



Form A

Form B

Form C

Off-Site Certificate with limits and subrogation language – language must include the following or similar: *“The School District of Palm Beach County (the “Owner”), its subsidiaries, and their respective officers, employees, and agents, and (CM) shall be covered as additional insureds ATIMA on all policies. Waiver of subrogation is included in favor of the Owner and (CM) on the Workers’ Compensation Policy. **No General Liability/Workers’ Compensation coverage is provided for claims on the Owner’s Project site.**”*

Insurance Pages:

General Liability Declaration Page

General Liability Rate Page

Workers Compensation Declaration Page

Workers Compensation Rate Page

Umbrella Declaration Page

Form D:

To Be Submitted Monthly

Lower Tier Information

Only winning bidder needs to complete

FORM A
Contractor's Insurance Information

SECTION I

Contractor		Federal ID#	
Address		State/Other ID#	
City, State, Zip			
Contact		Phone	
Email		Fax	
Project Site		Cell	
Work Desc.		Pager	
Start Date	Completion Date		

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

Are you 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 subcontractor? _____

Note: If you have Lower-Tier subcontractors you are responsible for identifying who they are, they must complete Forms A, B, and C and enroll. 4% will be taken from your CV if you do not identify your Lower Tier Subcontractors.

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 866-701-0885

Only winning bidder needs to complete

FORM B Contractor's Insurance Calculation



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> <p>Any Contractor/Subcontractor whose current insurance program is on a retrospective rating plan, large deductible, or self-insured program must contact the MCIP Administrative Coordinator for the appropriate insurance cost calculation.</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) \$

* Note: If an Excess Liability rate is not available and the contractor's policy is written on a flat premium rate basis, the contractor will develop a rate based upon the contractor's overall annual payroll (or receipts).

$$\frac{\text{Flat Policy Premium} + \text{Annual Payroll (or Receipts)}}{\text{Contract Payroll (or Receipts)}} \times \text{Excess Rate} = \text{Excess Deduct Amount (Item C)}$$

Rates from rate and declaration pages taken upon enrollment will not be adjusted throughout the duration of the project

Subtotal Deductions (A + B + C)	(D)	\$
Markup Amount (as a percentage of D)	(E)	
Total Deduction (D + E) to Be Deducted from Contract Amount	(F)	\$

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

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 MCIP Administrator will require copies of my actual policy pages to confirm these costs.

Signature: _____ Date: _____

After completion, fax Forms A, B, and C to the MCIP Administrative Coordinator at 866-701-0885.

FORM C
Absolute Assignment and Agreement Form

Name of Project: _____

Audit Rights

In the event the undersigned subcontractor or lower tiered subcontractor is awarded a contract, such party will permit The School District of Palm Beach County 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 School District of Palm Beach County 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 School District of Palm Beach County or its representative near the site.

Assignment

The undersigned subcontractor or lower tiered subcontractor hereby assigns, transfers and sets over absolutely unto The School District of Palm Beach County all rights, title, and interests to any and all returns of premium, dividends, discounts, or other adjustments, including retrospective adjustments to The School District of Palm Beach County. This assignment shall pertain to The School District of Palm Beach County's Master Owner-Controlled Insurance Program ("MCIP") policies as now written and as subsequently modified, rewritten, or replaced in MCIP 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 School District of Palm Beach County. This assignment is only valid for insurance policies whose premium has been paid by The School District of Palm Beach County.

If the undersigned subcontractor or lower tiered 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 School District of Palm Beach County.

Deduction for Insurance Agreement

The TOTAL DEDUCTION specified on Form B represents the amount of insurance cost the undersigned subcontractor or lower tiered subcontractor would require in addition to the 'Net Rate Charge' should The School District of Palm Beach County or its representatives elect not to furnish the specified insurance via an MCIP, including: Workers' Compensation, General Liability, and Excess Liability. In the event the undersigned subcontractor or lower tiered subcontractor is not enrolled in the MCIP, 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 subcontractor or lower tiered subcontractor hereby agrees that all The School District of Palm Beach County 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, prompt claims reporting, Return to Work and Drug Policy.

Company Name: _____

Signature: _____ Date: _____

Print: _____

After completion, fax Forms A, B, and C to 866-701-0885

Sample Offsite Certificate of Insurance (for Contractors Enrolled in the MCIP)

ACORD	CERTIFICATE OF INSURANCE				DATE (mm/dd/yy)	
PRODUCER [INSURANCE AGENT'S NAME] [ADDRESS] [CITY, STATE ZIP CODE] [TELEPHONE NO. (INCLUDING AREA CODE)]			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
			COMPANIES AFFORDING COVERAGE			
			COMPANY A	[INSURANCE COMPANY NAME] (A-, Class VII or better)		
INSURED [YOUR COMPANY NAME] [ADDRESS] [CITY, STATE, ZIP CODE] [TELEPHONE NO. (INCLUDING AREA CODE)]			COMPANY B	[INSURANCE COMPANY NAME] (A-, Class VII or better)		
			COMPANY C			
			COMPANY D			
COVERAGES						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM, OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY <input checked="" type="checkbox"/> XCU PROPERTY DAMAGE	[POLICY NUMBER]	[MO/DAY/YR]	[MO/DAY/YR]	GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS-COMP/OP AGG	\$ 1,000,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$
					MED EXP (Any one person)	
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	[POLICY NUMBER]	[MO/DAY/YR]	[MO/DAY/YR]	COMBINED SINGLE LIMIT	\$ 1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per Accident)	\$
					PROPERTY DAMAGE	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____ <input type="checkbox"/> _____				AUTO ONLY -EA ACCIDENT	\$
					OTHER THAN AUTO ONLY	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	[POLICY NUMBER]	[MO/DAY/YR]	[MO/DAY/YR]	EACH OCCURRENCE	\$ 1,000,000
					AGGREGATE	\$ 1,000,000
						\$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	[POLICY NUMBER]	[MO/DAY/YR]	[MO/DAY/YR]	<input checked="" type="checkbox"/> WC STATUS <input checked="" type="checkbox"/> OTHER STATUTORY LIMITS	\$
					EL EACH ACCIDENT	\$ 500,000
					EL DISEASE-POLICY LIMIT	\$ 500,000
					EL DISEASE-EA EMPLOYEE	\$ 500,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS: The School District of Palm Beach County, its subsidiaries and their respective officers, employees, and agents, and [CONSTRUCTION MANAGER NAME] shall be covered as additional insureds, ATIMA, on all policies. Waiver of subrogation is included in favor of the School District of Palm Beach County on the Workers' Compensation Policy. No General Liability/Workers' Compensation coverage is provided for claims on the School District of Palm Beach County [PROJECT SCHOOL NAME] project site.						
CERTIFICATE HOLDER				CANCELLATION		
The School District of Palm Beach County Project: [PROJECT SCHOOL NAME] C/O: The Florida League of Cities 125 E. Colonial Drive Orlando, FL 32853 Fax : (866) 701-0885 Email: cmurphy@flcities.com				SHOULD ANY OF THE ABOVE-DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30-DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. AUTHORIZED REPRESENTATIVE		
ACORD 25-S (1/95)				ACORD CORPORATION 1988		

Only winning bidder needs to complete

Excluded Subcontractors

ACORD	CERTIFICATE OF INSURANCE	DATE (mm/dd/yy)										
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