

1. Contractor Information:

Federal ID No.:

Business Information (headquarters)

Contact Information (address questions to.)

Company Name & dba /

ABC Construction Company, Inc.

ABC Construction Company, Inc.

Contact Name & Title:

123 Main St.

1 Site Street

Address:

City, State Zip Code:

Hometown, CA 98765

Projectown, CA 91234

Telephone:

555-123-4567

555-923-4567

Fax:

555-987-6543

555-187-6543

2. Bid Information:

Bid Package No.: Long Beach Unified School District - 123

Scope of Work: Brief description of Work Package

Proposed Contract Price: \$ 75,000,000

Amount of Self Performed Work: \$ 58,685,500

Are you a: Contractor
 Subcontractor

If Subcontractor, identify under contract with: _____

Workers' Compensation Insurance Information:

| State | Class Code | Description | Rate (per \$100 payroll) | Worker-hours | Est. On-site Payroll | WC Premium (Payroll * Rate / 100) |
|------------------|------------|----------------------|--------------------------|----------------|----------------------|-----------------------------------|
| CA | 5213 | Concrete Const. | 9.78 | 84,788 | 2,204,500 | 215,600 |
| CA | 6218 | Excavation > \$22. | 7.99 | 9,791 | 225,200 | 17,994 |
| CA | 5040 | Iron or Steel Const. | 17.11 | 162,711 | 5,206,750 | 890,875 |
| CA | 5432 | Carpentry | 11.54 | 172,050 | 4,100,650 | 473,215 |
| 9. Totals | | | | 429,340 | 11,737,100 | 1,597,684 |

10. Your Company's Workers' Compensation Experience Modifier:

1.02

11. Modified Premium (Total WC Premium multiplied by line 10):

1,629,638

12. a) Employers Liability Rate: N/A b) Employers Liability Cost = line 11 x line 12a:

included

13. a) Modification Premium Factors:

b) Rate

c) Amount

Modifier 1: 20% 325,928

Modifier 2: _____

(325,928)

0

d) Total Modified Amount:

(325,928)

14. Total Workers' Compensation Premium (line 11 plus 12 plus or minus 13):

1,303,710

15. a) General Liab. Rate: 1.31 b) Based On: Payroll Receipts Other _____ c) Rate factor: Per \$100 Per \$1,000 GL Premium Cost:

98,250

16. a) Builder's Risk/Installation Floater Rate: b) Property Premium Costs:

N/A

17. a) Excess/Umbrella Rate: .262 b) Based On: Payroll Receipts Other _____ c) Rate factor: Per \$100 Per \$1,000 Excess/Umbrella Premium Costs:

19,650

d)

18. Total of all Insurance Premiums (total of lines 14, 15, 16 & 17):

1,421,610

19. Overhead & Profit on Insurance Prem. %: 10% O/H & Profit Amount:

142,161

20. Total of Lower Tier Subcontractors Insurance Credits (Line 7d from Aon-2)

2,711,075

21. Total Initial Insurance Credit (Total of lines 18, 19 & 20):

4,274,846

INSURANCE CREDIT WORKSHEET

(Instructions located on the following page)

The Long Beach Unified School District **OCIP**

The Long Beach Unified School District

Project # _____

1. Contractor Information:

Federal ID No.: _____

Business Information (headquarters)

Contact Information (address questions to.)

Company Name & dba /

Contact Name & Title: _____

Address: _____

City, State Zip Code: _____

Telephone: _____

Fax: _____

2. Bid Information:

Bid Package No.: _____

Scope of Work: _____

Proposed Contract Price: \$ _____

Amount of Self Performed Work: \$ _____

Are you a: Contractor
 Subcontractor

If Subcontractor, identify under contract with: _____

Workers' Compensation Insurance Information:

| State | Class Code | Description | Rate (per \$100 payroll) | Worker-hours | Est. On-site Payroll | WC Premium (Payroll * Rate / 100) |
|-------|------------|-------------|--------------------------|--------------|----------------------|-----------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

9. Totals

10. Your Company's Workers' Compensation Experience Modifier: _____

11. Modified Premium (Total WC Premium multiplied by line 10): _____

12. a) Employers Liability Rate: _____ b) Employers Liability Cost = line 11 x line 12a: _____

13. a) Modification Premium Factors: _____

b) Rate _____

c) Amount _____

Modifier 1: _____

Modifier 2: _____

d) Total Modified Amount: _____

14. Total Workers' Compensation Premium (line 11 plus 12 minus 13): _____

15. a) General Liab. Rate: _____

b) Based On: _____

c) Rate factor: _____

Payroll Receipts Per \$100

Other Per \$1,000

GL Premium Cost: _____

N/A

16. a) Builder's Risk/Installation Floater Rate: _____

b) Property Premium Costs: _____

18. Total of all Insurance Premiums (total of lines 14, 15, 16 & 17): _____

19. Overhead & Profit on Insurance Prem. %: _____

O/H & Profit Amount: _____

20. Total of Lower Tier Subcontractors Insurance Credits (Line 7d from Aon-2) _____

21. Total Initial Insurance Credit (Total of lines 18, 19 & 20): _____

Name: _____
(please print)

Date: _____

Title: _____

Signature: _____

INSTRUCTIONS FOR INSURANCE CREDIT WORKSHEET (AON FORM-1)

Complete a separate form for: 1. each Contractor, 2. known Subcontractor, and 3. trade not currently awarded to a Subcontractor.
Completion of this form may be a required part of your bid. Duplicate this form as needed:

1. Contractor Information:

- Provide your companies Federal ID Number.
- Provide your Business Information including the Company Name, Address, City, State, Zip Code, Telephone and Fax in the column.
- Provide the name of your employee that can answer insurance questions. If this person’s Business Address, Telephone and Fax is different enter this information in the column provided.

2. Work Information:

- Provide a brief description of the work your firm will perform.
- Identify your estimated contract value.
- Identify the amount your firm will self-perform (100% if no Subcontractors are used; otherwise, your proposed contract price less the amount to be subcontracted out).
- Check the box that applies to your status on this bid.

Identify with whom you are contracting with (The District or the name of the Contractor or Subcontractor).

3. through 8. Workers Compensation Insurance Information:

Description of Worker’s Compensation Column Information

- ☒ **State & Class Code** – provide the state in which the work will be performed and the workers compensation classification codes that are applicable to the scope of your work.
- ∅ **Description** – Provide the workers compensation class code descriptions that apply to the codes.
- ⊗ **Rate** – enter rate your firm pays for coverage for each class code. This information can be obtained from your Workers Compensation policy.
- ⊕ **Man-hours** – Provide your estimated man-hours, by class code, for work that will be performed *on-site*.
- ∅ **Estimated On-site Payroll** – Provide your estimated on-site payroll, by class code, for work that will be performed *on-site*.
- ∩ **WC Premium** – For each classification you entered, multiply the Payroll by the Rate and divide by 100.

- 9. **Totals** – Calculate totals for columns numbered ⊕, ∅ and ∩.
- 10. **Workers Compensation Experience Modifier** - Enter your experience modification factor. This number is located on your Workers Compensation policy or on the Bureau’s rating sheets. If you do not have an experience modifier, use 1.00.
- 11. **Modified Premium** – Multiply the total on line 9 by your workers compensation experience modifier.
- 12. **Employers Liability Rate** – a) Enter your Employers Liability Rate located on your Workers Compensation policy and b) calculate by multiplying the Modified Premium by the rate.
- 13. **Modification Premium Factors** – Identify the premium modification factors that apply to your Workers compensation policy. These factors may include a “Scheduled Credit” or a “Premium Discount”. A) Identify the name of the Modifier, b) enter the **Rate**, c) compute the **Amount** by calculating the Modified Premium by the Rate. Total the amount computed in column 13.c). Enter the total in d).
- 14. **Total Workers Compensation Premium** – Add the Modified Premium and the Employers Liability Premium (line 11 and 12). Subtract the Premium Modifications identified and totaled in line 13d).


Other Insurance Items:

- 15. **General Liability** – a) Enter the General Liability rate, b) identify the bases the rate applies to by checking the *box (if the basis is other, identify in the space provided)*, c) Check whether the rate factor is (\$100 or \$1,000). Compute the General Liability Premium by using the formula (rate bases * rate / rate factor).
- 16. **Builder’s Risk/Installation Floater** – Enter the rate and multiply by the values to be insured. Enter the premium on line 16.
- 17. **Excess/Umbrella Liability** – a) Enter your Excess or Umbrella Liability rate, b) identify the basis the rate applies to by checking the box (if the basis is other, identify in the space provided), c) Check whether the rate factor is (\$100 or \$1,000). Compute the Excess or Umbrella Liability Premium by using the formula (rate basis * rate / rate factor).

Total Insurance Premiums:

- 18. **Total of all Insurance Premiums** – Add lines 14, 15, 16 and 17.
- 19. **Overhead & Profit** - a) Identify your percentage mark-up for Overhead & Profit included in your pricing structure; b) apply the percentage to Overhead & Profit to the Total of all Insurance Premiums.
- 20. **Total Of All Lower Tier Subcontractors** - Total from line 7d. on AON-2 Insurance Summary Form. Each lower tier Subcontractor should complete an Insurance Credit Worksheet, which would be summarized on the AON-2.
- 21. **Total Initial Insurance Credit** – Add lines 17, 18 and 19.

Return the completed, signed and dated Aon Form-1 with your Enrollment Application to identify the amount of insurance credit applied to your bid.

|  | <h2 style="margin: 0;">INSURANCE SUMMARY</h2> <p style="margin: 0;">The Long Beach Unified School District OCIP</p> | | | <p>The Long Beach Unified School District</p> <p>Project # _____</p> <p style="text-align: right;">Page 1 of 1</p> |
|---|--|--|-----------------------------------|--|
| 1. Name of Contractor: _____ | | 2. Bid Package No.: _____ | | |
| 3. Total Proposed Cost: \$ _____ | | | | |
| Contracting Parties & Trades <small>Aon Form-1 Reference No.</small> | a Amount of Contract 2. | B Estimated Worker-hours 9.⊕ | C Estimated Payroll 9.∅ | d Initial Insurance Credit 9.∩ |
| 4. Contractor : | | | | |
| 5. Your Known Subcontractors (Attach a Separate Aon Form-1 from each) | | | | |
| | | | | |
| | | | | |
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| 6. List Additional Trades NOT yet assigned to a sub (attach separate Aon Form -1) | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 7. Total Estimates for Contract: | 7a | 7b | 7c | 7d |

INSTRUCTIONS FOR INSURANCE SUMMARY (AON FORM-2)

Make a separate entry on the Aon Form-2 for each Contractor, known Subcontractor and trade not currently awarded to a Subcontractor. Duplicate this form as needed:

General Information

1. **Name of Contractor** – Enter the name of the Contractor or Subcontractor that is being summarized on the form.
- Bid Package No.** – Enter the Bid Package No. The District assigned to the bid.
2. **Proposed Contract Cost** – Enter the Proposed Contract Cost for the Contractor or Subcontractor being summarized.

Contractor Specific Information

3. **Contractor** – Enter the Contractor or Subcontract that is being summarized (*include only self-performed work from the Aon Form-1*)
 - b) Estimated Worker Hours (line 9 and column ⊕)
 - c) Estimated On-site Payroll (line 9 and column ∅)
 - d) Initial Insurance Credit line 21).
5. **Known Subcontractors** – For each Subcontractor summarize their work and the work of lower level tiers. Information will be obtained from either an Insurance Summary Aon Form-2, if lower level tiers were used, or the Aon Form-1. The Aon Form-1 reference numbers are supplied below:
 - a) Amount of Contract – The Proposed Contract Cost from Bid Information Section (2).
 - b) Estimated Worker Hours – The work performed by the Subcontractor and all lower level Subcontractors. Information from line 9 and column 6.
 - c) Estimated On-site Payroll – The work performed by the Subcontractor and all lower level Subcontractors. Information from line 9 and column.7
 - d) Initial Insurance Credit – The work performed by the Subcontractor and all lower level tiers. Information obtained from line 21.
6. **Identified Trades NOT yet assigned to a Subcontractor** – For each trade, not yet assigned to a Subcontractor, estimate the amount of work and insurance costs on Aon Form-1s.
 - a) Amount of Contract – The Estimated cost to subcontract the work. Information is obtained from the Proposed Contract Cost from Bid Information Section (2).
 - b) Estimated Worker Hours – The estimated on-site trade worker-hours. Information from line 9 and column 6.
 - c) Estimated On-site payroll – The estimated on-site trade payroll. Information from line 9 and column 7. Initial Insurance Credit – the computed insurance costs for the trade based on estimated subcontract cost, including Contract Amount, Worker-hours and Payroll. The OCIP Administrator is available to provide reasonable insurance rates for computing the insurance costs on the Aon Form-1. Information obtained from line 21.
7. **Total Estimates for Contract** – The total amount entered in column a, b, c, and d.



Form-3

ENROLLMENT APPLICATION

LB Unified School District

Project # _____

Page 1 of 2

It is suggested that you examine your current Workers' Compensation and General Liability Policies or contact your Insurance Agent to assist you with completing this form. ***** NOTICE ***** Enrollment is not automatic and requires the satisfactory completion of the of this Form. Please refer to the Insurance Manual for coverage requirements.

1. Contractor Information:

Federal ID No. _____

▼ **Business Information** (*headquarters*)

▼ **Contact Information** (*address questions to ...*)

Company Name & dba /

Contact Name & Title: _____

Address: _____

City, State Zip Code: _____

Telephone: _____

Fax: _____

Entity:

Sole Proprietor

Corporation

Partnership

Other: _____

2. Provide your current Workers' Compensation Information:

| Anniversary Rating Date: | Experience Modification: | Bureau File Number: |
|--------------------------|--------------------------|---------------------|
| | | |

Your WC Insurance Carrier: _____

Policy #: _____

Effective Date: _____

Expiration Date: _____

3. Contract Information:

Contract #: _____

Contract Description: _____

Location of Work: _____

Status on Project:

Prime

Sub-Subcontractor

Subcontractor

Other _____

Contract Award Date: _____

If you are a Sub, Identify who your contract is with: _____

Provide Payroll by Class Code in the following space provided (*attach a separate sheet if necessary*)

| State | Class Code | Description | Man-hours | Payroll |
|---------------|------------|-------------|-----------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Totals | | | | |

Contacts:

| Position | Name & Title | Phone | Fax | Email Address |
|-----------------|--------------|-------|-----|---------------|
| Project Mgr: | | | | |
| Safety Rep: | | | | |
| Contract Admin: | | | | |
| Payroll: | | | | |

Start Date: _____ Actual Estimated

Completion Date: _____ Actual Estimated

Contract Amount: _____

| | | |
|---------------|---|--|
| Form-3 | <h2 style="margin: 0;">ENROLLMENT APPLICATION</h2> <p style="font-size: small; margin: 0;"><i>(Instructions located on the following page)</i></p> <p style="margin: 0;">The Long Beach Unified School District OCIP</p> | <p style="margin: 0;">LB Unified School District</p> <p style="margin: 0;">Project # _____</p> <p style="text-align: right; margin: 0;">Page 2 of 2</p> |
|---------------|---|--|

4. Subcontract Information: List any Subcontractors that will be working for you on this Project (complete the information in the following table). Use additional paper if necessary:

| Subcontractor | Address | Subcontract \$ | Phone | Contact Person |
|---------------|---------|----------------|-------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

5. Will you have any off-site location(s) 100% dedicated to this Project? Yes No If yes, please provide address: _____
6. Does your project work involve Remediation or handling of any hazardous material? Yes ___ No ___
If yes, will you subcontract out that portion of the work? Yes ___ No ___ If yes, to whom: _
7. If you are a subsidiary and/or division of another company, complete an ERM-14 Form. If you are a participant as a joint venture partner, also complete an ERM-14 form.
8. Please check if: ___ Any aircraft will used on this Project ___ Any watercraft will used on this Project
9. Are you a Union Contractor? Yes ___ No ___
If yes, does your firm participate in Alternative Dispute Resolution with the Union? Yes ___ No ___
- 10 Please indicate if labor from the following sources will be used: Employee Leasing Firms Temporary Labor Agency

WARRANTY

Workers' Compensation, General and Excess Liability, and Builder's Risk Insurance coverages, as stated in the Contract Documents, are provided by the Long Beach Unified School District. The undersigned agrees and warrants:

11. It is the Contractor's responsibility to notify it's own insurance carrier to exclude, from its regular insurance all Work to be performed at the Project Site under this Contract
12. The statements in this insurance application are true to the best of my knowledge.
13. Contractor warrants that the cost of OCIP insurance and the cost of OCIP insurance for all subcontracted Work have been deducted from their bid.
14. Contractor agrees to be solely responsible for the cost of the non-OCIP insurance specified in the Contract.
15. The costs of premiums for the coverage provided by the OCIP shall be paid by the Long Beach Unified School District. The District will receive or pay, as the case may be, all adjustments to such costs, whether by way of dividends, retrospective rating adjustments, return premiums, audits or otherwise. Each Contractor and each of its Subcontractors shall execute any instruments of assignment as may be necessary to permit the Long Beach Unified School District to receive such adjustments, unless otherwise provided in the Contract Documents.

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

Email to: Long Beach Unified School District
Attn: OCIP Administrator
Aon Risk Solutions of Southern California

kathleen.ritch@aon.com

INSTRUCTION FOR ENROLLMENT APPLICATION (AON FORM-3)

This form must be completed and submitted by each Contractor and Subcontractor of any tier prior to Site mobilization **for each contract awarded**. The Contractor and Subcontractor will submit the completed forms to Aon Risk Solutions. Upon receipt of this form, Aon will issue, to the Contractor and Subcontractor, a Certificate of Insurance evidencing coverage in the District Controlled Insurance Program. The completed Certificate of Insurance and Workers' Compensation insurance policy will be mailed to each Enrolled Contractor and Subcontractor.

1. **Contractor Information** – Supply the Federal ID Number, Legal Company Name (include the doing business as, d.b.a. if applicable), mailing address and phone numbers. Identify the individual that will answer insurance questions and be responsible for your OCIP Worker's Compensation policy. Also identify the legal structure of your company by checking one of the boxes. If you choose Other, write the structure in the space provided.
2. **Provide your current Workers' Compensation Information** –
 - a) Enter information concerning your Worker's Compensation Experience Modifier in the table. Refer to your copy of the Bureau's Rating Calculation or contract your insurance agent or broker.
 - i) The Anniversary Rating Date is the effective date of your unique Experience Modifier Factor.
 - ii) The Experience Modification Factor is calculated by the Rating Bureau based on your loss experience and payroll.
 - iii) The Bureau File Number is your identification number with the Bureau. It may also be referred to as a Risk Identification Number.
 - b) Enter information concerning your current Worker's Compensation Policy. This information is available on the Declarations or Information page.
3. **Contract Information** –
 - a) Provide the contract number that was assigned by the District or the party you contract with.
 - b) Provide a brief description of your work under this contract number.
 - c) Identify the location of your contract work. This could be an area, phase or sub-project. (Phase 1 Landscape is example)
 - d) Identify your status by checking one of the boxes provided. If you select other, identify what type of a Contractor you are.
 - e) Identify the effective date of your contract.
 - f) If you are a Subcontractor, identify with whom you have a contract.
 - g) **Contacts** – Communication is key to a successful OCIP. Identify the key contacts for each function listed and provide the information requested. If a single individual handles multiple job duties, be sure to list the functions that apply.
 - h) Provide the Start Date and the Completion Date. Identify if these are the actual dates or have been estimated.
 - i) Provide the amount of your contract. If you have a time and materials contract, provide a reasonable estimate of your anticipated activity.
4. **Subcontract Information** - List Subcontractors that will perform work on-site during the term of your Contract. Enrollment is *NOT* automatic. If you add or change subcontracting firms during the course of your contract, be sure to notify the OCIP Administrator.
5. Indicate if you have off-site location(s), including warehouses that are dedicated solely to this Project by checking the appropriate box. If the answer is yes, provide the address. If additional room is need, attach a separate sheet. Be sure to include the Address, City, State and Zip Code.
6. Indicate if your contract work involves remediation or handling of any hazardous materials. The OCIP DOES NOT provide coverage for certain hazardous materials. Indicate if you will subcontract this portion of your work.
7. ERM-14 forms are available upon request. Please contact the OCIP Administrator.
8. Check the appropriate box if you will be using aircraft or watercraft.
9. Indicate if your company participates in Alternative Dispute Resolution with the Union.
10. Indicate if your firm is using any Employee Leasing Firms or Temporary Labor Agencies.

Read the Warranty statements completely. Sign the Aon Form-3 and return it to the OCIP Administrator using the information supplied at the bottom of the form. This form has been designed to fit in a standard window envelope for your convenience.