



STATE OF NEW JERSEY

SCHOOLS DEVELOPMENT AUTHORITY

Owner Controlled Insurance Program

OCIP III

Insurance Procedures and Enrollment Manual

This Manual is a Contract Document

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NOTE:

Form 1101 through Form 1104 can be completed on-line. To obtain a User ID and Password, contact:

Turner Surety and Insurance Brokerage Wrap-up Service

Phone: (866) 684-WRAP
(866) 684-9727

Email: NJSDA@tsibinc.com

Overview

Welcome to the New Jersey Schools Development Authority's (NJSDA's) Owner Controlled Insurance Program (OCIP).

Each Eligible Party is required to bid without the cost of their on-site Workers' Compensation, Employer's Liability, and General Liability Primary and Excess Insurance (i.e. "Bid Net"). Sponsor may modify this bidding and insurance cost identification as necessary based on the specific project requirements. Bidder's completed and verified Form 1102 along with its current Insurance Rate Sheets (see Section 6 "Identifying Contractor Insurance Costs") will be the basis for establishing what your corporate insurance costs would have been.

About This Manual

NJSDA ("Sponsor") is the Owner and Turner Surety and Insurance Brokerage ("TSIB") is the Broker of Record and Administrator for this OCIP. The Manual is designed to identify, define and assign responsibilities for the administration of the OCIP for this project.

This Manual:

- Generally describes the structure of the OCIP
- Identifies responsibilities of the various parties involved in the Project(s)
- Provides a basic description of OCIP coverage (the specifics of the OCIP coverage are governed exclusively by the terms of the OCIP insurance policies)
- Sets forth insurance requirements for project(s) Contractors
- Sets forth Enrollment requirements
- Describes audit and administrative procedures
- Provides answers to basic questions about the OCIP

This Manual does not:

- Provide coverage interpretations
- Provide complete information about coverages and exclusions
- Provide answers to specific claims questions

OVERVIEW

Refer questions concerning the OCIP, its administration or coverages to the appropriate party identified in the Project Directory, Section 2.

ADVISORY:

The information in this Manual is intended to outline the OCIP. If any conflict exists between this Manual and the OCIP insurance policies, the OCIP insurance policies will govern. Coverages outlined in this Manual are for summary purposes only, and any party should refer to their specific contract for details regarding each coverage.

Enrollment in the OCIP is mandatory for each and every eligible Contractor and Subcontractor. It is not automatic. The Prime Contractor shall be required to notify the NJSDA's Risk Management Unit of all Subcontractors of every tier providing direct labor on the School Facilities Project and follow enrollment procedures as provided by the Authority in the NJSDA OCIP Manual. Any failure on the part of the Prime Contractor to comply with this enrollment requirement may negate coverage under the OCIP, and the Prime Contractor may bear all financial risk associated with any lack of coverage.

NOTE:

You should notify your insurance agent(s) or broker(s) to endorse your coverage to be excess and contingent over the OCIP coverage provided under this Program for on-site activities and the related costs.

Insurance coverages and limits provided under the OCIP are limited in scope and are specific to work performed after the inception date of your enrollment into this program. **Your insurance representative should review this information.** Any additional coverage you may wish to purchase will be at your option and expense.

All payrolls submitted for this project should be excluded from the payrolls submitted to your corporate insurance carriers to avoid paying premiums for exposures covered by the Sponsor's OCIP Program. The Workers' Compensation Policy issued to you and the Certificate of Insurance showing you as an Additional Named Insured on the General Liability Policy may be used to provide evidence of your enrollment in the Sponsor OCIP to your corporate insurance carriers.

Program Directory

OCIP Management

Contractor Contact

Turner Surety and Insurance Brokerage Wrap-up Service

35 Nutmeg Drive, Suite 300
Trumbull, CT 06611

Telephone: (866) 684-WRAP
(866) 684-9727

Enrollment Portal Contact

**Service Center Quality Assurance
Specialist**

Anna-Kay Jacobs

Telephone: (203) 666-4324

Email: NJSDA@tsibinc.com

Regional Program Manager

Denise Bianchi

Telephone: (732) 652-7702

Cell: (201) 574-885

E-mail: dbianchi@tsibinc.com

Broker of Record: Turner Surety Insurance Brokerage

Account Manager

Will Daniel

Telephone: (571) 237-1122

Email: wdaniel@tsibinc.com

Claims Manager

Gerry Richardson

Telephone: 201-267-7526

Cell: 201-574-6551

E-mail: grichardson@tsibinc.com

Project Definitions

The following list includes key OCIP definitions.

CERTIFICATE OF INSURANCE:	A document providing evidence of existing coverage for a particular insurance policy or policies.
CONSTRUCTION MANAGER (CM):	The person, persons or firm, if any, engaged by the Authority to act as the Authority's representative on the Project, and to provide construction management services, including oversight and reporting services, in connection with the construction of a Project.
CONTRACT / AGREEMENT:	A written agreement including all appendices and all documents specifically incorporated herein, between the Authority and the Design-Builder, as such agreement may be modified by Amendment
CONTRACTOR AND SUBCONTRACTOR INSURANCE COSTS:	Contractors, and its Subcontractors of all tiers, corporate insurance costs that would be required if the OCIP insurance coverage was not provided.
CONTRACTOR INSURANCE COST LETTER:	Letter written by the OCIP Administrator confirming the Verified Insurance Costs.
DESIGN-BUILDER / GENERAL CONTRACTOR:	The firm or firms engaged by the Authority to design and/or construct the Project in accordance with the requirements of the Contract Documents. Any and all references to the term "Contractor" in the manual shall mean the Design-Builder or the General Contractor.
ELIGIBLE PARTIES	Parties to include Construction Managers, Contractors and Subcontractors of every tier, for whom the NJSDA has agreed by contract to furnish the insurance provided under the OCIP Program.

PROJECT DEFINITIONS

ENROLLED PARTIES:	Those Eligible Contractors who have submitted all necessary enrollment information as detailed in Section 6 and have been accepted into the OCIP receiving a Welcome Letter and Certificate of Insurance.
EXCLUDED PARTIES:	At the discretion of the NJSDA, the following parties are excluded from (not eligible for) enrollment in the OCIP: <ol style="list-style-type: none">(1) Hazardous materials remediation, removal and/or transport companies and their consultants;(2) Architects, engineers, soil testing engineers, surveyors, and their consultants;(3) Vendors, suppliers, fabricators (who do not perform or subcontract installation), material dealers, truckers, haulers, drivers and others who merely transport, pickup, deliver, or carry materials, personnel, parts or equipment or any other items or persons to or from the Project Site;(4) Contractors, and any of their respective Subcontractors, who do not perform any actual labor on the Project Site;(5) Any other Contractor of any tier which the NJSDA, at its sole discretion, seeks to exclude from enrollment.
OCIP:	An “OCIP” or Owner Controlled Insurance Program is a coordinated insurance program providing certain coverages, as defined herein, for NJSDA and eligible Enrolled Parties performing Work at the Project Site.
OCIP ADMINISTRATOR / BROKER OF RECORD:	Turner Surety & Insurance Brokerage, Inc. (TSIB)
OCIP INSURER:	Liberty Mutual Insurance Company (primary) and other insurance companies named on a policy or certificate of insurance providing coverage for the OCIP.
OCIP MANAGEMENT:	Management of OCIP enrollment and other OCIP-related issues shall be handled by the Authority’s OCIP Administration Services Provider in conjunction with the Authority’s RMU.
OCIP SPONSOR/OWNER:	New Jersey Schools Development Authority (NJSDA) (“Authority”)

PROJECT DEFINITIONS

PRIME CONTRACTOR:	Contractor holding a direct contract with NJSDA.
PROJECT SITE:	Generally defined as the “project location” (designated in this Manual and more fully identified in the Contract or Subcontract Agreement) and adjacent or nearby areas as defined in the project documents where incidental operations are performed excluding permanent locations of any insured party.
RISK MANAGEMENT DIVISION (RMU) :	The Authority’s unit dedicated to managing the NJSDA OCIP, including the related safety-consulting services.
SUBCONTRACT / SUBCONTRACT AGREEMENT:	A written agreement between the Design-Builder(s) or the General Contractor(s) and Subcontractor(s) of any tier.
SUBCONTRACTOR:	The party to whom the Design-Builder, the General Contractor or another subcontractor subcontracts part or all of the Work for which the Design-Builder, the General Contractor or other subcontractor is ultimately responsible. As used in this manual, the term “Subcontractor” shall include subcontractors of any tier.
SUBCONSULTANT :	Professional Services Consultant engaged by another Professional Services Consultant for the performance of all or part of the services for which the latter is responsible.
VERIFIED TOTAL INSURANCE COSTS:	The Contractor and Subcontractor corporate insurance cost that has been verified as accurate by the OCIP Administrator and as evidenced by the Contractor Insurance Cost Letter.
WELCOME LETTER:	A document issued by the OCIP Administrator, which confirms acceptance / enrollment of the applicant into the OCIP.
WORK/SERVICES:	All activities and construction work to be performed by the Design-Builder, the General Contractor and its Subcontractors/Subconsultants and suppliers, including providing all material, equipment, tools, labor, services, transportation, supplies and design services as described in and reasonably inferable from the Contract or Subcontract Documents.

OCIP Insurance Coverage

This Section provides a brief description of the OCIP Coverage. Enrolled Parties should refer to the actual OCIP insurance policies for details concerning coverage, exclusions and limitations.

Overview

As the OCIP Sponsor, NJSDA, has arranged with Turner Surety And Insurance Brokerage, Inc. (Broker of Record) and Turner Surety and Insurance Brokerage (the “OCIP Administrator”) for these Project(s) to be insured under its Owner Controlled Insurance Program (“OCIP”). The OCIP is more fully described in this Manual. Parties performing labor or services at the Project Site are eligible to enroll in the OCIP unless that party is an **Excluded Party**. The OCIP will provide to **Enrolled Parties** Workers’ Compensation and Employer’s Liability Insurance, Commercial General Liability Insurance, and Excess Liability Insurance as summarily described below, in connection with the performance of the Work (“OCIP Coverages”).

Excluded Parties

Excluded Parties are not granted any insurance coverage under the OCIP. **Excluded Parties** must meet the insurance requirements established in Section 5 and in the Contract Agreement, and provide evidence of coverage to the OCIP Sponsor. **Excluded Parties** are defined in Section 3, “Project Definitions”.

Excluded Parties shall require each of its Subcontractors to obtain and maintain the insurance coverage specified in Section 5, “Contractor/Subcontractor Maintained Coverages”.

Each policy required under this Section, except for Workers’ Compensation and Professional Liability, shall name NJSDA, and other additional insured parties, their respective officers, agents and employees, and any additional entities as Sponsor may request as additional insureds. Coverage is to be afforded on a primary and non-contributory basis with respect to any other insurance available to the additional insured. The additional insured endorsement utilized for the General Liability policy must provide coverage as broad as that available under the ISO CG 20 10 11 85 or its equivalent.

Evidence of Coverage

OCIP Coverages shall cover only **Enrolled Parties**. **Enrolled Parties** are: Sponsor, eligible Contractor(s) and Subcontractors who enroll in the OCIP, and such other persons or entities as Sponsor at its sole discretion may designate.

Each **Enrolled Party** will be issued an individual Workers’ Compensation policy provided by Liberty Mutual Insurance Company, the OCIP primary insurer. The OCIP Administrator will provide a Certificate of Insurance evidencing Workers’ Compensation, General Liability, and Excess Liability Insurance to each **Enrolled Party**, each of whom will be added as an Additional Named Insured to the OCIP General Liability Insurance policy. The OCIP insurance carrier(s) will furnish other documents including claim forms, posting notices, etc. to each **Enrolled Party** upon request. Copies of the primary and excess General Liability policies are available for review by request from OCIP Administrator.

Description of OCIP Coverages

The summary descriptions of the OCIP coverages in this Manual are not intended to alter or amend the provisions of the actual OCIP coverages. Rather, the OCIP coverages and exclusions summarized in this Manual are set forth in full detail in their respective insurance policy forms. In the event any provision of this Manual, the Contract Documents, or the summary below, conflicts with the OCIP insurance policies, the provisions of the actual OCIP insurance policies shall govern.

OCIP coverages shall apply only to those operations performed at the Project Site of each **Enrolled Party** that are eligible for the OCIP, , even if erroneously enrolled.

The Sponsor will furnish the following coverages to all **Enrolled Parties** performing Work at the Project Site.

Summary Only

Workers’ Compensation and Employer’s Liability – STATE OF NEW JERSEY

A separate Workers’ Compensation policy will be issued to each **Enrolled Party**.

<u>Coverage:</u>	<u>Limits:</u>
Part One - Workers’ Compensation	Statutory Limit
Part Two -	<u>Annual Limits</u>
Bodily Injury by Accident, each accident	<u>Per Enrolled Party</u>
Bodily Injury by Disease, each employee	\$1,000,000
Bodily Injury by Disease, policy limit	\$1,000,000

OCIP INSURANCE COVERAGE

- Does not cover off-site operations of any **Enrolled Party**.
- **Primary insurance for all occurrences at the Project Site only.**

Commercial General Liability

A single General Liability policy will be issued for all **Enrolled Parties** with all **Enrolled Parties** identified as Additional Named Insureds.

Coverage: Third Party Bodily Injury and Property Damage Liability.

<u>Primary Policy:</u>	<u>Limits of Liability Shared by All Enrolled Parties</u>
Bodily Injury and Property Damage Liability	\$2,000,000
Each Occurrence	\$2,000,000
Personal and Advertising Injury	
General Aggregate Per Project	\$4,000,000
Products/Completed Operations Aggregate	\$4,000,000
Per Project	
Medical Expense Limit (any one person)	\$10,000
Damages to Premises Rented to You	\$300,000

Terms

- Policy Form CG 00 01 04 13 (see copy of policy for complete list of all policy forms).
- Provides primary coverage for all covered occurrences at the Project Site.
- Will **NOT** provide coverage to any insured party, vendor, supplier, off-site fabricator, material dealer or other party for any product manufactured, assembled or otherwise worked upon away from the Project Site.
- Does not cover off-site operations of any **Enrolled Party**.
- All Aggregate Limits reinstate annually except for the 10 year Products / Completed Operations Aggregate Tail.
- Ten (10) Year Products & Completed Operations Extension for the Project(s) with a single non-reinstated aggregate limit from when the Project(s) are put to its intended use, project completion, or OCIP policy termination.

The Policy contains exclusions, some of which are:

- Above Ground Blasting
- Professional Liability
- Automobile Liability
- Silica and Lead Exclusion
- Nuclear Energy Liability
- Asbestos Exclusion
- Fungi and Bacteria Exclusion

Excess Liability

Minimum Limits of Liability
Shared by All Enrolled
Parties

Each Occurrence Limit (Combined Single Limit)	\$200,000,000
Products/Completed Operations Aggregate	\$200,000,000
Annual General Aggregate Limit	\$200,000,000

- Policy follows form (provisions, coverages, exclusions, etc.) of underlying Commercial General Liability policy wording.

Description of other Owner Provided Coverages

The following section describes additional policies that the Owner has arranged for the Project.

Builders Risk –

Coverage: Course of Construction Property Insurance, insuring risks of direct physical loss or damage subject to the terms, conditions and exclusions in the policy forms and as specified below. Such insurance shall include the following terms:

Primary Limit: \$150,000,000

Sublimits:

Transit: \$ 5,000,000 any one conveyance

Offsite Storage: \$ 5,000,000 any one location

Per Occurrence Deductible: The Design-Builder will be responsible for the policy “per occurrence” deductible in the amount of \$25,000 except for claims caused by the perils of Flood, Wind and Earthquake.

The Builder’s Risk policy shall not provide coverage against loss by theft or disappearance of any materials (unless the materials are to be incorporated into the School Facilities Project), tools or equipment of the Design-Builder or of any enrolled subcontractor of any tier, or of any other person furnishing labor or materials for the Project.

A copy of the Builder’s Risk policy is available for review by request from the OCIP Administrator.

Contractor/Subcontractor Maintained Coverage

Contractors and all Subcontractors are required to maintain coverage to protect against losses that occur away from the Project Site or that are otherwise not covered under the OCIP. All Certificates of Insurance must be submitted to the OCIP Administrator prior to mobilization.

Contractors and their Subcontractors are required to maintain insurance coverage for the duration of the Contract/Subcontract that protects Contractor, Subcontractor, Sponsor, and others as required from liabilities. These liabilities may arise from the Contactor/Subcontractor's operations performed away from the Project Site, from coverages not provided by the OCIP, or from operations performed by **Excluded Parties**. The OCIP places Contractors/Subcontractors into one of two main categories: **Enrolled Parties** or **Excluded Parties**.

- **Enrolled Parties** are to provide evidence of Workers' Compensation and Employer's Liability, General Liability and Excess/Umbrella Liability Insurance for off-site activities, Automobile Liability (both on-site and off-site activity) Pollution and Professional Liability (both on-site and off-site activities – if applicable). See Section 3 for the definition of **Enrolled Parties**.
- **Excluded Parties** must provide evidence of Workers' Compensation and Employer's Liability, General Liability, Excess/Umbrella Liability, Automobile Liability, Pollution and Professional Liability (if applicable) for all activities both on and off the Project Site.

Verification of Required Coverages

A sample of an acceptable Certificate of Insurance that includes the requirements for waiver of subrogation, primary and non-contributory language and additional insured status is provided in Section 9 of this OCIP Insurance Manual.

The limits of liability shown for the insurance required of the Contractors and Subcontractors are minimum limits only and are not intended to restrict the liability imposed on the Contractors for work performed under their Contract.

Contractor/Subcontractor Maintained Coverages

Additional/Supplemental Insurance Required From Enrolled Parties covered by the OCIP

Contractor and their Subcontractors shall obtain and maintain, and shall require each of its Subcontractors to obtain and maintain, the insurance coverage specified in this Section in a form and from insurance companies acceptable to Sponsor. Such coverage must be purchased and maintained from insurance companies authorized to transact the business of insurance in the State of New Jersey and are rated "A-VIII" or better by A.M. Best Company.

As to **Enrolled Parties**, the Workers' Compensation and Employer's Liability, and Commercial General Liability Insurance required by this Section shall only be for activities or operations not insured under the OCIP Coverages. The following insurance coverages are to be provided by an insurance carrier selected by the Contractor and Subcontractors. All costs for insurance coverages for off-site activities or operations are included in the price and are paid by Contractor/Subcontractor.

Summary Only

Enrolled Parties Required Insurances

Workers' Compensation and Employer's Liability

Part One -	Workers' Compensation	Statutory Limit
Part Two -	Employer's Liability	<u>Annual Limits</u>
	Bodily Injury by Accident, each accident	\$500,000
	Bodily Injury by Disease, each employee	\$500,000
	Bodily Injury by Disease, policy limit	\$500,000

- Coverage will apply for off-site activities or operations

Commercial General Liability

Commercial General Liability Insurance written as broad as the standard coverage form in use in the State of New Jersey including coverage for contractual liability, products, completed operations and any explosion, collapse and underground (X,C,U) operations.

	<u>Limits of Liability</u>
Combined Single Limit per occurrence/aggregate	\$1,000,000/\$1,000,000

- Coverage will apply for off-site activities or operations

Automobile Liability

Commercial Automobile Liability Insurance shall cover all owned, hired and non-owned automobiles, trucks and trailers used in connection with the Work with the following minimum limits:

	<u>Limits of Liability</u>
Combined Single Limit – Each Accident Bodily Injury And Property Damage	\$1,000,000

- Coverage will apply to both on the Project site and all off-site activities

Commercial Umbrella Liability

Commercial Umbrella Liability Insurance providing coverage in excess of required limits specified for Employer Liability, General Liability and Commercial Automobile:

	<u>Limits of Liability</u>
Combined Single Limit per occurrence/aggregate	\$1,000,000

- Coverage will apply for off-site activities or operations

Contractor’s Pollution Liability Insurance

Where an environmental exposure exists, Contractor/Subcontractor shall provide Contractor’s Pollution Liability Insurance, and if necessary Commercial Umbrella Insurance with minimum limits of \$5,000,000 per occurrence/\$5,000,000 aggregate. This insurance shall be primary and non-contributory. This insurance coverage may be as an endorsement to a Professional Liability policy or it may be a separate Pollution policy if acting as solely a consultant. If the policy is written on a “claims made basis,” within the Certificate of Insurance, in the blocks designated "Policy Number," in addition to the policy number, the Contractor/Subcontractor shall insert a note "claims made retroactive date ___/___/___" (with the date inserted).

Summary Only

Excluded Parties Required Insurances

Workers' Compensation and Employer's Liability

Part One -	Workers' Compensation	Statutory Limit
Part Two -	Employer's Liability	<u>Annual Limits</u>
	Bodily Injury by Accident, each accident	\$500,000
	Bodily Injury by Disease, each employee	\$500,000
	Bodily Injury by Disease, policy limit	\$500,000

- Coverage will apply to both on the Project site and all off-site activities

Commercial General Liability/Commercial Umbrella Insurance

Commercial General Liability Insurance written as broad as the standard coverage form in use in the State of New Jersey including coverage for contractual liability, products, completed operations and any explosion, collapse and underground (X,C,U) operations.

	<u>Limits of Liability</u>
Combined Single Limit per occurrence/aggregate	\$5,000,000

- Coverage will apply to both on the Project site and all off-site activities

Automobile Liability

Commercial Automobile Liability Insurance shall cover all owned, hired and non-owned automobiles, trucks and trailers used in connection with the Work with the following minimum limits:

	<u>Limits of Liability</u>
Combined Single Limit – Each Accident Bodily Injury And Property Damage	\$1,000,000

- Pollution Liability coverage at least as broad as that provided under ISO Pollution Liability-Broadened Coverage for covered autos endorsement, CA 99 48, shall be provided, and, if required by law, the Motor Carrier Act endorsement (MCS-90) shall be attached.
- Coverage will apply to both on the Project site and all off-site activities

Professional Insurance

Professional Insurance when required by the scope of Work shall have minimum limits of \$1,000,000 per occurrence/\$1,000,000 aggregate with coverage retroactive to the date of commencement of Services on the Project. Consultant will notify the Authority in writing of any reduction in aggregate limit within 30 days of any limit reduction. Coverage shall not be circumscribed by any endorsements excluding coverage arising out of pollution conditions, asbestos related claims, testing, monitoring, measuring operations, or lab analysis in connection with services provided.

Contractor's Pollution Liability Insurance

Where an environmental exposure exists, Contractor/Subcontractor shall provide Contractor's Pollution Liability Insurance, and if necessary Commercial Umbrella Insurance with minimum limits of \$5,000,000 per occurrence/\$5,000,000 aggregate. This insurance shall be primary and non-contributory. This insurance coverage may be as an endorsement to a Professional Liability policy or it may be a separate Pollution policy if acting as solely a consultant.

Claims Made Insurance Coverage

If the any of the above mentioned policies are written on a "claims made basis," within the Certificate of Insurance, in the blocks designated "Policy Number," in addition to the policy number, the Contractor/Subcontractor shall insert a note "claims made retroactive date ___/___/___" (with the date inserted).

Additional Insured Contractual Language for Excluded Parties from OCIP

The coverages outlined above for Excluded Parties including Contractors/Consultants and Subcontractors/Subconsultant shall protect the Prime Contractor(s), The Authority, NJEDA , The New Jersey Department of Education, the State, the, the Project School District and their respective directors, officers, employees and agents as Additional Insureds for ongoing and completed operations. In addition, the Contractor/Consultant and/or Subcontractor/Subconsultant may be required to name other parties as Additional Insureds prior to the initiation of such Services, and shall comply with all laws, ordinances, rules and regulations of Federal, State, county and municipal authorities in the performance of said Work. Insurance coverage shall be primary with respect to any claims against the above entities and the Prime Contractor warrants that coverage shall be required to continue for a minimum of two years notwithstanding the fact that the Excluded Parties has departed from the School Facilities Project site.

Right to Remedy

If an Excluded Party fails to provide insurance as required herein, the Authority shall have the right, but not the obligation, to purchase such insurance. In such event, the Contractor's Contract Price shall be reduced by the amount paid for such insurance.

Additional Insurance Required From All Parties

Property Insurance

The OCIP does not provide coverage for Contractor's personal property. Contractors/Subcontractors must provide their own insurance for owned, leased, rented and borrowed equipment, whether such equipment is located at a Project Site or "in transit". Contractors/Subcontractors are solely responsible for any loss or damage to their personal property including, without limitation, property or materials created or provided under the Contract/Subcontract until installed at the Project Site, Contractor/Subcontractor tools and equipment and temporary structures.

Contractor/Subcontractor Responsibilities and Obligations

Throughout the course of the Project, **Enrolled Parties** of any tier will be responsible for reporting and maintaining certain records as outlined in this Section.

All **Enrolled Parties** are required to cooperate with Sponsor, the insurance carrier(s), and the OCIP Administrator in all aspects of OCIP operation and administration.

Notice to all Out-Of-State Contractors

All Out-of-State Contractors of any tier are advised to contact the Workers' Compensation department in the State of New Jersey, where the project is located, regarding requirements and compliance with the local Workers' Compensation Laws and Regulations.

Contractor/Contractor Bids

Under the OCIP, Sponsor provides insurance for all **Enrolled Parties** for Work performed at the Project Site. Section 9 of this Manual contains several worksheets that can help you determine your Contractor Insurance Costs for this Project. The OCIP Administrator can also help with this calculation.

Identifying Contractor/Subcontractor Insurance Costs

Each Contractor is required to **EXCLUDE in its bid its cost for the insurance coverages** that are provided under the OCIP program. Sponsor may modify this bidding and insurance cost identification as necessary by the specific project requirements.

Each Contractor/Subcontractor is required to submit its enrollment (Form 1101) and a completed Insurance Cost Worksheet (Form 1102).

Detailed Insurance Costs for each **Enrolled Parties** own insurance program, the estimated unburdened payroll (payroll without taxes, fringes, benefits and overtime) for that portion of the Work that will be performed at the Project Site ("Initial Payroll Estimate"), and projected contract amount are captured on the Form 1102. This information, along with the insurance documentation outlined below, is used by the OCIP Administrator to verify the adequacy of the submitted Insurance Costs and establish the Verified Total Insurance Cost.

The Prime Contractor is required to notify OCIP Management of all Subcontractors, ensuring that no enrolled Subcontractor shall commence Work at the Project Site until it has received prior Subcontractor approval from the Authority. OCIP enrollment and the Subcontractor Approval Process are independent of each other, however, must be done prior to any Subcontractor performing any work onsite.

Each Enrolled Party is required to submit insurance documentation that supports the information supplied on the Form 1102. Documentation includes copies of the following pages from Workers’ Compensation, General Liability and Excess Liability policies as follows:

- Declaration or Information Page
- Rate Page(s)
- Deductible Endorsement

In those instances where Form 1102 is completed incorrectly, or are not specific to the scope of work or the scope of work has changed, the Contractor/Subcontractor may be asked to re-complete the form for their work. The Sponsor or the OCIP Administrator may also perform a recalculation based upon revised estimated payrolls, contract volumes or copies of rating information. A new Form 1102 may be required if the estimated payroll on the Form 1101 **Application for Enrollment Form** is different than the payroll on the Form 1102.

Note: Form 1102 “Insurance Cost Worksheet” Calculations

When completing the Form 1102, apply all discounts, modifiers, etc. as shown on the policy’s Insurance Rate Pages or Declaration Page. If you are unable to do so, follow the “Instruction” Page of the Form 1102 for the order of applying the discounts and modifiers. Upon review of the completed Form 1102, the OCIP Administrator will apply discounts and modifiers in the order as indicated on the Insurance Rate Pages or Declaration Page. Upon completion of the review, the OCIP Administrator will issue to the Enrolling Contractor, Contractor (Subcontractor) the Contractor Insurance Cost Letter indicating the Verified Total Insurance Cost Amount.

Insurance Carrier Payments

Sponsor will, on behalf of the Contractor and its enrolled Subcontractors, make payment to the relevant Workers’ Compensation and General Liability companies for the on-site provided coverage.

Enrollment

Each Contractor and Subcontractor shall provide details about its Subcontractors as necessary for OCIP enrollment. The information requested on the **Application for Enrollment Form** 1101 is required for enrollment. This form must be completed and submitted to the OCIP Administrator prior to mobilization to obtain coverage under the OCIP.

A separate **Application for Enrollment Form** 1101 is required for each eligible Subcontractor of any tier that performs Work at the Project Site.

The OCIP Administrator will issue to each **Enrolled Party** a Welcome Letter and an OCIP Certificate of Insurance acknowledging acceptance of the applicant into the OCIP. The insurance carrier will issue a separate Workers’ Compensation policy to each **Enrolled Party**.

ENROLLMENT IS MANDATORY NOT AUTOMATIC

Eligible Contractors and Subcontractors **MUST** complete an on-line enrollment, or submit completed enrollment forms to the OCIP Administrator who will confirm complete enrollment into the OCIP. Access to the Project Site will not be permitted until enrollment is complete. If a Contractor or Subcontractor obtains access to the site, with or without Sponsor’s knowledge, OCIP coverage will not be provided if Contractor or Subcontractor is not enrolled. Any Party not yet enrolled will not have coverage under the OCIP. The Prime Contractor will bear financial responsibility for eligible parties not enrolled.

Payroll Reports

By the 10th of each month every **Enrolled Party** must submit to the OCIP Administrator an **On-Site Payroll Report Information** Form 1103 identifying man-hours and payroll for all work performed at the Project Site. This report shall classify the labor expended at each Project Site according to the Standard Workers' Compensation Insurance Classification and included in the **Contractor’s Application for Enrollment** Form 1101.

A monthly payroll report must be submitted for each month, including “zero dollar (\$0.00) payroll” (and zero man-hours) if applicable, until completion of the work under each Contract/Subcontract. For those Contractors/Contractors performing Work under multiple subcontracts, a separate **On-Site Payroll Report Information** Form 1103 is required for each Subcontract.

The monthly **On-Site Payroll Report Information** Form 1103 should include the unburdened “straight-time” payroll and the unburdened “straight-time” portion of any “overtime” payroll.

All payrolls submitted for this project should be excluded from the payrolls submitted to your corporate insurance carriers to avoid paying premiums for exposures covered by the Sponsor OCIP Program. The Workers’ Compensation Policy issued to you and the Certificate of Insurance showing you as Additional Named Insured on the General Liability Policy may be used to provide evidence of your enrollment in the Sponsor OCIP to your corporate insurance carriers.

Change Order Procedures

Enrolled Parties will price Change Orders to exclude their insurance cost for OCIP provided coverages and must provide an estimated payroll, including enrolled or eligible Subcontractors estimated payroll amounts for work performed under the Change Order, unless otherwise directed by Sponsor.

Insurance Company Payroll Audit

Each **Enrolled Party** is required to maintain payroll records for each Contract/Subcontract. Such records will allocate the payroll by Workers’ Compensation classification(s) and exclude the excess or premium paid for overtime, only the straight time rate will apply to overtime hours worked. Furthermore, such records will limit the payroll for Executive Officers and Partners/Sole Proprietors to the limitations as stated

in the applicable State manual rules. It is important that you properly classify payrolls, as these are reported to the rating bureau for promulgation of future Experience Modifiers for your firm.

All Enrolled Parties shall make available their books, vouchers, contracts, documents, payroll records, certified copies of insurance coverages, declaration pages of coverages, certificates of insurance, or such other data or information as Sponsor, the OCIP Administrator, OCIP Insurers including the OCIP Insurer Auditors, or other Sponsor Representative may request in the administration or payroll audit of the OCIP, or as required by this Manual. Availability of records must be for a reasonable time during the policy period, any extension, or during a final audit period as required by the insurance policies.

Claim Reporting

Contractor and its Subcontractor(s) are responsible for reporting any and all injuries, occupational-related illnesses or property damage to the Prime Contractor immediately. Please see Section 7 for further details regarding the claims reporting procedure.

OCIP Closeout and Audit Procedures

When an Enrolled Party has completed their Work at the Project Site and no longer has on-site workers, or if the OCIP has been terminated, whichever occurs first, they shall submit the **Work Completion Form** (Form 1104). A copy of the Form 1104 with instructions for completion is found in Section 8.

OCIP Termination or Modification

Program Termination or Modification The Authority reserves the right to terminate or to modify the NJSDA OCIP or any portion thereof. To exercise this right, the Authority shall provide thirty (30) days advance written notice of termination or material modification to the Prime Contractor and all Subcontractors covered by the NJSDA OCIP. In such event, the Prime Contractor shall promptly procure and maintain liability insurance, as specified in General Conditions, to protect the Prime Contractor(s), the Authority, the EDA, the New Jersey Department of Education, the State, the Design Consultant (if applicable) and the Project School District, and their respective officers, employees, and agents against claims of or relating to bodily injury (including death) to persons or damage to property which may arise from or in connection with the performance of the Work (whether performed on-site or off-site) by the Prime Contractor, its employees, officers, agents, Subcontractors or other individuals or entities for whom the Prime Contractor may be contractually or legally responsible from the date of execution of the contract until contract completion.

Right to Remedy If the Prime Contractor fails to obtain and/or maintain the insurance as required, fails to renew any of its insurance policies as necessary, or in the event any policy is canceled, terminated or modified so that the insurance does not meet the requirements of the Agreement, the Authority may: (i) purchase insurance at the Prime Contractor's expense; (ii) refuse to make payment of any further amounts due under the Agreement; (iii) refuse to make payments due or coming due under other agreements between the Prime Contractor and the Authority; (iv) suspend performance by the Prime Contractor under the Agreement; or (v) terminate the Agreement. Any

funds retained may be used, at the Authority's discretion, to renew or purchase the Prime Contractor's insurance for the periods and amounts as set forth in the Agreement. In the event that the Authority purchases said insurance, the Authority may, at its discretion, reduce the Prime Contractor's compensation under the Agreement by the amount paid for such insurance plus reasonable attorney's fees. By requiring insurance herein, the Authority does not represent that coverage and limits will necessarily be adequate to protect the Prime Contractor, and such coverage and limits shall not be deemed as a limitation on the Prime Contractors' liability under the Agreement. All exclusions added by endorsement to the aforementioned insurance shall be disclosed to the Authority.

Contractor/Subcontractor's OCIP Obligations

Contractor /Subcontractor shall:

- (1) Within five (5) days of execution of the Agreement or no less than forty five (45) days before mobilization on-site, enroll in the OCIP and maintain enrollment in the OCIP, and ensure that Contractor's eligible Subcontractors enroll in the OCIP and maintain enrollment in the OCIP within five (5) days of subcontracting or no less than forty five (45) days before mobilization.
- (2) Comply with all of the administrative, safety, claims management, insurance, and other requirements contained in this Manual, the OCIP insurance policies, or the Contract Documents.
- (3) Provide timely evidence of required insurance to the Sponsor.
- (4) Accurately and fully complete the **Insurance Cost Worksheet** Form 1102 located in this Manual and include it along with their enrollment Form 1101. Along with the completed Form 1102, forward copies of WC, GL and Excess and Umbrella rates as clearly identified in Section 6.
- (5) Each Contractor's initial Price to Sponsor shall exclude insurance coverages provided by the OCIP. The Sponsor shall use Contractor's completed Form 1102 and information available to the Sponsor and the OCIP Administrator to calculate Contractor's and its Subcontractor's Verified Total Insurance costs due to OCIP insurance coverage ("Contractor Insurance Cost").
- (6) Notify the OCIP Administrator and Sponsor's Project Manager of all Subcontracts awarded (first tier and subsequent tiers). Accordingly, Contractor/Subcontractor shall cause all Subcontractors to submit a Form 1101 **Application for Enrollment** and a Form 1102 **Insurance Cost Worksheet**, with supporting documents clearly defined in Section 6.
- (7) Acknowledge, and require all of its Contractors and Subcontractors to acknowledge in writing, that Sponsor and the OCIP Administrator are not agents, partners or guarantors of the insurance companies providing coverage under the OCIP (each such insurer, a "OCIP Insurer") and that Sponsor is not responsible for any claims or disputes between or among Contractor, its Subcontractors, and any OCIP Insurer(s). Any type of insurance coverage or limits of liability in addition to the OCIP coverages that Contractor or any Subcontractor requires for its or their own protection, or that is required by applicable laws or regulations, shall be Contractor's or its Subcontractor's sole responsibility and expense and shall not be billed to Sponsor.
- (8) Cooperate fully with the OCIP Administrator and the OCIP Insurers, as applicable, in its or their administration of the OCIP.
- (9) Notify the OCIP Administrator immediately of any insurance cancellation or non-renewal of your own and Subcontractor required insurance and any subsequent reinstatement of coverage.

- (10) The Sponsor shall pay the costs of premiums for the OCIP coverages on behalf of all **Enrolled Parties**. The Sponsor will receive or pay, as the case may be, all adjustments to such costs, whether by way of dividends, retroactive adjustments, return premiums, other moneys due, audits or otherwise. Each Contractor and each of its Subcontractors hereby assign to the Sponsor the right to receive all such adjustments. The Sponsor assumes no obligation to provide insurance other than that specified in this Manual and the OCIP insurance policies.
- (11) Contractor(s) of any tier shall report payroll on a monthly basis on Form 1103 through the Contractor Portal (refer to section 9 for instruction).
- (12) Contractor(s) of any tier shall complete Form 1104 through the Contractor Portal.

Contractor/Subcontractor Representations and Warranties to Sponsor

Contractor represents and warrants to Sponsor, on behalf of itself and its Subcontractors:

- (1) That all information it submits to Sponsor or the OCIP Administrator shall be accurate and complete.
- (2) That they have had the opportunity to read and analyze copies of the OCIP insurance policies that are available by request from the OCIP Administrator and that they understand the OCIP coverages. Any reference or summary in the agreement, this Manual, or elsewhere in any other Contract Document as to amount, nature, type or extent of OCIP coverages and/or potential applicability to any potential claim or loss is for reference only. Contractor and its Subcontractors have not relied upon said reference but solely upon their own independent review and analysis of the OCIP coverages in formulating any understanding and/or belief as to amount, nature, type or extent of any OCIP coverages and/or its potential applicability to any potential claim or loss.

Duty of Care

Nothing contained in this Manual shall relieve the Contractor or any of its Subcontractors of their respective obligations to exercise due care in the performance of their duties in connection with the Work and to complete the Work in strict compliance with the Contract Documents.

Conflicts

In the event of a conflict, the provisions of the Contract Agreement and its other related Contract Documents shall supersede the provisions of this Manual. Likewise, in cases of conflict regarding the OCIP coverages provided, the provisions of the policies supersede the provisions of this Manual.

Safety

Contractors shall comply and require all Subcontractors to comply with the NJSDA Safety Manual. The NJSDA Safety Manual is intended to establish uniform policies and procedures for all Contractors and their Subcontractors, with the goal of reducing accident frequency and severity. A copy of the NJSDA Safety Manual can be found on the NJSDA website.

Claim Procedures

This Section describes basic procedures for reporting various types of Claims: Workers' Compensation, General Liability and Builders' Risk.

General Procedures

ACCIDENT REPORTING and CLAIM PROCEDURES

When accidents happen, everyone needs to work together. Even though the Contractors and each Subcontractor have instituted tough safety measures, work-related accidents may occur.

Never discuss any accident or claim with anyone except authorized representatives of the NJSDA, the Contractor, the Insurer(s), and TSIB, the insurance broker, or law enforcement agencies.

All accidents resulting in employee injury, property damage, or involving the public must be reported immediately to the Prime Contractor. All Contractors will instruct their employees and other personnel to report within 24 hours, in writing, **any and all** accidents and incidents to the Prime Contractor. The Prime Contractor must report all accidents and incidents to the NJSDA Safety Coordinator, NJSDA Project personnel and RMU.

Investigation Assistance

Contractors and Subcontractors will assist in the investigation of any accident or incident involving injury to persons or damage to property. Contractors and Subcontractors will cooperate with authorized companies by securing and giving evidence and obtaining the attendance of witnesses required for the adjustment, investigation and defense of any claim or suit.

Workers' Compensation Claims

The main responsibility for any Contractor is first to see that the injured worker receives immediate medical care. The injured worker may decline to receive medical treatment, however, the incident must be recorded. Next, the Contractor should **immediately** notify the Prime Contractor.

Contractors' and Subcontractors' on-site personnel will follow these procedures if any employee is involved in an accident or incident resulting in bodily injury:

1. Contact first aid/medical personnel and transport the injured worker to a medical facility, as necessary.
2. Report all injuries or occupational-related illnesses immediately to the Prime Contractor.
3. The Prime Contractor will complete the Form 1108 (Form C-1 in the NJSDA Safety Manual), *Workers' Compensation Supervisor's Incident Investigation Report*. The Prime Contractor will fax/email the completed form to the NJSDA's Safety Coordinator and RMU within 24 hours of notification of the accident.
4. ***Within 24 hours***, the injured worker's employer **or** the Prime Contractor will report the claim to Liberty Mutual Insurance Company, the OCIP insurance carrier, either **by email at CommClaimReports@LibertyMutual.com**, **by telephone at 1-800-362-0000 or fax at 1-800-329-3297**. A confirmation number and/or a claim number will be given. Please write the number down to give to the injured worker.
5. The injured worker's employer will immediately send all subsequent medical return to work notes, inquiries or correspondence about the injured worker to the Prime Contractor. No injured worker will be allowed on a job site unless they have provided the Prime Contractor with the proper return to work note.

General Liability Claims

Contractors and Subcontractors must **immediately** report **all accidents** at the Project Site involving death, injury, or damage to property of non-employee personnel (the public and visitors) to the Prime Contractor and the NJSDA's Safety Coordinator. Contractors' and Subcontractors' on-site personnel will follow these procedures, as soon as they become aware of any accident or incident:

1. Take appropriate emergency measures to prevent additional injury or damage, including contacting police and fire authorities. Do not allow persons or objects to leave or be removed from the scene. If appropriate, a photograph of the scene may be taken.
2. The Prime Contractor will complete the Form 1109 (Form C-2 in the NJSDA Safety Manual), *General Liability Supervisor's Incident Investigation Report*. The Prime Contractor will fax/email the completed form to the NJSDA's Safety Coordinator and RMU within 24 hours of notification of the incident.
3. ***Within 24 hours***, the Prime Contractor will report the claim to Liberty Mutual Insurance Company, the OCIP insurance carrier, either **by email at CommClaimReports@LibertyMutual.com**, **by telephone at 1-800-362-0000 or fax at 1-800-329-3297**. A confirmation number and/or a claim number will be given. Please write the number down and keep for record purposes.
4. The Prime Contractor will immediately send all subsequent inquires or correspondence about the incident, including a summons or other legal documents, to RMU.

NO ONE IS TO MAKE ANY STATEMENTS TO THE MEDIA. DIRECT ALL MEDIA REQUESTS TO THE NJSDA. Do not voluntarily admit liability or responsibility. Cooperate with the NJSDA and the OCIP carrier representatives in the accident investigation. Do not discuss the accident with anyone other than NJSDA Personnel, OCIP carrier representatives, or legal counsel retained on your behalf.

Builders' Risk Claims

Any occurrence where damage occurs to the building, building equipment, raw materials or installed equipment **must** be reported. This does not cover the business personal property or equipment of the Contractor or the Subcontractor.

1. Take appropriate emergency measures to prevent additional damage, including contacting police and fire authorities. Preserve damaged property and do not allow the property to be removed from the scene. Photographs should be taken.
2. The Prime Contractor will complete the Form 1110 (Form C-3 in the NJSDA Safety Manual), *Builders' Risk Supervisor's Incident Investigation Report*. The Prime Contractor will fax/email the completed form to the NJSDA's Safety Coordinator, NJSDA Project personnel and RMU within 24 hours of notification of the incident.
3. The Prime Contractor will immediately send all subsequent inquiries or correspondence about the incident to RMU.

Automobile Claims

No coverage is provided for automobile accidents under the OCIP. It is the sole responsibility of each Party to report accidents/claims involving their automobiles to their own insurers.

HOWEVER, all accidents occurring in or around the Project site must be reported to the Prime Contractor, the NJSDA's Safety Coordinator and RMU. Accident investigations will occur and focus on liability arising out of the Project construction activities that could result in future claims (i.e. due to the conditions of the roads, etc.). Each Party shall cooperate in the investigation of all automobile accidents.

Pollution Claims

No coverage is provided for Pollution under the OCIP. It is the sole responsibility of each Party to report claims to their own insurers.

HOWEVER, report claims immediately by notifying the NJSDA Safety Coordinator of any known or suspected pollution incidents.

Joint Representation

In the event legal representation is required to defend parties insured under this OCIP, absent an actual conflict of interest between two or more insureds, the insurer shall have the right to retain one counsel to represent all such insureds in any action or proceeding in which more than one insured is joined.

An insured has an actual conflict, and is entitled to separate counsel, only in the following circumstances:

- a. the OCIP insurer has issued a reservation of its rights to one, but not all, insureds joined in such action or proceeding;
- b. a OCIP insurer's reservation of rights issued to one insured contains reservations different than a reservation issued to another insured(s) joined in such action or proceeding; or
- c. adequate, unexhausted limits of OCIP insurance are not available for the damages sought in such action or proceeding.

Any insured with an actual conflict of interest may waive that conflict.

Enrollment in this OCIP program shall be deemed a waiver of any conflict which does not meet the above definition of an actual conflict. As a condition of enrollment in this OCIP program, all insureds agree to perform any additional acts required to effectuate the waiver of any conflict which does not meet the above definition of an actual conflict.

Availability of Claims Data

Sponsor has made claims data available to all OCIP **Enrolled Parties**. Data is accessible through the Contractor Portal of the Vue Wrap-up application (program administration website). Claim data is updated no less than quarterly. Claims are associated with your contract.

If you need a User ID and Password to access the Contractor Portal, please contact the Quality Assurance Specialist listed in Section 2, **OR** send an email to NJSDA@tsibinc.com. Please include your full name, employer's company name, the name of each project, and each contract number.

If you already have a User ID and Password, the address of the Contractor Portal is:
<https://tsib.vuewrapup.com/contractorportal>

Contractor FAQs

What is an “OCIP”?

OCIP stands for “Owner Controlled Insurance Program.” Once you are enrolled, this program provides you with the Sponsor selected onsite coverages.

Why do I have to enroll?

The Sponsor has requested your enrollment in the program. All contractors, of all tiers, must enroll unless specifically excluded from the program. See your OCIP Manual for exclusions.

Is there a charge for it? I already have insurance!

The Sponsor pays the cost of the OCIP. You’re not “double-covered” – the OCIP is onsite coverage only, and just for the job(s) you’re working on. You should receive credit from your insurance carrier for your OCIP participation; TSIB will provide you with a Certificate of Insurance and copies of any necessary payroll reports, if needed.

What do I do if I am hiring subcontractors to work for me?

If you are required to enroll, your lower tier subcontractors must also enroll, prior to beginning work on site. Please provide TSIB with their contact information, and make sure they receive a copy of the OCIP manual. This contains all of the information and forms.

Can I enroll online? How do I get a USER ID and password?

TSIB has a Contractor Portal (<https://tsib.vuewrapup.com/contractorportal>) that can be used for a variety of tasks – from enrollment to payroll to monitoring the delinquencies for you or your lower tiers. If you do not have log in access, you can register through the Contractor Portal by selecting “Register Me” and completing the request form. You can also contact the TSIB Service Center at (866) 84-WRAP (9727) for assistance.

I have been awarded a second contract for the same project. Do I need to complete another enrollment?

Yes, you need to do a separate enrollment for each contract you are awarded on the same project.

What is a Risk ID Number?

Whether from NCCI or your State WC Bureau, each company is assigned a tracking number for workers' compensation experience. It is typically attributed after a company has employed workers for 3 or more years. You or your insurance broker can typically access this number online through NCCI or your state bureau by searching with your FEIN or corporate name.

I have returned the Form 1102 / Insurance Cost Worksheet but keep getting a Delinquency Notice. Why?

You are probably still missing the insurance policy rate pages. At the bottom of the Form 1102, there's a section marked 'Other Required Documentation'. These items are required to support and verify information.

What exactly are Rate Pages?

Rate pages are the policy pages from your Workers' Comp, General Liability and Umbrella policies that show your class codes, credits and debits the insurance company used to determine the premium for your policies. They need to be from the policy period in which your contract was issued, and need to match the rates you entered on your Insurance Cost Worksheet. Also, if your Umbrella policy is flat rated, please send the page from your policy that states that, or a letter from your carrier. Your broker can often assist you with providing these pages.

How do I report payroll? Do you need certified reports?

TSIB does not collect certified payroll – You are required to report payroll using Form 1103, online via the Contractor Portal (<https://tsib.vuewrapup.com/contractorportal>). Please report only your onsite hours and unburdened payroll. Reports are due by the 10th of each following month.

How can I avoid getting a payroll delinquency notice?

Please be sure to cover all dates in the month from the date your OCIP coverage began – even if it is a weekend or holiday, and no work is performed. Make sure your dates run consecutive from report to report. If one report ends on 12/31/2014, your next report needs to begin on 1/1/2015. Also, if you are not on site in any month, you must submit a "ZERO" report for that month.

What's the difference between "Gross" and "Reportable" payroll?

Reportable payroll does not include the premium portion of any overtime pay. Gross payroll includes the overtime pay.

How do I get a sample Certificate of Insurance?

There are sample COIs' in the OCIP Manual for your project, and are also available on the Contractor Portal or you can call the Wrap-up Service Center (866.684.9727) for assistance.

I keep getting a delinquency for "Missing Physical Copy of Endorsement". What does this mean?

Excluded contractors are required to provide a Blanket Additional Insured Endorsement – also known as a CG 20 10 11 85 endorsement or its equivalent. This needs to be submitted with your Certificate of Insurance, and needs to cover both "ongoing" and "completed" operations.

My work on the project is complete. What do I do now?

Please complete a NJSDA Form 1104 / Notice of Work Completion. This form must be signed by the Sponsor or Parent Contractor in order to be accepted for processing (or by your parent tier, if you are a lower tier subcontractor). Once processed, your OCIP contract will be closed, and you won't need to submit future forms to us.

I received a notice from TSIB that my OCIP policies are terminating. What does that mean?

We are letting you know that the OCIP portion of the project is ending. If you have any further work to do at the jobsite, you will simply need to provide your own certificate of insurance.

Still have questions?

Please call your Quality Assurance Specialist directly, or the Wrap-up Service Center at 1.866.684.9727

Forms

This Section contains the forms needed for administration of the OCIP.

Contractor Portal Instructions

Form 1101	Application for Enrollment
Form 1102	Insurance Cost Worksheet
Form 1103	On-Site Payroll Report Information
Form 1104	Work Completion Form
Exhibit 1	SAMPLE ENROLLED PARTY Certificate of Insurance
Exhibit 2	SAMPLE EXCLUDED PARTY Certificate of Insurance
Exhibit 3	SAMPLE Verification Letter
Form 1108 (Form C-1)	Workers' Compensation – Supervisor's Incident Investigation Report
Form 1109 (Form C-2)	General Liability – Supervisor's Incident Investigation Report
Form 1110 (Form C-3)	Builders' Risk – Supervisor's Incident Investigation Report

For assistance in completing the Form 1101 through Form 1104, please contact Turner Surety and Insurance Brokerage Wrap-up Service

Phone: (866) 684-WRAP
(866) 684-9727

Email: NJSDA@tsibinc.com

Service Center Phone Number: **866.684.9727** or Email: NJSDA@TSIBINC.COM

Web Address: <https://tsib.vuewrapup.com/contractorportal>

Contractor Portal Information

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Contractor Portal Information

Web address: <https://tsib.vuewrapup.com/contractorportal>

If you know your User ID and Password: please proceed

If you do not have one: Click **“Register Me”** – You will need to know your Federal ID (with the dash). Your login information will be emailed to you. Once you receive your login information, please proceed with logging in.



Once logged in, you will be able to see all your contracts – Active and In Active

Show Active Contracts – will only show current active contracts

Show All Contracts – will show all contracts you have had on any given project

Contract #	Project	Contractor	Est. Start Date	Est. End Date	Contract Status	Contract Value	Parent Contractor
140019-001-001	Le Bonheur Office Bldg & Parking Garage	West Memphis Fence & Constructio...	03/12/2014	03/12/2015	Enrolled	14,645.00	Chancellor Brothers, LLC
140019-022	Le Bonheur Office Bldg & Parking Garage	West Memphis Fence & Constructio...	09/01/2014	06/01/2015	Enrolled	53,760.00	Turner Construction Company

Click the checkbox next to the Blue TSIB Contract # to Begin

Form 1101 (Enrollments) and enter information for your Lower Tiers (if applicable) and the Form 1103 (Payroll) are the only forms that can be entered online.

Form 1102 (Insurance Cost Worksheet). Please complete and upload the signed form along with the declaration page, rate pages and deductible endorsement from your workers compensation, general liability and excess/umbrella policies (as applicable to the OCIP program you are enrolling in (WC/GL OCIP, GL Only OCIP), refer to your OCIP Manual for clarification). If you have difficulty filling out the Form 1102 Insurance Cost Worksheet, please submit the declaration page, rate pages and deductible endorsements from your policies and the Quality Assurance Specialist will contact you directly.

Your offsite COI along with any required endorsements **MUST also be uploaded** under the Documents tab.

* See Documents Upload or View Section – for instructions

Entering Online Enrollment

Home  Enrollment

Contract 

Expand All
 Contract # 140019-testing

 =Read Only
 =Required

Documents  **Contract Information** 

Reports 

Project	<input type="text" value="Le Bonheur Office Bldg & Parking Garage"/>	Parent Contractor	<input type="text"/>
Contractor	<input type="text" value="West Memphis Fence & Construction, Inc."/>	FEIN	<input type="text" value="71-0512108"/>
Est Start Date	<input type="text" value="03/01/2015"/>	Est End Date	<input type="text" value="08/01/2015"/>
Contract Value	<input type="text" value="150,000.00"/>	Contract Status	<input type="text" value="Incomplete"/>
Description	<input type="text" value="permanent fence"/>		

YOUR ENROLLMENT IS NOT COMPLETE UNTIL THE CONTRACT STATUS SAYS PENDING OR ENROLLED
 Please do not leave this page until it is complete.

Address 

Address Type: Primary:

Street Address1: Street Address2:

City / State / Zip:

If you have other address locations you can select Add and enter them, Example: Payroll address

Contact 

Job Title: Primary:

First Name: Last Name:

Email: Fax:

Phone: Mobile:

Preferred Mode of Contact:

Please Add: Payroll Contact Insurance Contact make sure to enter email addresses for all

Estimated Payroll 1

- Estimated Payroll is required.

State: Select WC Code:

Man Hours: Payroll(\$):

Please enter WC Code, Man Hours & Payroll. Enrollment cannot be processed without these numbers.

Insurance Information

Risk Id: Rating Bureau:

EMR: Anniversary Rating Date:

Offsite WC Carrier: WC Offsite Policy #:

Policy Effective Date: Policy End Date:

All fields in this section is required and your enrollment cannot be processed without your offsite Workers Comp Policy Information, RISK ID/Bureau ID and the Rating Bureau (NJCRIB, NCCI, etc.), and also your EMR must also be entered (if you do not have an EMR, enter 1.0)

Statements in this application are true and accurate to the best of my knowledge.

Signature (print your name) and Date:

Check Statement Box
Must be Signed and Dated, Click Submit - If everything is entered correctly, Contract Status will change to Pending - Enrollment is Complete - Thank You

[Missing Data](#)

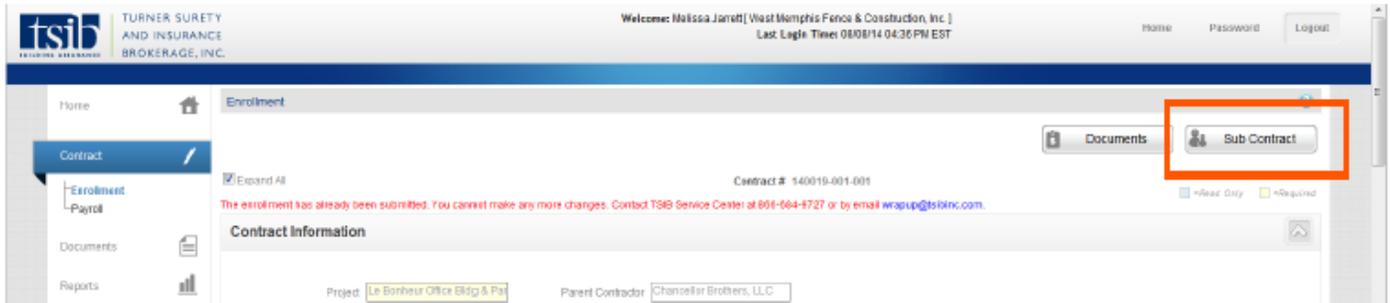
Active Contracts [Show All Contracts](#)

	Contract #	Project	Contractor	Est. Start Date	Est. End Date	Contract Status	Contract Value	Parent Contractor
▶	<input type="checkbox"/> 140019-001-001	Le Bonheur Office Bldg & Parking ...	West Memphis Fence & Con...	03/12/2014	08/31/2014	Enrolled ●	14,645.00	Chancellor Brothers, LLC
▶	<input type="checkbox"/> 140019-022	Le Bonheur Office Bldg & Parking ...	West Memphis Fence & Con...	09/01/2014	06/01/2015	Enrolled ●	53,760.00	Turner Construction Co...

If everything is filled out correctly and once you click, "Submit" when you go back to the home page the Contract Status should now read "Pending"

Entering Lower Tier Contractors

Click the Sub Contract button top right corner of your enrollment section



- At any time – you can enter your lower tier contractors:
 - **NOTE: they MUST be Enrolled before they can begin work onsite unless they are a specifically excluded contractor. Please check with the project staff and check your OCIP Manual or call the service center 866.684.9727 with any questions.**
- All fields highlighted in Yellow MUST be completed. Please be sure to click Submit.
- If you have more than one contractor, click the Add button lower right hand corner.
- After you have completed the Lower Tier Notice of Award information, forward these instructions to your contractor and contact them to let them know they can proceed with their own enrollment online. Until the Lower Tier(s) are entered into the system, they cannot Enroll into the OCIP or enter Actual Payroll :

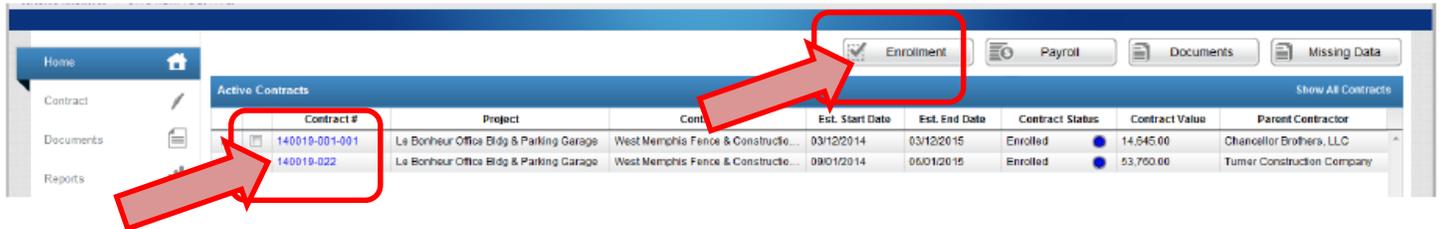
A screenshot of the 'Sub Contract' form in the TSIB portal. The form is titled 'Sub Contract - Project / Contract #'. It contains several input fields, many of which are highlighted in yellow. The fields are organized into sections: 'Contract Info' (Contract No., Approval Status, Business Name, PCIN, Expected Start Date, Contract Value), 'Contract Info' (First Name, Last Name, Phone, Fax, Email), and 'Payroll Contact Info' (First Name, Last Name, Phone, Fax, Email). A red box with an arrow points to the yellow fields with the text 'All Yellow fields must be entered'. Another red box with an arrow points to the 'Add' button with the text 'If you have more than one, click Add until they are all listed'. The 'Add' button is located at the bottom right of the form. A 'DELETE' button is located at the top right of the form. The 'Submit' button is at the bottom center of the form.

Reporting Actual Payroll:

Full GL/WC OCIP Program –

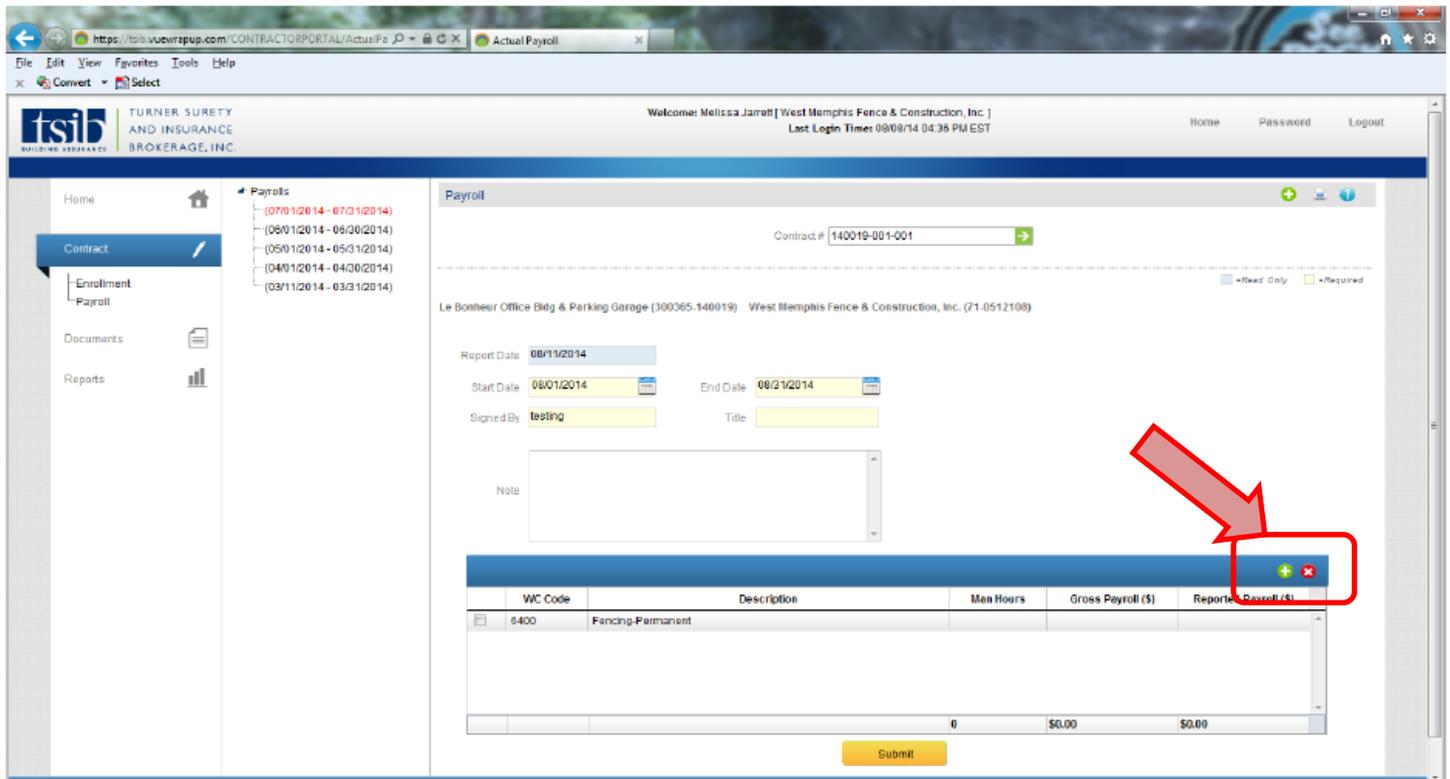
- All Enrolled Contractors **MUST** submit an On-Site Payroll Report **every month** from the inception of the policy start date until work is completed, even if the payroll is zero for a given month.
- Actual Payroll details can be submitted online through the Contractor Portal or by sending in a completed Form 1103 – Payroll Report to the TSIB Wrap-Up Administrator email address indicated on the Form 1103 Payroll Report for this project.

NOTE: if the Contract # is not listed, please contact the service center at 866.684.9727 for assistance.



Click the checkbox next to the Contract # to begin – after selecting contract #, click Payroll link at the top or on the left side of the screen

- The form will open and be prepopulated with the workers comp codes entered from enrollment



- If you need to add another WC Code, click the  button, enter the missing WC Code followed by the description in the next field.
- User can delete a WC code by selecting that code and then clicking the  button
- If this is the first payroll report, the system will automatically enter the enrollment “Start Date” as the payroll start date and the month end date as the payroll “End Date”. The User can override these pre-established entries by manually typing in the dates

in the corresponding Date field (MM/DD/YYYY) or by using the drop down calendar. The system will automatically populate the following calendar day (from the previous reported payroll end date) as the next start date. The end date will need to be manually entered if it is different from the month end date.

- “Signed By” text box will prepopulate with the user’s name, the Title field will need to be manually entered.
- Enter the Man Hours/Gross Payroll/Reported Payroll by clicking in each field and entering the information.
- Gross Payroll – includes unburdened overtime pay
- Reported Payroll – does not include the premium portion of any Overtime Pay (i.e. 48 hours x \$10.00/hr. - \$480, do not include the premium pay of the \$5.00 for the 8 hours of overtime). The states of PA, NV, UT, DE and applicable WC monopolistic states require the entire unburdened overtime portion as Reportable Payroll. If you are unsure whether to include the unburdened overtime portion as Reportable Payroll, you can refer to your OCIP Manual or call the Service Center for assistance.
- If a WC Class Code is entered that was not included in the original Estimated Payroll section of the Enrollment Process, a description for that class code is required before you can save the payroll report.
- **Don’t Forget** – if this is a zero report a 0 must be entered in the man hour/gross payroll/reportable field.
- After all the required information is entered, click “Submit”. Please note: Once the payroll information has been submitted, you cannot make changes. Contact the Service Center at 866.684.9727 for assistance
- To Print, click “Print” button on the top right corner of the Actual Payroll Screen. A pdf file will open to display the details of the submitted Actual Payroll Report.
- Click on “Home” link to return back to the Home Screen

Documents Upload or Viewing

This section allows Contractor User to upload supporting documents required for enrollment as follows:

- Certificates of Insurance
- Rating Pages/Dec Pages
- NKLL (No Known Loss Letter)
- Payrolls
- Other Documents

This section also allows Contractor User to view **ALL** documents sent to Contractor from TSIB, as well as your onsite COI – if available, as well as your workers comp policy

To Upload a Document

- Click on the TSIB Contract # to begin, click Documents left side of screen, select which type of document to upload, select browse and attach the file, click upload file

To View a Document

- Click the document name highlighted in blue, this will pull up a PDF document for your use



The screenshot shows a web application interface for a contractor. At the top, there are navigation tabs for 'Enrollment', 'Payroll', 'Documents', and 'Missing Data'. Below this is a table titled 'Contracts' with columns for Contract #, Project, Contractor, Est. Start Date, Est. End Date, Contract Status, Contract Value, and Parent Contractor. Two contracts are listed: 140019-001-001 and 140019-022. On the left side, there is a sidebar with a 'Documents' link highlighted in blue, and a red arrow pointing to it from the right.

Contract #	Project	Contractor	Est. Start Date	Est. End Date	Contract Status	Contract Value	Parent Contractor
140019-001-001	Le Bonheur Office Bldg & Parking Garage	West Memphis Fence & Constructio...	03/12/2014	03/12/2015	Enrolled	14,645.00	Chancellor Brothers, LLC
140019-022	Le Bonheur Office Bldg & Parking Garage	West Memphis Fence & Constructio...	09/01/2014	06/01/2015	Enrolled	53,760.00	Turner Construction Company

Browser: <https://tsib.vuewrapup.com/CONTRACTORPORTAL/Contract>

tsib TURNER SURETY AND INSURANCE BROKERAGE, INC. Welcome: Melissa Jarrett [West Memphis Fence & Construction, Inc.] Last Login Time: 08/08/14 02:37 PM EST Home Password Logout

Home Contract Documents Reports

Contract # 140019-001-001

Select Form Type:

- COI Reviews/Renewals
- Endorsement Review
- Form 1 Enrollments
- Form 2 Insurance cost worksheet

Select File:

Documents

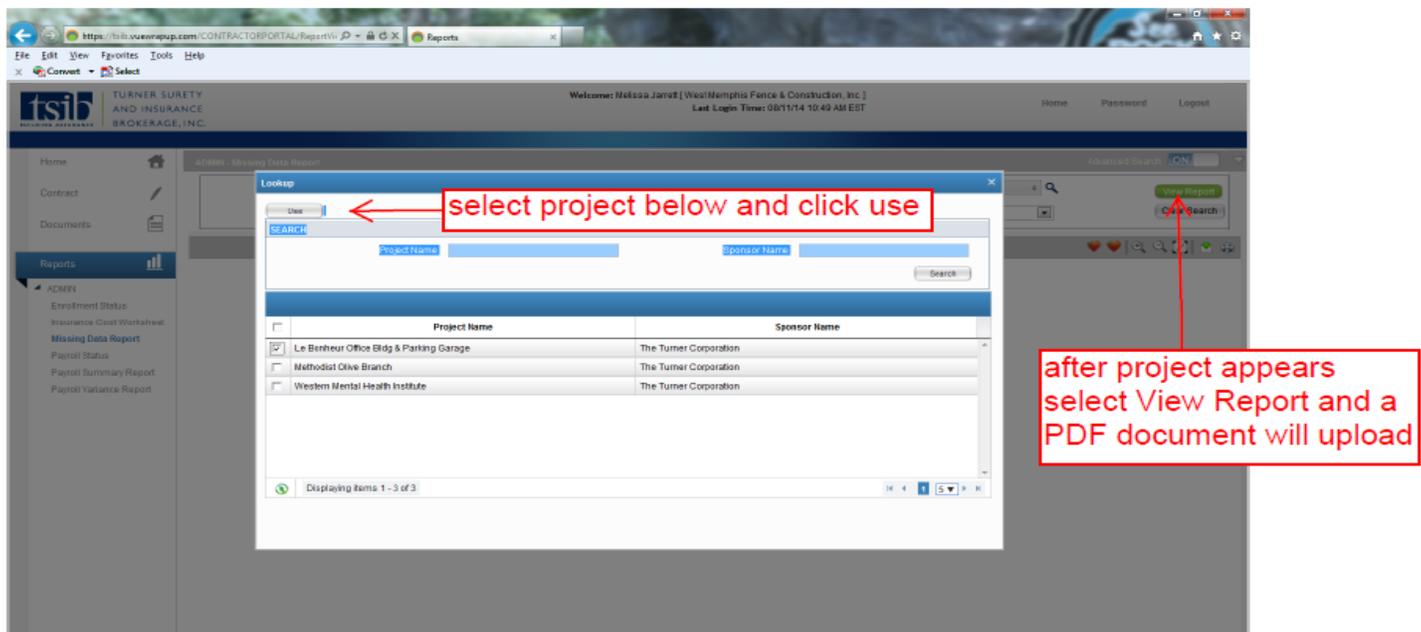
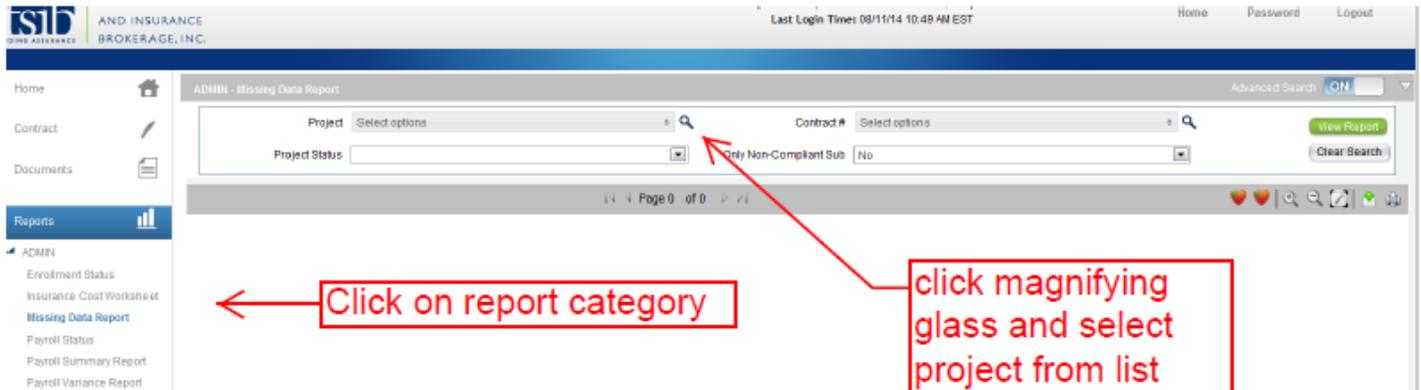
Category/Form Type	Status	Document Name	Date/Sent Date	Description	Uploaded by Contractor
ePolicy Document		ePolicy Document	Wed Aug 6 00:00:19 CD...	ePolicy Document	No
Contract Document		COI Reviews/Renewals	Mon Aug 4 16:03:07 CDT ...	(1) COI for lower tier / added to n...	No
Contract Document		Endorsement Review	Mon Aug 4 16:03:07 CDT ...	(1) COI for lower tier / added to n...	No
Contract Document		Other Documents	Mon Aug 4 14:00:10 CDT ...	(1) COI for lower tier / added to n...	No
Contract Document		COI Reviews/Renewals	Mon Aug 4 14:00:10 CDT ...	(1) COI for lower tier / added to n...	No

Displaying items 1 - 5 of 30

Footer: © Computer Solutions and Software International, LLC All rights reserved

Reports

- Enrollment Status
- Insurance Cost Worksheet
- Missing Data Report – this report is most useful - it will inform you what is missing from each contract and each category; Form 1101 – Enrollment Application, Form 1102 – Insurance Cost Worksheet, Form 1103 – Payroll, COI and Form 1104 – Close Out Status
- Payroll Status
- Payroll Summary Report
- Payroll Variance Report – will only print after the carrier has performed their workers comp audit



This application is used by the insurance company to produce your Workers' Compensation policy as well as confirming GL coverage on the project. Please note that coverage will only apply for work done at the named project. It is extremely important for you to complete this form and send to TSIB, the Wrap-Up Administrator before you begin work on site. Please don't hesitate to contact TSIB at 1-866-684-WRAP (9727) should you need help completing this form.

Please complete all fields.

1. Contractor Information:

Federal ID # or SS #: 1.1

Company Information (headquarters)

Contact Information

[Company Name] 1.2
 [DBA]
 [Street Address]
 [City, State, Zip]
 [Telephone]
 [Fax]
 [Email Address]

[Name] 1.3
 [Street Address]
 [City, State, Zip]
 [Telephone]
 [Fax]
 [Email Address]

Company's Structure 1.4
 Corporation
 Joint Venture
 Partnership
 Sole Proprietor
 S-Corporation
 Other _____

Company's Demographics (if applicable, check only one) 1.5
 MBE
 DBE
 WBE
 DVBE
 8A
 HubZone
 Other or additional demographics:

2. Contract Information:

Contract #: 2.1

Date Contract Awarded: 2.2
 Brief Work Description: 2.3
 Contract Price: 2.4 \$
 Amount of Self Performed Work: 2.6 \$
 Start Date on Project: 2.8
 Actual
 Estimated
 Is your contract with Sponsor? 2.5
 Yes
 No
 If 'No', identify to whom: 2.7
 Completion Date: 2.9

3. Contacts:

Position	3.1	Name & Title	3.2	Phone	3.3	Fax	3.4	Email Address
Administrator								
Insurance								
Payroll								
Provide location of payroll records if different than Company address:	3.5			[Phone]				
				[Fax]				
				[Email]				

4. Workers' Compensation Insurance Information for Work Done At the Project Site

State	Class Code	Work Description	Man-hours	Reportable Payroll
a.	b.	c.	d.	e.
4.1				
Totals			4.2	4.3

5. Provide Your Current Off-Site Workers' Compensation Information

Applicable State	Risk ID Number	Rating Bureau	Anniversary Rating Date	EMR
5.1	5.2	5.3	5.4	5.5
Your Off-Site WC Insurance Carrier's Name: 5.6				
Policy No.: 5.7	Effective Date of your Policy: 5.8	Expiration Date of your Policy: 5.9		

6. Contractor Information: List all Contractors that will be working for you on this project.

6.1 Contractor (FEIN Number)	6.2 Subcontract Amount [\$]	6.3 Contact Person and Email Address	6.4 Address	6.5 Phone & Fax	6.6 Estimated Start Date
				P: _____	
				F: _____	
				P: _____	
				F: _____	
				P: _____	
				F: _____	
				P: _____	
				F: _____	

7. Project Site Questions

7.1 Will you have any off-site location(s) that are 100% dedicated to this project? Yes No If yes, please provide address:
 [Address] _____ [City] _____ [State] _____ [Zip] _____

7.2 Please check if: Any aircraft used on this project Any watercraft used on this project

7.3 Provide information regarding labor from either one of the following sources: Employee leasing firm Temporary labor agency

[Address]	_____	_____
[City, State, Zip]	_____	_____
[Phone]	_____	_____
[Fax]	_____	_____
[Email]	_____	_____

8. WARRANTY INFORMATION

I warrant the following:

- 1) Enrollment is not automatic and must be confirmed by TSIB as evidenced by a Certificate of Insurance
- 2) Premiums for this Program are the responsibility of *Sponsor* and I agree that any and all return of premiums, dividends, discounts, or other adjustments to any Program policy (ies) is assigned, transferred and set over absolutely to *Sponsor*. This assignment applies to the Program policy (ies) as now written or as subsequently modified, rewritten or replaced.
- 3) Rights of Cancellation for all Program insurance policy (ies) arranged by *Sponsor* are assigned to *Sponsor*.
- 4) I am responsible for premium(s) for all other insurance coverage specified in the Contract Documents with *Sponsor* that are not included in the Sponsor Construction OCIP Program.
- 5) I authorize the release of all claim information for all insurance policies under this Program.
- 6) I recognize it is my responsibility to notify my insurance agent to exclude all work that is done at the project site and covered under the wrap-up program policy (ies).
- 7) Statements in this application are true and accurate to the best of my knowledge.

9. Signature Requirement:

[Name] _____ [Date] _____
 (please print)

[Title] _____ [Signature] _____

INSTRUCTIONS

Every Contractor, Contractor or Sub-Tier Contractor must complete this form PRIOR to Project Site mobilization. In addition, you must fill out this form for EVERY contract you are awarded on the Project. All of the information included on this form is required by the Insurance Carrier and Wrap-Up Administrator. A Certificate of Insurance evidencing coverage and a Workers' Compensation policy will be sent to the Enrolled party once the completed form is received by TSIB and processed with the Insurance Carrier. If you need help filing out this information, please contact TSIB at 1-866-684-WRAP (9727).

Section 1: Contractor Information

1.1	The Federal ID number is your 9 Digit Tax ID number that is valid in all states. If you are a sole proprietor, enter your social security number.
1.2	Name, mailing address and phone/fax number for your company's primary office location.
1.3	Enter the name of the person TSIB should contact if they have any questions. Please include mailing address, phone/fax and email address, if different than 1.2.
1.4	Identify your company's legal structure by checking the box that applies. If the correct legal structure is not specifically listed, please check the "Other" box and specify in the space provided.
1.5	If applicable, check one of the demographics listed. If you have additional demographics, or one not listed, insert it (them) in the space provided.

Section 2: Contract Information

2.1	Enter the Contract Number or Purchase Order Number as shown in Sponsor originating documentation.
2.2	This is the date shown on your Contract with Sponsor
2.3	A brief description of the work you will be performing at the project site.
2.4	The total amount of your contract.
2.5	Check the appropriate box that identifies if you contract directly with Sponsor or are a Contractor.
2.6	List the value of amount of work you anticipate will be self-performed. Include both labor and material costs
2.7	If you are a Contractor, list the company with whom you have a contract. .
2.8	This is the date you anticipate starting work at the project site and whether the date provided is actual or estimated.
2.9	The date you anticipate completing the work at the project site and whether the date provided is actual or estimated.

Section 3: Contacts

3.1	Please list the name and title for each function.
3.2	Please list the phone number for each person identified above.
3.3	Please list the fax number for each person identified above.
3.4	Please enter the email address for each person identified above.
3.5	Please list the address where your payroll records are retained. In addition, please list the Address, Telephone, Fax Number and Email Address of the Payroll person listed who is responsible for maintaining the payroll information.

Section 4: Workers' Compensation Information

4.1	a	List the state in which the work will be performed.
	b	The Workers' Compensation class code that applies to the work identified in 2.3. (Most states use a 4 digit number)
	c	Brief Description of work provided by the WC class code provided in 4.1.b.
	d	The estimated Man-hours required to complete the described work by Workers' Compensation class code identified in 4.1.b.
	e	The Estimated Payroll to complete the described work for each Workers' Compensation class code identified in 4.1.b. Use straight time wage rates only - Do not include premium (excess) overtime wages except in the States of Pennsylvania, Nevada, Utah, Delaware, Ohio and other applicable Workers' Compensation monopolistic States that require the entire unburdened "overtime" payroll to be reported as Reportable Payroll.
4.2	Total all estimated Man-hours for each class code. Please include information from additional pages if needed.	
4.3	Total all estimated Reportable Payroll.	

Section 5: Current Off-Site Workers' Compensation Information (Information relates to your corporation's existing coverage; identify each modification factor that applies.)

5.1	Only the state that the Modification Information applies to.
5.2	The Bureau File Number is also referred to as your Risk Identification Number. It is used by the insurance carriers to report your loss and payroll information to the rating bureau so they can calculate your experience mod!! Therefore, the claim experience you have on this project will influence your corporate EMR.
5.3	Bureau Rating Agency. In most states this is NCCI. Please see the note in 5.2
5.4	Your Company's Anniversary Rating Date. Information can be located on your bureau's WC Experience Modification worksheets.
5.5	Enter your current EMR (Experience Modifier Rate). Information can be located on your current Workers' Compensation Declaration Pages.
5.6	Identify your insurance carrier for your OFF-SITE Workers' Compensation Coverage.
5.7	Identify your OFF-SITE Workers' Compensation Policy Number.
5.8	Please indicate the effective date of your Workers' Compensation policy.
5.9	Please indicate the Expiration date of your Workers' Compensation policy.

Section 6: Contractor Information (Provide the following information for each Contractor that will be performing work at the project site.)

6.1	Name of the Subcontracting firm.
6.2	Estimated value of the subcontracted work
6.3	Contact name, preferably the project manager, for the Contractor and Email address.
6.4	Mailing address for the Contractor.
6.5	Phone and Fax numbers for the Contractor.
6.6	Date the Contractor is scheduled to begin work on site

Section 7: Enrollment Questions

7.1	Will you have any off-site locations that will be 100% dedicated to this project? Please include material/supply storage as a possible location. Mark the appropriate box (yes/no). If you answer yes – please provide the address of each location you identified as 100% dedicated.
7.2	Please mark the box or boxes that apply. Contemplate only work performed under this contract.
7.3	Please mark the box or boxes that apply. Employee Leasing Firm are those firms that supply the labor force for your company (You direct the activities of the Leasing Company's employees). Temporary Labor Firms supplement your labor force.

If you have questions regarding this form, contact the TSIB Administrator at 1-866-684-WRAP (9727).

Section 9: Signature Requirement: This form must be signed by a representative of your company knowledgeable of its accuracy.

1. Contractor Information:

Federal ID # or SS #: ^{1.1} _____

▼ **Company Information (headquarters)**

▼ **Contact Information**

^{1.2} [Company Name] _____ [DBA] _____ [Street Address] _____ [City, State, Zip] _____ [Telephone] _____ [Fax] _____ [Email Address] _____	^{1.3} [Company Name] _____ [Contact Name] _____ [Street Address] _____ [City, State, Zip] _____ [Telephone] _____ [Fax] _____ [Email Address] _____
--	---

2. Contract Information

Contract Price: ^{2.1} \$ _____ Amount of Self Performed Work: ^{2.2} \$ _____	Who is your contract with? ^{2.3} _____
---	---

3. Identify your Workers' Compensation Insurance Cost for your Contract:

a State	b Class Code	c Description of Work	d Rate <i>(per \$100 payroll)</i>	e Man-hours	f Payroll	g WC Premium <i>((Payroll/100) * Rate)</i>
^{3.1}						
Totals:				^{3.2}	^{3.3}	^{3.4}

Employers Liability Rate: ^{3.5} _____	Employers Liability Premium: ^{3.6} _____
	Subtotal (3.4 + 3.6) ^{3.7} _____
Your Company's Workers' Compensation Experience Modifier: ^{3.8} _____	
Modified Premium (line 3.7 x 3.8): ^{3.9} _____	

	^{3.10} Modification & Discount Premium Factors		^{3.11} Rate <i>(insert N/A if not applicable)</i>	^{3.12} Amount	
Claim Retention or Deductible Amount	Mod 1:		+ OR -		
\$	Mod 2:		+ OR -		
	Mod 3:		+ OR -		
	Mod 4:		+ OR -		
	Mod 5:		+ OR -		
	Mod 6:		+ OR -		
	Mod 7:		+ OR -		
Total Modification Amount <i>(Total of all amounts entered in column 3.12):</i>					^{3.13}
Total Workers' Compensation Premium <i>(line 3.9 + 3.13):</i>					^{3.14}

4. Calculating General Liability Insurance Cost

Rate: <u>4.1</u>	4.2 Based On: <input type="checkbox"/> Total Payroll (3.3) <input type="checkbox"/> Contract Price (2.1) <input type="checkbox"/> Other	4.3 Rate factor: <input type="checkbox"/> Per 100 <input type="checkbox"/> Per 1,000	4.4 Identify the Amount of Your Claim Retention: _____ GL Premium (4.2 x 4.1 + 4.3):	4.5
------------------	--	--	---	-----

5. Calculating Excess/Umbrella Liability Insurance Cost:

Rate: <u>5.1</u>	5.2 Based On: <input type="checkbox"/> Total Payroll (3.3) <input type="checkbox"/> Contract Price (2.1) <input type="checkbox"/> Other	5.3 Rate factor: <input type="checkbox"/> Per 100 <input type="checkbox"/> Per 1,000	5.4 Identify the Amount of Your Claim Retention: _____ Excess/Umbrella Premium (5.2 x 5.1 + 5.3):	5.5
------------------	--	--	--	-----

6. Total Cost

Total of all Insurance Premiums (Total of lines 3.14 + 4.5 + 5.5):		6.1
Overhead & Profit on Insurance Premium %: <u>6.2</u>	O/H & Profit Amount (6.1 x 6.2):	6.3
Total Initial Insurance Cost (Total of lines 6.1 + 6.3):		6.4
Contractor's Insurance Cost Rate (6.4 divided by total payroll in line 3.3 x 100): (Blended Payroll Rate)		6.5

OTHER REQUIRED DOCUMENTS: In addition to this form, please include the following:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Workers' Compensation declaration and rate pages <input checked="" type="checkbox"/> Experience Modification Rate worksheet | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> General Liability declaration and rate pages <input checked="" type="checkbox"/> Umbrella/Excess Liability declaration and rate pages <input checked="" type="checkbox"/> 5 years actual loss experience for each line of coverage in which Contractor retains more than \$5,000. |
|--|---|

UNLESS INSTRUCTED OTHERWISE BY SPONSOR, SUBMIT THIS FORM AND THE REQUIRED INSURANCE RATE DOCUMENTS LISTED ABOVE TO:

Turner Surety and Insurance Brokerage, EMAIL: NJSDA@tsibinc.com.

7. Signature Requirement: I warrant the information presented above and attachments are correct:

Name: _____	Date: _____
(please print)	
Title: _____	Signature: _____

Section 1: Contractor Information

1.1	The Federal ID number is your 9 Digit Tax ID number that is valid in all states. If you are a sole proprietor, enter your social security number.
1.2	Name, mailing address and phone/fax number for your company's primary office location.
1.3	Please enter the name of the person TSIB should contact if they have any questions. Include the mailing address, phone/fax and email address if different from the primary office location.

Section 2: Contract Information

2.1	Please identify the total amount of your contract, including both labor and material.
2.2	Identify the amount of work that you anticipate will be self-performed, including both labor and material.
2.3	Check the appropriate box that identifies if you contract directly with Sponsor .
2.4	If you are a Contractor, identify the entity with who you are under contract.

Section 3: Identifying your Workers' Compensation Insurance Cost for your Contract:

3.1	a	Please enter the two-letter abbreviation for the state in which the work will be performed.
	b	Please enter each Workers' Compensation class code that applies to your work identified in 2.1. If you have trouble completing this information, please contact your own insurance agent or broker for help. Attach additional pages if needed.
	d	Please enter your Workers' Compensation rate that applies to the specified class code.
	e	Please enter the estimated Man-hours required to complete the described work for each Workers' Compensation class code.
	f	Please enter the estimated Payroll required to complete your work. Use only unburdened payroll and exclude the premium portion of any overtime pay unless applicable for the Project's location (State dictated).
	g	Calculate the WC Premium by multiplying the Payroll (3.1.f) by the Rate (3.1.d) and dividing the result by 100. Repeat this calculation for each WC class code.
3.2		Total the estimated Man-hours. Be sure to include information from additional pages if used.
3.3		Total the estimated Payroll. Be sure to include information from additional pages if used.
3.4		Total the Workers' Compensation Standard Premium. Be sure to include information from additional pages if used.
3.5		Please enter your Employer's Liability Insurance Rate. This information can be found in your Workers' Compensation policy.
3.6		Calculate your Employer's Liability Premium by multiplying the WC Standard Premium (3.4) by the Employer's Liability Rate (3.5).
3.7		Subtotal: Sum the amounts shown in 3.4 and 3.6.
3.8		Please enter your WC Experience Modifier. This information can be located on your Workers' Compensation policy or on your NCCI Bureau Rating Sheet.
3.9		Calculate the Modified Premium by multiplying the WC Subtotal (3.7) by the Experience Modifier Rate (3.8).
3.10		Please identify the Modifiers that apply to your Workers' Compensation Premium. This information can be located on your Workers' Compensation Policy. Add additional pages if necessary.
3.11		Please enter the Rate for each identified Modifier. The information can be located on your Workers' Compensation Policy. Insert N/A if not applicable.
3.12		Calculate the Modified Premium Factor Amount by multiplying the Modified Premium (3.9) by the Modified Premium Rate (3.11) and dividing by 100. Be sure to identify if the Modification Factor is an addition or reduction to your premium. Attach additional pages if needed.
3.13		Total the Modified Premium Amounts by adding the numbers in column (3.12). Be sure to include information from additional pages if used.
3.14		Calculate the Total Workers' Compensation Premium by adding the Modified Premium (3.9) and the Premium Modifications (3.13).

Section 4: General Liability Insurance

4.1	Please enter your General Liability Rate. This number can be found on your General Liability Policy
4.2	Please identify the exposure base your General Liability Rate applies to. If the basis is other than Payroll or Revenue, enter the amount and the description in the space provided.
4.3	Please identify the General Liability Rate factor by marking the box.
4.4	Please identify the amount of your Claim Retention if applicable.
4.5	Calculate the General Liability Premium by multiplying the basis (4.2) by the Rate (4.1) and dividing by the factor (4.3).

Section 5: Umbrella/Excess Liability Insurance

5.1	Please enter the Excess/Umbrella Liability Rate. This number can be found on your Excess/Umbrella Liability Policy
5.2	Please identify the exposure base the Excess/Umbrella Liability Rate applies to. If the basis is other than Payroll or Revenue, enter the amount and description in the space provided.
5.3	Identify the Excess/Umbrella Liability Rate factor by marking the box.
5.4	Please identify the amount of your Claim Retention if applicable.
5.5	Calculate your Excess/Umbrella Liability premium by multiplying the basis (5.2) by the rate (5.1) and dividing by the Rate Factor (5.3)

Section 6: Total Cost

6.1	Calculate the Total of all Insurance Premium by adding Workers' Compensation (3.14), General Liability (4.5), Excess/Umbrella Liability (5.5).
6.2	Please identify the Overhead & Profit Percentage that was applied to this project as part of the Contract Price.
6.3	Calculate the Overhead & Profit Amount by Multiplying the Total of all Insurance Costs (6.1) by the Overhead & Profit Percentage (6.2).
6.4	Calculate the Total Initial Insurance Cost by adding the Overhead & Profit Amount (6.3) with the Total of all Insurance Premium (6.1)
6.5	Calculate your rate by dividing the Total Initial Insurance Cost (6.4) by the Estimated Payroll (3.3) and multiplying by 100.

Section 7: Signature Requirement:

The person signing must be a representative of your company with the authority to verify the information is accurate.

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1. PAYROLL REPORT INFORMATION

Period Beginning:	1.1	Period Ending:	1.2	Year:	1.3
Contractor:	1.4				
FEIN:	1.5				
Under Contract with:	1.6				
TSIB Contract # (as identified in previous TSIB correspondence):	1.7				

2. PAYROLL REPORT ACTIVITY

a State	b Workers' Compensation Class Code	c Work Description	d Man-Hours	e Gross Payroll **	f Reportable Payroll *
2.1					
TOTALS:			2.2	2.3	2.4

* Use straight time wage rates only - Do not include premium (excess) overtime wages. However, the States of Pennsylvania, Nevada, Utah, Delaware, Ohio and other applicable Workers' Compensation monopolistic States require the entire unburdened "overtime" payroll to be reported as Limited (Reportable) Payroll instead of straight overtime.
 ** Includes overtime paid to employees.

3. SIGNATURE REQUIREMENT: I VERIFY THE INFORMATION PRESENTED ABOVE AND ATTACHMENTS ARE CORRECT:

Name (please print):	Date:
Title:	Signature:
Phone:	

MAKE YOUR JOB EASIER: Information can be submitted on-line at <https://tsib.vuewrapup.com/contractorportal>. Please contact your TSIB Administrator at 1-866-684-WRAP (9727) to obtain a User ID and Password.

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NOTES:

- 1) YOU MUST COMPLETE A SEPARATE REPORT FORM FOR EACH CONTRACT AWARDED ON THE PROJECT
- 2) A MONTHLY PAYROLL REPORT MUST BE SUBMITTED FOR EACH MONTH INCLUDING "ZERO DOLLAR (\$0.00) PAYROLL", IF APPLICABLE, UNTIL COMPLETION OF THE WORK UNDER EACH CONTRACT.
- 3) **ALL PAYROLLS MUST BE SUBMITTED NO LATER THAN THE 10TH OF THE MONTH FOLLOWING THE WORK PERFORMED**

Email to: Turner Surety and Insurance Brokerage

Email: NJSDA@tsibinc.com

Contractor

Portal: <https://tsib.vuewrapup.com/contractorportal>

Please report all payroll directly online at the web address at the bottom of the page.

Section 1: Report Identification

1.1	This is the first day of the period you are reporting on.
1.2	This is the last day of the period you are reporting on.
1.3	The current year.
1.4	The name of your company.
1.5	Your company's FEIN number. The Federal ID number (FEIN) is your 9 Digit Tax ID number that is valid in all states. If you are a sole proprietor, enter your social security number.
1.6	If you are a Contractor, identify the name of the company you are contracted to. If you are a Prime Contractor enter N/A
1.7	Provide your TSIB Contract Number (as identified in previous correspondence from TSIB).

Section 2. Activity Report

2.1	Provide the following information for each Workers' Compensation Class Code that applies to work performed during the reporting period:
a	This is the state in which the work was performed.
b	Workers' Compensation Class Code. (Most states use a four digit number).
c	Description of the work by class code.
d	List the Man-hours worked by your employees for each applicable class code.
e	This is the Unlimited (Gross) Payroll paid to your employees. This should include the unburdened overtime pay.
f	Determine the Limited Payroll. Limited Payroll does not include the premium portion of any overtime pay (i.e. 45 hours X \$10.00/hr. = 450.00 <i>do not include the premium overtime pay of \$5.00/hour for the 5 hours of overtime</i>). However, the States of Pennsylvania, Nevada, Utah, Delaware and applicable Workers' Compensation monopolistic States require the entire unburdened "overtime" payroll to be reported as Limited (Reportable) Payroll. If you are unsure whether to include the unburdened overtime portion as Limited (Reportable) Payroll, consult with the Project's State Workers' Compensation Bureau for clarification.
2.2	Total the man-hours provided on the payroll report.
2.3	Total the Unlimited (Gross) Payroll provided.
2.4	Total the Limited Payroll.

Section 3. Signature Requirement: Must be signed by a representative of your company with the authority to verify the information is correct.

MAKE YOUR JOB EASIER: Information can be submitted on-line at <https://tsib.vuewrapup.com/contractorportal>. Please also contact your TSIB Administrator to obtain a user ID and Password at 1-866-684-WRAP (9727).

1. Contractor and Date Information

Contractor Name:	1.1	
TSIB Contract # (as identified in previous TSIB correspondence):	1.2	
Describe the Work Performed on Project:	1.3	
Date when Work Completed:	1.4	
Final Subcontract Value:	1.5	

2. Contractor Information and Payroll Records Location

List all of your Contractors that have completed their Work at the Project Site:
(Include attachment if more space is needed)

a Contractor's Name	b Contract Number	c Description of Work Performed	d Date Work Completed
2.1			

Receipt of this form by the TSIB Wrap-Up Service Center will start the payroll Audit Process so please list the location of your payroll records:

Address:	2.2
City, State, Zip Code:	
Contact Name and Phone #:	

3. Signature Requirement:

*****PLEASE NOTE THAT THIS FORM CAN NOT BE VERIFIED UNLESS YOUR PARENT CONTRACTOR HAS SIGNED AS WELL.**

The Company representative signing this form below requests termination of coverage under the OCIP as of the date indicated above for the specified Contract listed. Should we return to the work Site, we will be working under our own insurance program and must provide *your Parent Contractor* with a Certificate of Insurance showing our own coverage as detailed in our contract.

SIGNED (SUB):	3.1	
	Name & Title	Date
APPROVED:	3.2	
	Parent Contractor Verification Signature (Name & Title)	Date

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PLEASE SUBMIT THIS SIGNED FORM TO SPONSOR AT THE JOBSITE OFFICE. SPONSOR WILL EXECUTE AND FORWARD TO:

Email to: Turner Surety and Insurance Brokerage Wrap-up Service
Email: NJSDA@tsibinc.com

This form should be completed whenever work is completed for each Contract or Subcontract. Note that this Form will request termination of OCIP coverage and indicate to the insurance company that they can begin their final audit of payrolls for each Contractor and Contractor identified in Sections 1 and 2. **PLEASE NOTE THAT THIS FORM CAN NOT BE FINALIZED UNLESS YOUR PARENT CONTRACTOR HAS SIGNED AS WELL.** Final payments and release of any Retainage may not happen until all payroll work is complete and finalized and will have to be reviewed with the Sponsor Project Manager.

Section 1: Contractor and Date Information

1.1	The name of the contractor completing their work.
1.2	The TSIB Contract Number for the work being completed. Your TSIB Contract Number is identified in previous correspondence from TSIB.
1.3	A short description of the work being completed.
1.4	The date the work was completed.
1.5	Final Subcontract Value.

Section 2: Contractor Information and Payroll Records Location

2.1	a	Please enter the name of <u>each and every</u> Contractor that performed work for you that has also completed their work. Please note, for this form to be accurate and compliant, all contractors must be complete with their work!!
	b	Please enter Contractor's TSIB Contract Number.
	c	Please provide a brief description of each Contractor's work.
	d	Please provide the Date the Contractor completed their work.
2.2		Please identify the physical location where your payroll records are retained. Provide the Address, City, State, Zip Code, Contact Name and Telephone Number of the person responsible for maintaining the payroll information for audit purposes. This will help the Insurance Company complete their physical audit. <u>Please note that the requirement to perform a physical audit is at the discretion of the Insurance Company. If you have any concerns about the procedures they use to complete the audit, please do not hesitate to contact TSIB at 1-866-684-WRAP (9727)</u>

Section 3: Signature Requirement:

3.1	This form has to be signed by a representative of your company with the authority to verify that the information contained in the form is accurate.
3.2	Make sure this form is also signed by your Parent Contractor or the Sponsor Project Manager or Sponsor Superintendent. Your Parent Contractor, the Sponsor Project Manager or Superintendent is required to forward the completed form to TSIB at NJSDA@tsibinc.com .

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DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Agency's/Brokerage's Name And Address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2">PRODUCER CUSTOMER ID #:</td> </tr> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> </table>	CONTACT NAME:		PHONE (A/C, No, Ext):	FAX (A/C, No):	E-MAIL ADDRESS:		PRODUCER CUSTOMER ID #:		INSURER(S) AFFORDING COVERAGE	NAIC #
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COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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.

INS LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			Policy Number			EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 50,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		X				MED EXP (Any one person) \$ 5,000	
	<input checked="" type="checkbox"/> Contractual Liability						PERSONAL & ADV INJURY \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 1,000,000	
<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 1,000,000				
B	AUTOMOBILE LIABILITY			Policy Number			COMBINED SINGLE LIMIT (Ea. accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS		X				BODILY INJURY (Per accident)	
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per Accident)	
	<input checked="" type="checkbox"/> HIRED AUTOS							
<input checked="" type="checkbox"/> NON-OWNED AUTOS								
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			Policy Number			EACH OCCURRENCE	
	<input checked="" type="checkbox"/> OCCUR						AGGREGATE	
	<input type="checkbox"/> EXCESS LIAB		X					
	<input type="checkbox"/> CLAIMS-MADE							
	DEDUCTIBLE							
	RETENTION \$							
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Policy Number			<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N / A				X	E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ 500,000
								E.L. DISEASE - POLICY LIMIT \$ 500,000
E	Equipment Floater			Policy Number			Equipment Value \$	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

(NJSDA Contract Number-School District-Contract Name-Description-Contract Amount)

All Off-site Activities and Operations away from an NJSDA OCIP Project Site.

CERTIFICATE HOLDER

c/o Turner Surety and Insurance Brokerage
 35 Nutmeg Drive, Trumbull, CT 06611
 Attention: Jill Garrity

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED 30 DAYS BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Insurance Agency's/Brokerage's Name And Address	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: General Liability Insurer (A.M. Best Rated A-VIII or better)</td> <td></td> </tr> <tr> <td>INSURER B: Automobile Liability Insurer (A.M. Best Rated A-VIII or better)</td> <td></td> </tr> <tr> <td>INSURER C: Excess Liability Insurer (A.M. Best Rated A-VIII or better)</td> <td></td> </tr> <tr> <td>INSURER D: Workers' Compensation Insurer (A.M. Best Rated A-VIII or better)</td> <td></td> </tr> <tr> <td>INSURER E: Equipment Floater Insurer (A.M. Best Rated A-VIII or better)</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: General Liability Insurer (A.M. Best Rated A-VIII or better)		INSURER B: Automobile Liability Insurer (A.M. Best Rated A-VIII or better)		INSURER C: Excess Liability Insurer (A.M. Best Rated A-VIII or better)		INSURER D: Workers' Compensation Insurer (A.M. Best Rated A-VIII or better)		INSURER E: Equipment Floater Insurer (A.M. Best Rated A-VIII or better)	
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INSURED Contractor's Name and Address													

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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.

INS LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY Y)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea. occurrence) \$50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$5,000
	<input checked="" type="checkbox"/> Contractual Liability	X	X	Policy Number			PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$1,000,000
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea. accident) \$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	X	X	Policy Number			PROPERTY DAMAGE (Per Accident)
	<input checked="" type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS							
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	X	X	Policy Number			AGGREGATE \$ 4,000,000
	DEDUCTIBLE						
	RETENTION \$						
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A	X	Policy Number			E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
E	Equipment Floater			Policy Number			Equipment Value \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

(NJSDA Contract Number-School District-Contract Name-Description-Contract Amount) All On-site and Off-site Activities and Operations on, about or away from an NJSDA OCIP Project Site.

The following are named as additional Insureds on a Primary and Non-contributing basis on the General Liability (ISO endorsement CG 20 10 11 85 or its equivalent), Umbrella/Excess Liability and Pollution Liability (if applicable), as respects On-Site and Off-Site Activities and Operations: NJ Schools Development Authority, NJ Economic Development Authority, NJ Department of Education, The State, the Project School District, the CM and the Design Consultant, and their respective officers, directors, members, employees, representatives and agents. Waiver of Subrogation in favor of named additional insureds applies to all policies.

CERTIFICATE HOLDER c/o Turner Surety and Insurance Brokerage 35 Nutmeg Drive, Trumbull, CT 06611 Attention: Jill Garrity	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED 30 DAYS BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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04/06/2015

Attn: John Smith
 ABC Company
 100 Any Street
 Large Town, NJ 07123

RE: Gloucester City Elementary School/Middle School
 Controlled Insurance Program (CIP)
Insurance Cost Worksheet - Verification
 TSIB ID# ST-0014-B01-001

Dear John Smith,

We have reviewed and verified the insurance costs and rates for your firm. A summary of our findings is presented below:

	<i>Reported</i> <small>(as submitted on Form 2GL)</small>	<i>Verified</i>
Contract Amount	\$1,375,000.00	\$1,375,000.00
Total Estimated Payroll	\$315,596.00	\$315,596.00
Total Liability Ins. Costs	\$2,897.3800	\$1,981.0700
Insurance Overhead Charge	\$0.0000	\$0.0000
Total Insurance Cost	\$62,614.8017	\$48,483.3376

If you have any questions regarding these verified figures, please call me at (866) 684-9727 .

Sincerely,
 Jill Garrity
jqarrity@tsibinc.com
 (203) 666-4328



SCHOOLS DEVELOPMENT AUTHORITY

**New Jersey Schools Development Authority – OCIP
Workers' Compensation
SUPERVISOR'S INCIDENT INVESTIGATION REPORT**

Project/School Name: _____ NJSDA Contract #: _____
Incident Date: _____ Time: _____ Place: _____

EMPLOYEE INFORMATION: (Complete one report for each Employee involved)	
Name:	DOB:
Address:	
Home Telephone:	Occupation:
How long was Employee performing this operation/job:	
Employer:	

INCIDENT INFORMATION:
Describe in detail how incident occurred: _____
What was Employee doing at time of incident: _____
Were activities part of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No (If NO, describe further) _____
Were photos taken? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom: _____
Name, address and phone number of all witnesses to the incident (use separate sheet if necessary): _____
Any contributing factors to incident, i.e. Equipment/tools, unsafe acts of employee, or other: _____
Did the incident result in an injury? <input type="checkbox"/> Yes <input type="checkbox"/> No (If NO, skip Injury Information Section)

INJURY INFORMATION:
Describe nature and extent of injury: _____
Was first aid given? <input type="checkbox"/> Yes <input type="checkbox"/> No When and by whom? _____
Was injured transported via ambulance? <input type="checkbox"/> Yes <input type="checkbox"/> No When and by whom? _____
I decline medical treatment at this time: _____
Comments: _____ (Employee's Signature) _____ (Date)

Prepared By: _____
Company Name: _____
Supervisor's Name (Please Print) _____
Supervisor's Signature: _____
Date: _____



SCHOOLS DEVELOPMENT AUTHORITY

New Jersey Schools Development Authority – OCIP General Liability SUPERVISOR'S INCIDENT INVESTIGATION REPORT

Project/School Name: _____ NJSDA Contract #: _____
Incident Date: _____ Time: _____ Place: _____

CLAIMANT INFORMATION:		<i>(Complete one report for each individual involved)</i>	
Name:	_____	DOB:	_____
Address:	_____		
Home Telephone:	_____	Work Telephone:	_____
If auto accident, request insurance information:	_____		
Carrier:	_____	Policy Number:	_____

INCIDENT INFORMATION:
Describe in detail how incident occurred: _____ _____
Name of project employees/employer at incident: _____
Witness: (Provide name, address, & phone number) _____

INJURY INFORMATION:
Does claimant allege injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe injury: _____
Medical treatment requested? <input type="checkbox"/> Yes <input type="checkbox"/> No By ambulance <input type="checkbox"/> Yes <input type="checkbox"/> No

PROPERTY DAMAGE INFORMATION:
Describe damaged property: _____ (i.e. make, model of vehicle, type of equipment)

Give name, address, and phone number of owner of property (if different from above): _____ _____
Were photos taken? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom: _____
Police Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Report or file no.: _____
Comments: _____

Prepared By: _____
Company Name: _____
Supervisor's Name (Please Print) _____
Supervisor's Signature: _____
Date: _____



STATE OF NEW JERSEY

SCHOOLS DEVELOPMENT AUTHORITY

*New Jersey Schools Development Authority – OCIP
Builders' Risk*

SUPERVISOR'S INCIDENT INVESTIGATION REPORT

Project/School Name: _____ NJSDA Contract #: _____
Incident Date: _____ Time: _____ Place: _____

INCIDENT INFORMATION:

Describe in detail how incident occurred:

Name of project employees/employer at incident: _____
 Witness: (Provide name, address, & phone number) _____

PRIMARY CAUSE:

What condition or act caused the accident:

Recommended correction action: _____

Equipment involved: _____

Amount of Loss: _____

Were photos taken Yes No By whom: _____

Police Notified? Yes No Report or file #: _____

Comments: _____

Prepared By: _____
Company Name: _____
Supervisor's Name (Please Print) _____
Supervisor's Signature: _____
Date: _____