



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 CASUALTY AND SURETY COMPANY

INSURED'S NAME: CHAMPLAIN COLLEGE INCORPORATED

11223-TN

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

TN- NO BUSINESS LOCATION

COLLEGE: PROFESSIONAL EMPLOYEES & CLERICAL	8868	8782.00	0.26	23
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TN MANUAL PREMIUM \$ 23

1.10% EMPL. LIAB. INCREASED LIMITS (9807)	\$	0
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		23
EXPERIENCE MODIFICATION:0.65 MODIFIED PREMIUM		15
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		15
-4.60% PREMIUM DISCOUNT (0064)		-1
TERRORISM (9740)		1
CAT (OTHER THAN CERT ACTS OF TERRORISM) (9741)		1
TOTAL ESTIMATED PREMIUM		16
TOTAL PREMIUM		16
DEPOSIT AMOUNT DUE		16

IMPORTANT NOTICE – INSURED'S RIGHTS WORKERS' COMPENSATION PREMIUM DISPUTES – TENNESSEE

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.

If you are insured under a workers' compensation insurance policy and have a dispute regarding the manual rules, classification, or rating plans, you must make a reasonable attempt to resolve this dispute with us. You must make your request to us in writing. We will conduct our review and communicate our decision to you in writing within thirty (30) days. If we fail to respond within forty-five (45) days or if you are dissatisfied with the results, you may contact National Council on Compensation Insurance, Inc. (NCCI) requesting a review through the Dispute Resolution Process (Process).

According to NCCI's procedures:

- a. Initial requests for dispute resolution services must be sent to NCCI at one of the following:

Mail:

NCCI
Dispute Resolution Services
901 Peninsula Corporate Circle
Boca Raton, FL 33487-1362

Email: regulatoryoperations@ncci.com

Fax: 561-893-5043

- b. The dispute resolution request sent to NCCI must also be sent simultaneously to all other parties to the dispute.

This written request for review must contain the following:

- a. Your name, address, daytime telephone number, and (if you have one), the Federal Employer Identification Number (FEIN);
- b. An explanation of what is being disputed;
- c. A statement of the relief sought;
- d. A statement that you have attempted to resolve the dispute directly with us, but have not been able to do so;
- e. A statement that you have furnished a copy of the request for review to us with which you have a dispute;
- f. A statement of how you wish to appear before the Panel (by mail, by telephone, or by video conference);
- g. Your signature as the policyholder; and
- h. A legible copy of any relevant policy of insurance, workers compensation experience rating worksheet, or audit information and any other correspondence that you have received from us with regard to the matters in dispute.

Within 15 business days of receipt by NCCI of a request for review, NCCI will grant or deny the request and if granted, NCCI will promptly give written notice to all parties of the date, time, and manner in which the Panel will consider the dispute; otherwise, NCCI will give written notice to you and us that the request for review is not granted and will state the reasons the request is not granted, and will state the deadline for filing an amended request for review, if applicable.

You must file a request for review with NCCI within three years of the expiration date of the policy in question. Any extension of time to file a request for review will be granted at the sole discretion of NCCI.

The NCCI Panel:

1. Will not have the authority to interpret, apply or opine on state or federal laws, rules, or regulations, or decisions of courts or administrative proceedings; or to hear disputes brought by carriers.
2. A request for review will be denied if it fails to state an issue that is within their authority or has been untimely submitted.
3. A request for review may be denied if you fail to provide adequate information for NCCI to evaluate the merits of the dispute. In this case, NCCI will notify you and us in writing. You will be allowed to amend the request for one time only otherwise a denial will be final if an amendment is not received within 10 days.

If you wish to appeal the decision made by the Panel to the Tennessee Commissioner of Insurance send a written request for appeal to:

State of Tennessee
Department of Commerce and Insurance
Actuarial Services Section
500 James Robertson Parkway, 4th Floor
Nashville, Tennessee 37243-0574

A request for an appeal must be made within 30 days after the date of the issuance of the Panel's decision or the decision of the Panel will become final and the parties will have waived their right for further review by the Tennessee Department of Commerce and Insurance.

IMPORTANT NOTICE – TENNESSEE PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

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If you are in the construction services business, Tennessee workers' compensation statute Title 50, Chapter 6, Section 10: 50-6-901 require that you provide proof of valid workers' compensation insurance coverage at your place of business and at job sites where you are providing construction services.

To assist you with providing proof of workers' compensation coverage, your coverage information is available to download at these websites:

<https://www.ewccv.com/cvs/?ref=https%3A%2F%2Fwww.google.com%2Furl>

<http://www.dlt.ri.gov/wc/pdfs/mobileappinstructions.pdf>

Please be informed of the potential for a penalty of not less than fifty dollars (\$50) nor more than five hundred dollars (\$500) per violation if you fail to provide proof of valid workers' compensation insurance coverage within one (1) business day at your place of business or job sites where you are providing construction services. Subsequent violations may result in a penalty of not less than fifty dollars (\$50) nor more than five thousand dollars (\$5,000). The amount of the penalty is at the discretion of the administrator or administrator's designee.

IMPORTANT NOTICE

TENNESSEE POLICYHOLDERS UTILIZING SOLE PROPRIETOR OR PARTNERSHIP SUBCONTRACTORS

Dear Policyholder:

If you utilize the services of sole proprietor or partnership subcontractors, it is very important that you read this notice.

In Tennessee, all persons engaged in the construction industry, including principal contractors, intermediate contractors or subcontractors are required to carry workers' compensation insurance for their employees, even if they employ fewer than five employees. However, sole proprietors, partners, officers of corporations, members of limited liability companies and owners of family owned businesses may file for an exemption from this requirement. A list of exempted providers is published on the Secretary of State's Workers' Compensation Exemption Registry found at <https://tnbear.tn.gov/wc/>.

The Tennessee Workers' Compensation Law sets forth seven factors to be considered in determining whether an individual is an employee or a subcontractor / independent contractor (T.C.A. Section 50-6-102(11)). These are the factors which we will apply at time of audit to ultimately determine the employment status of your workers. Below are the seven factors dictated in the law:

- a. The right to control the conduct of the work;
- b. The right of termination;
- c. The method of payment;
- d. The freedom to select and hire helpers;
- e. The furnishing of tools and equipment;
- f. Self-scheduling of working hours;
- g. The freedom to offer services to other entities.

Please be prepared to address these factors for each and every alleged sole proprietor / partner subcontractor utilized by your company and ensure that you maintain your records so that it is clear that the individual is truly a subcontractor in accordance with the Tennessee Workers' Compensation Law, or is registered as exempt from this requirement. Otherwise, these individuals will be deemed to be employees of your company and premium charges will be assessed.

Additional information and other related topics may be obtained from the Tennessee Department of Labor and Workforce Development, Division of Workers' Compensation or on their website at www.state.tn.us/labor-wfd/wcomp.html.

TENNESSEE WORKERS' COMPENSATION INSURANCE

POSTING NOTICE

How to Report Work-Related Injuries

What should be done if injured at work?

Employee

- 1. Immediately **report the injury** to the employer representative named below.
- 2. **Select a treating physician** from a panel provided by your employer.
- 3. If you have questions or problems, contact the employer representative or the Bureau of Workers' Compensation.

Employer

- 1. Complete your company's internal "Workplace Injury form" and **notify your workers' compensation insurance company** immediately, even if you have concerns about the validity of the claim.
- 2. **Offer a panel of physicians** to the employee via Form C-42 available on the Bureau's website. *In cases of emergency, call an ambulance and provide this form as soon as the injured employee has stabilized.*

Printed name and title of the employer representative to be notified in the event of a work-related injury

Printed name of an alternative employer representative to be notified in the event of a work-related injury

Telephone number of employer representative to notify in event of a work-related injury

Address of employer representative to notify in event of a work-related injury

The Tennessee Bureau of Workers' Compensation is available to help both employees and employers.



220 French Landing Dr. 1-B
Nashville, TN 37243-2667
800-332-2667
615-532-4810 TTD: 800-332-2257
tn.gov/workerscomp

Workers' Compensation law requires this notice to be posted in a conspicuous place at the work site at all times.



SEGURO DE COMPENSACIÓN A TRABAJADORES DE TENNESSEE

PUBLICACIÓN DE AVISO

Cómo informar de lesiones laborales

¿Qué se debe hacer en caso de lesión laboral?

Empleado

1. **Informe** inmediatamente de **la lesión** al representante del empleador indicado aquí abajo.
2. **Seleccione un médico tratante** del panel provisto por su empleador.
3. Si tiene alguna pregunta o problema, comuníquese con el representante de empleadores de la Oficina de Compensación a Trabajadores.

Empleador

1. Complete el formulario interno de su empresa de "Lesión laboral" y **notifique a su aseguradora de compensación a trabajadores** inmediatamente, incluso aunque tenga dudas acerca de la validez de la reclamación.
2. **Ofrezca un panel de médicos** al empleado a través del Formulario C-42, disponible en el sitio web de la Agencia. *En casos de emergencia, llame a una ambulancia y proporcione este formulario en cuanto el empleado lesionado se haya estabilizado.*

Nombre en letra de molde y título del representante del empleador a ser notificado en caso de una lesión laboral

Nombre en letra de molde del representante del empleador alterno a ser notificado en caso de una lesión laboral

Número de teléfono del representante del empleador a ser notificado en caso de una lesión laboral

Dirección del representante del empleador a ser notificado en caso de una lesión laboral

La Oficina de Compensación a Trabajadores de Tennessee está disponible para ayudar a empleados y empleadores.

BWC
Bureau Of **WORKERS'**
COMPENSATION

220 French Landing Dr. 1-B
Nashville, TN 37243-2667

800-332-2667

615-532-4810 TTD: 800-332-2257

tn.gov/workerscomp

La ley de Compensación a Trabajadores exige que se publique este aviso en un lugar visible en el centro de trabajo en todo momento.

