



**New Jersey Schools Development Authority  
(NJSDA)  
(Project Name)**

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Owner Controlled Insurance Program (OCIP)

**OCIP V  
Insurance  
Manual**

**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 V). Each Contractor and Subcontractor eligible for OCIP, is required to omit the cost of its onsite workers' compensation, employer's liability, and general liability primary and/or excess insurance from its bid. It should notify its insurer(s) to endorse its policies to be excess and contingent over the OCIP coverage provided under this Program, for onsite activities.

Subcontractors who are excluded from the OCIP, should include the cost of their workers' compensation, employer's liability and general liability primary and/or excess insurance in their bid.

NJSDA may modify this bidding and insurance cost identification, based on the specific project requirements.

**NOTE:** Insurance coverages and limits provided under the OCIP are limited in scope and are specific to work performed onsite after 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 Alliant Insurance Services (Alliant) prepared the Insurance Manual. NJSDA is the Sponsor for this OCIP. Alliant is the OCIP broker and the OCIP Administrator for this OCIP. 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

- 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
- Provides insurance requirements for enrolled and excluded contractors

## What this Manual Does Not Do

- 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

<b>OCIP ADMINISTRATOR</b> Alliant Insurance Services, Inc.	Alliant Insurance Services, Inc. 101 Park Ave, 19th Floor, New York NY 10178	
<b>Program Administrator</b>	Omari Dickens <a href="mailto:Omari.Dickens@alliant.com">Omari.Dickens@alliant.com</a>	(P): 347-843-1702
<b>Project Manager</b>	Jodi Incremona <a href="mailto:Jodi.Incremona@alliant.com">Jodi.Incremona@alliant.com</a>	(P): 201-258-9617
<b>OCIP Administrator Supervisor</b>	Benjamin Faust <a href="mailto:bfaust@alliant.com">bfaust@alliant.com</a>	(P): 212-895-2912
<b>Claims Advocate - Lead</b>	Brian Palmer <a href="mailto:Brian.Palmer@alliant.com">Brian.Palmer@alliant.com</a>	(P): 646-957-7763
<b>Loss Control Consultant</b>	Elias Goldblatt <a href="mailto:Elias.Goldblatt@alliant.com">Elias.Goldblatt@alliant.com</a>	(P): 332-201-0374

<b>NJSDA PROJECT TEAM</b>		
<b>Director of Risk Management</b>	Curtis Cooper <a href="mailto:ccooper@njsda.gov">ccooper@njsda.gov</a>	(P): 609-858-5121 (C): 609-477-6050
<b>Associate Insurance Risk Manager</b>	Daniel Rosenthal <a href="mailto:drosenthal@njsda.gov">drosenthal@njsda.gov</a>	(P): 609-858-5195 (C): 609-960-1652
<b>Director of Safety</b>	Mark Conte <a href="mailto:mconte@njsda.gov">mconte@njsda.gov</a>	(P): 609-858-5137 (C): 609-306-7169

OCIP PROJECT DEFINITIONS

INSURANCE CARRIER/LIBERTY MUTUAL		
<b>Underwriter</b>	Joseph O’Neil <a href="mailto:Joseph.o’neil@libertymutual.com">Joseph.o’neil@libertymutual.com</a>	(P): 781-974-5689
<b>Client Service Manager</b>	Daniel Falcione <a href="mailto:Daniel.Falcione@libertymutual.com">Daniel.Falcione@libertymutual.com</a>	(P): 267-473-6341

## Project Definitions

TERM	DEFINITION
<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/PROGRAM BROKER:</b>	Alliant Insurance Services, Inc.
<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.
<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 SUBCONTRACTORS</b>	Those Eligible Subcontractors who have submitted all necessary enrollment information and received a Welcome Letter and Certificate of Insurance from the OCIP Administrator.

OCIP PROJECT DEFINITIONS

<p><b>EXCLUDED PARTIES/EXCLUDED SUBCONTRACTORS</b></p>	<p>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>
<p><b>PROJECT SITE:</b></p>	<p>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.</p>
<p><b>SUBCONTRACT:</b></p>	<p>A written agreement between the Contractor and the Subcontractor of any tier. Generically referred to as “subcontract”.</p>
<p><b>CONTRACTOR OR SUBCONTRACTOR:</b></p>	<p>Includes only those persons, firms, joint venture entities, corporations, or other parties that enter into a Contract with NJSDA or its Prime Contractors or Subcontractors to perform Work at the Project Site. Generically referred to as “subcontractor”.</p>
<p><b>WELCOME LETTER:</b></p>	<p>A document issued by the OCIP Administrator, which confirms enrollment of the applicant into the OCIP.</p>
<p><b>WORK:</b></p>	<p>Operations, as fully described in the Subcontract, performed at the Project Site.</p>

# OCIP Insurance Coverage

## 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 coverage to each Enrolled Party, each of whom 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:** Liberty Mutual Insurance Corporation

**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.

**Part One - Workers' Compensation:**

**Part Two - Employer's Liability:**

Bodily Injury by Accident, each accident  
 Bodily Injury by Disease, each employee  
 Bodily Injury by Disease, policy limit

<u>Annual Limits Per Enrolled Party</u>	Statutory Limit
	\$ 1,000,000
	\$ 1,000,000
	\$ 1,000,000

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

### **Commercial General Liability**

**Carrier:** Liberty Mutual Insurance Corporation

**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 Additional Insureds

	<u>Limits of Liability Shared by All Enrolled Parties</u>
Bodily Injury & Property Damage	\$ 2,000,000 Each Occurrence
Personal/Advertising Injury	\$ 1,000,000 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

- Ten (10) Year Products & Completed Operations Extension beyond final acceptance of the entire Project with a single non-reinstated aggregate limit.

SUBCONTRACTOR RESPONSIBILITIES

- 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: Personal & Advertising Injury; Employment Related Practices; Total Pollution; Contractors Professional Liability; Nuclear Energy; Asbestos; Silica; Discrimination; Intellectual Property Rights; PFAS/PFC.

**Excess Liability**

**Carriers:** Various

**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	\$ 150,000,000
Products/Completed Operations Aggregate Per Project	\$ 150,000,000
Annual General Aggregate Limit *	\$ 150,000,000

- Enrolled Parties will receive a certificate of insurance showing a limit of \$25 million, the total of the first two layers of coverage.
- 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: Personal & Advertising Injury; Employment Related Practices; Total Pollution; Contractors Professional Liability; Nuclear Energy; Asbestos; Silica; Discrimination; Intellectual Property Rights; PFAS/PFC.

## 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, which 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.

**Insurance Requirements for Enrolled Contractors** - For any work on a School Facilities Project, and until completion and final acceptance of the work, the Contractor/Subcontractor, at their own cost and expense, shall promptly furnish to the OCIP Administrator, certificates of insurance providing evidence that the following coverage is in force:

<u>Commercial General Liability /Umbrella or Excess Liability - Off-Site Exposures.</u>	
\$1,000,000	Bodily Injury and Property Damage Limit - each occurrence
\$1,000,000	Products/Completed operations Aggregate
\$1,000,000	General Aggregate

Limits of liability shall not be less than \$1,000,000 combined single limit, with excess or umbrella coverage with the same terms and conditions as the underlying coverage, in an amount such that the primary and excess/umbrella coverage equals \$1,000,000.

**The policy shall either be endorsed to exclude the School Facilities Project, or, if the policy includes the School Facilities Project, such coverage must be endorsed as Excess and/or Difference in Conditions ("DIC") of the OCIP coverage, and the cost thereof shall in no way be charged to or paid by the Authority.**

Business Automobile Liability - Off-Site and On-Site Exposures  
\$1,000,000, combined single limit, each accident (including owned, hired, and non-owned autos).

Workers' Compensation and Employers' Liability - Off-Site Exposures  
\$500,000 each accident for bodily injury by accident  
\$500,000 each employee for bodily injury by disease  
\$500,000 policy limit for bodily injury by disease.

The policy will be endorsed to exclude the School Facilities Project.

## SUBCONTRACTOR RESPONSIBILITIES

### Contractors' Equipment- Offsite and On-Site Exposures

Coverage for equipment, personal property and tools, written on a policy form at least equivalent to that provided by a Business Personal Property Policy or a "Contractor's Equipment Floater" as such is customarily defined within the insurance industry.

### Contractors Professional Liability Insurance (Design-Builder only) - Offsite and Onsite Exposures

\$1,000,000 each claim

\$1,000,000 aggregate

*If the policy has a retroactive date, it shall be no later than the date of commencement of Services on the Project.*

**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.

**Insurance Requirements for Excluded Contractors** – Contractors/Subcontractors of the types set forth below, or that solely provide the types of work or services enumerated below, shall not be eligible for enrollment in the OCIP. Excluded Contractors/Subcontractors shall be responsible for ensuring that their respective insurance programs fit their needs, and it is their responsibility to arrange for and secure any insurance coverage that they deem advisable.

- Consultants
- Suppliers (that do not perform or subcontract installation);
- Vendors
- Guard & security services
- Janitorial services
- Truckers (including trucking to the School Facilities Project where delivery or removal of materials is the only scope of work performed)
- Other temporary project services
- Demolition
- Lead, asbestos & hazardous materials abatement
- Off-site fabricators
- Material dealers

For any work on a School Facilities Project, and until completion and final acceptance of the work, the Contractor shall require all Excluded Subcontractors to purchase and maintain, at their own cost and expense, the insurance coverages set forth below. Excluded Subcontractors shall promptly furnish to the OCIP Administrator, certificates of insurance providing evidence that the following coverages are in force.

In addition, to the extent that a Contractor's work is ineligible for coverage, the Contractor shall be required to purchase and maintain, at its own cost and expense, the insurance coverages set forth below. Contractor shall promptly furnish to NJSDA's Risk Management Unit, certificates of insurance providing evidence that the following coverages are in force.

### Commercial General Liability /Umbrella or Excess Liability - On-Site and Off-Site Exposures.

#### SUBCONTRACTOR RESPONSIBILITIES

\$5,000,000	Bodily Injury and Property Damage Limit - each occurrence
\$5,000,000	Products/Completed Operations Aggregate
\$5,000,000	General Aggregate

Limits of liability shall not be less than \$5,000,000 combined single limit, with excess or umbrella coverage with the same terms and conditions as the underlying coverage, in an amount such that the primary and excess/umbrella coverage equals \$5,000,000. The general aggregate limit shall apply separately to the Job Site.

The School Facilities Project site shall be identified on the certificate and shall name New Jersey Schools Development Authority, New Jersey Economic Development Authority, New Jersey Department of Education, the State, the School District, and their respective officers, directors, members, employees, representatives and agents as additional insureds on the Commercial General Liability Policy, Umbrella or Excess Liability Policy.

#### Business Automobile Liability - On-Site and Off-Site Exposures.

\$1,000,000 combined single limit, each accident (including owned, hired, and non-owned autos).

#### Workers' Compensation and Employers' Liability - On-Site and Off-Site Exposures.

\$500,000 each accident for bodily injury by accident  
\$500,000 each employee for bodily injury by disease  
\$500,000 policy limit for bodily injury by disease.

#### Professional Liability Insurance (Errors & Omissions).

If the Contractor is required to engage a Design Consultant or other Professional Services Consultant, it shall require the Design Consultant and any other Consultants or Subconsultants it may engage to maintain Professional Liability Insurance, with coverage retroactive to no later than the date of commencement of Services on the Project, in an amount not less than \$1,000,000 per claim and \$2,000,000 in the aggregate, for all operations conducted.

#### Pollution Liability - On-Site and Off-/Site Exposures.

In the event the Contractor/Subcontractor efforts involve asbestos, lead or hazardous material abatement, transportation and/or disposal, Contractors Pollution Liability insurance shall be required. Minimum limits of \$5,000,000 per occurrence and \$5,000,000 aggregate for all operations conducted.

## 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.

## 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:

## SUBCONTRACTOR RESPONSIBILITIES

- 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 that each lower tier Subcontractor provides information within 5 days of contracting or no less than 45 days before mobilization
- Provide evidence of required insurance to OCIP Administrator
- 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 include the coverages required by Subcontract
- Maintain and report monthly payroll records via Alliant's online system, Wrap X
- 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, both must be done prior to any Subcontractor performing work onsite.

## Subcontractor Bids

NJSDA provides Workers' Compensation, General Liability, and Excess Liability insurance for all Enrolled Parties under the OCIP for Work performed at the Project Site. The section below, "Identifying 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 necessitated 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 the NJSDA Safety Manual, a contractual document.

## OCIP Enrollment and Administration

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

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 **them** to the OCIP Administrator who will confirm **their** 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.

## OCIP Forms

This section contains the forms needed for the OCIP.

- Alliant Enrollment Application (Form A & Form B): this can also be completed online via <http://alliantwrapx.alliantinsurance.com/ContractorPortal>
- WrapX Access and Payroll Reporting Instructions

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

**FORM A - ENROLLMENT FORM**

**Section I – Contract Information**

<b>Company Name:</b>	<b>Address:</b>
<b>Phone:</b>	<b>Fax:</b>
<b>Contact:</b>	<b>Email:</b>
<b>Federal ID#:</b>	<b>EMR:</b>
<b>Is your contract/bid:</b> <input type="checkbox"/> Lump Sum <input type="checkbox"/> Time & Materials <input type="checkbox"/> Unit Pricing <input type="checkbox"/> Other	
<b>Work Description:</b>	
<b>Estimated Start Date:</b>	<b>Estimated Completion Date:</b>
<b>Who are you contracted with?</b>	
<b>Are you subcontracting out any work?</b> <input type="checkbox"/> Yes* <input type="checkbox"/> No	

**Section II**

<b>Your Workers' Comp Carrier:</b>
<b>Your Workers' Comp Policy #:</b>
<b>Your Workers' Comp effective and expiration:</b>
<b>Rating Board File #:</b>
<b>Rating Date:</b>
<b>Your General Liability Carrier:</b>
<b>Your Automobile Liability Carrier:</b>
<b>Your Excess Liability Carrier:</b>

**Insurance Agent/Broker Information:**

<b>Name:</b>	<b>Address:</b>
<b>Contact:</b>	<b>Phone:</b>
<b>Date Prepared:</b>	<b>Fax:</b>

**Note: All your lower-tier subcontractors MUST complete forms A and B in order for them to commence work on site. ENROLLMENT IS NOT AUTOMATIC.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_ Title: \_\_\_\_\_

**FORM B – INSURANCE COST WORKSHEET**

**Section I**

*Contract/Bid Information*

<b>Contractor Name:</b>	<b>Alliant Assigned Contract #</b>
<b>Gross Contract Value (including insurance cost):</b>	<b>Net Contract Value (excluding insurance Cost):</b>
<b>Estimated Reportable Payroll*:</b>	<b>Estimated Gross Payroll:</b>
<b>Workers Compensation Deductible Amount:</b>	<b>General Liability Deductible Amount:</b>

*\*Straight wage rate times hours worked – no overtime premium.*

**Section II**

*Calculate your insurance premium.*

WC Trade Classification	WC Class Code	Work Hours	Estimated Reportable Payroll*	Manual WC Rate	Premium = Est. Payrolls x WC Rate/100
			\$		\$
			\$		\$
			\$		\$

**Attach separate worksheet if more codes apply.**

Use Project Site Payroll only to calculate Total Insurance cost.

Total Manual Premium	\$
x Experience Mod	
= Modified Premium	\$

Description		Rate	Modified \$	Running Total
	+ or -		\$	\$
	+ or -		\$	\$
	+ or -		\$	\$
	+ or -		\$	\$
<b>= Total WC Premium</b>				<b>\$</b>

**General Liability**

Current Rate	Factor 100/1000	Gross Payroll OR Receipts	Premium
		\$	\$

**Excess Liability**

Current Rate	Factor 100/1000	Gross Payroll OR Receipts	Premium
		\$	\$

Overhead and Profit	15%	\$
<b>TOTAL ESTIMATED INSURANCE COST</b>		<b>\$</b>

I hereby warrant that this worksheet reflects the projected insurance cost that would apply in the event my regular insurance program was in force at this location. I also recognize that the NJSDA and/or their wrap-up administrator Alliant may request copies of my actual policies to confirm these costs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_ Title: \_\_\_\_\_

**FORM – E  
NOTICE OF WORK COMPLETION FORM**

<b>Company Name:</b>	<b>Address:</b>
<b>Contact for Audit:</b>	<b>Federal ID#:</b>
<b>Project Site:</b>	
<b>First Day on Site:</b>	<b>Last Day on Site:</b>
<b>Final Total Payroll:</b>	<b>Original Contract Value:</b>
<b>Change Order Amount:</b>	<b>Final Contract Value (including change orders):</b>

*Complete for all subcontractors*

<b>Subcontractor Name</b>	<b>Completion Date</b>	<b>Final Contracting Value (including change orders)</b>
		\$
		\$
		\$
		\$

We hereby verify that all contract work, including the work of subcontractors, has been completed and all on-site payrolls have been submitted.

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE SUBMITTED TO NJSDA OR THEIR REPRESENTATIVE FOR COMPLETION:**

The above referenced contractor has completed their work at the project site under their contract with our firm on the above date.

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**As per your contract, your final payment may not be released until all payroll has been submitted and payroll audits are performed, including your subcontractor’s work of every tier.**

## How to Access the WrapX Contractor Portal for Enrollment

An account will be created for all users upon submittal of Notice of Award (NOA). *If you are already registered, log in and proceed to Completing Enrollments on Page 3 below.* Open the Alliant WrapX Contractor Portal URL in a web browser: <https://alliantwrapx.alliant.com/ContractorPortal/>  
The Alliant WrapX Contractor Portal login screen will be displayed.

### How to Log In

Once at the WrapX home page:

- Contact the Alliant CIP Administrator to obtain a **Username**.
- Enter your unique **Username** and enter your **Password**.
- Click on the **"LOGIN"** button to gain access to the secure WrapX Contractor Portal.
- Please note that the first time you log on you will be requested to change your password.
- If you forgot your password or ID, click on **"Trouble logging in?"** and follow the instructions.



### Forgot Username or Reset Password Screen

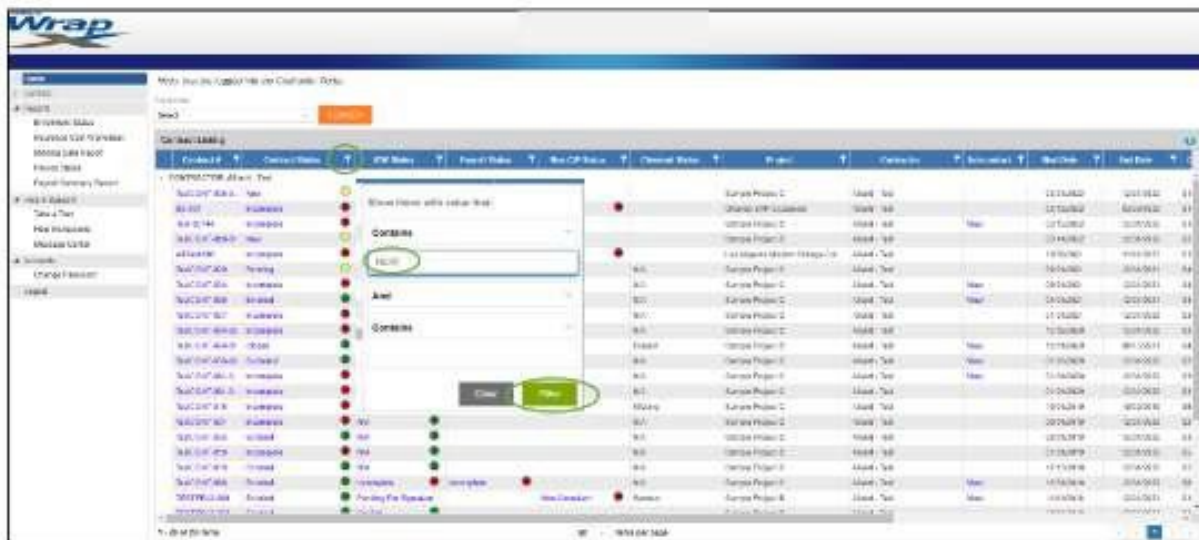
If you forgot your username or password, click on **"Trouble logging in?"** and follow system prompts.



Once all required information has been submitted (ex: email address and/or username), temporary credentials will be directly sent to contractor. If a temporary password is not received within a few minutes, please check your spam folder, or reach out to Alliant CIP Administrator.

## Completing Enrollments

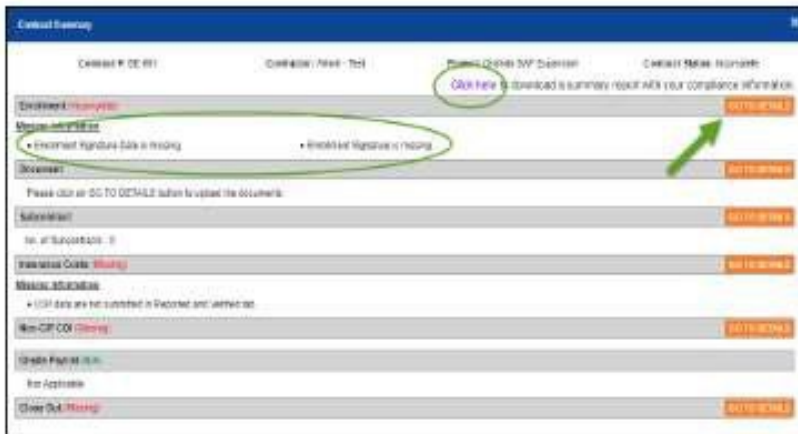
- To find your newly added contract(s), filter your contracts by **New**.
- Contracts that are in process for enrollment will show a status of **Incomplete** or **Pending**.



**Contract Status Color Codes**

- Click on the Contract Number of the contract you need to update, to begin the process. The enrollment wizard will start on the Review page. Any section that is not compliant will be listed in **RED**.
- Areas of concern can be identified by finding the Missing Information, as shown below.

#	Contract Status	Color
1	Incomplete	RED
2	Enrolled	BLUE
3	Pending	Green
4	Excluded	Black
5	New	Yellow
6	Closed	Brown



- If you wish to run a report summarizing all information required to complete the enrollment, choose **"Click here"** at the top of the screen, to run and download the report
- Choose **"GO TO DETAILS"** to begin updating the contract

## SUBCONTRACTOR RESPONSIBILITIES

- After clicking **"GO TO DETAILS"**, you will be directed to the Enrollment Process. Any sections with missing data are notated with a red **X**, as shown below.
- Click on **"EDIT"**, in the section(s) where the additional data is needed.
- To quickly move to the next section, you can choose an item shown as incomplete (with a red **X**)

The screenshot shows the 'Application For Enrollment' page. The left sidebar has a navigation menu with 'Contact Information' and 'Address' highlighted in green circles. The main content area shows 'Company Information' and 'Contact Information' sections, both with red 'X' icons and 'EDIT' buttons. The 'Address' section also has a red 'X' and 'EDIT' button. Green arrows point to the 'EDIT' buttons for 'Contact Information' and 'Address'.

Enter the missing data and click **"NEXT"** to proceed to the next section

### Updating Address

- If your address already exists in the system, you may choose **"Select Existing Address"**. Otherwise, enter the data as required.
- To add a second address, Click on the Green Plus sign **+**.
- Choose **"NEXT"** to proceed through the data entry.

The screenshot shows the 'Updating Address' form. It features a 'Select Existing Address' dropdown menu with a red arrow pointing to it. Below the dropdown are input fields for 'Street Address 1', 'City', and 'State'. A green circle highlights the 'Address Type' dropdown and the 'Street Address 1' field. A green arrow points to a green plus sign icon. At the bottom, there are three buttons: 'PREVIOUS', 'SAVE FOR LATER', and 'NEXT', with a green arrow pointing to the 'NEXT' button.

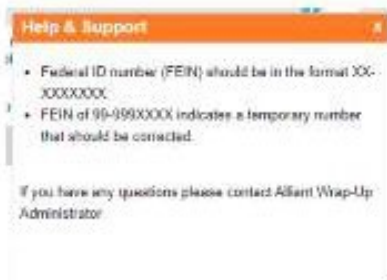
### Reviewing Enrollment



- Once all items have been properly added to the contract, Click on "[Review](#)"
- Scroll to the bottom of the screen
- Check the Electronic Signature box
- Enter your Name and Click Submit.



If you have any questions while entering information, please use the [Help & Support](#) pop-out window to get on the spot help tailored to the section you are reviewing.



### Information Required for Enrollment in the System

Usual Information Required for Enrollment	
Item	Help
1 Contractor FEIN – Federal ID Number	This is a 9 digit company number that is required for enrollment
2 Contract Description	Detailed Scope of work
3 Start Date at project site	Day physical work starts at jobsite
4 Contractor Address	Physical address of office. Any P.O. Box should be entered under Mailing address
5 Workers' Compensation Class Codes for onsite work	A four digit code that is state specific and can be located in your company WC rate pages
6 Estimated Man hours and Payroll	Entered For each class code
7 Experience Modifier (EMR)	Located in your company WC rate pages and entered as a decimal number (ex: 125% = 1.25 or 75% = 0.75)
8 WC Offsite Carrier/Policy #/Term	Corporate WC carrier name/policy number
9 Other basic information about the contract	Contract Value; contact information for Company and/or Payroll; etc.

## 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

To administer the workers' compensation policy, by the 10th of each month every Enrolled Party must submit to the OCIP Administrator an Onsite Payroll Report via the Wrap X portal, 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 (Alliant Form B). Payroll should be reported via Wrap X portal. Please contact the OCIP Administrator for a user id and password.

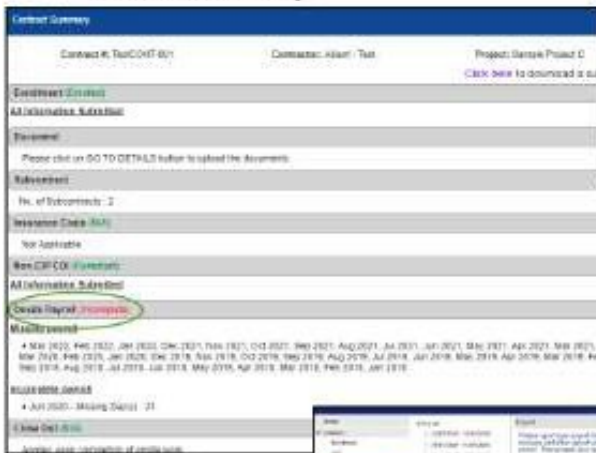
**NOTE:** The Monthly Payroll Report should include the "straight-time" payroll and the "straight-time" portion of any "overtime" payroll for all OCIP qualified employees, including onsite supervisors and onsite clerical personnel.

A monthly payroll report must be submitted for each month, including "zero (0) payroll" for those months where 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 CIP Payroll

Payroll is reported via the Alliant WrapX Contractor Portal. Credentials are typically provided at the time of enrollment. If you are joining the project after enrollment, or are otherwise in need of a username and password, please contact the Alliant CIP Administrator.

- Log into the Contractor Portal
- Find the contract where you would like to enter payroll for the month.
- If any payroll is missing, you will see the Payroll Status as **Incomplete**
- Click on the Contract number to open the Contract Summary



Contract #	Contract Status	ICW Status	Payroll Status	Non-CIP
TestCONT-000	Enrolled	Incomplete	Incomplete	
TestCONT-001	Incomplete	N/A	Incomplete	
TestCONT-004-00	Incomplete	Incomplete	Incomplete	
TestCONT-004-01	Closed	Incomplete	Incomplete	
TestCONT-006-00	Enrolled	N/A	Incomplete	
TestCONT-001-0	Incomplete	Missing	Incomplete	
TestCONT-001-0	Incomplete	Incomplete	Incomplete	
TestCONT-010	Incomplete	N/A	Incomplete	
TestCONT-001	Incomplete	N/A	Incomplete	
TestCONT-008	Enrolled	N/A	Incomplete	
TestCONT-019	Incomplete	N/A	Incomplete	
TestCONT-010	Enrolled	N/A	Incomplete	
TestCONT-008	Enrolled	Incomplete	Incomplete	
TESTPRJ2-000	Enrolled	Pending For Signature	Incomplete	Non-CIP

- Find Onsite Payroll section
- Click on **"GO TO DETAILS"** to begin payroll entry process

If payroll is delinquent:

- System will default to the latest missing payroll
- The missing dates will be pre-filled
- For a New Entry, manually add the dates for the month
- Complete the payroll entry by entering Man hours and Payroll, (Straight time, unburdened payroll)
- Clicking on the **No Activity** box will prefill 0 (zero) for man hours and payroll for all lines for the month
- Clicking on the **Final Payroll** box will initiate the closeout of the contract. Payroll is still due until the closeout is accepted by the GC and completed by the Alliant CIP administrator
- Click Submit to complete the payroll entry
- Choose the Next month that should be entered, or click on Home to return to the main screen



**Certified Payroll is not considered the same as CIP Payroll. Please note that any Certified Payroll Reports submitted to Alliant WrapX will not satisfy the CIP Payroll Requirement.**

## Change Order Procedures

Subcontractors will price Change Orders to exclude their Insurance Cost and must provide an estimated payroll, including Subcontractors estimated payroll, 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.

## 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 (Alliant Form E)** 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 Wrap X portal. Please contact the OCIP 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 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.

## 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's Competent Person/Foreman-in-Charge (if a subcontractor employee) to the Prime Contractor's 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 Prime Contractor's

#### SUBCONTRACTOR RESPONSIBILITIES

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.

6. When reporting a claim to NJSDA's OCIP carrier, please email your claim to [CLClaimReports@LibertyMutual.com](mailto:CLClaimReports@LibertyMutual.com). In the body of the email, please include your insured name, policy #, date of loss, project #, and any relevant documents relating to the incident.

## 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, 3rd 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 the NJSDA's 3rd Party (General Liability) Incident Reporting Form (1109A) to the Prime Contractor within 24 hours of the incident.
3. Immediately send all subsequent inquiries 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.
4. When reporting a claim to NJSDA's OCIP carrier, please email your claim to [CLClaimReports@LibertyMutual.com](mailto:CLClaimReports@LibertyMutual.com). In the body of the email, please include your insured name, policy #, date of loss, project #, and any relevant documents relating to the incident.

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

**SUBCONTRACTOR RESPONSIBILITIES**

**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 written request on their company letterhead or email, to the OCIP Administrator.

## Appendix:

Sample Certificates of Insurance for Enrollment

NJSDAOCIP V-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"/> PRO-JECT   <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 checked="" type="checkbox"/> AUTOS	X	X	POLICY #	EFF DATE	EXP DATE	Combined Single Limit \$ 1,000,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB   <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB   <input type="checkbox"/> CLAIMS-MADE DED   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, Umbrella/Excess Liability, Automobile 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, 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.

<b>CERTIFICATE HOLDER</b> New Jersey Schools Development Authority	<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

Note: the Design Consultant and other Professional Services Consultants must maintain Professional Liability insurance, with limits of at least \$1,000,000 per claim/\$2,000,000 aggregate, and a retroactive date no later than the date of commencement of services on the project.

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

**PROJECT: CONTRACT # XXXXXXXXXX - NAME & ADDRESS OF SCHOOL**

<b>CERTIFICATE HOLDER</b> New Jersey Schools Development Authority	<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

**Also required:**  
 Contractors Equipment Insurance, for equipment, personal property, and tools used both on and off the project site.  
 Design-Builder only: Contractors Professional Liability Insurance – Offsite and Onsite Exposures:  
 \$1,000,000 each claim/\$1,000,000 aggregate. The Design-Builder is required to purchase a 10-year ERP coverage.  
 Required coverage start date is effective of Design NTP issuance.