



FORM A Contractor's Insurance Information

DataWrap®

SECTION I

Contractor	<input type="text"/>	Federal ID#	<input type="text"/>
Address	<input type="text"/>	State/Other ID#	<input type="text"/>
City, State, Zip	<input type="text"/>		<input type="text"/>
Contact	<input type="text"/>	Phone	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>
Project Site	<input type="text"/>	Cell	<input type="text"/>
Work Desc.	<input type="text"/>	Pager	<input type="text"/>
Start Date	<input type="text"/>	Completion Date	<input type="text"/>

BUSINESS TYPE: Corporation S. Corp. Sole Prop. Partnership Ltd. Partnership

Are subcontracting out any work? Yes No

If yes, please complete Section II of Form B

Are you a Lower-Tier Subcontractor? Yes No

If yes, for what contractor? _____

Note: All Lower-Tier subcontractors must complete Form A, B, and C

SECTION II

Workers' Compensation:

Your Workers' Comp Insurer _____

Rating Date _____ Experience Modification _____

Liability:

Your General Liability Insurer _____

Your Umbrella (Excess) Insurer _____

Insurance Agent/Broker Information:

Agency: _____

Address: _____

City, State, Zip _____

Contact _____

Phone _____ Fax _____

Contractor _____

Signature _____ Date _____

After completion, fax Forms A, B, and C to the Project CM/GC.



FORM B Contractor's Insurance Calculation

DataWrap®

SECTION I:

Contractor:			
Project Site:			
Contract Value:			
Estimated Payrolls		Estimated Work Hours	

SECTION II (Complete if You Are Subcontracting Out Any Work):

Subcontractor's Name	Phone	Estimated Payroll	Class Codes

SECTION III (Calculate Your Insurance Premium):

Class Code	WC Trade	Work Hours	Estimated Payroll	WC Rate	Premium
					\$
<p>Should payroll or receipts exceed estimates, the premium will be adjusted accordingly.</p> <p>All credits and/or discounts <u>must be verified with the appropriate documentation.</u></p> <p>Attach copies of the Declaration and Rating pages of the Workers' Compensation, General Liability, and Excess Liability Policies.</p>				Total Manual Premium	\$
				Plus Inc. Emp. Liability Factor %	
				Subtotal	\$
				Less Safety Credit %	
				Subtotal	\$
				Less Drug-Free Credit %	
				Subtotal	\$
				Experienced Modification Rate	
				Subtotal	\$
				FCC Adjustment	
				Subtotal	\$
Less Premium Discount %					
Subtotal	\$				
Plus Terrorism—Certified Acts					
Plus State Assessments					
Total Workers' Comp. Premium	(A)	\$			

General Liability Current Rate	On Payroll or Receipts (circle one)	
	\$	(B) \$
Excess Liability Current Rate	On Payroll or Receipts (circle one)	
	\$	(C) \$
Subtotal Deductions (A + B + C)		(D) \$
Markup Amount (as a percentage of D)		(E) \$
Total Insurance Deduction (D + E)		(F) \$

I hereby warrant that this worksheet accurately reflects my projected insurance cost that would apply if my regular program were to provide coverage for this work. I also recognize that the OWNER or the MOCIP Administrator will require copies of my actual policy pages to confirm these costs.

Signature _____ Date _____

Attach copies of all policy declaration pages and premium rate pages as backup for the above calculation.

After completion, fax Forms A, B, and C to the Project CM/GC.



FORM C
Absolute Assignment & Agreement Form

Name of Project: _____

Audit Rights

In the event the undersigned contractor or subcontractor is awarded a contract, such party will permit the Owner or its representative to inspect the insurance policies, audit methods, and rates used in determining any insurance premium deduction, credit, or alternate cost item proposed or accepted by [the Owner] or any subcontractor. Requests for inspection of any policies or payroll records will be made in writing ten (10) days in advance of any review, which will be conducted at the Project site or at the office of [the Owner] or its representative near the site.

Assignment

The undersigned contractor or subcontractor hereby assigns, transfers and sets over absolutely unto [the Owner] all rights, title, and interests to any and all returns of premium, dividends, discounts, or other adjustments, including retrospective adjustments to [the Owner]. This assignment shall pertain to [the Owner]’s Master Owner-Controlled Insurance Program (“MOCIP”) policies as now written and as subsequently modified, rewritten, or replaced in MOCIP insurance company(s), including any additional amount or coverage as a result thereof. The undersigned contractor or subcontractor also assigns its rights on cancellation of all insurance policies provided, to the undersigned, by [the Owner]. This assignment is only valid for insurance policies whose premium has been paid by [the Owner].

If the undersigned contractor or subcontractor shall subcontract any part of the contracted work, the undersigned shall require each subordinate contractor to execute a similar assignment in favor of [the Owner].

Deduction for Insurance Agreement

The TOTAL DEDUCTION specified on Form B represents the amount of insurance cost the undersigned contractor or subcontractor would require in addition to the ‘Net Rate Charge’ should [the Owner] or its representatives elect not to furnish the specified insurance via an MOCIP, including: Workers’ Compensation, General Liability, and Excess Liability. In the event the undersigned contractor or subcontractor is not enrolled in the MOCIP, the TOTAL DEDUCTION amount, and only that amount, will be added back to the ‘Net Contract/Bid/RFP Amount or Net Rate Charge’ as an item, subject to any changes in scope of work and/or specifications. The total deduction is subject to adjustment based on final payroll.

Compliance

The undersigned contractor or subcontractor hereby agrees that all [the Owner] requirements will be met on a timely basis, including, but not limited to, enrollment documents for subcontractors, monthly payroll and work-hour report maintenance, and evidence of offsite coverages, loss control recommendations and requirements, and prompt claims reporting.

Company Name: _____

Signature: _____ Date: _____

Print: _____

After completion, fax Forms A, B, and C to the Project CM/GC.