

RSA Van Antwerp Renovation Project

# RETIREMENT SYSTEMS OF ALABAMA

## RSA VAN ANTWERP RENOVATION PROJECT

### OWNER CONTROLLED INSURANCE PROGRAM

#### MANUAL



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VERSION 1

September 20, 2013

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## OVERVIEW

Sponsor has elected to implement an Owner Controlled Insurance Program (OCIP) for Enrolled Contractors providing direct labor at the Project Site. The Sponsor agrees to pay all premiums for coverages provided by the OCIP.

The insurance coverage provided by the OCIP, as well as your rights and responsibilities under the program, are outlined in this OCIP Manual (the "Manual") and are as much a part of your Contract as the actual work specifications. All terms and conditions of this Manual are incorporated by reference into your Contract, and you are required to bind all your lower-tiered subcontractors to the terms, conditions and requirements of this Manual.

### WHAT IS A OCIP?

An Owner Controlled Insurance Program (OCIP) is a master insurance, safety and claims management program that provides specific coverages for the Owner and all Enrolled Contractors while performing work at the Project site. The Owner pays the premiums for the OCIP Coverages. The advantages of a Controlled Insurance Program include:

- Uniform insurance protection and dedicated limits;
- Extended completed operations coverage;
- Centralized safety, loss prevention and claims management; and
- Reduction of potential litigation between contractors.



**PARTICIPATION IS MANDATORY, except for Excluded Contractors , as defined herein, BUT IT IS NOT AUTOMATIC. Each Eligible Contractor must follow enrollment procedures as described in Section 6.**

### HOW TO BID?

In consideration of the insurance coverage provided by the Sponsor each Contractor will submit its base bid price for the original scope of work and subsequent change orders identifying the total cost of first dollar General Liability and Umbrella/Excess insurance that has been excluded from their base bid price. In calculating insurance costs, Contractors shall use the limits of insurance specified in the Contractor Required Coverage section of this Manual. The contractor shall complete the Enrollment Form to identify the total cost of insurance that has been excluded from the bid price for coverage provided by the Sponsor for work performed at the Project Site. The identified cost for insurance coverage is subject to review and approval by the OCIP Administrator and Sponsor. Requirements for determining the cost of insurance are further defined in Section 6.

**WHAT IS REQUIRED TO START WORK?**

Contractors shall NOT commence work on the Project Site until:

(a) If Eligible Contractor:

- o Having complied with enrollment requirements and received a Certificate of Insurance issued by the OCIP Administrator confirming they are Enrolled.

(b) If Excluded:

- o Having provided Certificate(s) of Insurance to the OCIP Administrator which evidence all required insurance coverages.

**NOTE: Contractors must enroll for each Contract awarded.**

**WHAT IS THE PURPOSE OF THIS MANUAL?**

This manual, which is part of your contract documents, details OCIP procedures, coverages and Contractor insurance requirements.



**NOTE:** This Manual does not, and is not intended to, provide coverage interpretations or complete information about coverages. The terms and conditions of the insurance policies will govern how coverage is applied. The information herein is not intended to alter any provisions of the actual contract documents of the Contractors, and if any such conflict occurs, the MANUAL documents will govern.

The OCIP Manual may only be updated during the course of the Project by the SPONSOR and distributed by the OCIP Administrator and is subject to review and final approval by the Sponsor. Any revised versions shall replace and supersede any previous versions.

## PROGRAM DIRECTORY

### SPONSOR

#### Retirement Systems of Alabama (RSA)

#### OCIP Administrator

Peggy Funderburk  
OCIP Administrator  
Willis of Alabama, Inc.

2101 6<sup>th</sup> Avenue North, Suite 725  
Birmingham, AL 35203  
Phone - Direct: 205-868-0386  
Phone – Front Desk: 205-871-3300  
Fax: 205-871-0602  
Email: [peggy.funderburk@willis.com](mailto:peggy.funderburk@willis.com)

#### OCIP Program Manager

Candace Stiff  
Senior Client Service Specialist  
Willis of Alabama, Inc.

201 Monroe Street, Suite 2150  
Montgomery, AL 36104  
Phone: 334-264-8282  
Fax: 334-265-7639  
Email: [candace.stiff@willis.com](mailto:candace.stiff@willis.com)

#### OCIP Account Executive

Jay Berg  
Senior Vice President  
Willis of Alabama, Inc.

201 Monroe Street, Suite 2150  
Montgomery, AL 36104  
Phone: 334-264-8282  
Fax: 334-265-7639  
Email: [jay.berg@willis.com](mailto:jay.berg@willis.com)

#### OCIP Consultant

Bruce W. Hodges  
President and CEO  
Vision Insurance Group, LLC

201 Monroe Street, Suite 2150  
Montgomery, AL 36104  
Phone: 334-263-6450  
Fax: 334-265-6984  
Email: [bruceh@visioninsurancegroup.com](mailto:bruceh@visioninsurancegroup.com)

## RSA Van Antwerp Renovation Project

### OCIP Loss Control Consultant

John Placey  
Senior Vice President  
Willis of Alabama, Inc.

2101 6<sup>th</sup> Avenue North, Suite 725  
Birmingham, AL 35203  
Phone: 205-868-0275  
Fax: 205-871-0602  
Email: john.placey@willis.com

### OCIP Claims Consultant

Henry Levens  
Vice President, Area Practice Leader  
Willis of Alabama, Inc.

2101 6<sup>th</sup> Avenue North, Suite 725  
Birmingham, AL 35203  
Phone: 205-868-0281  
Fax: 205-871-0602  
Email: henry.levens@willis.com

### CLAIMS REPORTING CONTACTS

Candace Stiff  
Senior Client Service Specialist  
Willis of Alabama, Inc.

201 Monroe Street, Suite 2150  
Montgomery, AL 36104  
Phone: 334-264-8282  
Fax: 334-265-7639  
Email: candace.stiff@willis.com

**DEFINITIONS**

<b>Bid Alternate Program</b>	Contractor's original scope of work and subsequent change orders will be bid with insurance costs excluded. The contractor shall complete the Enrollment Form to identify the total cost of insurance that has been excluded from the bid price for coverage provided by the Sponsor for work performed at the Project Site. The identified cost for insurance coverage is subject to review and approval by the OCIP Administrator and Sponsor.
<b>Contract</b>	As respects the OCIP, the Contract by and between Sponsor and the Contractor (the "Contract"); or between the Contractors and their Subcontractors; or between the Subcontractors and their lower tiered subcontractors.
<b>Contractor</b>	As respects the OCIP, "Contractor" includes: construction managers, prime contractors, general contractors, joint venture entities and subcontractors of all tiers that perform work on the Project Site.
<b>Controlled Insurance Program (OCIP)</b>	A coordinated master insurance, safety and claim management program, under which Commercial General Liability, and Excess Liability are procured or provided on a project basis for all Enrolled Contractors while performing operations at the Project Site.
<b>Eligible Contractors</b>	Contractors and Subcontractors of all tiers performing labor or services at the project site are eligible to be enrolled in the OCIP. Suppliers that perform or subcontract installation, temporary labor services, employee leasing companies providing direct labor, joint ventures and all joint ventures partners are considered Eligible Contractors. The Sponsor may, at its discretion, include a Contractor who otherwise, by definition, would be an Excluded Contractor.
<b>Enrolled Contractors</b>	Contractor(s) and Subcontractor(s) of any tier who have been awarded work, who have submitted all necessary enrollment forms, have met all enrollment requirements and have been issued a Certificate of Insurance by the OCIP Administrator.

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<b>Excluded Contractors</b>	<p>Contractors or companies excluded from the OCIP:</p> <ul style="list-style-type: none"><li>• Vendors, suppliers (who do not perform or subcontract installation at the Project Site), material dealers, manufacturing representatives, equipment and rental companies who perform equipment maintenance (does not apply to those who provide operators);</li><li>• Contract haulers or truckers (or others who merely transport, pick up, deliver or carry materials, personnel, parts or equipment or any other items or persons to or from the project site);</li><li>• Mobile crane owners and/or operators whose sole scope of work involves the lifting or placement of materials or equipment for other contractors;</li><li>• Asbestos abatement or other hazardous materials remediation</li><li>• Architects, surveyors, soil testing contractors and their consultants</li><li>• Contractors whose sole scope of work includes Exterior Insulation and Finish Systems;</li><li>• Contractors whose sole scope of work includes blasting and/or demolition;</li><li>• Guard services, janitorial services and food services;</li><li>• The Sponsor may at its discretion exclude others from the OCIP.</li></ul>
<b>Project or Project Site</b>	<p>The premises, as designated in the contract/agreement between the Owner and Construction Manager and approved by the insurance carrier, including operations necessary or incidental to the Project Site which may be non-contiguous, i.e., staging or storage yards and adjacent utility work. This does not include Contractors' regularly established workplace, plant, factory, office, shop, warehouse, permanent yards or other off-site locations of contractors, even if such locations are for fabrication of materials to be used at the Project Site.</p>
<b>Sponsor</b>	<p>Retirement Systems of Alabama, the entity that determines which insurance coverages will be included, procures the policies and controls the insurance program.</p>

## Sponsor Provided Coverage

### OCIP INSURANCE COVERAGE

This section provides a brief description of the coverages provided under the OCIP. **The Contractor shall refer to the actual policies for details concerning coverages, exclusions and limitations. Policies are available for review upon request.**

The Sponsor has procured, and will maintain, the insurance coverages described below for the Enrolled Contractors. The Sponsor intends to maintain coverages until the expiration of the policy or completion of the work or the project has been accepted by the Sponsor as complete, whichever occurs first, however in no event beyond June 1, 2015. Coverage is primary and non-contributory with respect to any other insurance carried by the Enrolled Contractor.

While the OCIP provides uniform coverages and reasonable limits, the OCIP is not intended to meet all the insurance needs of the Enrolled Contractors. Contractor shall discuss the OCIP with its insurance agent or consultant to assure that proper coverages are maintained. Contractor shall notify its agent that the work performed on-site will be insured under the OCIP. This notification is to inform the Enrolled Contractor's standard insurance company(ies) that the insurance coverages provided under the OCIP are primary on the project site.

**Commercial General Liability:** (Coverage for Off-site operations are excluded unless locations are scheduled & approved by the Sponsor and OCIP insurance carriers).

	Limits of Liability
Each Occurrence Limit	\$1,000,000
General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal and Advertising Injury Limit	\$1,000,000
Damages to Premises Rented to You Limit	\$100,000
Medical Expense Limit	\$10,000

- Policy provides Completed Operations Extension coverage for the period of time allowed by the applicable Statute of Repose as provided by the controlling law of the jurisdiction where the project is located, per policy terms and conditions.
- **Limits shared by All Enrolled Contractors**
- The Completed Operations Aggregate is a single limit for the extension period.
- A per occurrence Bodily Injury and Property Damage Liability assessment/deductible of \$10,000 will be the responsibility of the Contractor

- **Repair Work Coverage Extension:**

The OCIP provides coverage for general liability claims which result from repair work undertaken by Enrolled Contractors, after the Contractor's coverage under the OCIP is terminated at the conclusion of their work at the Project Site (as defined by the policy). Note, however, that Injuries to Contractor employees while involved in repair work shall be covered under the Contractor's practice policy.

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A master General Liability policy will be issued for all Enrolled Contractors naming all Enrolled Contractors as Named Insureds and is available for review upon request.

### **Excess Liability:** (Coverage for Off-site operations are excluded)

	Limits of Liability
Each Occurrence Limits	\$50,000,000
Annual General Aggregate	\$50,000,000

- Policy provides Completed Operations Extension coverage for 10 years or applicable Statute of Repose, (whichever is less), per policy terms and conditions.
- **Limits shared by all Enrolled Contractors**

A master Excess Liability policy will be issued for all Enrolled Contractors naming all Enrolled Contractors as Named Insureds and is available for review upon request.

### **Evidence of Coverage**

Certificates of Insurance will be issued to each Enrolled Contractor by the OCIP Administrator evidencing the OCIP coverage described above. Contractor agrees to be bound by the terms and conditions of the OCIP policies.

### **Contract Termination**

Upon completion of **all** their work at the Project Site, Contractors whose practice policies have been endorsed with a Designated Workplace Exclusion Endorsement should advise their broker/agent of the completion of the work and request the endorsement be deleted from their policies.

The Sponsor has elected to provide repair work coverage. General liability exposures will continue to be covered once the Contractors work on the project has been completed as defined by the policy, under the OCIP while the Enrolled Contractor is performing repair work at the Project Site. All other exposures shall be covered by the Enrolled Contractor's practice policies.

### **OCIP Termination/Modification**

The Sponsor reserves the right to terminate or modify the OCIP or any portion thereof. The Sponsor will provide thirty (30) days advance written notice of termination or material modification to the Enrolled Contractor(s) covered by the OCIP. In such event, the Enrolled Contractor(s) will be required to immediately acquire replacement insurance coverage, equivalent to what is currently required for Offsite and Excluded Contractors. Written evidence of such insurance will be provided to the Sponsor or OCIP Administrator prior to the effective date of the termination or modification of the OCIP coverages. The reimbursement for the cost of such replacement insurance will be calculated on a pro-rata portion of the Enrolled Contractor's approved enrollment forms.

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### **Waiver of Subrogation and Rights of Recovery**

Except for the amount of the deductibles as described elsewhere, the Enrolled Contractors, each on their own behalf, whether by way of subrogation or otherwise, hereby waive any and all rights of recovery of any kind which they may now, or hereafter have, against the Sponsor, each other and their parent, related and affiliated companies, the successors and assigns of each other, in connection with the performance of the work and to the extent claims, loss or damages are covered under the OCIP. Each contractor shall require all subcontractor(s) to similarly waive their rights of subrogation and recovery in each of their respective construction contracts with respect to their work.

### **Contractor Deductibles**

Contractor shall be responsible for prompt payment to Sponsor of the first Ten Thousand Dollars (\$10,000) for each occurrence or loss under the General Liability/Excess Liability, Contractors Pollution Liability and Property/Builders Risk caused in whole or in part by Contractor or its subcontractors to whatever tier. Determination of responsibility for loss or damage will be determined by Sponsor or Sponsor's Representative.

### **OTHER SPONSOR PROVIDED COVERAGES**

#### **Property/Builders Risk (Refer to Bid Specs to Determine if Provided by Sponsor or Contractor):**

Property under Construction/Builders Risk coverage will be provided with limits equal to the replacement cost of the work, subject to sub limits.

A per occurrence deductible of \$10,000 will be the responsibility of the Contractor.

Excluded Items: The insurance will not cover tools or clothing of workers or any tools, and equipment owned, rented, leased or used by the enrolled parties in the performance of the work, not intended for specific installation into the project.

Waiver of Subrogation: To the extent coverage is provided by the Sponsor/Retirement Systems of Alabama OCIP and the property insurance policy of the Sponsor during the course of construction activities at the Project, the Sponsor expressly waives its rights of subrogation and recovery against the Contractor or subcontractors of any tier for physical loss or damage to the insured property that exceeds the \$10,000 deductible shown above. Except as respects the per occurrence deductible shown above, each contractor or subcontractor waives any and all rights of subrogation and recovery each may have to recover physical loss or damage to the insured property against the Sponsor; or its agents or assigns, and other contractors performing work related to the project.

#### **Pollution Legal Liability**

Pollution Legal Liability insurance providing coverage for pollution incidents at, under or emanating from the Project Site will be provided with coverage for third-party bodily injury, property damage, cleanup costs and defense costs. The policy will be on a claims-made basis with liability limits of \$3,000,000.

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### Contractors Pollution Liability

The Contractors Pollution Liability insurance policy provides coverage to all claims as a result of third-party bodily injury, property damage (including natural resource damage) or clean-up costs caused by "pollution conditions" resulting from covered operations that are performed by or on the behalf of Contractors and Subcontractors of all tiers at the Project Site. Coverage shall also include on- and off-site transportation, non-owned disposal site coverage (if applicable to the project) and in no event more than three (3) years after the end of the policy period or completed operations.

The policy will have a limit of \$3,000,000 each loss and a \$3,000,000 general aggregate limit. The policy shall be written on an occurrence basis. The policy period shall coincide with the construction term June 1, 2013 to June 1, 2015.

Contractor will be responsible for a \$10,000 Each Loss deductible.

Contractors and subcontractors of all tiers should discuss the insurance coverages provided by the Sponsor with their insurance agent or consultant to assure that proper coverage and limits are maintained. If the Contractor elects to purchase additional coverage, any applicable premium, deductible and/or self-insured retention will be the responsibility of the Contractor.

**SECTION 5**

**CONTRACTOR REQUIRED COVERAGE**

All Contractors, **whether Enrolled or Excluded**, are required to maintain, at their own expense and for the duration of their contract with the Sponsor, the following coverages. **Excluded contractors must be properly insured to protect themselves, the owner/Sponsor and other contractors in the event of an accident.** The limits shown below are minimum limits and are not intended to limit the Contractors' liability.

All Enrolled Contractors and Excluded Contractors shall maintain and shall require each of their Subcontractor(s) to obtain and maintain all insurance requirements.

**Workers' Compensation and Employers Liability:**

All **Contractors** must provide Workers' Compensation and Employer's Liability insurance covering all employees for injuries that occur.

**Part One – Workers' Compensation**

Statutory Limit

**Part Two – Employers' Liability**

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

- Confirmation must be provided that coverage applies in the State of Alabama

The policy must be endorsed to include US Longshoreman Harbor Workers Act or Maritime Liability as appropriate and a Waiver of Subrogation in favor of the Sponsor and other entities, as required by contract. A copy of the Waiver of Subrogation endorsement must be attached to the Contractors' Certificate of Insurance.

**Commercial General Liability:**

All **Enrolled Contractors** must provide General Liability insurance covering third-party losses that occur AWAY from the Project Site (including products liability for any product manufactured, assembled or otherwise worked upon away from the Project Site) or after substantial completion/project completion or OCIP termination, expiration or cancellation. **Excluded Parties** must provide this coverage for ALL operations, with limits not less than:

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	All Entities
Each Occurrence	\$1,000,000
Damage to Rented Premises (Each occurrence)	\$50,000
Med Expense	\$5000
Personal & Advertising Injury	\$1,000,000
General Aggregate	\$2,000,000
Products – Comp/Op Aggregate	\$2,000,000

- Occurrence Form, ISO CGL
- Name the Sponsor and any other entities, as required by contract, as Additional Insureds and must state that coverage is afforded on a primary and non-contributory basis. In addition, the General Liability Additional Insured Endorsement must be an ISO CG 20 10 11 85 form or its equivalent (ISO CG 20 10 10 01 and ISO CG 20 37 10 01), or its carrier equivalent and/or state specific endorsements, in accordance with statute.
- Name Sponsor and other entities, as required by contract, as Additional Insureds on a primary and noncontributing basis.
- Products/Completed Operations for two (2) years after substantial completion
- Any deductibles will be the responsibility of the Contractor.
- The policy must be endorsed to include a Waiver of Subrogation in favor of the Sponsor and any other entities, as required by contract.
- If an Enrolled Contractor chooses to have its practice policy endorsed to include the Project Site during the construction period, coverage for the Contractor shall be on an Excess and/or Difference In Conditions basis with respect to the OCIP coverage. Inclusion of the Project Site on the Contractor's policy shall not replace the OCIP coverages or otherwise affect the cost identification requirements described in Section 6.

### **Commercial Automobile Liability**

Commercial Automobile Liability insurance shall cover the ownership, maintenance, use, loading and unloading of all vehicles owned, hired or used by, or on behalf of, the Contractor on or away from the Project Site. Such insurance will provide coverage not less than that of the standard Commercial Automobile Liability policy in limits not less than:

	All Entities
Combined Single Limit (Each accident)	\$1,000,000

- Contractual liability, if not provided in the policy form, is to be provided by endorsement.
- If hazardous materials or waste are to be transported, the Commercial Automobile Liability policy will be endorsed with the MCS-90 and CA 9948 or other equivalent endorsements in accordance with the applicable legal requirements.

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The policy shall be endorsed to provide a Waiver of Subrogation in favor of the Sponsor and any other entities as required per written contract and the Sponsor and any other entities as required by contract must be added as Additional Insureds.

### **Umbrella/Excess Liability:**

Umbrella/Excess Liability insurance, Coverage must be follow form and must apply as excess of the coverages as specified in this section. The limits of liability shall not be less than:

	Construction Manager	Multiple Prime Contractors	Subcontractors of any Tier
Each Occurrence	\$5,000,000	\$5,000,000	\$2,000,000
Aggregate	\$5,000,000	\$5,000,000	\$2,000,000
Products and Completed Operations Aggregate	\$5,000,000	\$5,000,000	\$2,000,000

The General Liability, Employers Liability and Automobile Liability limit requirements may be met by primary coverage or combination of primary and umbrella/excess.

### **Other Coverages:**

The Sponsor may from time to time require other coverages or limits based on the scope of work to be performed as required by contract.

### **Professional Liability (If Applicable)**

Per Claim and in the Aggregate:

As Required by Contract

All professional services firms must provide professional liability insurance appropriate for their profession. Architectural and engineering firms must provide coverage for liability arising out of design errors and omissions. The policies shall provide a three (3) year extended reporting period.

The Contractor will have no coverage under the OCIP for Professional Liability claims. Contractor shall obtain coverage for all potential Professional Liability claims.

### **Contractor's Equipment (If Applicable):**

The Contractor is responsible for their tools and equipment including, but not limited to, construction trailers and their contents and temporary scaffolding at the project site, whether owned, leased, rented or borrowed. Contractor acknowledges and agrees that the Sponsor will not be responsible for any loss or damage to their tools and equipment. If insured, the Contractor's insurance policies covering tools and equipment will include a waiver of subrogation and any other rights of recovery in favor of the Sponsor, designer, engineer and all enrolled contractors. If uninsured, the Contractor will hold harmless the Sponsor, designer, engineer and all other contractors for loss or damage to their tools and equipment.

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## **Certificates of Insurance**

All Contractors shall maintain the required insurance, without interruption, from the date of commencement of work throughout the warranty period. All Contractors shall provide the OCIP Administrator with Certificates of Insurance evidencing the coverages, limits, and amendments to the policies prior to commencement of work on the Project Site. Coverage must be with an authorized insurance carrier having an A-, VII rating or higher from A.M. Best. The Sponsor reserves the right to request copies of policies or specific endorsements. Failure of any Contractor or other party to provide such Certificates of Insurance will not be relief from the responsibility to carry and maintain such insurance. A sample certificate is included in the Forms Section of this Manual.

## **Notice of Cancellation**

Policies shall be endorsed to provide notice of cancellation or non-renewal to Owner or Sponsor by contractor's insurance agent/broker, or carrier, or if unavailable, Contractor must provide Sponsor with thirty (30) days advance written notice of cancellation or non-renewal (ten (10) days in the event of cancellation for non-payment of premium). Contractor must notify the Owner or the OCIP Administrator of any material change or reduction in coverage to the Contractor's insurance policies.

## **Survival**

The insurance requirements described in the OCIP Manual are not intended to, and shall not in any way, limit or quantify the liabilities and obligations each Contractor assumes pursuant to its contract. The insurance requirements are an independent contract provision and shall survive the termination or expiration of this contract or any subcontract.

## **No Release**

The Sponsor's procurement and provision of the OCIP shall in no way relieve the Contractor of any responsibility or liability under its contract, any applicable law, statute, regulation or order, except the responsibility of securing the OCIP coverages if, and commencing when, the Contractor becomes an Enrolled Contractor.

NOTE: While the OCIP is intended to provide uniform coverages and reasonable limits, the OCIP is not intended to meet all the insurance needs of the Enrolled Contractors. Contractor shall discuss the OCIP with its insurance agent or consultant to assure that proper coverages are maintained. Contractor shall notify its agent that the work performed on-site will be insured under the OCIP. The intent of this notification is to inform the Contractor's standard program underwriters that the insurance coverages provided under the OCIP are primary on the project site.

## **ENROLLMENT/REPORTING PROCEDURES & CONTRACTORS' RESPONSIBILITIES**

### **ENROLLMENT/REPORTING PROCEDURES:**

#### **WHAT FORMS & REPORTS ARE REQUIRED?**

Enrollment in the OCIP is mandatory at the discretion of the Owner, but ENROLLMENT IS NOT AUTOMATIC. Access to the project site will not be granted until enrollment is completed. Un-enrolled or excluded contractor(s) and/or subcontractor(s) do not have any insurance coverage under the OCIP.

Complete the following forms within the time frames specified below:

- Notice of Subcontract Award and Request for Insurance – when work is awarded to Contractor or when Contractor awards work to subcontractors of all tiers.
- OCIP Enrollment Form – Prior to starting work onsite and for change orders (when applicable) to identify cost of additional contract(s), change order(s), Time & Material contracts or as determined by the Sponsor.
- Payroll/Receipts Reporting Form –Every Enrolled Contractor shall submit a completed Payroll Reporting Form to the OCIP Administrator for payroll, labor-hours and receipts associated with work performed at the Project Site.
- Notice of Completion – Upon completion.

Failure to provide the required enrollment documents and/or other reporting forms may cause delayed progress payments.

#### **HOW DO I COMPLETE THE FORMS & SUBMIT REPORTS?**

##### **NOTICE OF SUBCONTRACT AWARD FORM:**

- When an Enrolled Contractor awards a subcontract, the awarding Contractor shall complete the Notice of Subcontract Award for each subcontractor and immediately forward it to the OCIP Administrator.
- The awarding Contractor shall ensure that their subcontractors complete the Enrollment Form and immediately forward it to the OCIP Administrator

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### **OCIP ENROLLMENT FORM:**

- Each Eligible Contractor working at the Project Site shall complete the Enrollment Form. Contractors shall contact their insurance agent for assistance in completing the Enrollment Form.
- Contractors' calculations shall be based upon rates in force at the time of the contract bid and are not subject to change during the contract period. The insurance deduction will be based upon the amount approved by the Sponsor.
- Credits, assessments or surcharges shown on the declarations and/or rating schedules from the policies will be used to verify Contractors' insurance costs. Any Contractors whose policies are written on a large deductible basis and/or those utilizing corporate allocations, should contact the OCIP Administrator for additional instructions. Contractors shall cooperate in providing all documentation necessary to verify their insurance costs.
- Contractors shall accurately estimate all on-site, unburdened payroll by code.
- If a Contractor is awarded more than one contract on the project, the Contractor is required to complete a separate Enrollment Form for each contract. The rate to be used on the Enrollment Form are the rates in force at each Contract Award date. Therefore, if a Contractor has multiple Contracts, they may have different rates apply.
- Each Enrolled Contractor further agrees that the Sponsor is entitled to an insurance deduction on change orders in addition to the insurance deductions at initial contract award. Such additional deductions may result from any scope changes, additional work, inaccurate assumptions in the initial deduction or from information discovered during any audits which justify the taking of additional insurance credits.
- Contractor must provide an Excess Liability credit, even if policy is "flat rated" policy.

General Liability, and Excess/Umbrella Liability declaration pages and rating schedules from Contractor policies shall be provided along with the Enrollment Form. Contractors shall also provide Certificate(s) of Insurance as required in Section 5 of the OCIP Manual. In the case of Contractor(s) with policies with large deductible and/or those utilizing corporate allocations they should contact the OCIP Administrator for additional instructions. Contractors shall cooperate in providing all documentation necessary to verify their insurance costs.

### **Noncompliance Penalties and/or Fines**

Any Contractor who fails to enroll any of its Eligible Contractors of any tier will be subject to a noncompliance fee of 4% of the subcontract amount.

## RSA Van Antwerp Renovation Project

### CHANGE ORDERS

- If the change order amount exceeds \$500,000 an Enrollment Form must be completed and submitted to the OCIP Administrator. An adjustment will be made to the OCIP insurance deduction calculation for change orders. Insurance costs will be removed from all change orders.
- A copy of the executed Change Order and the completed Enrollment Form must be submitted to the OCIP Administrator within 30 days of receipt of an approved Change Order.

### PAYROLL REPORTING FORM

Every Enrolled Contractor shall submit a completed Payroll Reporting Form to the OCIP Administrator for payroll, labor-hours and receipts associated with work performed at the Project Site.

- Contractors must use OCIP-approved forms unless authorized in writing by the OCIP Administrator to use their own form(s).
- Payroll and receipts for the value of work in place must be submitted separately for each contract awarded for work at the Project Site.
- If no work is performed at the Project Site during the required reporting period, a report must be submitted showing "Zero Payroll/Receipts".
- If applicable, payments made to subcontractors shall also be identified separately.
- **ALL ENROLLED CONTRACTORS MUST MAKE THEIR PAYROLL RECORDS AVAILABLE UPON REQUEST OF THE OCIP INSURANCE COMPANY.**
- **FAILURE TO PROMPTLY PROVIDE REQUIRED PAYROLL REPORTS MAY RESULT IN DELAY OF CONTRACTORS' PROGRESS PAYMENTS UNDER THE CONTRACT**

### CLOSEOUT PROCESS

- An Enrolled Contractor can make a Request for Final Payment when it has completed its Work at the Project Site and no longer has on-site workers. The Notice of Contract Completion Form shall be completed by the contractor and submitted to the OCIP Administrator.
- A final audit will be conducted of the actual on-site payroll, receipts and insurance costs. The insurance costs will be based upon the rates, credits and surcharges shown on the approved Enrollment Form. These rates will be applied to the total project payroll and/or receipts. The adjustment will be calculated based upon the total payroll or receipts less those estimated during the bidding and any change orders.

## RSA Van Antwerp Renovation Project

- The OCIP Administrator will provide the Contractors with close-out forms and notify the Sponsor and/or awarding Contractor of the final calculation.

### CONTRACTORS' RESPONSIBILITIES:

All Contractors are required to reasonably cooperate with the Sponsor, the OCIP Administrator, and the OCIP insurance carrier(s) in all aspects of the OCIP operation and administration. Contractors' responsibilities include:

- Including OCIP contract provisions and requirements in all subcontracts;
- Incorporating the OCIP Manual by reference into the successful bidders' awarding Contract;
- Providing each subcontractor with a copy of the OCIP Manual and any Project Safety Manuals;
- Enforcing enrollment of all subcontractors, except for those identified as Excluded Contractors, as participation by eligible subcontractors is mandatory.
- Notifying the OCIP Administrator of all subcontracts awarded by completing the Notice of Subcontract Award Form;
- Assisting in timely securing the required enrollment and/or payroll/premium information from their subcontractors;
- Complying with insurance requirements and Section 7, Insurance Safety and Claims Procedures;
- Promptly paying General Liability Property Damage Deductibles;
- Attending all meetings regarding OCIP administration, claims or safety issues, as required;
- Maintaining and reporting payroll, receipts, labor-hours, or payments made to subcontractors as required by the OCIP;
- Assuring that all Subcontractor(s) of all tiers are enrolled. Failure of enrolled contractors to enforce enrollment to Sub-tier contractors does not relieve the enrolled contractor of the financial responsibility for their insurance deductions. Sponsor reserves the right to pursue deductions for all Subcontractor(s) of any tier through the first tier Contractor(s). Note: Collection of the insurance deduction of any non-enrolled contractor(s) of any tier does not provide automatic enrollment in the program.

Any fines assessed by a governmental entity as the result of late enrollment will be assessed against the responsible enrolled contractor.

- Unless otherwise directed by the Sponsor, all Contractors not enrolled in the OCIP will be required to participate in any Project Safety Program, maintain their own Safety Program and maintain their own insurance coverage of the types and with limits set forth in Section 5.

## RSA Van Antwerp Renovation Project

- Complying with all rules and regulations of the applicable State Insurance Department/Bureau. Failure to comply with state requirements may result in fines being assessed. Contractors shall reimburse the Sponsor, or the Sponsor shall deduct from funds due, or to become due, to the Contractors, for any fines assessed against the Sponsor for Contractors' noncompliance.
- Assignment of Return Premiums: The Sponsor shall be responsible for payment of all premiums associated with the OCIP and will be the sole recipient of any dividend(s), rebate(s), and/or return premium(s) generated by the OCIP.
- In consideration of Sponsor's provision of OCIP coverage, each Enrolled Contractor agrees to:
  - Identify all applicable insurance costs associated with their work at the Project Site for coverages provided under the OCIP and cooperate with the OCIP Administrator to verify the insurance cost;
  - Irrevocably assign to, and for the benefit of, the Sponsor, all return premiums, premium refunds, premium discounts, dividends, retentions, credits and any other funds in connection with the OCIP. Contractors agree to evidence such assignment by executing and delivering the Enrollment Forms. Contractors further agree to require each lower tier subcontractor to execute the assignment on the Enrollment Form, for the benefit of the Sponsor.
- Any insured loss by coverage purchased and maintained by Sponsor will be adjusted with the Sponsor and made payable to Sponsor for the insured's as their interest may appear.

## SECTION 7

### CLAIM REPORTING

All General Liability, Automobile accidents occurring on the Project Site and Property/Builder's Risk claims, including incidents, accidents and unusual circumstances which may reasonably be expected to develop into claims against OCIP policies, must be reported as outlined below by Contractors and/or subcontractors as soon as possible but, in any event, no later than the close of business on the date of the occurrence. Reports may be made by telephone, fax or email to the contacts listed below. All claims must be immediately reported to your supervisor, the Doster Safety Manager, the OCIP Program Manager and the OCIP Account Executive.

Following any accident or incident, basic scene investigation should be undertaken by the involved Contractor's safety representative to establish the facts of the accident and to assist the OCIP carrier's claims adjuster.

- Investigate and document what happened.
- Take photographs and/or measurements, as applicable.
- Identify all involved parties, including witnesses, and obtain contact information.
- Record date(s), time(s) and weather conditions.
- Preserve and protect physical evidence.
- Maintain complete confidentiality.
- Cooperate fully with the OCIP carrier's adjuster.

#### **Report General Liability, Auto and Property/Builder's Risk and claims to:**

Candace Stiff – OCIP Program Manager  
Willis of Alabama, Inc.  
201 Monroe Street, Suite 2150  
Montgomery, AL 36104  
Phone: 334-264-8282  
Fax: 334-265-7639  
[candace.stiff@willis.com](mailto:candace.stiff@willis.com)

#### **Send Copies of all Claims to:**

Jay Berg ([jay.berg@willis.com](mailto:jay.berg@willis.com))  
Steve Timms ([steve.timms@rsa-al.gov](mailto:steve.timms@rsa-al.gov))  
Bill Bowman ([bbowman@dosterconstruction.com](mailto:bbowman@dosterconstruction.com))

#### **Duties in the Event of Occurrence, Claims or Suits**

1. Follow the claims reporting procedures.
2. You must see to it the Doster, the OCIP Insurer and the OCIP Program Manager or the OCIP Account Executive are notified promptly of any "occurrence" which may result in a claim. Notice should include:
  - How, when, where the "occurrence" took place, and

## RSA Van Antwerp Renovation Project

- The names and address of any injured persons and witnesses.
- 3. If a claim is made or "lawsuit" is brought against any insured, you provide written notice of the claim or "lawsuit".
- 4. You and any other involved insured must:
  - Cooperate with the Insurer in their investigation, settlement or defense of the claims or "suit", and
  - Assist the Insurer, upon their request, in the enforcement of any right against any person or organization which may be liable to the insured because of injury or damage to which this insurance may also apply.
- 5. No Insureds will, except at their own cost, voluntarily make a payment, assume any obligation or incur any expense, other than for first aid, without Insurer's consent.

### Claims Reporting Upon Completion of the OCIP – Completed Operations Extension Construction Defect/Property Damage

The following protocol applies in the event of property damage resulting from construction defects that is alleged to have occurred after contractor close-out and/or completion of the Project:

- 1) Once advised of the damage, CM/Prime Contractor shall advise the owner of damaged property to file a claim with their property insurance carrier. Direct and primary adjustment by the property carrier will generally result in expedited repairs and settlement.
- 2) CM/Prime Contractor should contact OCIP Program Manager and provide a completed general liability claim form including the following information:
  - Date of incident or date of first knowledge
  - Subcontractor responsible for the work that caused the damage
  - Description of incident
  - Description of damaged property
  - Estimate of damages
  - Contact person information (including phone and email address)
  - Any pictures, witness statements, invoices and Project related documents
- 3) CM/Prime Contractor must always promptly advise the Sponsor in writing of any claim filed under any of the OCIP policies and provide a copy to OCIP Program Manager. **NOTE:** There is a \$10,000 Property Damage Assessment payable by responsible Contractor or subcontractor.

### Miscellaneous Claims Notes

Any incident that involves injury to persons or property is to be reported to the Doster Safety Manager and the OCIP Program Manager or the OCIP Account Executive offices immediately.

Any claims adjuster representing a Contractor/Subcontractor's normal insurer who seeks to come onto the RSA Van Antwerp Renovation Project must obtain written authorization from Doster, the

## RSA Van Antwerp Renovation Project

RSA and the OCIP Program Manager or OCIP Account Executive prior to coming on site. There will be no exceptions to this stipulation.

All incidents, injuries, and injury-free incidents (near misses) must be reported immediately to your supervisor and the Doster site Safety Manager. A copy of the accident/incident report shall be completed and submitted to Doster within 24 hours of the incident.

All injuries, no matter how slight, must be reported to your supervisor immediately and then to Doster.

### **SAFETY AND LOSS PREVENTION**

The Doster Construction Safety Manual will be the Site Safety Program for the Project. These policies and procedures and all rules and regulations of the Occupational Safety and Health Administration (OSHA) are mandatory and must be followed by all employees working on site.

Contractor shall provide a project specific Safety Program that applies to all Contractor employees working on the Project Site. Sponsor reserves the right to review and approve the Contractor's project specific Safety Program.

### **OCIP Carrier Safety Requirements**

This project is an Owner Controlled Insurance Program (OCIP) project. Each contractor and subcontractor of every tier shall meet all OCIP carrier requirements as may be directed.

### **Emergency Response**

Doster has established an Emergency Response Plan for the Sponsor's Van Antwerp Renovation Project. This plan is located in the Site Safety Program Manual. A copy of the manual and plan can be accessed at [www.rsa-al.gov/Vendors/vendors](http://www.rsa-al.gov/Vendors/vendors).

### **Any Emergencies – Call 911**

### **Post-Accident Drug Testing**

Employees involved in work related incidents causing bodily injury or significant property damage shall be required to submit to a screen for drugs or substances and/or alcohol. A medical clinic may be used to collect the drug and alcohol screen in this incidence.

### **Accident Investigation**

Doster has established an Accident / Incident Investigation Procedure for the RSA Van Antwerp Renovation Project. The policy is located in the Site Safety Program Manual.

## OCIP FORMS

- Enrollment Checklist
- ACORD – Certificate of Insurance
- Enrollment Form
- Payroll Reporting Form
- Notice of Subcontract Award and Request for Insurance Form
- Notice of Completion Form
- OCIP Accident/Incident Report Form

**RETIREMENT SYSTEMS OF ALABAMA**  
**OWNER CONTROLLED INSURANCE PROGRAM**

**RSA Van Antwerp Renovation Project**

**Enrollment Checklist**

**Participation in the OCIP is not automatic.  
The following items are necessary in order for enrollment.**

- |    |  |                          |           |
|----|--|--------------------------|-----------|
| 1. | Enrollment Worksheet completed in its entirety.                                    | <input type="checkbox"/> | Completed |
| 2. | GL Declaration Page with Limits  | <input type="checkbox"/> | Attached  |
| 3. | GL Rating Page with Alabama Rates/Factors  | <input type="checkbox"/> | Attached  |
| 4. | XS (Umbrella) Declaration Page with Limits   | <input type="checkbox"/> | Attached  |
| 5. | XS (Umbrella) Rating Page  | <input type="checkbox"/> | Attached  |
| 6. | Certificate of Insurance for off-site coverage with all Additional Insureds shown. | <input type="checkbox"/> | Attached  |

Please submit the above documents via fax or e-mail as follows:

FAX: 205-871-0602

E-MAIL: [peggy.funderburk@willis.com](mailto:peggy.funderburk@willis.com)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

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 Company Name Address City, State and Zip	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED <b>OCIP Enrolled Contractor</b> Address City, State and Zip  Sample Certificate For Enrolled Contractors	INSURER A : <b>Carriers AM Best Rating must be no less than</b>	
	INSURER B : <b>A- VII or higher</b>	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## 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/YY)	LIMITS	
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X				EACH OCCURRENCE	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGES TO RENTED PREMISES(Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS-COMP/OP AGG	\$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	X				COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY(Per person)	\$
							BODILY INJURY(Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	X	X		*Unless a different limit is Required.		EACH OCCURRENCE	\$2,000,000*
	DED <input type="checkbox"/> RETENTION \$						AGGREGATE	\$2,000,000*
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE – EA EMPLOYEE	\$1,000,000
							E.L. DISEASE – POLICY LIMIT	\$1,000,000
	OTHER							

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Project: RSA Van Antwerp Renovation Project

[The Awarding Contractor], The Retirement Systems of Alabama (RSA), Architect, Construction Manager, Alabama Building Commission, and their agents, consultants and employees are named as Additional Insureds under the General Liability, Automobile Liability and Umbrella/Excess policies as required by written contract. A waiver of subrogation in favor of all above Additional Insureds applies to all policies. General Liability coverage is for off-site exposures only.

## CERTIFICATE HOLDER

## CANCELLATION

(Awarding Contractor) and Retirement Systems of Alabama (RSA) 201 South Union Street Montgomery, AL 36104	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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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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 Company Name Address City, State and Zip	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED <b>OCIP Enrolled Contractor</b> Address City, State and Zip  Sample Certificate For Non-Enrolled Contractors	INSURER A : <b>Carriers AM Best Rating must be no less than</b>	
	INSURER B : <b>A- VII or higher</b>	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## 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/YY)	LIMITS	
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X				EACH OCCURRENCE	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGES TO RENTED PREMISES(Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS-COMP/OP AGG	\$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	X				COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY(Per person)	\$
							BODILY INJURY(Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	X	X		*Unless a different limit is Required.		EACH OCCURRENCE	\$2,000,000*
	DED <input type="checkbox"/> RETENTION \$						AGGREGATE	\$2,000,000*
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE – EA EMPLOYEE	\$1,000,000
							E.L. DISEASE – POLICY LIMIT	\$1,000,000
	OTHER							

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Project: [RSA Van Antwerp Renovation Project](#)

[The Awarding Contractor], The Retirement Systems of Alabama (RSA), Architect, Construction Manager, Alabama Building Commission, and their agents, consultants and employees are named as Additional Insureds under the General Liability, Automobile Liability and Umbrella/Excess policies as required by written contract. A waiver of subrogation in favor of all above Additional Insureds applies to all policies.

## CERTIFICATE HOLDER

## CANCELLATION

(Awarding Contractor) and Retirement Systems of Alabama (RSA) 201 South Union Street Montgomery, AL 36104	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

- Initial Enrollment
- Additional Contract
- Change Order
- Time & Material Contract
- Short Term and/or Small Contract

**RSA Van Antwerp Renovation Project  
ENROLLMENT REPORT**

**CONTRACTOR INFORMATION**

Contractor Legal Name: \_\_\_\_\_ Indiv:  Partnership:  Corp:  J/V:   
 Legal Address: \_\_\_\_\_ TIN#: \_\_\_\_\_ Unemp Ins Reg #: \_\_\_\_\_  
 Site Contact: \_\_\_\_\_ Site Address: \_\_\_\_\_  
 Phone: ( ) - Cell: ( ) - Fax: ( ) - Email: \_\_\_\_\_  
 Office Contact: \_\_\_\_\_ Phone: ( ) - Fax: ( ) - Email: \_\_\_\_\_  
 Insurance Contact: \_\_\_\_\_ Phone: ( ) - Fax: ( ) - Email: \_\_\_\_\_  
 Payroll Contact: \_\_\_\_\_ Phone: ( ) - Fax: ( ) - Email: \_\_\_\_\_  
 Address (if different) \_\_\_\_\_  
 Minority Participation:  DBE  MBE  WBE  Other \_\_\_\_\_  
 Are you using a Leasing Company?  YES  NO If yes Leasing Company Name: \_\_\_\_\_  
 Are you a Leasing Company?  YES  NO

**CONTRACT INFORMATION**

Type of Work: \_\_\_\_\_ Contract #: \_\_\_\_\_ Contract Value: \$ \_\_\_\_\_  
 Project Description: \_\_\_\_\_ Off-site Work within scope of contract:  YES  NO  
 Awarding Contractor: \_\_\_\_\_ Prime Contractor: \_\_\_\_\_  
 Award Date: \_\_\_\_\_ Est. Start Date: \_\_\_\_\_ Est. Completion Date: \_\_\_\_\_ Self Performed: \_\_\_\_\_ % \$ \_\_\_\_\_  
 Subcontracted \_\_\_\_\_ %; \$ \_\_\_\_\_ Est. # of Subcontractors: \_\_\_\_\_ Est. Sub Work Hours: \_\_\_\_\_

**CURRENT INSURANCE INFORMATION**

Agent/Broker Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Phone: ( ) - Fax: ( ) - Email: \_\_\_\_\_

**GENERAL LIABILITY**

Contractor Name: \_\_\_\_\_  
 Current GL Ins. Co: \_\_\_\_\_ Policy Period: \_\_\_\_\_  
 Current GL rate is based on:  payroll or  receipts per  \$100  \$1,000 or Per Employee or  Per Unit or  Flat Premium  
 If GL basis is other please describe: \_\_\_\_\_  
 Deductible: \_\_\_\_\_ Retention: \_\_\_\_\_

Total WC Premium from previous page: A. \$ \_\_\_\_\_

**B. General Liability (Project Site Payroll/Receipts Only)**

Attach additional pages if required – Attach copy of Declaration page and Rating Sheets for GL Policy

G.L. Classification	G.L. Code	G.L. Rate (per basis shown above)	Estimated Payroll*/Receipts	Premium
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5. Subcontracted Work			\$	\$

The OCIP provides coverage subject to a deductible for all contractors.

* It is extremely important to accurately estimate payrolls anticipated for this contract. Payroll should be raw wages <u>without</u> burden or fringes, but should include sick, vacation, holiday pay and overtime wages and imputed income.	<b>Total General Liability Premium</b>	<b>B. \$</b>
--	--	--------------

**UMBRELLA EXCESS**

C. Umbrella Excess: Rate: \$ \_\_\_\_\_ Per  \$100  \$1,000  payroll or  receipts or  Flat Rate  
 Name of Insurer: \_\_\_\_\_ Term: \_\_\_\_\_  Per Unit \_\_\_\_\_ C. \$ \_\_\_\_\_  
 Attach a copy of declaration page and rating sheets for Umbrella/Excess policy.



**RSA VAN ANTWERP RENOVATION PROJECT  
PAYROLL REPORTING FORM**

Contractor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Awarding Contractor: \_\_\_\_\_ Prime Contractor: \_\_\_\_\_

Please indicate Project Site payroll. Please retain a copy for your files.

If this is your first payroll report, when did you start on site? \_\_\_\_\_

Is this is your final payroll report for this contract?  YES  NO

**LOCATION CODE (For this Contract):** \_\_\_\_\_ **PAYROLL PERIOD:** \_\_\_\_\_

<b>GENERAL LIABILITY</b>			
GL Classification Description	Work hours	GL Code	Receipts/Payroll/Other
1.			
2.			
3.			
4.			
5.			
6. Subcontracted Work		95185	
Total			
<b>Monthly Receipts (Amount on Monthly Pay Application)</b>			<b>\$</b>

- It is extremely important to accurately estimate payrolls anticipated for this contract. Payroll should be raw wages without burden or fringes: but should include sick, vacation, holiday pay, overtime wages and imputed income.
- Overtime means those hours in excess of 8 hours worked each day, 40 hours in any week or on Saturdays, Sundays, or holidays, when there is an increase in the hourly rate to work such hours. Hours should be shown on overtime.

The above is a true and complete statement of the entire remuneration of services rendered by employees of the company shown above.

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

Title: \_\_\_\_\_ Date \_\_\_\_\_

Send this Form to:    Company: Willis of Alabama, Inc.                      Phone : (205) 868-0386  
                                  Attention: Peggy Funderburk                                      E-Mail: peggy.funderburk@willis.com  
                                  Address: 2101 6<sup>th</sup> Ave. North, Suite 725                                      Fax: (205) 871-0602  
                                  City, State Zip: Birmingham, AL 35203

**RSA Van Antwerp Renovation Project**  
**NOTICE OF SUBCONTRACT AWARD**  
**AND**  
**REQUEST FOR INSURANCE**

Project Name: RSA Van Antwerp Renovation Project  
Company Name: Willis of Alabama, Inc. Phone: 205-868-0386  
Attention: Peggy Funderburk Fax: 205-871-0602  
Address: 2101 6<sup>th</sup> Ave. North, Suite 725 Email: peggy.funderburk@willis.com  
City, State Zip: Birmingham, AL 35203  
RE: \_\_\_\_\_

This is to inform you that we have awarded the following subcontract to the following Subcontractors:

Name of Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (     ) - \_\_\_\_\_ Fax: (     ) - \_\_\_\_\_ TIN #: \_\_\_\_\_  
Office Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
Safety Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
Type of Work: \_\_\_\_\_ Contract #: \_\_\_\_\_  
Award Date: \_\_\_\_\_ Est. Start Date: \_\_\_\_\_ Est. Completion Date: \_\_\_\_\_  
Contract Value: \$ \_\_\_\_\_ Est. Payroll: \$ \_\_\_\_\_ Est. Work Hours: \_\_\_\_\_  
Est. # of Subcontractors: \_\_\_\_\_

Awarding Contractors: \_\_\_\_\_  
By: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Prime Contractors (if different): \_\_\_\_\_

**DO NOT complete this form for your company.**

Award Date – date Notice to proceed was given (Verbally or in Writing)

You must complete a Notice of Subcontract Award, on each of your subcontractors.

**RSA Van Antwerp Renovation Project**  
**NOTICE OF CONTRACT COMPLETION FORM**  
 (to be submitted with final pay request)

Project Name: RSA Van Antwerp Renovation Project

Company Name: Willis of Alabama, Inc. Phone: 205-868-0386

Attention: Peggy Funderburk Fax: 205-871-0602

Address: 2101 6<sup>th</sup> Ave. North, Suite 725 Email: peggy.funderburk@willis.com

City, State Zip: Birmingham, AL 35203

Please be advised, we, \_\_\_\_\_ are scheduled to complete our work for:

Awarding Contractor: \_\_\_\_\_ Prime Contractor: \_\_\_\_\_

Project Description: \_\_\_\_\_ Actual Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Reported Contract Value: \_\_\_\_\_ Final Contract Value: \_\_\_\_\_

Self-Performed Work: \_\_\_\_\_ Subcontracted Work: \_\_\_\_\_

Estimated WC On-site Payroll: \_\_\_\_\_ Final WC on-site Payroll: \_\_\_\_\_

All Contract Values should include all insurance cost.

We used the following enrolled subcontractors who will also complete their work on the date shown above:

<u>Subcontractors</u>	<u>Reported Contract Value</u>	<u>Contract Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This is our only contract  YES  NO

We are still working on the following contracts:

Location Code	Awarding Contractor	Prime Contractor
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your Company's Name: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

Final insurance audits may be made under the applicable policies. Please show who in your office (or another location if applicable) is responsible for this information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Email: \_\_\_\_\_



FORM – OCIP ACCIDENT / INCIDENT REPORT

PROJECT NAME/DESCRIPTION: RSA VAN ANTWERP RENOVATION PROJECT PROJECT/CONTRACT # \_\_\_\_\_

CONTRACTORS NAME: \_\_\_\_\_

<u>NAME OF PERSON REPORTING</u>	<u>PHONE#</u>	<u>FAX#</u>	<u>EMAIL</u>
_____	_____	_____	_____

**ACCIDENT / INCIDENT INFORMATION**

DATE OF ACCIDENT / INCIDENT: \_\_\_\_\_ TIME OF ACCIDENT / INCIDENT: \_\_\_\_\_ " AM " PM DATE NOTIFIED: \_\_\_\_\_

ADDRESS OR LOCATION WHERE ACCIDENT / INCIDENT OCCURRED (BE SPECIFIC): \_\_\_\_\_

\_\_\_\_\_

WERE THE POLICE CONTACTED? " YES " NO REPORT NUMBER \_\_\_\_\_

BRIEF DESCRIPTION OF ACCIDENT / INCIDENT (Use a separate sheet and diagram if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLAIMANT INFORMATION**

<u>CLAIMANT NAME</u>	<u>HOME PHONE#</u>	<u>WORK PHONE#</u>	<u>EMAIL</u>
_____	_____	_____	_____

ADDRESS \_\_\_\_\_ INJURED PARTY IS " MALE " FEMALE

**INJURY INFORMATION**

WERE ANY INJURIES INCURRED? " YES " NO IF INJURY OCCURRED, GIVE BRIEF DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

WHAT INITIAL TREATMENT DID THE CLAIMANT RECEIVE? (FIRST AID, EMERGENCY, ETC.) \_\_\_\_\_

**WITNESS INFORMATION**

<u>WITNESS NAME</u>	<u>HOME PHONE#</u>	<u>WORK PHONE#</u>	<u>EMAIL</u>
_____	_____	_____	_____

ADDRESS \_\_\_\_\_

<u>WITNESS NAME</u>	<u>HOME PHONE#</u>	<u>WORK PHONE#</u>	<u>EMAIL</u>
_____	_____	_____	_____

ADDRESS \_\_\_\_\_

<u>WITNESS NAME</u>	<u>HOME PHONE#</u>	<u>WORK PHONE#</u>	<u>EMAIL</u>
_____	_____	_____	_____

ADDRESS \_\_\_\_\_

**ADDITIONAL COMMENTS**

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**DIAGRAM (SHOW NORTH/SOUTH):**

**PERSON COMPLETING REPORT**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

**PROJECT MANAGER**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

<u>ADDRESS</u>	<u>PHONE#</u>	<u>FAX#</u>	<u>EMAIL</u>
_____	_____	_____	_____

SIGNATURE: \_\_\_\_\_