



STATE OF NEW JERSEY

SCHOOLS DEVELOPMENT AUTHORITY



Owner Controlled Insurance Program
OCIP II
Demolition Online Enrollment Procedures Supplement
(DEMOLITION PROJECTS ONLY)

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

A. Online OCIP Enrollment Process

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

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

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

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

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

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

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

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

Welcome to the CR-Insight Contractor Portal

Please sign in

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

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

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

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

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

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

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

Welcome to the NJ Schools Development Authority project!

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

Questions? Please direct them to Steven Petonic at 678.893.7481 or steven.petonic@c-r-solutions.com

Federal ID

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

Save Federal ID

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

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

Company Information

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

Federal ID	<input type="text" value="77-7777777"/>
Legal Company Name	<input type="text"/>
Physical Address 1	<input type="text"/>
Physical Address 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text" value="Select State"/>
Country	<input type="text" value="U.S.A."/>
Zip Code	<input type="text" value="00000 or 00000-0000"/>
Phone	<input type="text" value="(000) 000-0000"/>
Fax	<input type="text" value="(000) 000-0000"/>
Business Type	<input type="text" value="Select Business Type"/>

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

Submit Company Information

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

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

Company Information

This Federal ID number is already in our system.

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

Federal ID

Company Location and Name

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

Legal Company Name

Physical Address 1

Physical Address 2

City

State

Country

Zip Code

Phone

Fax

Business Type

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

Step 2.- Payroll Contact- Please select or list the person from your company who handles payroll estimates. **Please remember the OCIP will not be providing workers' compensation coverage.**

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

z - CRS Temp Labor

Company Contacts

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

Payroll Contact

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

Select an existing contact

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

First Name

Last Name

Email

Work Phone

Cell Phone

Fax

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

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

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

z- CRS Temp Labor

Company Contacts

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

Insurance Contact

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

Select an existing contact

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

First Name

Last Name

Email

Work Phone

Cell Phone

Fax

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

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

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

z- CRS Temp Labor

Company Contacts

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

Project Site Contact

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

Select an existing contact

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

First Name

Last Name

Email

Work Phone

Cell Phone

Fax

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

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

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

z - CRS Temp Labor

Broker/ Agency Information

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

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

[Confirm this Broker/ Agency](#)

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

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

z - CRS Temp Labor

Contract/Bid Information

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

If your award is based on Time or Materials or Unit Pricing, please estimate that total amount that will be paid upon completion of the job.

If you are not hiring subcontractors, then this is 100%. If you are hiring subcontractors, enter percent you are self-performing.

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

[Submit Bid Information](#)

Step 7.- Payroll Estimate- Please list your overall payroll estimate, the average number of people on site, select the corresponding WC code for your work, and the total estimated work hours on site and payroll estimate for each WC code selected. ***Please keep in mind this information is for ratings purposes only. The OCIP does not provide workers' compensation coverage.***

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

z - CRS Temp Labor

Payroll

Estimated Payroll

Average Number of People on Site

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

Add Payroll Row

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

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

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

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

z - CRS Temp Labor

Insurance Information

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

Insurance Cost

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

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

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

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

z - CRS Temp Labor

File Upload

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

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

Please upload rating pages from the state of New Jersey.

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

Certificates of Insurance

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

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

Other Documents

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

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

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

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

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

z - CRS Temp Labor

Agreement

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

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

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

Checking this box confirms your agreement with this assignment.

Electronic Signature

Position

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

Submit Signature

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

Dear Sample Smith,

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

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

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

Company

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

B. Notice of Substantial Completion Process

Once work is completed, the Notice of Substantial Completion Form (Form 1104A) should be submitted the NJSDA OCIP Administrative Unit. A copy of the form can be found on the NJSDA website: http://www.njsda.gov/Business/Doc_Form/pdfs/1104A.pdf. This form should be emailed to csorhaindo@njsda.gov and Steven.Petonic@c-r-solutions.com or faxed to 866-339-5690. This form must be completed for all enrolled Contractors and Subcontractors.

C. Questions

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

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

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

Steven.Petonic@c-r-solutions.com

D. Certificate of Insurance and Ratings Page Samples

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

- Eligible Demolition Certificate Sample
- Ineligible Demolition Certificate Sample

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

COVERAGES

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

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

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/SPECIAL ITEMS
 DOE #-Contract #-District- School Name-(Type of Work)-(Contract Amount)
 All Off Site Activities and Operations away from a NISDA OCIP project site except Workers Compensation, Equipment Floater Coverage, and Automobile Liability are primary and non-contributory at all times. All On Site Activities for Pollution Liability. The following are named as additional insureds on Pollution Liability, NJ Schools Development Authority, The EDA, NJ Department of Education, The State, the (Project School District), and the (Design Consultant) and their respective officers, directors, members, employees, representatives, and agents.

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

ACORD CERTIFICATE OF INSURANCE-DEMOLITION INELIGIBLE FOR THE OCIP II PROGRAM

PRODUCER Broker's Name Broker's Address Broker's Address	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
	COMPANIES AFFORDING COVERAGE COMPANY A Your General Liability Insurer (AM Best Rated A-VII or Better) COMPANY B Your Automobile Liability Insurer (AM Best Rated A-VII or Better) COMPANY C Your Excess Liability Insurer (AM Best Rated A-VII or Better) COMPANY D Your Workers Compensation Insurer (AM Best Rated A-VII or Better) COMPANY E Your Pollution Liability Insurer (AM Best Rated A-VII or Better) COMPANY F Your Equipment Floater Coverage (AM Best Rated A-VII or Better)
INSURED Your Company's Name Your Company's Address Your Company's Phone #	

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

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

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/SPECIAL ITEMS
 DOE # -Contract # -District- School Name-(Type of Work)- (Contract Amount)
 All Onsite and Offsite activities. The following are named as additional insureds on General Liability, Excess Liability and Pollution Liability NJ Schools Development Authority, The EDA, NJ Department of Education, The State, the (Project School District), and the (Design Consultant) and their respective officers, directors, members, employees, representatives, and agents.

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

Ratings Page Sample

Example of General Liability Rates from Ratings Pages

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

COMMERCIAL GENERAL LIABILITY COMPOSIT RATE ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

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

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

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

