



STATE OF NEW JERSEY

**SCHOOLS DEVELOPMENT AUTHORITY**



*Owner Controlled Insurance Program  
OCIP II  
Online Enrollment Procedures Supplement*

*Contracts with a Notice to Proceed date after January 1, 2012*

## **A. Online OCIP Enrollment Process**

All eligible Contractors and Subcontractors, of every tier, will not be permitted to start any construction work until they have submitted all of the required online OCIP enrollment information and received confirmation of receipt from CR Solutions (CRS). Insurance certificates validating contractor insurance coverage for Supplemental Insurance not provided by NJSDA OCIP should be attached at the appropriate location during the online enrollment process.

**PLEASE NOTE:** For each additional project, the Contractor will be required to complete the entire online enrollment process.

It is the General Contractor's responsibility to obtain, validate, and submit to CR Solutions insurance certificates from ineligible subcontractors of every tier (validating insurance coverage for ineligible contractors/subcontractors).

**Once the Notice to Proceed has been issued to the General Contractor, the General Contractor should notify the NJSDA and CR Solutions which subcontractors they will be using, and provide their basic contact information including contact person, email, telephone, and address. Please email this information to [csorhaindo@njsda.gov](mailto:csorhaindo@njsda.gov) and [Steven.Petonic@c-r-solutions.com](mailto:Steven.Petonic@c-r-solutions.com).**

If the Contractor does not have adequate web access to complete the online enrollment process, the Contractor can complete the "OCIP Enrollment Form" (Form 1101) and fax the information to CR Solutions at 866-339-5690, attention Steven Petonic. A copy of the form can be found on the NJSDA website: [http://www.njsda.gov/Business/Doc\\_Form/pdfs/1101.pdf](http://www.njsda.gov/Business/Doc_Form/pdfs/1101.pdf).

**Please remember that before you begin, you should have your Certificate of Insurance and Ratings Pages for Workers' Compensation, General Liability and Excess Liability policies saved onto your computer and ready for upload for Step 9. Please keep in mind that the online enrollment process may take 20 to 35 minutes to complete.**

1. You will receive an email from CR Solutions with a link to the CR Insight Contractor Portal. Please log in with the username provided in the email. (Sample Link - <https://crsolutions.cr-insight.com/v2/contractor.php/user/login>)

After you click the link, you will be prompted to set your own password for login.

## Welcome to the CR-Insight Contractor Portal

*Please sign in*

Username	<input type="text"/>
Password	<input type="password"/>

Once in the portal, you will follow the 10 step online enrollment process. Please complete all the fields as any missing information may impede your company's enrollment into the OCIP. Contractors should contact their respective brokers or agents for this information. If you cannot scan and upload, please fax these documents to CRS at 866-339-5690, attention Steven Petonic.

Please have your Certificate of Insurance and your Rating Pages for your Workers' Compensation, General Liability, and Excess Liability policies saved and ready to upload during the online enrollment process on Step 9.

Please find below the 10 step overview below where the following information will be provided:

- Step 1: Company Information
- Step 2: Payroll Contact
- Step 3: Insurance Contact
- Step 4: Project Site Contact
- Step 5: Broker/Agency Contact
- Step 6: Contract Bid
- Step 7: Payroll Estimate
- Step 8: Insurance Cost
- Step 9: File Upload (*Ratings Pages/Certificate of Insurance*)
- Step 10: Agreement

Please note once you complete the step, you cannot go backwards and modify the information. If you made a mistake or need help with any of the steps, please contact Steven Petonic at CRS at 866-732-7413.

Step 1. Please enter your company's Federal ID Number. Contractors new to our system will be directed to Step 1.A. Contractors previously in our system will be directed to Step 1.B.

### Welcome to the NJ Schools Development Authority project!

Project: NJ Schools Development Authority  
School: Harrison High School  
Contract Number: CA-00000-N00

Questions? Please direct them to Steven Petonic at 678.893.7481 or [steven.petonic@c-r-solutions.com](mailto:steven.petonic@c-r-solutions.com)

Federal ID

*Please double check this number. Once you submit the Federal ID number you will NOT be able to change it.*

Save Federal ID

Step 1. A- Company Information for New Contractors- For contractors new to our system, please complete all the contact information boxes.

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Step 7 Step 8 Step 9 Step 10

#### Company Information

**New Federal ID Number:** Your company has not been previously set up in our system. Please provide the following information about your company.

Federal ID	<input type="text" value="77-7777777"/>
Legal Company Name	<input type="text"/>
Physical Address 1	<input type="text"/>
Physical Address 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text" value="Select State"/>
Country	<input type="text" value="U.S.A."/>
Zip Code	<input type="text" value="xxxxx or xxxxx-xxxx"/>
Phone	<input type="text" value="(xxx) xxx-xxxx"/>
Fax	<input type="text" value="(xxx) xxx-xxxx"/>
Business Type	<input type="text" value="Select Business Type"/>

*Please double check the information above. You will NOT be able to change it once submitted.*

Submit Company Information

Step 1. B- Company Information for Existing Contractors- For contractors previously in our system, please select the correct street address for your company location.

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Step 7 Step 8 Step 9 Step 10

**Company Information**

This Federal ID number is already in our system.

Please select from the existing entries or add a new location.

Federal ID

Company Location and Name

Something wrong with an available address? [Click to expand.](#)

Legal Company Name

Physical Address 1

Physical Address 2

City

State

Country

Zip Code

Phone

Fax

Business Type

Please double check the information above. You will NOT be able to change it once submitted.

Step 2.- Payroll Contact- Please select or list the person from your company who will be handling monthly payroll reporting for the project.

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Step 7 Step 8 Step 9 Step 10

z - CRS Temp Labor

**Company Contacts**

Please note you will be asked to provide a payroll contact, insurance contact, and project site contact.

**Payroll Contact**

This individual will be contacted to collect monthly payroll numbers. [Click to expand.](#)

Select an existing contact

Something wrong with an available contact? [Click to expand.](#)

First Name

Last Name

Email

Work Phone

Cell Phone

Fax

Please double check the information above. You will NOT be able to change it once submitted.

Step 3.- Insurance Contact- Please select or list the person from your company who handles your insurance documents such as ratings pages and certificates of insurance.

Step 1 Step 2 **Step 3** Step 4 Step 5 Step 6 Step 7 Step 8 Step 9 Step 10

z- CRS Temp Labor

**Company Contacts**

Please note you will be asked to provide a payroll contact, insurance contact, and project site contact.

**Insurance Contact**

This individual will be contacted to **request your Certificate of Insurance and Declarations and Ratings Pages.**

Select an existing contact

Something wrong with an available contact? [Click to expand.](#)

First Name

Last Name

Email

Work Phone

Cell Phone

Fax

*Please double check the information above. You will NOT be able to change it once submitted.*

Step 4.- Project Site Contact- Please select or list the person from your company who will be handling project management duties on site for the project.

Step 1 Step 2 Step 3 **Step 4** Step 5 Step 6 Step 7 Step 8 Step 9 Step 10

z- CRS Temp Labor

**Company Contacts**

Please note you will be asked to provide a payroll contact, insurance contact, and project site contact.

**Project Site Contact**

This individual will be contacted with **questions regarding scope of work and information about subcontractors.**

Select an existing contact

Something wrong with an available contact? [Click to expand.](#)

First Name

Last Name

Email

Work Phone

Cell Phone

Fax

*Please double check the information above. You will NOT be able to change it once submitted.*

Step 5.- Broker/Agency Contact- Please list your insurance agent/broker and provide their contact information.

Step 1 Step 2 Step 3 Step 4 **Step 5** Step 6 Step 7 Step 8 Step 9 Step 10

z - CRS Temp Labor

**Broker/ Agency Information**

Broker/ Agency	<input type="text" value="Z Broker"/>
Representative Name	<input type="text" value="Broker Bob"/>
Email	<input type="text" value="broker.bob@fake.com"/>
Phone Number	<input type="text" value="555-555-5555"/>

Please double check the information above. You will NOT be able to change it once submitted.

[Confirm this Broker/ Agency](#)

Step 6.- Contract Bid- Please list your contract bid information which will include your work description, estimated start date, estimated completion date, contract/bid amount, and percent of work self-performed percentage.

Step 1 Step 2 Step 3 Step 4 Step 5 **Step 6** Step 7 Step 8 Step 9 Step 10

z - CRSTemp Labor

**Contract/Bid Information**

Work Description	<input type="text" value="Drywall"/>
Earliest Possible Start Date	<input type="text" value="2012-08-01"/>
Estimated Completion Date	<input type="text" value="2013-08-01"/>
Contract/ Bid Amount	<input type="text" value="25000"/>
Percent of Work Self-Performed	<input type="text" value="100"/>

If your award is based on Time or Materials or Unit Pricing, please estimate that total amount that will be paid upon completion of the job.  
If you are not hiring subcontractors, then this is 100%. if you are hiring subcontractors, enter percent you are self-performing.

Please double check the information above. You will NOT be able to change it once submitted.

[Submit Bid Information](#)

Step 7.- Payroll Estimate- Please list your overall payroll estimate, the average number of people on site, select the corresponding WC code for your work, and the total estimated work hours on site and payroll estimate for each WC code selected.

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 **Step 7** Step 8 Step 9 Step 10

z - CRS Temp Labor

**Payroll**

Estimated Payroll

Average Number of People on Site

WC Classification	Total Work Hours On-Site	Payroll	Remove
5445-Drywall	<input type="text" value="25"/>	<input type="text" value="1250"/>	<input type="checkbox"/>
		Add Payroll Row <input type="button" value="+"/>	
<b>Totals</b>		<input type="text" value="25 hours"/>	<input type="text" value="\$1,250.00"/>

How to Remove a Payroll Row  
[Click to expand.](#)

*Please double check the information above. You will NOT be able to change it once submitted.*

Step 8.- Insurance Cost- Please list your estimated insurance cost for what you would expect if the NJSDA OCIP did not provide coverage.

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Step 7 **Step 8** Step 9 Step 10

z - CRS Temp Labor

**Insurance Information**

**Deduct**  
Your contract/bid should include all costs for insurance. Enter here the amount you have included for Workers' Compensation, General Liability, Excess Liability and any Overhead and Mark-up charges applied to these coverages.

Insurance Cost

This amount will be verified using the rating and declaration pages from your policies. Once approved the costs associated with Controlled Insurance Program provided coverages will be removed from your award amount.

*Please double check the information above. You will NOT be able to change it once submitted.*

Step 9.- File Upload- Please upload your ratings pages for workers' compensation, general liability, and excess liability policies, and also upload your certificate of insurance for the project.

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Step 7 Step 8 **Step 9** Step 10

z - CRS Temp Labor

**File Upload**

**Note:** Files must be no larger than 1 megabyte and must be of type doc, gif, jpg, jpeg, pdf, or tif.

**Rating and Declaration Pages** [Click to expand.](#)

Please upload rating pages from the state of New Jersey.

	Effective Date	Expiration Date	File
Ratings Pages	7/1/2012 ▼	7/1/2013 ▼	<input type="button" value="Choose File"/> Rates.pdf

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**Certificates of Insurance**

Effective Date	Expiration Date	Description	File	Remove
7/1/2012 ▼	7/1/2013 ▼	All Coverages	<input type="button" value="Choose File"/> CUI_2012-2013.pdf	<input type="checkbox"/>
				<input type="button" value="Add Certificate Row"/> +

**How to Remove a Certificate Row**  
[Click to expand.](#)

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**Other Documents**

Description	File	Remove
<input type="text"/>	<input type="button" value="Choose File"/> No file chosen	<input type="checkbox"/>
		<input type="button" value="Add Document Row"/> +

**How to Remove a Document Row**  
[Click to expand.](#)

*Please double check the information above. You will NOT be able to change it once submitted.*

Step 10.- Agreement- Please read, check, sign, and submit the agreement page which will conclude your online enrollment.

Step 1   Step 2   Step 3   Step 4   Step 5   Step 6   Step 7   Step 8   Step 9   **Step 10**

z - CRS Temp Labor

**Agreement**

The above referenced contractor agrees that the wrap-up policies are issued at the direction of the wrap-up Sponsor, who shall be solely responsible for the payment of premiums and losses under the deductible amount as outlined in the policy and shall have other policy rights to act on behalf of said contractor.

The above referenced contractor hereby assigns to the wrap-up Sponsor:

- The rights, title, and interest to receive any and all return of premium, dividends, discounts or other adjustments including retrospective adjustments; and
- The right to request cancellation of the policy; and
- Authorization to act on their behalf with respect to changes to any provisions of this insurance policy

Checking this box confirms your agreement with this assignment.

Electronic Signature

Position

*Please double check the information above. You will NOT be able to change it once submitted.*

**Submit Signature**

Completion- Once complete, your company will receive a confirmation email detailing the completed enrollment similar to the screenshot below. ***Please save and store for your records.*** If there are any issues with your online enrollment, CR Solutions will contact you accordingly.

Dear Sample Smith,

Thank you for submitting your enrollment forms for the work subcontracted from on the NJ Schools Development Authority – Sample Project.

**Please note that you are not enrolled in the controlled insurance program until you have received your certificate of insurance. You can expect to receive correspondence from us within 5 business days of the finalization of your insurance credit.**

Below is a copy of the enrollment information that you provided. A confirmation email containing this information has been sent to the following email address associated with the enrollment contact provided to us: abccompany@email.com. Upon submission, these enrollment forms were electronically signed by Sample Smith.

## Company

- **Federal ID Number:** 99-9999999
- **Legal Company Name:** ABC Company
- **Address 1:** 123 Main Street
- **Address 2:**
- **City:** Anytown
- **State:** NJ
- **Country:** U.S.A.
- **Zip Code:** 99999
- **Phone:** 555-555-5555
- **Fax:** 555-555-5555
- **Business Type:** Corporation

## B. Online Payroll Reporting Process

All enrolled Contractors and Subcontractors, of every tier, are required to report monthly payroll each month through the CR-Insight Contractor Portal for each NJSDA contract. If the Contractor does not have adequate web access to complete the online payroll reporting, the Contractor can complete the “OCIP Project Site Payroll Reporting Form” (Form 1103) found on the NJSDA website: [http://www.njsda.gov/Business/Doc\\_Form/pdfs/1103.pdf](http://www.njsda.gov/Business/Doc_Form/pdfs/1103.pdf). This form must be provided to CR Solutions by the 10<sup>th</sup> of each month.

1. On the 5<sup>th</sup> of the first month following your start date and/or enrollment, you will receive a separate email from your CRS team. This email will contain your username, a link to the payroll reporting site, and some instructions about the payroll reporting process. (Sample Link- <https://crsolutions.cr-insight.com/v2/contractor.php/user/login> )
2. Click on the link in the email or copy/paste the link into your browser and feel free to add it your browser favorites for future reporting. You will be directed to the following screen on step three.
3. If this is your first time logging in as the payroll contact, you will need to set up your password. Otherwise, enter your username and password to continue. If you forget your password, you can click the request password button and enter your login name where a link will be provided to reset your password.



## Welcome to the CR-Insight Contractor Portal

**Please sign in**

Username

Password

- If you have more than one contract being managed by CR Solutions, you will be able to access each one from this section. Choose the appropriate contract from the drop down menu.



## Payroll

**Project Information**

Select a Contract

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- Next, you will need to select the month for which you are entering payroll. If you have more than one month of outstanding payroll, you will be able to enter payroll for each month until all payroll has been submitted.



## Payroll

**Project Information**

**Z - new contractor**

**Project:** Z Public University | Echo Campus  
**Subcontracted From:** Joes Concrete Construction, Inc.

Questions? Please direct them to Rebecca Osborne at 678.893.7483 or [rosborne@c-r-solutions.com](mailto:rosborne@c-r-solutions.com).

Echo Campus Sub to: Joes Concrete Construction, Inc. (concrete)

There are 2 months missing payroll.

Select a Month

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- 
- The workers' compensation codes identified at the time of your enrollment will be available for payroll entry. Supply the total on-site man hours and total payroll for each code for the selected month. The average dollar per hour rate will auto populate after filling in the two required fields.

Payroll should be raw wages without burden, fringes, or overtime premium, but should include sick, vacation, holiday pay, and imputed income. Earnings for overtime should be included only at straight hourly rates. Please do not include the extra wages paid for overtime hours. Overtime means those hours in excess of 8 hours worked each day, 40 hours in any week or on Saturdays, Sundays or holidays, but only when there is an increase in the hourly rate to work such hours. Hours should be shown on overtime but pay should be for a straight wage.

Even if your company does not have payroll for the month requested, you are required to report 0 for payroll for that specific month.

Payroll July 2011

WC Classification	Total Monthly Work Hours	Payroll	Rate (\$/ hr) (Display Only)	Note
Sheet Metal Erection 5538	<input type="text" value="hours"/>	<input type="text" value="payroll (\$)"/>	<input type="text" value="Rate (\$/ hr)"/>	<input type="checkbox"/>
Plumbing NOC 5183	<input type="text" value="hours"/>	<input type="text" value="payroll (\$)"/>	<input type="text" value="Rate (\$/ hr)"/>	<input type="checkbox"/>
Blacksmith 3111	<input type="text" value="hours"/>	<input type="text" value="payroll (\$)"/>	<input type="text" value="Rate (\$/ hr)"/>	<input type="checkbox"/>
<b>Totals</b>	<input type="text"/>	<input type="text"/>		

- a. Once you have submitted the payroll, you will receive an online confirmation of your submission.



Profile

Payroll

Thank you for submitting payroll!

You still have remaining payroll to submit for 2 more contracts.

- Contract WC 20002 Echo Campus has 1 remaining month to submit.
- Contract WC 20001 Frank Built This has 7 remaining months to submit.

Please continue filling out payroll below.

Payroll

Project Information

Select a Contract

## C. Online Notice of Substantial Completion Reporting Process

Each enrolled Contractor or Subcontractor will indicate if work has been completed when they complete their final monthly payroll on the CR-Insight Contractor Portal. The Contractor will also list their final contract value and completion date. If the Contractor does not have adequate web access to complete the online work termination reporting, the Contractor can complete the “OCIP Notice of Substantial Completion Form” (Form 1104) found on the NJSDA website: [http://www.njsda.gov/Business/Doc\\_Form/pdfs/1104.pdf](http://www.njsda.gov/Business/Doc_Form/pdfs/1104.pdf).

1. Located in the center of the online payroll reporting screen is a check box that can be used to notify us of completion of on-site work.

### Payroll

**Project Information**

**z- Contractor**

**Project:** School Name

**Subcontracted From:** z-General Contractor

Questions? Please direct them to Steven Petonic at 678.893.7481 or [steven.petonic@c-r-solutions.com](mailto:steven.petonic@c-r-solutions.com)

There are 2 months missing payroll.

March 2012

**Work Status**

Check if your on-site work is complete.

2. When this box is selected, the screen expands as shown below. Once this online form is completed and submitted, all OCIP coverage will be terminated and the requests for payroll will cease (assuming there is no outstanding payroll). Before completing this section, please be sure that you have completed your contracted work and do not plan to return to the site for anything other than warranty work as per the NSJDA OCIP requirements.

Please note that should your company be required to return to the site after submission of this form, you must notify NJSDA and CR Solutions where your company will either be re-enrolled into the program or your own insurance will be primary depending on the nature of your work.

**Work Status**

Check if your on-site work is complete.

Provide final date on site performing contract work:

Type your full name as part of your electronic signature:  I confirm

## **D. Questions**

If you have any questions regarding the online reporting processes, please feel free to contact Steven Petonic at CR Solutions:

Steven Petonic  
Consolidated Risk Solutions  
2400 Lakeview Parkway, Suite 275  
Alpharetta, GA 30009

Main number: 866-732-7413  
Direct number: 678-893-7481  
Fax number: 866-339-5690

[Steven.Petonic@c-r-solutions.com](mailto:Steven.Petonic@c-r-solutions.com)

## **E. Certificate of Insurance and Ratings Page Samples**

Below, you will find the certificate samples for each contract. Please follow the correct, applicable certificate sample for your contract as the certificate samples have different requirements regarding wording, policies, and policy limits for each specific contract.

- Eligible General Contractor, Subcontractor and Design Build Contractor Certificate Sample
- Ineligible General Contractor, Subcontractor and Design Build Contractor Certificate Sample
- Eligible Construction Manager and Subconsultants Certificate Sample

<b>PRODUCER</b>  Broker's Name Broker's Address Broker's Address	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS TO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
	<b>COMPANIES AFFORDING COVERAGE</b> <b>A</b> Your General Liability Insurer (AM Best Rated A-VII or Better)
<b>INSURED</b>  Your Company's Name Your Company's Address Your Company's Phone #	<b>COMPANY</b> <b>B</b> Your Automobile Liability Insurer (AM Best Rated A-VII or Better)
	<b>COMPANY</b> <b>C</b> Your Excess Liability Insurer (AM Best Rated A-VII or Better)
	<b>COMPANY</b> <b>D</b> Your Workers Compensation Insurer (AM Best Rated A-VII or Better)
	<b>COMPANY</b> <b>E</b> Your Equipment Floater Coverage (AM Best Rated A-VII or Better)

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> PER PROJECT <input type="checkbox"/> <input type="checkbox"/>	POLICY NUMBER	01/01/2011	01/01/2012	GENERAL AGGREGATE	\$1,000,000
					PRODUCTS - COMP/OP AGG	\$1,000,000
					PERSONAL & ADV INJURY	\$1,000,000
					EACH OCCURRENCE	\$1,000,000
					FIRE DAMAGE (Any one fire)	\$50,000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
					MED EXP (Any one person)	\$5,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>	POLICY NUMBER	01/01/2011	01/01/2012	COMBINED SINGLE LIMIT	\$1,000,000
					BODILY INJURY (Per Person)	
					BODILY INJURY (Per accident)	
C	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OTHER THAN UMBRELLA FORM	POLICY NUMBER	01/01/2011	01/01/2012	PROPERTY DAMAGE	
					EACH OCCURRENCE AGGREGATE	\$1,000,000
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/ <input type="checkbox"/> INCL EXECUTIVE OFFICERS ARE: <input type="checkbox"/> ENCL	POLICY NUMBER	01/01/2011	01/01/2012	WC STATUTORY LIMITS <input checked="" type="checkbox"/>	
					EACH ACCIDENT	\$500,000
					DISEASE - POLICY LIMIT	\$500,000
					DISEASE - EACH EMPLOYEE	\$500,000
E	Equipment Floater	POLICY NUMBER	01/01/2011	01/01/2012	Equipment Value	\$

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/SPECIAL ITEMS -  
 DOE #-(Contract #), District- School Name-(Type of Work)-(Contract Amount)  
 All Off Site Activities and Operations away from a NJSDA OCIP Project Site.

<b>CERTIFICATE HOLDER</b>  NJSDA 1 West State Street P.O. Box 991 Trenton, NJ 08625	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
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**ACORD****CERTIFICATE OF INSURANCE-INELIGIBLE FOR THE OCIP II PROGRAM**

<b>PRODUCER</b>	Broker's Name Broker's Address Broker's Address	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS TO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. <b>COMPANY COMPANIES AFFORDING COVERAGE</b>
		<b>A Your General Liability Insurer (AM Best Rated A-VII or Better)</b> <b>COMPANY</b> <b>B Your Automobile Liability Insurer (AM Best Rated A-VII or Better)</b> <b>COMPANY</b> <b>C Your Excess Liability Insurer (AM Best Rated A-VII or Better)</b> <b>COMPANY</b> <b>D Your Workers Compensation Insurer (AM Best Rated A-VII or Better)</b> <b>COMPANY</b> <b>E Your Equipment Floater Coverage (AM Best Rated A-VII or Better)</b> <b>COMPANY</b>
<b>INSURED</b>	Your Company's Name Your Company's Address Your Company's Phone #	

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	POLICY NUMBER	01/01/2011	01/01/2012	GENERAL AGGREGATE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> PER PROJECT				FIRE DAMAGE (Any one fire)	\$50,000
	<input type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ta occurrence)	\$100,000
	<input type="checkbox"/>				MED EXP (Any one person)	\$5,000
B	<b>AUTOMOBILE LIABILITY</b>	POLICY NUMBER	01/01/2011	01/01/2012	COMBINED SINGLE LIMIT	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per Person)	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	
C	<b>EXCESS LIABILITY</b>	POLICY NUMBER	01/01/2011	01/01/2012	EACH OCCURRENCE	\$5,000,000
	<input checked="" type="checkbox"/> OCCUR				AGGREGATE	\$5,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	POLICY NUMBER	01/01/2011	01/01/2012	WC STATUTORY LIMITS <input checked="" type="checkbox"/>	
	THE PROPRIETOR/PARTNERS/ <input type="checkbox"/> INCL.				EACH ACCIDENT	\$500,000
	EXECUTIVE OFFICERS ARE: <input type="checkbox"/> EXCL.				DISEASE - POLICY LIMIT	\$500,000
					DISEASE - EACH EMPLOYEE	\$500,000
E	<b>Equipment Floater</b>	POLICY NUMBER	01/01/2011	01/01/2012	Equipment Value	\$
F	<b>Pollution Liability</b>	POLICY NUMBER	01/01/2011	01/01/2012	Each Occurrence/Aggregate	\$5,000,000

**DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/SPECIAL ITEMS -**

DOE # Contract #, District- School Name-(Type of Work)-(Contract Amount)

All Onsite and Offsite activities. The following are named as additional insureds on General Liability, Excess Liability and Pollution Liability: NJ Schools Development Authority, The EDA, NJ Department of Education, The State, The CM, (Project School District), and the (Design Consultant) and their respective officers, directors, members, employees, representatives, and agents.

CERTIFICATE HOLDER	CANCELLATION
<b>NJSDA</b> <b>1 West State Street</b> <b>P.O. Box 991</b> <b>Trenton, NJ 08625</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

**PRODUCER**  
  
 Broker's Name  
 Broker's Address  
 Broker's Address

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS TO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE	
COMPANY <b>A</b>	Your General Liability Insurer (AM Best Rated A-VII or Better)
COMPANY <b>B</b>	Your Automobile Liability Insurer (AM Best Rated A-VII or Better)
COMPANY <b>C</b>	Your Excess Liability Insurer (AM Best Rated A-VII or Better)
COMPANY <b>D</b>	Your Worker's Compensation Insurer (AM Best Rated A-VII or Better)
COMPANY <b>E</b>	Your Professional Liability Insurer (AM Best Rated A-VII or Better)
COMPANY <b>F</b>	Your Equipment Floater Coverage (AM Best Rated A-VII or Better)

**INSURED**  
  
 Your Company's Name  
 Your Company's Address  
 Your Company's Phone #

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CD LTR	TYPE INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	POLICY NUMBER	01/01/2011	01/01/2012	GENERAL AGGREGATE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$1,000,000
	<input type="checkbox"/> OWNERS & CONTRACTOR'S PROT				EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> PER PROJECT				FIRE DAMAGE (Any one fire)	\$50,000
	<input type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
B	<b>AUTOMOBILE LIABILITY</b>	POLICY NUMBER	01/01/2011	01/01/2012	COMBINED SINGLE LIMIT	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per Person)	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	
C	<b>EXCESS LIABILITY</b>	POLICY NUMBER	01/01/2011	01/01/2012	PROPERTY DAMAGE	
	<input checked="" type="checkbox"/> OCCUR				EACH OCCURRENCE AGGREGATE	\$1,000,000
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	POLICY NUMBER	01/01/2011	01/01/2012	WC STATUTORY LIMITS <input checked="" type="checkbox"/>	
	<input type="checkbox"/> THE PROPRIETOR/PARTNER/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL. <input type="checkbox"/> EXCL.				EACH ACCIDENT	\$500,000
					DISEASE - POLICY LIMIT	\$500,000
					DISEASE - EACH EMPLOYEE	\$500,000
E	<b>Professional Liability</b>	POLICY NUMBER	01/01/2011	01/01/2012	EACH OCCURRENCE	1,000,000
	SIR ( Self Retention)				AGGREGATE	1,000,000
F	<b>Equipment Floater</b>	POLICY NUMBER	01/01/2011	01/01/2012	Equipment Value	\$

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/SPECIAL ITEMS -  
 DOE # -Contract [a], District- School Name-(Type of Work)-(Contract Amount)  
 All Off Site Activities and Operations away from a NJSDA OCIP.

CERTIFICATE HOLDER	CANCELLATION
NJSDA 1 West State Street P.O. Box 991 Trenton, NJ 08625	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

# Ratings Page Sample

## Example of Workers' Compensation Rates from Ratings Pages

Item 4. Classification of Operations <small>Entries in this item, except as specifically provided elsewhere in this policy, do not modify any of the other provisions of this policy.</small>	Code No.	Premium Basis <small>Estimated Total Annual Remuneration</small>	Rates <small>Per \$100 of Remuneration</small>	Estimated Annual Premiums
RATING GROUP: 0001-01				
PLUMBING, N.O.C.	663	4,055	6.50	263,895
LUMBER DEALER, NO LUMBER	855	46,4	7.10	3,299
FABRICATING OR HANDLING OF USED				
SALES PERSON - OUTSIDE	951	136,890	0.78	1,064
CLERICAL OFFICE EMPLOYEES	953	78,950	0.42	3,301
STATE OF PENNSYLVANIA TOTALS				
TOTAL CLASSIFICATION PREMIUM				271,559
INCREASE LIMITS	3.30%	9812		8,961
TOTAL UNMODIFIED PREMIUM				280,520
EXPERIENCE PREMIUM (ACTUAL)	0.7350	9898		(74,338)
SCHEDULE MODIFICATION	-10.00%	9887		(20,618)
MODIFIED STANDARD PREMIUM				185,564
CONTRACTORS CREDIT PROGRAM	-7.00%	9046		(12,989)
SAFETY PROGRAM	-5.00%	9890		(9,278)
UNDISCOUNTED PREMIUM				163,297
PREMIUM DISCOUNT	-11.20%	63		(18,289)
DISCOUNTED PREMIUM				145,008
FOREIGN TERRORISM (TRIA)	3.00%	9740		8,147
DOMESTIC TERRORISM, ET AL	0.013	9741		654
TOTAL ESTIMATED PREMIUM				153,809
EMPLOYER ASSESSMENT (NON-COAL)	1.92%	938		2,941
TOTAL DUE				156,750
EXPERIENCE RATING MODIFICATION = 0.74				

## Example of General Liability Rates from Ratings Pages

**THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.**

### **COMMERCIAL GENERAL LIABILITY COMPOSIT RATE ENDORSEMENT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The premium for this Coverage Part is based on the Rating Basis shown in the Schedule. The premium shall be computed by applying the rate shown in the Schedule to the amount of the Premium Basis.

The premium shown as the Advance Annual Premium is subject to an annual audit as declared in the Premium Audit Condition applicable to the Commercial General Liability Coverage Part.

#### **SCHEDULE**

Rating Basis	Estimated Premium Basis	Rate	Advanced Annual Premium
<input type="checkbox"/> Payroll		1.525	
<input checked="" type="checkbox"/> Gross Sales			
<input type="checkbox"/> Other			