Browser Notice:

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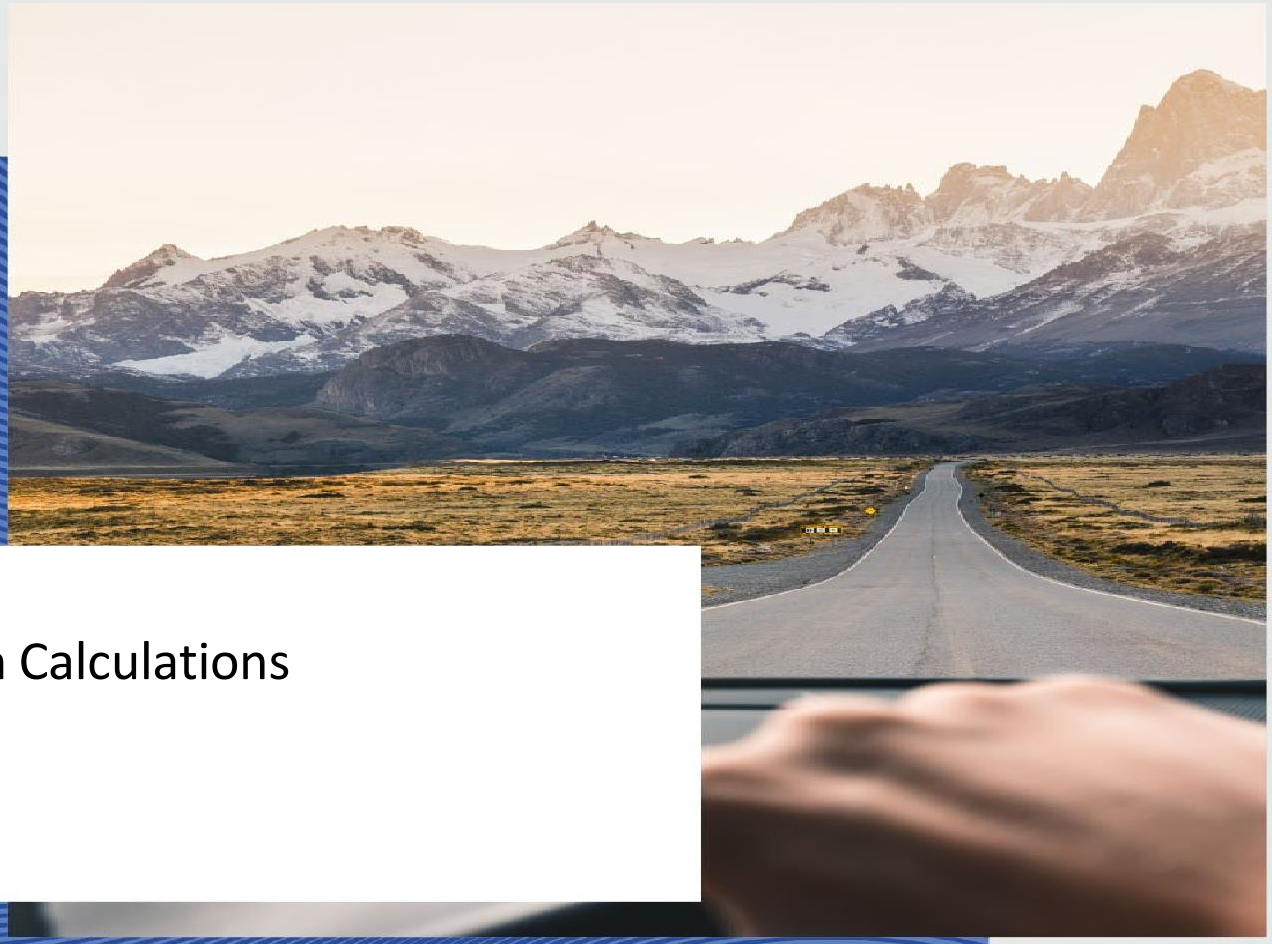


Enrollment Process
& Insurance Deduction Calculations

June 1, 2026

How to complete an Enrollment Form(s)

ENROLLMENT FORM AND REQUEST FOR INSURANCE

"PROJECT NAME HERE"

About This Form:

- This form must be completed by each Contractor/Subcontractor as soon as a contract is awarded. No certificates of insurance or policies will be provided under this Controlled Insurance Program until this form is received.
- Insurance costs must be verified on all bid documents
- Information disclosed on this form is subject to audit throughout the term of the construction project

A. Contractor Information

Contractor:_____

Check one: ☐ Indv ☐ Ptshp ☐ Corp ☐ LLC ☐ V

Minority Participation: ☐ Minority Bus. Enter. ☐ Women Bus. Enter. ☐ Disadvantaged Bus. Enter. ☐ Small Bus. Enter.

Address:_____

P.O. Box is not acceptable

City:_____ State:_____ Zip:_____

Federal ID # (FEIN):_____ **Contract #**_____

Contacts:

Office Contact Name:_____ Phone:_____ Email:_____

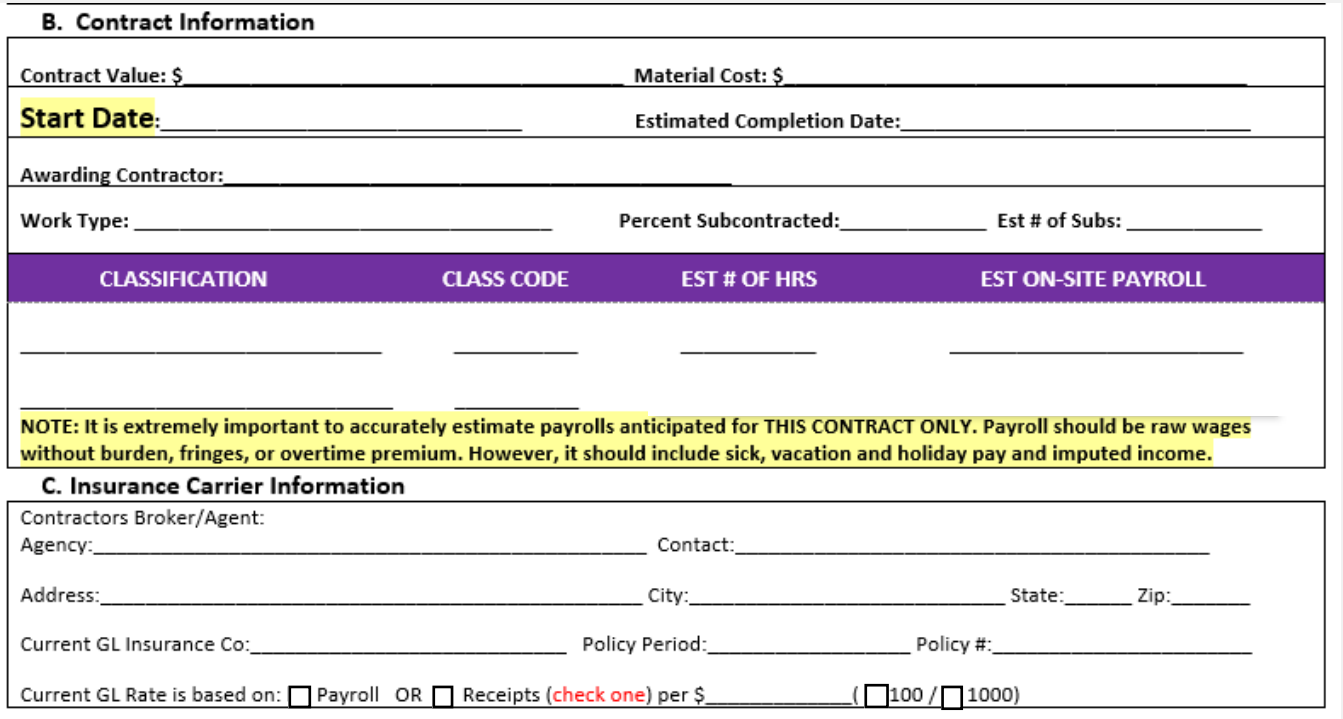
In-house

Ins Contact Name:_____ Phone:_____ Email:_____

Payroll Contact Name:_____ Phone:_____ Email:_____

1. Contractor Name: The legal entity Company Name
2. The check boxes: Whether your company is an Individual, Partnership, Corporation, Limited Liability Corporation or Joint Venture
3. If you company is a Minority, what type of minority is your company?
4. Address, City, State and Zip is a requirement. Workers Compensation Carriers will not accept PO Boxes
5. Federal ID or FEIN – The 9 digit number is what the Federal Government has given to a registered company; If an Individual we will their Social Security Number
6. Contact Names: These are the names within your company the OCIP Administrator can contact to talk regarding your Enrollment, Insurance Cost or Payroll

How to complete an Enrollment Form(s)



B. Contract Information

Contract Value: $_____ Material Cost: $_____

Start Date:_____ Estimated Completion Date:_____

Awarding Contractor:_____

Work Type: _____ Percent Subcontracted:_____ Est # of Subs: _____

CLASSIFICATION	CLASS CODE	EST # OF HRS	EST ON-SITE PAYROLL

NOTE: It is extremely important to accurately estimate payrolls anticipated for THIS CONTRACT ONLY. Payroll should be raw wages without burden, fringes, or overtime premium. However, it should include sick, vacation and holiday pay and imputed income.

C. Insurance Carrier Information

Contractors Broker/Agent:

Agency:_____ Contact:_____

Address:_____ City:_____ State:_____ Zip:_____

Current GL Insurance Co:_____ Policy Period:_____ Policy #:_____

Current GL Rate is based on: ☐ Payroll OR ☐ Receipts (check one) per $_____(☐100 / ☐1000)

1. Contract Information: The Contract Value that will be paid in full to your Company
2. Material Cost: This will be per your Bid. This helps the OCIP Administrator define the Insurance Deduct. If your contract is heavy in materials and lighter in labor it helps to know this.
3. Start Date & Estimated Completion Date: The first date your company will start on the job-site. Please note your company needs to be enrolled before starting. The completion date will be from your Bid again, how long will it take your company to complete their work. We do understand this is fluid.
4. Awarding Contractor: This is the Contractor or General Contractor that awarded your contract to your company.
5. Work Type: The Scope of work you will be doing while on the job-site
6. Percent of Subcontract Work / # of Subs. This should be completed only if you will be Subcontracting work out
7. Classification, Class Code, Est # of Hours & Estimated On-site Payroll: **Classification** is per your Workers Compensation or General Liability Company Policy. How your Company's Labor is classified, HVAC, Plumbing, Concrete, etc.; **Class Code** is a 4 digit code for Workers Comp and 5 digit code for General Liability (if based on Payroll). These Codes are within your Master Policy; **Estimated Hours** is per your Bid; **Estimated On-site Labor** is the Gross Labor you will have while on the job-site for your entire contract.
8. Insurance Carrier Information is from your company's policy; your Insurance Agent and their contact info, also your Work Comp & Gen Liab policy information
9. Current GL Rate: This is how your company is rated, whether your company is based on Payroll or Receipts/Contract Value.

Click To Submit Form

How an Insurance Deduction could be calculated

OCIP Insurance Cost Worksheet

NOTE: It is extremely important to accurately estimate payrolls anticipated for THIS CONTRACT ONLY. Payroll should be raw wages without burden, fringes, or overtime premium. However, it should include sick, vacation and holiday pay and imputed income.

GL Costs (Project Site Payroll Only) Attach additional pages if required				
GL Classification	GL Code	Rate $100 or $1000 Payroll or Receipts	Estimated Payroll/Receipts	Premium
1. This comes from your Master Policy for	4 or 5 Digit	How your Company is	The Estimated On-site payroll	Payroll x Rate / 100 for WC
Workers Comp &/or Gen Liab	Code	Rated per your policy.	For each separate Class of work	Payroll x Rate / 100 or 1,000
2. Codes are based on the risks associated with each			You will be performing	Per your Gen Liab Policy
w/each type of work performed				
			Total GL Premium	**Total Prem Calculated**

Total Cost Verification	
In lieu of evidence showing the Excess/Umbrella Rate, 30% of the General Liability Rate will apply unless your Umbrella/Excess Liability is auditable, then applicable rates will apply.	WC &/or GL Prem x 30%
Subcontractor Premiums (**Attach Notice of Contract Award for each Subcontractor**) 1.5% may be withheld from the contract value of each Sub-tier until such time an insurance cost can be calculated	Sub-Contracted Value x 1.5%.
Total GL Premium (from GL Cost Chart on this Form)	Total of all premiums above
Profit & Overhead 15% of Premium	Total Prem x 15%
Total Premiums	Total of Prem + the O&P