PREMIUM		249
TOTAL PREMIUM		249
DEPOSIT AMOUNT DUE		249

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## **SOUTH CAROLINA CANCELTION AND NONRENEWAL ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because South Carolina is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition in Part Six (Conditions) of the policy is replaced by the following Conditions:

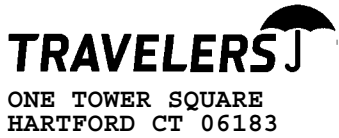
### **Cancellation**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancelation is to take effect.
2. We may cancel this policy by mailing or delivering to you, your agent, if any, and the South Carolina Workers' Compensation Commission written notice of cancelation:
  - a. 10 days before the effective date of cancelation, if we cancel for nonpayment of premium; or
  - b. 30 days before the effective date of cancelation, if we cancel for any other reason.
3. We will mail or deliver our notice to you and your agent, if any, at their addresses shown in the Information Page or, if not shown in the Information Page, at their last known addresses. If notice is mailed, proof of mailing is sufficient proof of notice.
4. Any notice of cancelation will state the precise reason for cancelation.
5. If this policy has been in effect for 120 days or more, or is a renewal or continuation of a policy we issued, we may cancel this policy only for one or more of the following reasons:
  - a. Nonpayment of premium.
  - b. Material misrepresentation of fact which, if known to us, would have caused us not to issue the policy.
  - c. Substantial change in the risk assumed, except to the extent that:
    - (1) We had notice of the risk within the first 120 days of the policy period and this policy is not a renewal or continuation of a policy we issued; or
    - (2) We should have reasonably foreseen the change or contemplated the risk in writing the policy.
  - d. Substantial breaches of contractual duties, conditions or warranties.
  - e. Loss of our reinsurance covering all or a significant portion of the particular policy insured, or where continuation of the policy would imperil our solvency or place us in violation of the insurance laws of South Carolina.

Prior to cancelation for reasons permitted in this Paragraph e., we will notify the Commissioner, in writing, at least 60 days prior to such cancelation and the Commissioner will, within 30 days of such notification, approve or disapprove such action.
6. The policy period will end on the day and hour stated in the cancelation notice.
7. Any of these provisions that conflict with a law that controls the cancelation of the insurance in this policy is changed by this statement to comply with the law.

### **Nonrenewal**

1. We will not refuse to renew a policy issued for a term of more than one year, until expiration of its full term, if anniversary renewal has been guaranteed by additional premium consideration.
2. If we decide not to renew this policy, we will mail or deliver to you and your agent, if any, written notice of nonrenewal:



WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 99 06 Y6 (00)

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- a. 60 days before the expiration date of this policy, if the policy is written for a term of one year or less; or
  - b. 60 days before the anniversary date of this policy, if the policy is written for a term of more than one year or for an indefinite term.
3. We will mail or deliver our notice to you and your agent, if any, at their addresses shown in the Information Page or, if not shown in the Information Page, at their last known addresses. If notice is mailed, proof of mailing is sufficient proof of notice.
  4. Any notice of nonrenewal will state the precise reason for nonrenewal.

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 _____	

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

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

South Carolina Policyholders:

South Carolina 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 a 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) will be then attached to your policy to reflect the change.

If you decide that you do not want a 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 agent.

**DEDUCTIBLE TABLE**

**INDEMNITY AND MEDICAL  
DEDUCTIBLE PER ACCIDENT: \$100, \$200, \$300, \$400, \$500, \$1,000, \$1,500, \$2,000, or \$2,500**

DATE OF ISSUE: 02-14-22

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



# South Carolina Workers' Compensation

## Workers' Compensation Compliance Poster

### We are operating under and subject to the South Carolina Workers' Compensation Act

In case of accidental injury or death to an employee, the injured employee, or someone acting in his or her behalf, must give immediate notice to the employer or general authorized agent. Failure to give such immediate notice may be the cause of serious delay in the payment of compensation to the injured employee or his or her dependents and may result in failure to receive any compensation benefits under the law.

### Workers' Compensation:

1. Pays 100% of your medical bills and some other expenses.
2. Compensates you for 66 2/3% of your salary, limited to the maximum wage set by law, if you are unable to work for more than seven (7) calendar days.

### If you are injured on the job, you should:

1. Notify your employer at once. You cannot receive benefits unless your employer knows you are injured.
2. Tell the doctor your employer sends you to that you are covered by workers' compensation.
3. Notify the Workers' Compensation Provider listed on this poster or the South Carolina Workers' Compensation Commission at 803.737.5700 if you experience undue delays or problems with your claim.

South Carolina  
Workers' Compensation Commission  
P.O. Box 1715, 1333 Main Street, Suite 500  
Columbia, S.C. 29202-1715  
803-737-5700  
[www.wcc.sc.gov](http://www.wcc.sc.gov)

### Workers' Compensation Provider Name

TRAVELLERS PROPERTY CASUAL  
TY COMPANY OF AMERICA

### Mailing Address

ONE TOWER SQUARE  
HARTFORD, CT 06183

### Claims Telephone Number

(800) 238-6225