



# New Jersey Schools Development Authority (NJSDA)

**[Project Name]**

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Owner Controlled Insurance Program (OCIP)

The AON logo in red, with the tagline "Empower Results®" in black below it.	<h1>OCIP IV INSURANCE MANUAL</h1>
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New Jersey Schools Development Authority  
32 E Front Street  
Trenton, NJ 08608

**This Manual is a contract document**

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## OCIP Overview

### Welcome to the NJSDA Owner Controlled Insurance Program (OCIP IV)

Each eligible Contractor and Subcontractor is required to bid **without** the cost of their onsite workers' compensation, employer's liability, and general liability primary and/or excess insurances. Subcontractors who are excluded from the OCIP are to bid with the cost of their workers' compensation, employer's liability and general liability primary and/or excess insurances. NJSDA may modify this bidding and insurance cost identification as necessary based on the specific project requirements. You should notify your insurer(s) to endorse your coverage to be excess and contingent over the OCIP coverage provided under this Program for onsite activities and the related costs.

**NOTE:** 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.

### About This Manual

New Jersey Schools Development Authority (NJSDA) and Aon Risk Services (Aon) prepared the Insurance Manual. NJSDA is the Sponsor for this OCIP. Aon is the OCIP Administrator for this OCIP. Willis of New York (Willis) is the OCIP Broker. The manual is designed to identify, define and assign responsibilities for the management and administration of the OCIP for this project.

### What This Manual Does

This Manual:

- Generally describes the structure of the OCIP
- Identifies responsibilities of the various parties involved in the Project
- Provides a *basic* description of OCIP coverage
- Describes audit and administrative procedures
- Provides answers to basic questions about the OCIP

### What this Manual Does Not Do

This Manual does not:

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

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

#### **DISCLAIMER:**

**The information in this manual is intended to outline the OCIP insurance coverages and Subcontractor responsibilities. In the event any provision of the Insurance Manual or the Contract Documents conflicts with the actual OCIP insurance policies, the provisions of the actual OCIP insurance policies shall govern.**

## OCIP Project Directory

<p><b>OCIP Program Administrator – Aon Risk Solutions, Construction Services Group. One Liberty Plaza, 165 Broadway, 33<sup>rd</sup> Floor, Wrap-Up Team New York, NY 10006</b></p>		
<p><b>Works with Subcontractors Kait Nubel, Wrap-Up Specialist</b></p> <p><b>Wrap-Up Hotline: 866-566-5334 Option 3</b></p> <p><b>Wrap-Up Fax Number: 800-363-6695</b></p> <p><b>Wrap-Up Email: <a href="mailto:ACS.Construction@Aon.com">ACS.Construction@Aon.com</a></b></p> <p><b>#570000075113/ NJSDA OCIP IV/ Project Name – [Project #]</b></p>		
<b>Program Administrator</b> Tanja Kvrpic	Telephone Cell E-mail	212-441-1265 516-492-0085 <a href="mailto:Tanja.kvrpic@aon.com">Tanja.kvrpic@aon.com</a>
<b>Program Administrator</b> Matthew O'Connor	Telephone Cell E-mail	212-441-2299 347-749-7630 <a href="mailto:Matthew.r.o'connor@aon.com">Matthew.r.o'connor@aon.com</a>
<b>Program Manager</b> Ellen Rowan	Telephone Cell E-mail	202-862-5306 301-928-1933 <a href="mailto:Ellen.rowan@aon.com">Ellen.rowan@aon.com</a>
<b>Senior Program Manager</b> Donna Allard-Flett	Telephone Cell E-mail	617- 457-7731 617-834-9096 <a href="mailto:Donna.allard-flett@aon.com">Donna.allard-flett@aon.com</a>
<p><b>OCIP Broker – Willis of New York, Inc. Brookfield Place 200 Liberty Street, 7<sup>th</sup> Floor New York, NY 10281-1003</b></p>		
<b>Client Advocate</b> Boris Pisman	Telephone Cell E-mail	212-915-7896 917-270-5391 <a href="mailto:Boris.Pisman@willistowerswatson.com">Boris.Pisman@willistowerswatson.com</a>
<b>Claims Consultant (WC)</b> Brian Palmer	Telephone Cell E-mail	212-915-8033 646-546-6789 <a href="mailto:Brian.W.Palmer@willistowerswatson.com">Brian.W.Palmer@willistowerswatson.com</a>
<b>Claims Consultant (GL)</b> Dennis Pak	Telephone Cell E-mail	212-915-8755 347-693-3823 <a href="mailto:Dennis.Pak@willistowerswatson.com">Dennis.Pak@willistowerswatson.com</a>
<p><b>New Jersey Schools Development Authority 32 E Front Street Trenton, NJ 08608</b></p>		
<b>Director of Risk Management</b> Karon L. Simmonds	Telephone Cell E-mail	609-858-5360 609-802-5547 <a href="mailto:ksimmonds@njsda.gov">ksimmonds@njsda.gov</a>
<b>Deputy Director of Risk Management</b> Nicole Vinci	Telephone Email	609-858-5355 <a href="mailto:nvinci@njsda.gov">nvinci@njsda.gov</a>
<b>Risk Management Specialist</b> Prince Turner	Telephone Cell E-mail	609-858-5121 609-468-5348 <a href="mailto:pturner@njsda.gov">pturner@njsda.gov</a>

**OCIP PROJECT DIRECTORY**

<b>Insurance Analyst</b> Luke Dentino	Telephone E-mail	609-858-5122 ldentino@njsda.gov
<b>Insurance Specialist (Claims)</b> Amy Jo Wiegartner	Telephone E-mail	609-858-5195 awiegartner@njsda.gov
<b>Director of Safety</b> Jacob (Jay) Moneta	Telephone Cell E-mail	609-858-5130 609-462-6720 jmoneta@njsda.gov
<b>Claims Administration</b>		
<b>The Hartford</b> <b>Worker's Compensation Claims</b>	Telephone Fax E-mail	1-800-327-3636 1-800-347-8197 lossconnect@thehartford.com
<b>The Hartford</b> <b>General Liability Claims</b>	Telephone Fax E-mail	1-800-347-8197 lossconnect@thehartford.com
<b>Willis Towers Watson</b> Brian Palmer <b>WC Claims</b>	Telephone Cell E-mail	212-915-8033 646-546-6789 Brian.W.Palmer@willistowerswatson.com
<b>Willis Towers Watson</b> Dennis Pak <b>GL Claims</b>	Telephone Cell E-mail	212-915-8755 347-693-3823 Dennis.Pak@willistowerswatson.com
<p><b>NOTIFICATION of FIRST REPORT MUST BE SENT ELECTRONICALLY BY THE PRIME GENERAL CONTRACTOR TO THE HARTFORD (OCIP Insurance Carrier) at the HARTFORD address above WITH COPIES TO:</b></p> <p>NJSDA Assigned Field Compliance Inspector – TBD</p> <p>NJSDA Risk Management</p> <p>Willis Claim Team (WC or GL)</p>		
<b>General Contractor and Construction Manager Project #TBD</b>		
TBD		

## Project Definitions

TERM	DEFINITION
<b>AONWRAP</b>	Aon's RMIS system that manages all information for the NJSDA OCIP for administrative NJCRIB purposes. All subcontractors are required to enter their payroll reports and notices of work completion and monitor their subcontractors via the AonWrap web at <a href="https://www.aonwrap.aon.com">https://www.aonwrap.aon.com</a> . Please contact the Aon Program Administrator to obtain a secured, user id and password.
<b>AONWRAP WEBSITE</b>	<a href="https://www.aonwrap.aon.com/default.asp">https://www.aonwrap.aon.com/default.asp</a>
<b>OCIP:</b>	A "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.
<b>OCIP PROGRAM ADMINISTRATOR:</b>	Aon Risk Services Northeast, Inc. 199 Water Street New York, NY 10038
<b>OCIP PROGRAM BROKER:</b>	Willis of New York, Inc. Brookfield Place 200 Liberty Street, 7th Floor New York, NY 10281-1003
<b>OCIP INSURER:</b>	The insurance company(ies) named on a policy or certificate of insurance providing coverage for the OCIP.
<b>OCIP SPONSOR:</b>	New Jersey Schools Development Authority 32 E Front Street P.O. Box 991 Trenton, NJ 08625
<b>CERTIFICATE OF INSURANCE:</b>	A document providing evidence of existing coverage for a particular insurance policy or policies.
<b>GENERAL CONTRACTOR</b>	The firm or firms engaged by the Authority to design and 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
<b>CONSTRUCTION MANAGER</b>	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 this Project
<b>ELIGIBLE PARTIES/ELIGIBLE SUBCONTRACTORS</b>	Parties performing labor or services at the Project Site who are eligible to enroll in the OCIP unless an Excluded Party.
<b>ENROLLED PARTIES/ENROLLED</b>	Those Eligible Subcontractors who have submitted all necessary

**OCIP PROJECT DEFINITIONS**

<b>TERM</b>	<b>DEFINITION</b>
<b>SUBCONTRACTORS</b>	enrollment information and as evidenced by a Welcome Letter and Certificate of Insurance from the OCIP Administrator.
<b>EXCLUDED PARTIES/EXCLUDED SUBCONTRACTORS</b>	<p>At the discretion of NJSDA, the following parties will be excluded from the OCIP. Excluded parties will receive confirmation from the OCIP Administrator confirming their status prior to starting work on the project site.</p> <ol style="list-style-type: none"> <li>1) Hazardous materials remediation, removal and/or transport companies and their consultants;</li> <li>2) Architects, engineers, and soil testing engineers, and their consultants;</li> <li>3) Vendors, suppliers, fabricators, 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;</li> <li>4) Security Guards</li> <li>5) Subcontractors, and any of their respective Subcontractors, who do not come to the Project Site;</li> <li>6) Any other Contractor of any tier which the NJSDA, at its sole discretion, seeks to exclude from enrollment.</li> </ol>
<b>PROJECT SITE:</b>	Generally defined as the "project location" (designated in this manual and more fully identified in the contract or subcontract) and adjacent or nearby areas where incidental operations are performed excluding permanent locations of any insured party.
<b>SUBCONTRACT:</b>	A written agreement between the Contractor and the Subcontractor of any tier. Generically referred to as "subcontract".
<b>CONTRACTOR OR SUBCONTRACTOR:</b>	Includes only those persons, firms, joint venture entities, corporations, or other parties that enter into a Contract with NJSDA or its General Contractors or Subcontractors to perform Work at the Project Site. Generically referred to as "subcontractor".
<b>WELCOME LETTER:</b>	A document issued by the OCIP Administrator, which confirms enrollment of the applicant into the OCIP.
<b>WORK:</b>	Operations, as fully described in the Subcontract, performed at the Project Site.

## OCIP Insurance Coverage

### Excluded Parties

Excluded Parties are not granted any insurance coverage under the OCIP. Excluded Parties must meet the insurance requirements established in the prime contractor agreement and provide evidence of coverage to NJSDA.

### Evidence of Coverage

Each Enrolled Party will be issued an individual workers' compensation policy provided by the OCIP primary insurer. The OCIP Administrator will provide a Certificate of Insurance evidencing workers' compensation, general liability, and excess liability to each Enrolled Party, each of who will be added as an Additional Named Insured to the OCIP General Liability insurance policy. The Insurance Carrier will furnish other documents including claim forms, posting notices, etc., to each Enrolled Party. Copies of the General Liability policy will be available for review at NJSDA's offices upon written request.

### Description of OCIP Coverages

The following descriptions on these pages provide a summary of coverages ONLY. Subcontractors should refer to the policies for actual terms, conditions, exclusions and limitations.

NJSDA will furnish the following coverages for the benefit of all Enrolled Parties performing Work at the Project Site.

#### Workers' Compensation and Employer's Liability

**Carrier:** Hartford Fire Insurance Company

**Coverage:** Statutory limits required by the Workers' Compensation laws of the State of New Jersey, excluding monopolistic states, with Employer's Liability. A separate workers' compensation policy will be issued to each Enrolled Party.

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

- This policy does **not** cover offsite operations.

#### Commercial General Liability

**Carrier:** Hartford Fire Insurance Company

**Coverage:** Third Party Bodily Injury and Property Damage Liability. A single general liability policy will be issued for all Enrolled Parties with all Enrolled Parties Named as Insureds

	<u>Limits of Liability Shared by All Enrolled Parties</u>
Bodily Injury & Property Damage	\$ 2,000,000 Each Occurrence
Personal/Advertising Injury	\$ 2,000,000 Each Occurrence
General Aggregate	\$ 4,000,000 (Per Project)
Medical Expense	\$ 10,000 Any One Person
Damage to Premises Rented	\$ 1,000,000 Any One Premise
Products/Completed Operations Aggregate *	\$ 4,000,000

**OCIP INSURANCE COVERAGE**

- \*Ten (10) Year Products & Completed Operations Extension beyond final acceptance of the entire Project with a single non-reinstated aggregate limit.
- This insurance will **NOT** provide coverage for products liability to any insured party, vendor, supplier, offsite fabricator, material dealer or other party for any product manufactured, assembled or otherwise worked upon away from the Project Site.
- This policy does **not** cover offsite operations of any Enrolled Party.
- All Aggregate Limits will reinstate annually except the ten (10) year Products/Completed Operations.
- **The policy contains exclusions.** Some of these exclusions are: Real & Personal Property in the care, custody or control of the insured; Asbestos; Discrimination & Wrongful Termination; Architects & Engineers Errors & Omissions; Owned & Non-owned Aircraft, Watercraft, and Automobile Liability; Pollution except hostile fire.

**Excess Liability**

**Carriers:** Allied World National Assurance Company; Allianz; Liberty Mutual; Endurance American Insurance Company, Ohio Casualty, ACE, NAS, Navigators and Ironshore

**Coverage:** Excess over primary Third Party Bodily Injury and Property Damage General Liability. A single excess liability policy will be issued for all Enrolled Parties.

	<u>Limits of Liability Shared by All Enrolled Parties</u>
Each Occurrence Limit	\$ 200,000,000
Products/Completed Operations Aggregate Per Project	\$ 200,000,000
Annual General Aggregate Limit *	\$ 200,000,000

- \*Enrolled Parties will receive an onsite certificate of insurance will be issued evidencing \$25 million.
- \*Ten (10) Year Products & Completed Operations Extension beyond final acceptance of the entire Project with a single non-reinstated aggregate limit.
- Excess Policies follow form of underlying Commercial General Liability and Employer's Liability policy wording (provisions, coverages, exclusions, etc.).
- This insurance will **NOT** provide coverage for products liability to any insured party, vendor, supplier, offsite fabricator, material dealer or other party for any product manufactured, assembled or otherwise worked upon away from the Project Site.
- These policies do **not** cover offsite operations of any Enrolled Party.
- **These policies contain exclusions.** Some of these exclusions are: Real & Personal Property in the care, custody or control of the insured; Asbestos; Discrimination & Wrongful Termination; Architects & Engineers Errors & Omissions; Owned & Non-owned Aircraft, Watercraft, and Automobile Liability; Liability, Pollution except hostile fire.

**Builders' Risk Insurance**

**Carriers:** HDI Global Insurance Company

**Coverage:** All Risk, Replacement Cost damage to property in the course of construction, subject to the terms, conditions and exclusions in the policy forms

	<u>Limits of Liability Shared by All Parties</u>
Each Occurrence Limit	\$ [200], 000,000
Transit Limit	\$ [5], 000,000
Offsite Storage Limit	\$ [5], 000,000
Deductible Limit [if responsibility of subcontractor]	\$ [25], 000

- The Contractor 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.

**OCIP INSURANCE COVERAGE**

**Property of Subcontractor**

Subcontractors are advised to arrange their own insurance for rented, owned, leased or borrowed equipment and materials not intended for inclusion in the Project. The NJSDA OCIP will not cover Subcontractor's or Subcontractor's property.

## SUBCONTRACTOR RESPONSIBILITIES

### Subcontractor Required 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.

Subcontractors are required to maintain insurance coverage for the duration of the Subcontract that protects NJSDA from liabilities and provide NJSDA with evidence of such coverage via a copy of a Certificate of Insurance.

These liabilities may arise from the Contractor's or Subcontractors' operations performed away from the Project Site, from coverages not provided by the OCIP, or from operations performed by Excluded Parties. The OCIP places all subcontractors into one of two main categories: Enrolled Parties or Excluded Parties.

**Enrolled Parties** are to provide evidence of Workers' Compensation and General Liability insurance for *offsite activities* and Automobile Liability and any other insurance as per the insurance specifications for both onsite and offsite activities contained in the Subcontract. See **Project Definitions** for the definition of Enrolled Parties.

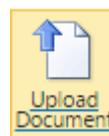
**Excluded Parties** must provide evidence of Workers' Compensation, General Liability, Excess/Umbrella Liability, Automobile Liability, and any other insurance as per the insurance specifications in the Subcontract for all activities including both onsite and offsite activities as per the insurance specifications in the Subcontract. See **Project Definitions** for the definition of Excluded Parties.

### Verification of Required Coverages

Subcontractors shall provide verification of insurance to the OCIP Administrator prior to mobilization and within three (3) days of any renewal, change or replacement of coverage. **Please note the requirements for thirty (30) days' notice of cancellation, waiver of subrogation and additional insured status.** The limits of liability shown for the insurance required of the Subcontractors are minimum limits only and are not intended to restrict the liability imposed on the Subcontractors for work performed under their subcontract. Please refer to the Subcontract for details.

### How to Upload a Document (Certificate of Insurance)

1. Navigate to the contract and Click Upload Document
2. You can upload any of the following document "types"



FILE TYPE	EXTENSION
Text Files	.txt
Worksheets	.xls,.xlsx,.wrk,.wls
Web	.htm,.html
Images	.jpg,.gif,.bmp,.tif,.png
Compressed Files	.zip,.rar
PDF Files	.pdf
Word Files	.doc,.docx
Presentations	.ppt,.pptx

1. Your document NAME cannot contain any of the following characters # ~ % & { }

## **SUBCONTRACTOR RESPONSIBILITIES**

2. Select the Document Type and add a description – then click on Save & Close

Contractors are responsible for monitoring their Subcontractor's OCIP administration compliance. NJSDA reserves the right to disapprove the use of Subcontractors unable to meet the insurance requirements or who do not meet other NJSDA requirements.

## Subcontractor Responsibilities

The Contractors and its Subcontractors of all tiers are required to cooperate with NJSDA and its OCIP Administrator, OCIP Broker and OCIP Insurers in all aspects of OCIP operation and administration. The responsibilities of Subcontractors include, but are not limited to the following:

- Removing from your bid the cost of OCIP-provided insurance
- Provide each of your Subcontractors with a copy of this OCIP Insurance Manual by including it in all subcontracts
- Each eligible Subcontractor must provide information within 5 days of contracting or no less than 45 days before mobilization and assure each lower tier Subcontractor provides information within 5 days of contracting or no less than 45 days before mobilization
- Provide timely evidence of required insurance to NJSDA
- Notify the OCIP Administrator of all lower tier subcontracts awarded (first tier and subsequent tiers)
- Subcontractor shall cause all Subcontractors to submit and retain copies of appropriate Certificates of Insurance for Subcontractors that are in compliance with the limits required by Subcontract
- Maintain and report monthly payroll records via Aon's online system, AonWrap
- Cooperate with the OCIP Administrator's requests for information
- Comply with all insurance, claim and safety procedures
- Notify NJSDA immediately of any insurance cancellation or non-renewal of your or your Subcontractor's required insurance
- Subcontractor Approval Process – Prime Contractor is required to notify the NJSDA Small, Minority and Woman-owned Business Enterprises (SMWBE) Unit 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 work onsite.

### Subcontractor Bids

NJSDA provides Workers' Compensation, General Liability, Builders' Risk and Excess Liability insurance for all Enrolled Parties under the OCIP for Work performed at the Project Site. The section below, "Identifying Subcontractor and Subcontractor Insurance Costs" describes the procedures for bidding.

### Identifying Subcontractor Insurance Costs

Each subcontractor is required to **exclude** from its bid its normal cost for the insurance coverages that are provided under the OCIP program (including sub-subcontracted work whether or not the sub-subcontractor is identified at the time of the bid). All insurance costs will be removed from each subcontractor's subcontract and labor rates/hourly wages. NJSDA may modify this bidding and insurance cost identification as necessary by the specific project requirements.

### Safety Standards

Each General Contractor is required to have a written safety program and to provide a designated safety representative who is on-site when any Work is in progress. Minimum standards for Subcontractor safety programs are in NJSDA Safety Manual requirements, a contractual document.

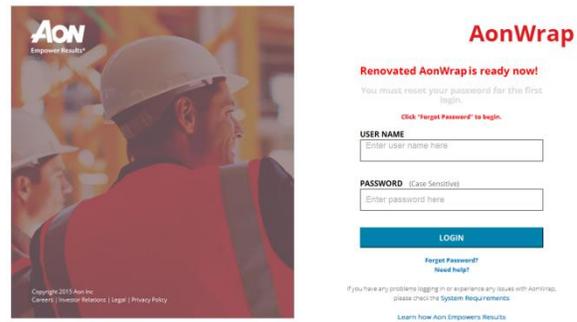
## SUBCONTRACTOR RESPONSIBILITIES

### Enrollment

Each subcontractor and Sub-subcontractor shall provide details about its Sub-subcontractors as necessary for OCIP enrollment. All of the information requested on the **Enrollment Application** form (Aon Form 3) is required for enrollment. This form must be completed and submitted to the OCIP Administrator prior to mobilization to obtain coverage under the OCIP via AonWrap.

### How to Access the AonWrap Application

You can access AonWrap by entering <https://www.aonwrap.aon.com> in your Internet Browser.



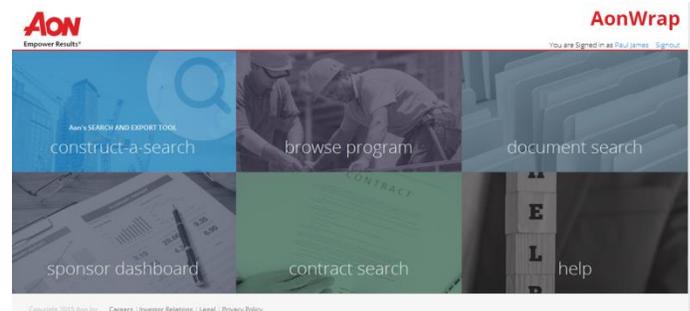
### How to Login

Once at the AonWrap home page:

- Enter your unique User ID and enter your Password
- Click on the LOGIN button to gain access to the secure AonWrap application
- Please note that the first time you log on you will be requested to change your password
- Contact the OCIP Administrator to obtain a User ID

### Notice of Award – Notification of Subcontractor to Aon

- From the Welcome Page use the browse program option.
- Click New NOA (Notice of Award) and complete the information on your subcontractor



Once enrollment is complete, 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.

**Please Note: Enrollment is not automatic!** Enrollment into the OCIP is required, but not automatic. Access to the Project Site will not be permitted until enrollment is complete. Eligible subcontractors and Sub-subcontractors MUST complete the enrollment forms and submit to the OCIP Administrator who will confirm complete enrollment into the OCIP. If a subcontractor or Sub-subcontractor obtains access to the site, with or without NJSDA's knowledge, OCIP coverage will not be provided if sub is not enrolled.

**Un-enrolled/excluded subs do not have any insurance coverage under the OCIP.**

## SUBCONTRACTOR RESPONSIBILITIES

### Assignment of Premiums

NJSDA pays the cost of the OCIP insurance coverage. All Enrolled Parties will assign, to NJSDA, all adjustments, refunds, premium discounts, dividends, deductible payments, costs or any other monies due from or to the OCIP insurer(s). Subcontractors will assure that Subcontractor has executed such an assignment.

### Payroll Reports

In order to administer the workers' compensation policy, by the 10<sup>th</sup> of each month every Enrolled Party must submit to the OCIP Administrator an **Onsite Payroll Report** via the AonWrap website 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 subcontractor's Enrollment Form (Aon Form 3). Payroll should be reported via AonWrap website at <https://www.aonwrap.aon.com/default.asp> Please contact the Aon Administrator for a user id and password.

**NOTE:** The Monthly Payroll Report should include the "straight-time" payroll and the "straight-time" portion of any "overtime" payroll for all OCIP qualified employees, including onsite supervisors and onsite clerical personnel.

A monthly payroll report must be submitted for each month, including "zero (0) payroll" for those months were no onsite labor was expended, until completion of the work under each Subcontract. For those subcontractors performing Work under multiple subcontracts, a **separate Onsite Payroll Report** is required for **each** Subcontract.

### How to Report Payroll

1. From your contract, click on the Forms ribbon "Payroll" Button and select "New Payroll Report"
2. Enter information on your onsite activity for the reporting period



B. Activity

Entry Via:

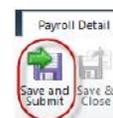
Country	State	WC Code	Class Description	Man Hours	Gross Payroll (USD)	Reportable Payroll (USD)
USA	FL	5506	Executive Supervisor	0.00	\$ 0.00	\$ 0.00
USA	FL	9805	Clerical Office Employees - NOC	0.00	\$ 0.00	\$ 0.00
<b>Totals</b>				<b>0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

Site:

[Add Activity](#)

**All Other States**  
Premium shall be computed on the basis of the total remuneration paid or payable by the insured for services of the employee covered by this policy.

3. Enter your signature information- Fields with "\*" are required
4. When you have completed the entry of all your information, click on "Save and Submit" on your Payroll Detail Ribbon at the top of the form



### Change Order Procedures

Subcontractors will price Change Orders to **exclude** their Insurance Cost and must provide an estimated payroll, including Subcontractors estimated payroll, amounts for work performed under the Change Order, unless otherwise directed by NJSDA. Subcontractors may be required to provide evidence that the wage labor rates do not include any OCIP-provided insurance costs.

## SUBCONTRACTOR RESPONSIBILITIES

### Insurance Company Payroll Audit

Each Enrolled Party is required to maintain payroll records for each Subcontract. Such records will allocate the payroll by Workers' Compensation classification(s) and exclude the excess or premium paid for overtime. Furthermore, such records will limit the payroll for Executive Officers and Partners/Sole Proprietors to the limitations as stated in the State of New Jersey 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, and records, of any and all kinds, to the auditors of the OCIP insurance carrier(s) or NJSDA's representatives. 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.

### Closeout and Audit Procedures

An enrolled Subcontractor must submit the **Notice of Work Completion** when a Subcontractor and/or Subcontractor has completed its Work at the Project Site and no longer has onsite workers. The Notice of Work Completion will initiate the final payroll report and audit of payroll and man-hours by the OCIP Insurer. Notice of Work Completion should be reported via AonWrap website at <https://www.aonwrap.aon.com/default.asp> Please contact the Aon Administrator for a user id and password.

Should the Subcontractor return to the Project Site, for any reason, they will do so under their own insurance program and must provide NJSDA with a Certificate of Insurance showing their own coverage as detailed in the Subcontract.

### OCIP Termination or Modification

NJSDA may, for any reason, modify the coverage provided by the OCIP insurance policies, discontinue the OCIP or any part thereof, or request that a Subcontractor or any of its Enrolled Subcontractors of any tier withdraw from the OCIP upon 30-days written notice. Upon such notice Subcontractor and/or one or more of its Enrolled Subcontractors, as specified by NJSDA in such notice, shall obtain and thereafter maintain during the performance of the Work, all (or a portion thereof as specified by NJSDA) replacements of the OCIP Coverages. The form, content, limits of liability and the insurer issuing such replacement insurance shall be subject as set forth in the Prime Contract Agreement for both onsite and offsite operations. The cost of the replacement insurance shall be at NJSDA's expense, but only to the extent of the applicable costs of the OCIP insurance policies and equal to, or the applicable proportion of, the Subcontractor's alternative for insurance coverages as verified by the OCIP Administrator.

## SUBCONTRACTOR RESPONSIBILITIES

### Need Assistance with AonWrap or OCIP Forms Completion?

1. Click on Help



2. Search for your topic

Last modified at 9/15/2015 8:39 AM by Jane Glazer

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If you need further assistance, please call or email us at the information below:



07:00-19:00  
Central



Monday-Friday



+1-866-283-7122



[acs.construction@aon.com](mailto:acs.construction@aon.com)

## On-Site Claim Procedures

### General Procedures

Please refer to the NJSDA Safety Manual, Section 9.0. All accidents resulting in employee injury, property damage, or involving the public must be reported as soon as the accident occurs, by the injured/responsible employee's subcontractor Competent Person/Foreman-in-Charge (if a subcontractor employee) to the Prime Contractor Safety Coordinator and Inspector. Completion of the applicable forms (Form 1108A, 1109A or 1110A) must be done immediately upon notification of an incident and electronically sent to the following within 24 hours of event: NJSDA assigned Field Compliance Inspector, NJSDA RMU, the OCIP insurance carrier and the CM. Original to be filed at the site by the Prime Contractor. Courtesy copy can be given to injured employee and Foreman-in-Charge, if requested.

#### **Immediately call the Prime Contractor and CM in the event of the following:**

- Any injury for which an ambulance is called
- Injury to head or neck
- Possible injury to back or spinal cord
- Unconscious employee
- Possible blindness
- Amputation of limbs
- Fatality
- Heart attack or stroke
- Hospitalization
- Property damage estimated over \$1,000

### Investigation Assistance

All Parties will assist in the investigation of any accident or occurrence involving injury to persons or property. All Parties will cooperate with the companies involved in adjusting any claim by securing and giving evidence and obtaining the participation and attendance of witnesses required for the investigation and defense of any claim or suit.

### Workers' Compensation Claims

The main responsibility for any party is first to see that the injured worker receives immediate medical care. Next, you should immediately notify the Prime Contractor in the event of a serious injury or accident. Subcontractors' onsite personnel will follow these procedures if any employee is involved in an accident or occurrence resulting in bodily injury:

1. Subcontractors must contact designated first aid/medical personnel and transport the injured party to the onsite first aid or medical facility, as necessary.
2. Follow the NJSDA Safety Manual Worker's Compensation Incident Reporting Instructions.
3. Employer must complete NJSDA's Worker's Compensation Employer's First Report of Injury Injury/Illness Reporting Form (**1108A**) and file as instructed within 24 hours of employee's notice of injury/claim.
4. Immediately send all subsequent medical return to work notes, inquiries or correspondence about an injured party to the Prime Contractor, NJSDA assigned Field Compliance Inspector, NJSDA RMU, the OCIP insurance carrier, and the CM.
5. Completion of the NJSDA's Worker's Compensation Follow Up investigation Reporting Form (**1108B**) must be completed within 48 hours of date of incident by General Contractor Safety Coordinator, and with the subcontractor's Competent Person/Foreman-in-Charge. Copies should be sent to the NJSDA OCIP carrier, the CM and the NJSDA RMU.

## ON-SITE CLAIM PROCEDURES

### Management & Reporting Procedures for Subcontractors

#### EMERGENCIES (Serious Bodily Injury)

1. Call responding Emergency Medical Service (911) and Notify NJSDA Personnel
2. Secure and Check scene for safety
3. Implement and follow site specific Emergency Action Plan.

#### NON-EMERGENCIES

1. Obtain Clinic Release Form from the Site Safety Manager.
2. The injured employee is transported to clinic by their employer.
3. Provide completed forms to the medical provider upon arrival at clinic (required for treatment authorization and billing).
4. After treatment, injured employee and transporter must return medical documentation to the Prime Contractor.

### Liability Claims

Please refer to the NJSDA Safety Manual, 3<sup>rd</sup> Party (General Liability) Incident Reporting Form NJSDA Form 1109. The Prime Contractor should complete this form with the assistance of the claimant. Completion of this form must be done immediately upon notification of injury and electronically sent to the following within 24 hours of event: NJSDA assigned Field Compliance Inspector, NJSDA RMU, the OCIP insurance carrier, and the CM. Original to be filed at the site by the Prime Contractor. Courtesy copy can be given to claimant, if requested.

As soon as the onsite personnel become aware of the accident or occurrence, they must:

1. Take appropriate emergency measures to prevent additional injury or damage, including contacting police and fire authorities as required by law.
2. Complete and submit a *NJSDA's 3<sup>rd</sup> Party (General Liability) Incident Reporting Form (1109A)* to the Prime Contractor within 24 hours of the incident.
3. Immediately send all subsequent inquires or correspondence about an insured loss or claim, including a summons or other legal documents, immediately to the Prime Contractor, NJSDA Field Compliance Inspector, NJSDA RMU, OCIP insurance carrier, and the CM.

**Do not voluntarily admit liability and cooperate with NJSDA and the OCIP insurer representatives in the accident investigation.**

### 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 NJSDA's Property during Construction (Builder's Risk) Incident Reporting Form (1110). The Prime Contractor will fax/email the completed form to the

## ON-SITE CLAIM PROCEDURES

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 NJSDA's Site Safety Manager. 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 incidents under the OCIP. It is the sole responsibility of each Party to report accidents/claims to their own insurers.** Report events that may give rise to a pollution claim by immediately notifying the Site Safety Manager of any known or suspected pollution incidents. Each Party shall cooperate in the investigation of all incidents.

### Loss Runs

An enrolled subcontractor may obtain loss runs for their own onsite experience by requesting, in writing on their company letterhead or email, directed to the OCIP Administrator.

# OCIP Forms

This section contains the forms needed for the OCIP.

1. The Enrollment Form (Aon Form 3) - can also be completed online via [www.AonWrap.Aon.com](http://www.AonWrap.Aon.com)
2. Sample Certificate of Insurance for Enrolled Contractors
3. Sample Certificate of Insurance for Excluded Contractors

**Note:** For assistance in completing these forms, please contact the OCIP Program Administrator

## BIDDING CHECKLIST

### ALL DOCUMENTS AND INFORMATION NEEDED FOR BIDDING

- Did you remember to remove the cost of your worker's compensation, general liability and excess liability from your bid?
- Did you notify your insurance agent that you are a participant of the NJSDA OCIP Program?
- Did you attach a copy of your current Certificate of Insurance that complies with the contract requirements?
- Do you have Subcontractors? If yes:
  - Notify Aon as soon as the subcontractor is identified PRIOR to the subcontractor starting work on-site.
  - Provide a copy of the NJSDA OCIP Manual and contract language to all your subcontractors and require that they do the same for any of their subcontractors.
  - Have your subcontractors been approved through the NJSDA's Subcontractor Approval Process?

If you or your insurance agent have any questions about the NJSDA OCIP, please contact the OCIP Administrator at the number below:

<b>Wrap-Up Specialist</b>	Kait Nubel
<b>Wrap-Up Hotline</b>	866-566-5334, Option 3
<b>Wrap-Up Fax</b>	800-363-6695
<b>Wrap-Up Specialist Email</b>	ACS.Construction@Aon.com



Insurance Cost Worksheet Form 1a  
Numbers reference attached instructions

NJSDA OCIP IV  
Project Name  
Page 1 of 2

**A. Contractor Information:** Federal ID # or Soc. Sec. #: 1

<p><b>Business Information (headquarters)</b></p> <p>Company Name &amp; dba: <u>2</u></p> <p>Contact Name &amp; Title: _____</p> <p>Address: _____</p> <p>City, State, Zip Code: _____</p> <p>Telephone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>	<p><b>Contact Information (address questions to..)</b></p> <p><u>3</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--	---

**B. BID INFORMATION:** Bid 1 [Project Name] \_\_\_\_\_

Description of Work: 2

Proposed Contract Price \$: 3 Are you Submitting a bid to : 5  Yes  No

Amount of Self Performed Work 4 If No, identify to whom: 6

**C. Workers' Compensation Insurance Information for Work Described Above:** <sup>(a)</sup> (attach a separate sheet if necessary)

a State	b Class Code	c Description	d Rate (per \$100 payroll)	e Man-hours	f Payroll	g WC Premium (Payroll * Rate / 100)																										
<u>1</u>																																
<b>Total</b>				<u>2</u>	<u>3</u>	<u>4</u>																										
Identify the Amount of Your Claim Retention: <u>5</u>			Your Company's Workers' Compensation Experience Modifier: _____																													
Employers Liability Rate: <u>8</u>			Modified Premium (line C4 x C6): <u>7</u>																													
			Employers Liability Premium: <u>9</u>																													
<table border="1" style="width:100%"> <tr> <th colspan="3">10 Modification &amp; Discount Premium Factors</th> <th>11 Rate</th> <th>12 Amount</th> </tr> <tr> <td>Mod 1:</td> <td>+ or -</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Mod 2:</td> <td>+ or -</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Mod 3:</td> <td>+ or -</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Mod 4:</td> <td>+ or -</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>			10 Modification & Discount Premium Factors			11 Rate	12 Amount	Mod 1:	+ or -	_____	_____	_____	Mod 2:	+ or -	_____	_____	_____	Mod 3:	+ or -	_____	_____	_____	Mod 4:	+ or -	_____	_____	_____					
10 Modification & Discount Premium Factors			11 Rate	12 Amount																												
Mod 1:	+ or -	_____	_____	_____																												
Mod 2:	+ or -	_____	_____	_____																												
Mod 3:	+ or -	_____	_____	_____																												
Mod 4:	+ or -	_____	_____	_____																												
Total Modification Amount (Total of all amounts entered in column C12):						<u>13</u>																										
Total Workers' Compensation Premium (line C7 + C9 + C13):						<u>14</u>																										

**D. General Liability:** <sup>(a)</sup> Rate: 1 2 Based On: Total Payroll (C3) Contract Price (B3) Other \_\_\_\_\_

3 Rate factor: Per 100 Per 1,000

Identify the Amount of Your Claim Retention: \_\_\_\_\_

GL Premium (D2 x D1 ÷ D3): 5

**Excess/Umbrella Liability:** <sup>(a)</sup> Rate: 6 7 Based On: Total Payroll (C3) Contract Price (B3) Other \_\_\_\_\_

8 Rate factor: Per 100 Per 1,000

Excess/Umbrella Premium (D7 x D6 ÷ D8): \_\_\_\_\_

9

**E. Builder's Risk/Installation Floater:** <sup>(a)</sup> Rate: 1 2 Rate factor  Per 100  Per 1,000

Builder's Risk/Installation Floater Premium (B3 x E1 ÷ E2): 3

**F. Other Insurance Premiums:** <sup>(a)</sup> (Enter total premium costs identified on page 2) 1

**G. Totals** Total of all Insurance Premiums (Total of lines C14 + D5 + D9 + E3 + F1): 1

Overhead & Profit on Insurance Prem. %: 2 O/H & Profit Amount (G1 x G2): 3

**Total Initial Insurance Cost (Total of lines G1 + G3):** 4

**Contractor's Initial Insurance Cost Rate (Line G4 divided by total payroll in line C3 x 100):** 5

**H. Signature Block:** I verify the information presented above and attachments are correct:

Name: \_\_\_\_\_ (please print) Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Completion of this form is a required part of your bid and must accompany your bid documents. Complete a separate form for each contractor, known subcontractor(s) and trades not currently awarded to a subcontractor. Duplicate this form as needed.

- (a) Please provide copies of the following documents to support your insurance cost calculations:
- Schedule of Values
  - Workers' Compensation declaration and rate pages
  - Experience Modification worksheet
  - General Liability declaration and rate pages
  - Umbrella/Excess Liability declaration and rate pages
  - 5 years actual loss experience for each line of coverage in which Contractor retains a deductible or SIR.



Insurance Cost Worksheet Form 1a  
Instructions

NJSDA OCIP IV  
Project Name  
Page 2 of 2

Complete a separate form for each contractor, known subcontractor and trade not currently awarded to a subcontractor. Duplicate this form as needed. **Completion of this form is a required part of your bid and must accompany your bid documents.**

**A. Contractor Information**

- 1 Enter your company's Federal ID number. This number can be found on filings made to the federal government such as your tax return.
- 2 Enter your company's name, mailing address and phone/fax number for your company's main office location in the space provided below.
- 3 Enter the name of the person Aon should contact if questions arise. Include the mailing address, phone/fax and email address if different than A-2

**B. Bid Information**

- 1 Enter the Bid Package Number, Contract Number or Purchase Order Number that was included in 's originating documentation.
- 2 Provide a brief description of the work you will be performing at the project site.
- 3 Identify the total amount of your bid.
- 4 Identify the amount of work that you anticipate will be self-performed.
- 5 Check the appropriate box that identifies if you contract directly with or are a subcontractor.
- 6 If you are a subcontractor, identify the entity with whom you are under contract.

**C. Workers' Compensation Insurance Information** *(Duplicate or attach additional sheets if necessary. You may create an electronic version of this document if all requested information is included):*

- 1
  - a Enter the two letter abbreviation for the state in which the work will be performed.
  - b Enter each Workers' Compensation class code that applies to your work identified in B2. *(Most states use a 4 digit Number)*
  - c Enter the Workers' Compensation class code description that applies to each class code identified in C1b.
  - d Enter the Workers' Compensation rate that applies to the specified class code.
  - e Enter the estimated Man-hours required to complete the described work for each Workers' Compensation class code.
  - f Enter the estimated Payroll required to complete your work. Use only unburdened payroll and exclude the premium portion of any overtime pay.
  - g Calculate the WC Premium by multiplying the Payroll (C1f) by the Rate (C1d) and dividing the result by 100. Repeat this calculation for each WC class code.
- 2 Total the estimated Man-hours for each class code. Be sure to include information from additional pages if used.
- 3 Total the estimated Payroll for each class code. Be sure to include information from additional pages if used.
- 4 Total the Workers' Compensation Premium for each class code. Be sure to include information from additional pages if used.
- 5 Enter the amount of the Claim Retention / Deductible your company has on their existing Workers' Compensation.
- 6 Enter your WC Experience Modifier. This information can be located on your Workers' Compensation policy or on your NJCRIB Bureau Rating Sheet.
- 7 Calculate the Modified Premium by multiplying the WC Premium (C4) by the Experience Modifier (C6).
- 8 Enter your Employer's Liability Insurance Rate. This information can be found in your Workers' Compensation policy.
- 9 Calculate your Employer's Liability Premium by multiplying the Modified Premium (C7) by the Employer's Liability Rate (C8).
- 10 Identify the Modifiers that apply to your Workers' Compensation Premium. This information can be located on your Workers' Compensation Policy.
- 11 Enter the Rate for each identified Modifier. The information can be located on your Workers' Compensation Policy
- 12 Calculate the Modified Premium Factor Amount by multiplying the Modified Premium (C7) by the Modified Premium Rate (C11) and dividing by 100. Be sure to identify if the Modification factor is an addition or reduction to your premium.
- 13 Total the Modified Premium Amounts by adding the numbers in column C12.
- 14 Calculate the Total Workers' Compensation Premium by adding the Modified Premium (C7) to the Employer's Liab Premium (C9) and adding the Premium Modifications (C12).

**D. General Liability & Umbrella/Excess Liability Insurance**

- 1 Enter the General Liability Rate. This number can be found on your General Liability Policy
- 2 Identify the base the General Liability Rate applies to. If the base is other than Payroll or Revenue, enter the amount and the description in the space provided.
- 3 Identify the General Liability Rate factor by marking the box.
- 4 Identify the amount of your Claim Retention.
- 5 Calculate the General Liability Premium by multiplying the Bases (D2) by the Rate (D1) and dividing by the factor (D3).
- 6 Enter the Excess/Umbrella Liability Rate. This number can be found on your Excess/Umbrella Liability Policy
- 7 Identify the base the Excess/Umbrella Liability Rate applies to. If the base is other than Payroll or Revenue, enter the amount and description in the space provided.
- 8 Identify the Excess/Umbrella Liability Rate factor by marking the box.
- 9 Calculate the Excess/Umbrella Liability Premium by multiplying the Bases (D7) by the Rate (D6) and dividing by the factor (100 or 1,000).

**E. Builder's Risk/Installation Floater**

- 1 Enter the Builder's Risk/Installation Floater Rate. Locate this information on your Property Policy or Builder's Risk Policy.
- 2 Identify the base factor that it applies to (100 or 1,000).
- 3 Calculate the Premium by multiplying the Proposed Contract Price (B3) by the Rate (E1) and dividing it by the Factor (E2).

**F. Other Insurance Premiums**

- 1 For each of the Insurance Lines of Coverage identified below, Identify the Rate, Base and Factor. Calculate the Premium by multiplying the Base x Rate ÷ Factor. Total the Other Insurance Premiums in the space provided and carry that amount to the front page.

**G. Totals**

- 1 Calculate the Total of all Insurance Premium by adding Workers' Compensation (C14), General Liability (D5), Excess/Umbrella Liability (D9), Builder's Risk/Installation Floater (E3), and Other Insurance Premiums (F1).
- 2 Identify the Overhead & Profit Percentage that was applied to this project during the tabulation of the Proposed Contract Price.
- 3 Calculate the Overhead & Profit Amount by Multiplying the Total of all Insurance Costs (G1) by the Overhead & Profit Percentage (G2).
- 4 Calculate the Total Initial Insurance Cost by adding the Overhead & Profit Amount (G3) with the Total of all Insurance Premium (G1)
- 5 Calculate your rate by Dividing the Total Initial Insurance Cost (G4) by the Estimated Payroll (C3) and multiplying by 100.

**H. Signature Block:** This form must be signed by a representative of your company with the authority to Verify the information is correct.

**Note: Please provide copies of the following documents as part of your submittal:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Schedule of Values                               | <input checked="" type="checkbox"/> General Liability declaration and rate pages  |
| <input checked="" type="checkbox"/> Workers' Compensation declaration and rate pages | <input checked="" type="checkbox"/> Umbrella/Excess Liability declaration and rate pages  |
| <input checked="" type="checkbox"/> Experience Modification worksheet                | <input checked="" type="checkbox"/> 5 years actual loss experience for each line of coverage in which Contractor retains a deductible or SIR. |





Enrollment  
Numbers reference attached instructions

NJSDA OCIP IV  
Project Name  
Page 1 of 3

Examine your current Workers' Compensation and General Liability Policies or contact your Insurance Agent to assist you with completing this form. **\*\*\* NOTICE \*\*\*** Enrollment is not automatic and requires the satisfactory completion of the Aon Form-3. In addition, submit a Certificate of Insurance providing evidence of your offsite coverage. Please refer to the Insurance Manual for coverage requirements.

**A. Contractor Information:** Federal ID # or Soc. Sec. #: 1

Company Name & dba: 2 3  
 Contact Name & Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, MA Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Indicate your Organization's Structure: 4  Corporation  Partnership  S-Corporation  
 Joint Venture  Sole Proprietor  Other \_\_\_\_\_

**B. CONTRACT INFORMATION:** Contract No.: 1 [Project #] \_\_\_\_\_

Date Contract Awarded: 2 \_\_\_\_\_  
 Description of Work: 3 \_\_\_\_\_  
 Proposed Contract Price \$: 4 \_\_\_\_\_ Are you Submitting a bid to [GC]: 6  Yes  No  
 Amount of Self Performed Work 5 \_\_\_\_\_ If No, identify to whom: 7 \_\_\_\_\_

Start Date: 7  Actual  Estimated Completion Date: 8  Actual  Estimated

**C. Contacts:** (Complete if Applicable)

Position	1 Name & Title	2 Phone	3 Fax	4 email address
Project Mngr:				
Res. Engineer:				
Insurance:				
Contract				
Payroll:				
Claims:				
Safety Rep:				

Provide Location of payroll records if different than Corporate address: 5 \_\_\_\_\_ Phone: \_\_\_\_\_  
 City, MA, Zip Code: \_\_\_\_\_ Fax: \_\_\_\_\_

**D. Workers' Compensation Insurance Information for Work Described Above:** (attach a separate sheet if necessary)

a State	b Class Code	c Description	d Man-hours	e Payroll
<b>Totals</b>			<u>2</u>	<u>3</u>

**E. Provide your current Offsite Workers' Compensation Information:** (for each state you will perform work in)

Applicable State	Risk ID Number	Rating Bureau	Anniversary Rating Date
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>

Your WC Insurance Carrier: 5 \_\_\_\_\_  
 Policy #: 6 \_\_\_\_\_ Effective Date: 7 \_\_\_\_\_ Expiration Date: 8 \_\_\_\_\_

**F. Subcontract Information:** List **all** subcontractors that will be working for you on this project (complete the information in the following table). **Use additional paper if necessary:**

1 Subcontractor	2 Subcontract \$	3 Contact Person	4 Address	5 Phone Number Email Address	6 Estimated Start Date

**G. Enrollment Questions:** Answer each question. Use additional paper if necessary.

- 1 Will you have any offsite location(s) 100% dedicated to this project?  Yes  No  
If yes, please provide address:  
\_\_\_\_\_
- 2 Please check if:  Any aircraft used on this project  Any watercraft used on this project
- 3 Please indicate if labor from the following sources will be used:  Employee Leasing Firm  Temporary Labor Agency
- 4 What is your current experience modification? \_\_\_\_\_
- 5 Are you an Independent Crane Company? \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_

**H. WARRANTY APPLICABLE TO PROGRAM INSURANCE COVERAGE**

- 1 Premiums for this Program are the responsibility of NJSDA and I agree any and all return of premium, dividends, discounts, or other adjustments to any Program policy(ies) is assigned, transferred and set over absolutely to NJSDA. This assignment applies to the Program policy(ies) as now written or as subsequently modified, rewritten or replaced. Rights of Cancellation for all Program insurance policy(ies) arranged by NJSDA are assigned to NJSDA.
- 2 I will pay the cost of premium(s) for non-Program insurance coverage, specified in the Contract Documents.
- 3 I authorized the release of all claim and audit information for all insurance policies under this Program.
- 4 It is my responsibility to notify my insurance carrier(s) that I am enrolling in this Program.
- 5 I have omitted from my bid the insurance costs for the coverage provided by NJSDA. I further agree to the Aon Verified Insurance Cost Rate as described in the Insurance Manual.
- 6 The statements in this insurance application are true to the best of my knowledge.

**I. Signature Block:** I verify the information presented above and attachments are correct:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
**(please print)**  
 Title: \_\_\_\_\_ Signatur  
 e: \_\_\_\_\_

**Note:** Information can be submitted on-line at [www.aonwrap.aon.com](http://www.aonwrap.aon.com). Please contact your Administration Staff to obtain a user ID and Password.

**Email to:** [ACS.Construction@eon.com](mailto:ACS.Construction@eon.com)  
**SUBJECT LINE:** #570000075113/NJSDA/ Project Name – Project # **Phone:** 866-566-5335 Option 3  
 c/o Aon Construction Wrap-Up Team **Fax:** 800-363-6695  
 4 Overlook Point  
 Lincolnshire, IL 60069

<b>AON</b> Form-3	Form 3 Instruction	NJSDA OCIP IV Project Name Page 3 of 3
<p>This form must be completed and submitted by each successful Contractor and subcontractor of any tier prior to Site mobilization <b>for each contract awarded</b>. The Contractor and subcontractor will submit the completed form to Aon Risk Services. Upon receipt of this form, Aon will issue to the Contractor or subcontractor a Certificate of Insurance evidencing coverage in the Controlled Insurance Program. The completed Certificate of Insurance and Workers' Compensation insurance policy will be mailed to the Enrolled party.</p>		
<b>A. Contractor Information</b>		
1 Enter your company's Federal ID number. This number can be found on filings made to the federal government such as your tax return.		
2 Enter your company's name, mailing address and phone/fax number for your company's primary office location.		
3 Enter the name of the person Aon should contact if questions arise. Include mailing address, phone/fax and email address, if different than A2.		
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.		
<b>B. Contract Information</b>		
1 Enter the Contract Number or Purchase Order Number that was included in NJSDA Construction's originating documentation.		
2 Supply the Date this Contract was awarded to your organization.		
3 Provide a brief description of the work you will be performing at the project site.		
4 Identify the total amount of your contract.		
5 Identify the amount of work that you anticipate will be self-performed.		
6 Check the appropriate box that identifies if you contract directly with NJSDA Construction or are a subcontractor.		
7 If you are a subcontractor, identify the entity with whom you are under contract.		
8 Enter the Date you anticipate starting work and then mark whether the date provided is actual or estimated.		
9 Enter the Date you anticipate completing the described work and then mark whether the date provided is actual or estimated.		
<b>C. Contacts</b> <i>(Requested Contact information is for specific functions. It is possible to have a single person fulfill multiple responsibilities.)</i>		
1 Identify the name of the person and their title for each function. These individuals should be located, if at all possible, onsite.		
2 Provide the phone number for each person identified above.		
3 Provide the fax number for each person identified above.		
4 Provide the email address for each person identified above, if applicable.		
5 Identify the physical location where your payroll records are retained. Provide the Address, City, MA, Zip Code, Telephone, Fax Number and Email Address of the person responsible for maintaining the payroll information.		
<b>D. Workers' Compensation Information</b> <i>(Duplicate or attach additional sheets if necessary. You may create an electronic version of this document if all requested information is included;)</i>		
1 a Enter the two-letter abbreviation for the state in which the work will be performed.		
2 b Enter each Workers' Compensation class code that applies to the work identified in B2. (Most states use a 4 digit Number)		
3 c Enter the Workers' Compensation class code description that applies to the work identified in D1b.		
4 d Enter the estimated Man-hours required to complete the described work by Workers' Compensation class code.		
5 e Enter the estimated Payroll required to complete the described work for each Workers' Compensation class code. Use only unburdened payroll and exclude the premium portions of any overtime pay.		
6 Total all estimated Man-hours for each class code. Be sure to include information from additional pages if used.		
7 Total all estimated Payroll for each class code. Be sure to include information from additional pages if used.		
<b>E. Current Offsite Workers' Compensation Information</b> <i>(Information relates to your corporation's existing coverage; identify each modification factor that applies.)</i>		
1 Enter the State that the Modification Information applies to.		
2 Enter your Bureau File Number also referred to as your Risk Identification Number. This number can also be found on your Modification worksheets.		
3 Enter the Bureau Rating Agency. In most states this is NJCRIB.		
4 Provide your Company's Anniversary Rating Date. Information can be located on your bureau's WC Experience Modification worksheets.		
5 Identify your insurance carrier for Workers' Compensation Coverage.		
6 Provide your Workers' Compensation Policy Number.		
7 Provide the effective date of your Workers' Compensation policy.		
8 Provide the expiration date of your Workers' Compensation policy.		
<b>F. Subcontractor Information</b> <i>(Provide the following information for each subcontractor that will be performing work at the project site. Use additional sheets, if necessary.)</i>		
1 Identify the name of the Subcontracting firm.		
2 Provide the estimated value of the subcontracted activity.		
3 Provide a contact name, preferably the project manager, for the subcontractor.		
4 Provide the mailing address for the subcontractor.		
5 Provide the phone number for the subcontractor.		
6 Provide the date the subcontractor is scheduled to begin work.		
<b>G. Enrollment Questions</b>		
1 Determine if you will have any locations, offsite, that will be 100% dedicated to this project. Include material/supply storage as a possible location. Mark the appropriate box (yes/no). If you answer yes – provide the address of each location, you identified as 100% dedicated.		
2 Mark the box or boxes that apply. Contemplate only work performed under this contract.		
3 Mark the box or boxes that apply. Employee Leasing Firm are those firms that supply the labor force for your company <i>(You direct the activities of the Leasing Company's employees)</i> . Temporary Labor Firms supplement your labor force.		
<b>H. Warranty Statements:</b>		
1-6 Read each Warranty statement thoroughly. If you have questions regarding any of these statements, contact the Aon administrator identified on page 2.		
<b>I. Signature Block:</b> This form must be signed by a representative of your company knowledgeable of its accuracy.		
<b>Forward the completed Enrollment Application to the Aon administrator identified at the bottom of page 2 of this form. The administrator prior to the start of your work onsite must receive this form.</b>		

NJSDA OCIP IV – Sample Off-Site Certificate of Insurance for ENROLLED Parties



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

Issue Date

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 Agent's Name Address & Phone Number	CONTACT NAME:	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
INSURER A: Insurance Carrier			
INSURED	Contractor's Name and Address  Sample Certificate for Enrolled Parties  Required Insurance	INSURER B:	
		INSURER C:	
		INSURER D:	

**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		X	POLICY #	EFF DATE	EXP DATE	Per Claim/Occ \$ 1,000,000 General Agg \$ 1,000,000 Prod & Comp Opp Agg \$ 1,000,000 Personal & Adv. Injury \$ 1,000,000 Fire Damage Medical Expense
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED <input type="checkbox"/> SCHEDULED <input checked="" type="checkbox"/> AUTOS <input type="checkbox"/> AUTOS NON-OWNED <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> AUTOS		X	POLICY #	EFF DATE	EXP DATE	Combined Single Limit \$ 1,000,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N/A	POLICY #	EFF DATE	EXP DATE	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER EL Each Accident \$ 500,000 EL Disease Policy Limit \$ 500,000 EL Disease Each Accident \$ 500,000

PROJECT: CONTRACT # XXXXXXXXXX – NAME & ADDRESS OF SCHOOL  
 Waiver of Subrogation in favor of the insured on General Liability. Insurance is primary and non-contributory.

<b>CERTIFICATE HOLDER</b> New Jersey Schools Development Authority c/o Aon Risk Solutions, Inc. 4 Overlook Point Lincolnshire, IL 60069 Attn: Wrap Up Department Email: <a href="mailto:acs.construction@aon.com">acs.construction@aon.com</a> Email Subj Line: NJSDA#570000075113	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



NJSDA OCIP IV – Sample Certificate of Insurance for EXCLUDED Parties



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
Issue Date

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 Agent's Name Address & Phone Number	CONTACT NAME:	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
INSURED	Contractor's Name and Address  Sample Certificate for Excluded Parties  Required Insurance	INSURER A: Insurance Carrier	
		INSURER B:	
		INSURER C:	
		INSURER D:	

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	X	POLICY #	EFF DATE	EXP DATE	Per Claim/Occ \$ 5,000,000 General Agg \$ 5,000,000 Prod & Comp Opp Agg \$ 5,000,000 Personal & Adv. Injury \$ 5,000,000 Fire Damage Medical Expense
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED <input type="checkbox"/> SCHEDULED <input checked="" type="checkbox"/> AUTOS <input type="checkbox"/> AUTOS NON-OWNED <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> AUTOS	X	X	POLICY #	EFF DATE	EXP DATE	Combined Single Limit \$ 1,000,000
X	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	X	X				Excess Limit can be combined with General Liability for total required liability limit of \$5,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N/A	POLICY #	EFF DATE	EXP DATE	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL Each Accident \$ 500,000 EL Disease Policy Limit \$ 500,000 EL Disease Each Accident \$ 500,000

**PROJECT: CONTRACT # XXXXXXXXXX – NAME & ADDRESS OF SCHOOL**  
 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 Activities and Operations: NJ Schools Development Authority, NJ Economic Development Authority, NJ Department of Education, The State, the Project School District, The Design Builder, (if applicable), the Construction Manager (if applicable) and their respective officers, directors, members, employees, representatives and agents. Waiver of Subrogation in favor of named additional insureds applies to General Liability, Automobile Liability and Umbrella / Excess Coverages. All coverages apply to On-Site & Off-Site activities. **Please attach All Endorsements CG2010 07 04 (or equivalent) or CG2037 07 04 (or equivalent).**

<b>CERTIFICATE HOLDER</b> New Jersey Schools Development Authority c/o Aon Risk Solutions, Inc. 4 Overlook Point Lincolnshire, IL 60069 Attn: Wrap Up Department Email: <a href="mailto:acs.construction@aon.com">acs.construction@aon.com</a> Email Subj Line: NJSDA#570000075113	<b>CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	AUTHORIZED REPRESENTATIVE