



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-WA

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				
WA- NO BUSINESS LOCATION				
COLLEGE: PROFESSIONAL EMPLOYEES & CLERICAL	8868	105042.00	0.013	14

WA MANUAL PREMIUM \$ 14

TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.	\$	14
EXPERIENCE MODIFICATION:NONE MODIFIED PREMIUM		NONE
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		14
TOTAL ESTIMATED PREMIUM		14
TOTAL PREMIUM		14
DEPOSIT AMOUNT DUE		14

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WASHINGTON AMENDATORY ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Washington is shown in the Schedule of the Employers Liability Coverage Endorsement that is part of this policy.

1. The following replaces the last sentence of Paragraph **D., We Will Defend**, of **PART TWO – EMPLOYERS LIABILITY INSURANCE** :

Our right and duty to defend ends when we have exhausted the applicable limit of liability in the payment of judgments or settlements, or we mutually agree otherwise.

2. The following replaces Paragraph **E., Final Premium**, of **PART FIVE – PREMIUM** :

E. Final Premium

The premium shown on the Information Page, schedules and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered on the policy.

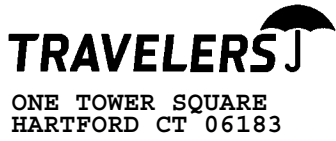
If this policy is canceled, final premium will be determined in the following way :

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel and you are not retiring from business, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancellation table and procedures. Final premium will not be less than the minimum premium.
3. If you cancel and you are retiring from business, final premium will be calculated pro rata based on the time this policy was in force and will not be less than the pro rata share of the minimum premium .

3. The following replaces Paragraph **D., Cancellation**, of **PART SIX – CONDITIONS** :

D. Cancellation

1. You may cancel this policy by providing us with advance notice using one of the following methods:
 - a. Written notice of cancellation to us or our agent by mail, fax or email;
 - b. Surrender of the policy to us or our agent; or
 - c. Verbal notice to us or our agent.



WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY ENDORSEMENT WC 99 06 36 (B)

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If we or our agent receives such notice, we will cancel this policy, or any binder issued as evidence of coverage, effective on the later of:

- a. The date notice was received; or
b. The date of cancelation that you have requested.

If you provide verbal notice of cancelation to us, we may require you to provide written confirmation of cancelation, but we may not impose a waiting period for cancelation by requiring such written confirmation.

- 2. We may cancel this policy by delivering or mailing to you, and to each pledgee or other person shown in this policy to have interest in any loss which may occur under this policy, written notice of cancelation at least:
a. Ten days before the effective date of cancelation, if we cancel for nonpayment of premium; or
b. Forty-five days before the effective date of cancelation, if we cancel for any other reason.
3. Notice of cancelation will state the actual reason for cancelation and the effective date of cancelation.
4. Mailing of the notice to you at your mailing address last known to us will be sufficient to prove notice.
4. The following is added to PART SIX - CONDITIONS :

Nonrenewal

We will renew this policy unless:

- 1. We deliver or mail to you, at your address last known to us, written notice stating the actual reason for nonrenewal, at least 45 days before the expiration date of the policy;
2. At least 20 days before the expiration date of this policy, we have communicated to you or your agent in writing our willingness to renew this policy and have included in that writing a statement of the amount of the premium you are required to pay to renew the policy, and you have failed to discharge when due your obligation in connection with the payment of such premium; or
3. You have procured equivalent coverage before the expiration date of this policy.

All other terms and conditions of this policy remain unchanged.

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. EndorsementNo.
Insured Premium\$
Insurance Company Countersigned by _____