Browser Notice:

Interactive buttons (Submit, Print, Reset) will not function while viewing this PDF inside a web browser. Please download and open this file in Adobe Acrobat or Adobe Reader to use the form.

ENTEK Lithium Separators LLC
Manufacturing Plant – Indiana

Contractor Insurance Manual

General Liability/Workers Compensation & Excess Liability

Owner Controlled Insurance Program (OCIP)

ENTEK - General Contractor

December 13, 2023 (V3)

Table of Contents

Section 1: Introduction

Welcome to the ENTEK Lithium Separators LLC ("Owner" & Project Name) - Owner Controlled Insurance Program (OCIP).

ENTEK Lithium Separators LLC has arranged for its construction projects to be insured under its Owner Controlled Insurance Program (OCIP). An OCIP is a single insurance program that insures ENTEK Lithium Separators LLC, all Enrolled Contractors and Enrolled Subcontractors, and other designated parties for Work performed at the Project Site. Certain Contractors and Subcontractors are excluded from this OCIP. These parties are identified in Section 3 of this Manual but are not automatic.

Each contractor enrolled in the OCIP will be provided coverage for: **Workers' Compensation, General Liability, and Excess Liability** ("OCIP Coverages") for operations of Enrolled Parties at the Project Site.

The Owner will pay the insurance premiums for the OCIP coverages described in this Manual. You should notify your insurance broker/insurer(s) of the coverages provided under this OCIP to avoid the duplication of coverage.

How to Bid

Each bidder is required to INCLUDE in its bid price the cost of the OCIP Coverages provided by the Owner.

In calculating the insurance costs, Contractors shall use the limits of insurance specified in the Contract documents. Once the identified cost for insurance coverages is verified and approved by the OCIP Administrator and Owner, a deductive change order is issued to deduct this cost.

In order to calculate a cost for the Excess Liability coverage provided by the Owner, each contractor will add 30% of the General Liability OCIP cost. The Owner is providing this coverage therefore there will be a cost. In addition, 15% for Overhead & Profit will be applied to the total insurance costs.

Declaration and Rating pages from your current General Liability and Excess Liability/Umbrella policies are required. These must be submitted with your OCIP enrollment paperwork.

DISCLAIMER:
The information in this Manual is intended to outline the OCIP. If any conflict exists between this Manual and the OCIP insurance policies, the OCIP insurance policies will govern.

Section 2: OCIP Directory

OWNER			
ENTEK Lithium Separators LLC (Owner) P.O. Box 39 Lebanon, OR 37355			
OCIP ADMINISTRATION			
Willis Towers Watson Midwest, Inc (WTW) 7733 Forsyth Blvd St. Louis, MO 63105			
Position	**Contact**	**Phone**	**Email**
WTW OCIP Client Service Specialist **Day to Day Contact**	**Ramu Sundararajan**	312-525-2186	Ramu.Sundararajan@wtwco.com
WTW OCIP Client Service Specialist Back-Up	**Debby Osborn**	314-719-5906	Debra.Osborn@wtwco.com
WTW Safety/Loss Control Advocate	**Kent Nelson Jr.**	Ph: 312-288-7369 Cell: 630-336-5648	Kent.nelsonjr@wtwco.com
WTW OCIP Senior Claims Consultant Risk Control & Claim Advocacy Practice	**Joesph "Joe" Freilino**	Ph: 412-863-4720 Cell: 412-260-7764	Joe.Freilino@wtwco.com
WTW OCIP Senior Claims Consultant Back-up	**Tom Schultze**	763-302-7233	Thomas.Schultze@wtwco.com
WTW Project Executive	**Justin Plante**	314-719-5853	Justin.Plante@wtwco.com
General Contractor - ENTEK			
ENTEK P.O. Box 39 Lebanon, OR 37355			
Position	**Contact**	**Phone**	**Email**
ENTEK - Project Manager	Brandon Munsterman	2173041699	Brandon.Munsterman@ENTEK.com

Section 3: Project Definitions

The following definitions apply to the terms used in this OCIP Manual.

TERM	DEFINITION
Approved Off-Site Locations	A location 100% dedicated to the Project can be considered. A request must be submitted in writing to OCIP Administrator and must be approved in writing by the OCIP Administrator.
Certificate of Insurance	A document providing evidence of the existence of coverage for a particular insurance policy or policies.
ComPAS	WTW Comprehensive Project Administration System (ComPAS) is the Administration Portal for the online OCIP Administration managed by WTW. The recommended browser is Google Chrome.
Contract	A written agreement between the Owner of the OCIP and the Contractor for specific work and includes written agreement between a Subcontractor and any tier of Subcontractor.
Contractor	As respects the OCIP, "Contractor" includes construction managers, project manager at risk (PMAR), prime general contractor, general contractors, joint venture entities that perform work at the Project Site.
Eligible Parties	Parties performing labor or services at the Project Site are eligible to enroll in the OCIP, unless they are an Excluded Party.
Enrolled Parties	Those eligible Contractors and Subcontractors that have submitted all necessary enrollment information and have been accepted into the OCIP as evidenced by an OCIP notice of confirmation and an OCIP Certificate of Insurance provided by the OCIP Administrator
Non-Eligible Parties / Excluded Parties	None of the following are insureds under the ENTEK OCIP Policy unless added by separate endorsement: a. Vendors, suppliers, material dealers, abatement contractors, demolition and blasting contractors, delivery persons, haulers, hazardous waste removal contractors; or b. Any person or organization that manufactures or fabricates products or components that does not also install the product or component at the "project site" for the "designated project"; or c. Any contractor or other person or organization that does not have dedicated payroll for employees at the "project site" for the "designated project" unless specifically enrolled
OCIP Coverages	Owner-provided OCIP Coverages for Eligible and Enrolled Parties that includes Workers' Compensation, General Liability, and Excess Liability for operations performed at the Project Site.
OCIP Insurer	The insurance company named on the policy or on the Certificate of Insurance that provides specific coverage for the OCIP.
OCIP Program Administrator	Willis Towers Watson Midwest, Inc / WTW Co.
Owner	ENTEK Lithium Separators LLC is the Owner and First Named Insured on all OCIP insurance policies
Owner Controlled Insurance Program / OCIP	Owner Controlled Insurance Program – A coordinated insurance program providing certain coverages, as defined herein, for the Owner, Eligible and Enrolled Contractors, and Eligible and Enrolled Subcontractors performing Work at the Project Site.
Project Site	Project Site shall mean those areas designated in writing by the Owner in the Contract for performance of the Work and such additional areas as may be designated in writing by the Owner for Contractors use in performance of the Work
Subcontractor	Entity having a direct contract with the Contractor or other Subcontractors for performance of a part of the work on the Project Site.

Section 4: OCIP Coverages

OCIP Coverages

The OCIP Coverages and exclusions are set forth in full in their respective insurance policy forms. Summary descriptions of OCIP Coverages in these General Conditions or the Insurance Manual are not intended to be complete or to alter or amend any provision of the actual OCIP policies. In the event any provision of these General Conditions, the OCIP Insurance Manual, or the Contract Documents conflict with the OCIP insurance policies, the provisions of the actual OCIP insurance policies shall govern.

Excluded Parties

Excluded Parties must meet the insurance requirements more fully outlined in Contract documents and provide evidence of coverage to the Owner.

Evidence of Coverage

Once the enrollment process is complete, the OCIP Administrator will issue Certificates of Insurance to each Enrolled Party evidencing Workers' Compensation, Commercial General Liability, and Umbrella/Excess Liability. Copies of the OCIP Policies will be made available by the OCIP Administrator to any Enrolled Party upon written request by that Enrolled Party.

Assignment of Return Premiums

The Owner will pay the cost of the OCIP insurance coverage. The Owner will be the sole recipient of any return premiums or dividends from the OCIP coverages. All Enrolled Parties shall assign to the Owner all adjustments, refunds, premium discounts, dividends, credits, or any other monies due from the OCIP insurers.

Workers' Compensation & Employer's Liability

Workers' Compensation – Liberty Mutual	Statutory Limit
Employer's Liability Limits:	
Each Accident	$1,000,000
Disease – Each Employee	$1,000,000
Disease – Policy Limits	$1,000,000

Coverage Form: NCCI WC 00 00 00 edition. An individual workers' compensation policy will be issued to each Enrolled Party.

Commercial General Liability

Limits of Liability Shared by all covered parties for All Projects – Liberty Mutual	
Each Occurrence Limit	$2,000,000
General Aggregate Limit	$4,000,000
Products Completed Operations Aggregate Limit	$4,000,000
Personal and Advertising Injury Limit	$2,000,000

Coverage Form: ISO Occurrence Form CG 00 01 04 13 edition. 10 year or Statute of Repose, whichever is less, Products & Completed Operations Extension beyond final acceptance of the entire Project with a single, non-reinstated aggregate limit.

Excess Liability

Limits of Liability Shared by All Insureds for All Projects	
Each Occurrence Limit	$150,000,000
General Aggregate for all Enrolled Parties	$150,000,000
Products & Completed Operations/Aggregate	$150,000,000

Additional Information

Insurance coverage and limits provided under the OCIP are limited in scope and are specific to Work performed after the inception date of enrollment into the OCIP. Contractors and Subcontractors are advised to have their insurance representative review this information. Any additional coverage purchased will be at Contractors and Subcontractors option and expense.

Contractors and Subcontractors are advised to arrange their own insurance for Contractor or Subcontractor owned, used, leased, or rented equipment and materials. The OCIP will not cover Contractor or Subcontractor property.

WARNING:
There are financial repercussions if the reporting requirements are not met. Please read and understand all reporting requirements. Failure to submit any required OCIP forms or supporting documentation as required may result in the withholding of payments until required documentation is received or a Penalty assessed for failure to comply.

Section 5: Contractor and Subcontractor Insurance Requirements

Contractors and all Subcontractors are required to maintain coverage to protect against losses that occur away from the Project Site or that are otherwise not covered under the OCIP. These liabilities may arise from the Contractor's and Subcontractor's operations performed away from the Project Site, from coverages not provided by the OCIP, or from operations performed by Excluded Parties. The OCIP places Contractors and Subcontractors into one of two main categories: Enrolled Parties and Excluded Parties.

Enrolled Parties

Enrolled Parties must provide evidence of Workers' Compensation, General Liability, and Excess/Umbrella Liability insurance for off-site activities and Automobile Liability insurance for both on-site and off-site activities and other coverages as required in the Contract.

Excluded Parties

Excluded Parties must provide evidence of Workers' Compensation, General Liability, Excess/Umbrella Liability, and Automobile Liability insurance for all activities including both on-site and offsite activities and other coverages as required in the Contract.

Certificate Requirements

The Contractor is responsible to collect and verify Subcontractor's COIs as outlined in the Contract and provide upon demand by the Owner, OCIP Administrator, or OCIP Insurers. The Owner reserves the right to disapprove the use of Subcontractors unable to meet the insurance requirements.

Section 6: Contractor and Subcontractor Responsibilities

Throughout the course of the Project, Contractor and Subcontractors will be responsible for reporting and maintaining certain records as outlined in this section.

Contractor and Subcontractors are required to cooperate with the Owner and its OCIP Administrator in all aspects of OCIP implementation and administration.

Responsibilities of the Contractor and Subcontractors of all tiers include all Contract responsibilities, including but not limited to the following:

- **INCLUDE the cost of OCIP insurance from their bids, if eligible for the OCIP**
- Provide each Subcontractor with a copy of the OCIP Manual
- Enroll in the OCIP, if eligible, within ten (10) working days of Notice of Intent to Award of Contract
- Include OCIP provisions in all contracts with Subcontractors
- Provide timely evidence of other insurance or contractor required insurance within ten (10) working days of notice of intent to award of contract
- Notify the OCIP Administrator of all subcontracts awarded by creating a Notice of Award (NOA) in ComPAS
- Cooperate with the OCIP Administrator's and/or the OCIP Administrator's requests for information
- Comply with insurance, claim and safety procedures
- Notify the OCIP Administrator immediately of any insurance cancellation, modification, material change, or non-renewal of Contractor required insurance
- **Ensure that their own eligible and enrolled subcontractors INCLUDE the cost of OCIP insurance from their bids.**

Contractor Bids

The Owner of the OCIP provides Workers' Compensation, General Liability, and Excess Liability insurance for all Enrolled Contractors and Enrolled Subcontractors under the OCIP for Work performed at the Project Site.

Adjustments for OCIP Insurance Costs

Each Contractor and Subcontractor eligible for Enrollment is required to **INCLUDE** the Costs of OCIP coverages from your bid price for the proposed scope of work (including subcontracted work whether the Subcontractor is identified at the time of the bid).

Each Contractor and Subcontractor must identify their cost of OCIP-provided coverages as part of the Enrollment process. The Contractor's and Subcontractor's cost of insurance would include the reduction in insurance premiums, related taxes and assessments, markup on the insurance premiums and if applicable, losses retained using a self-funded program, self-insured retention, or deductible program. The total cost of insurance must include expected losses within any retained risk.

The rates used for each Contractors OCIP Insurance Cost will be the rates that are effective at the time the Notice of Intent is issued to the Contractor. This will be for the life of the project and will no renewed rates will be used.

Documentation will be uploaded into ComPAS and must include the following pages from the Workers' Compensation, General Liability, and Excess Liability policies:

- Declarations or information page
- Rate page(s)
- Deductible/Self-Insured Retention endorsement(s) if applicable, including 3 years of loss history and 3 years of exposure information

The Owner requires a deduction from the contract and a final adjustment based on the contract amount. The deduction will be determined by the insurance cost calculation process. The OCIP Administrator will review the submitted insurance cost information and other documentation provided by the Enrolled Party for accuracy and make corrections if necessary.

If the Enrolled Party has a flat excess/umbrella liability policy that is not subject to audit, or if the Enrolled Party does not have an excess liability policy, the OCIP Administrator at the direction of the Owner will calculate an excess liability credit. This additional amount is in consideration of the higher limits provided by the OCIP versus the limits and benefits provided by the Enrolled Party's individual General/Excess Liability policies. The excess liability credit based on 30% of the Enrolled Party's General Liability cost as confirmed by the OCIP Administrator.

The insurance cost calculation will include 15% overhead & profit. If no or a different overhead & profit amount is identified, the OCIP Administrator at the direction of the Owner will apply 15% overhead & profit factor.

Enrollment

Each Enrolled Party shall provide details about themselves and their Subcontractors to the OCIP Administrator to enroll them in the OCIP. The Contractor and Subcontractor must each complete Online Enrollment Application via WTW ComPAS. Instructions for online access and enrollment are included in this Manual.

Change Order Procedures

Change orders must also be priced by Enrolled Parties to **INCLUDE** the cost of OCIP insurance.

Contractors are solely responsible for ensuring that their Subcontractors of all tiers also remove the cost of OCIP-provided insurance from their change orders.

Warranties

All Enrolled Parties authorize the release of claim and audit information for all policies covered under this OCIP to the Owner and the OCIP Administrator. Insurance costs covered by the Owner of the Owner Controlled Insurance Program have been removed from the Contract, Subcontracts, and any Change Orders. The cost of premiums for non-OCIP coverage specified in the contract are the responsibility of Contractor and Subcontractors of all tiers.

Close Out Procedures

Enrolled Parties must submit the Notice of Work Completion when they have completed their Work at the Project Site.

Section 7: Claim Reporting Procedures

This section describes the basic procedures for reporting OCIP claims. Enrolled Parties must report all injuries, occupational-related illnesses, or property damage immediately. The Employer of Record/Contractor-Subcontractor for the injured employee(s) to report, in writing and in coordination with the GC safety rep or GC designated contact, within 24 hours of ***all*** Accidents and Occurrences of any type to the Site Safety Manager or Clayco's Project Superintendent coping in **WTW Claims Advocate, Joe Freilino** and ENTEK (see Section 2 - Directory for contact information).

Immediately call the Site Safety Manager or Project Superintendent in the event of the following:

- Any injury for which an ambulance is called
- Injury to head or neck
- Possible injury to back or spinal cord
- Unconscious employee
- Possible blindness
- Amputation of limbs
- Fatality
- Heart attack or stroke
- Hospitalization
- Property damage estimated over $1,000

Investigation Assistance

The Enrolled Party for the injured employee(s) will assist in the investigation of any accident or occurrence involving injury to persons or property. All involved Parties will cooperate with the companies involved in adjusting any claim by securing and giving evidence and obtaining the participation and attendance of witnesses required for the investigation and defense of any claim or suit.

Workers' Compensation Claims

The main responsibility for any Enrolled Party is first to see that the injured worker receives immediate medical care. Next, immediately notify the Site Safety Manager or Project Superintendent in the event of a serious injury or accident. Enrolled Parties' onsite personnel will follow these procedures if any employee is involved in an accident or occurrence resulting in bodily injury:

1. Each Enrolled Party/Employer must contact designated first aid/medical personnel and transport the injured party to the onsite first aid or medical facility, as necessary.
2. Each Enrolled Party/Employer must report all injuries or occupational-related illnesses within 24 hours to the Employer's Project supervisor and Site Safety Manager or Project Superintendent.
3. Each Enrolled Party/Employer must complete an Incident Investigation Report and return to Site Safety Manager or Project Superintendent within 24 hours of employee's notice of injury/claim.
4. **Each Enrolled Party/Employer must complete the OCIP Carrier's Claim Form and return to the carrier within 24 hours of any claim, coping in WTW Claims Advocate, Joe Freilino and ENTEK (see Section 2 - Directory for contact information). There is also a Claim form within this manual that could be used.**
5. All Enrolled Parties will provide for Modified Alternate Duty position (aka "Return to Work" Program) based upon the work abilities given to the injured party from the treating physician.
6. Each Enrolled Party/Employer must immediately send all subsequent medical return-to-work notes, inquiries, or correspondence about an injured party to the Site Safety Manager or Project Superintendent.
7. No injured party will be allowed to return to the project site unless they have provided the Site Safety Manager or Project Superintendent with the medically proper return-to-work note, to either a full-duty or modified-duty position.

Workers' Compensation – Return-to-Work Program

The Owner and the General Contractor are committed to providing a safe workplace for all employees working on this OCIP Project; facilitating prompt quality medical care in the event of a work-related injury; and pursuing modified alternate duty to minimize the risks and financial burdens to the workforce.

The Owner requires that a "Return-To-Work" (RTW) program be implemented by all Enrolled Parties. All Enrolled Parties must provide a modified alternate duty position for an employee who has sustained a work-related injury or illness and is medically unable to perform all or any part of normal duties during all or any part of the normal workday or shift but has been medically cleared to perform work in some capacity. It is not required that the position be made available on Project Site.

The contractually required RTW program must include, but not be limited to:

- Notification to all employees that there is a requirement to immediate reporting of all work-related injuries.
- All injured employees be provided with an approved medical treatment facility listing where appropriate, or a recommended panel listing.
- Enrolled Parties/Employers need to communicate to the injured employee and physician RTW requirements and facilitate modified alternate duty with physicians and the employee.
- A modified alternate duty assignment must comply with all medical limitations as outlined by a physician. The positions can be on this job or at any location of the employer. Employer must inform the Site Safety Manager or Project Superintendent the location of the injured worker.
- The Safety Manager or Project Superintendent must be informed of the modified alternate duty assignment, anticipated length of alternate duty, and the restrictions.
- The injured employee must provide the Safety Manager or Project Superintendent copies of all medical notes, to include a statement on work capacity.
- The injured employee is not to assume normal work activities unless there is medical documentation releasing them to their normal duties and presented to Safety Manager or Project Superintendent.

Subcontractor RTW Responsibilities:

- A successful return to work program requires the cooperation and accountability of all your employees.
  - Ensure that all employees understand RTW program and clarify any procedures that are unclear.
  - Ensure that all employees understand the requirement to report all injuries, even minor incidents, immediately within established reporting protocols.
  - Ensure that all employees understand they are to work closely with managers/ supervisors and communicate all necessary information regarding their ability to return to work.
  - Ensure that all employees provide the treating physician with the RTW program information and the need to determine how and when an injured employee can return to work.
  - Ensure that all employees work within their medically stated limitations.
  - Ensure all employees help co-workers stay focused and provide a positive environment when they return to modified alternate duty.
  - Failure of an Enrolled Party to provide a medically approved modified alternate duty to an injured worker will result in a $1,500 weekly assessment against the Enrolled Party until the injured employee is returned to work in either a modified alternate duty or full duty position.

General Liability Claims

Accidents at or around the Project Site resulting in damage to property of others (other than your own work product) or personal injury or death must be reported immediately. **Report all GL Claims to Joe Freilino and email to this email address: Joe.Freilino@wtwco.com**. Cooperate with the Owner, the General Contractor and the OCIP insurer representatives in the accident investigation. Do not voluntarily admit liability.

Builders Risk Claims

All risk of direct physical loss or damage is subject to policy terms, conditions, and exclusions. All Builders Risk claims must be **reported promptly** by telephone to **Henry Daar, Senior Claims Manager with WTW. His phone number is 312-288-7730 and email address is Henry.Daar@wtwco.com**

Automobile Liability Claims

No insurance coverage is provided for automobile accidents under the OCIP. It is the sole responsibility of each Contractor and Subcontractor to report accidents/claims involving their automobiles to their own insurance carriers.

Enrolled Contractors Incident / Claims Investigations

ENTEK Lithium Separators LLC is the first "Named Insured" and shall act as sole agent for Enrolled and Covered Parties with respect to incident / claim investigations, claim payments and claim settlements under the Owner's OCIP policies. The Owner is entitled to any and all material relating to incidents, reports and claims on the Project Site, including, but not limited to authorized/unauthorized investigation reports, pictures, witness statements, incident reports, medical reports, etc. This information shall not be contingent upon any payment or reimbursement from the Owner. Any additional investigation cost will only be approved if written authorization has been obtained from the OCIP Insurer prior to the initiation of the requested investigation.

OCIP Obligation/Self Insured Retention (SIR) – Per the contract documents, each Enrolled Party is obligated to contribute toward the deductible. If a Subcontractor (whether Enrolled or Non-enrolled) is deemed responsible for an incident, the Owner may, at their sole discretion, assess the at-fault Party up to $25,000 (for the Contractor) and $10,000 (for any Subcontractor) for each covered on-site General Liability loss event.

Investigation Form

For Report Only: Yes ☐ No ☐ Insurance Carrier Claim Number: _____

A: Employer Address / Information ***(Please Print)***

Name : _____
Address: _____ Phone Number: (____)/_____-_____
Name of Individual Reporting the Claim: _____

B: Accident Information

Date of Accident ____/____/____ Time ____:____ ☐ AM ☐ PM
Address Where Accident Occurred: _____ County: _____
Description of accident ***(Identify exactly what happened and how it happened, use facts only. What was the injured person doing?)***

Were Authorities Contacted? (police, fire, ambulance) Yes ☐ No ☐ If yes, who _____
Was a Report Number Given? Yes ☐ No ☐ If yes, list number_____
Were Any Safeguards Provided? Yes ☐ No ☐ Were they in use at time of incident? Yes ☐ No ☐
In the event of a fatality, what is your OSHA number? _____
Date Employee Reported Accident____/____/____
Exact location of accident:

Object injuring employee:

C: Employee (Claimant) Information

Employee Name: _____ Home Address: _____
Hm Phone Number: (____)/_____-_____ Date of Birth ____/____/____ County of Residence: _____
Social Security Number ____/___/_____ Martial Status: Single ☐ Divorced ☐ Separated ☐ Married ☐ Widowed ☐
Regular Occupation: _____ Occupation at time of incident: _____
Number of Dependents? _____ If fatality, what date did it occur? ____/____/____

D: Employment Information

Employment Status:
Full Time ☐ Part Time ☐ Temporary ☐ Seasonal ☐ Contract ☐ Retired ☐ On Call ☐ Volunteer ☐
Will there be lost time? Yes ☐ No ☐
Date of Hire: ____/____/____ Project orientation date: ____ / ____ / ____
Last Day of Pay by Employer: ____/____/____ Safety training conducted by contractor: Yes ☐ No ☐
Date Disability Began? ____/____/____ If Yes, specify: _____
Last Day Worked ? ____/____/____ Date Expected to Return to Work: ____/____/____
Hours Worked per day? _____ Hourly or Weekly Wage: _____ Days
Worked per week? _____ Wage Listed: Actual ☐ Estimate ☐
Weeks worked in last 12 months _____ Employer Notified on What Date: ____/____/____

E: Injury Information

Were Any Injuries Incurred? Yes ☐ No ☐ What Part of the Body?_____

Give a Description of the Injuries:

No First Aid and/or Medical Treatment ☐ Emergency Evaluation at an ER ☐ On-Site

MMC First Aid Treatment ☐ Hospitalization for more than 24 hours ☐

Panel of Physicians ☐

Name and Address of Treating Physician: Phone Number (____)/_____-_____

Name and Address of Treating Hospital / Clinic: Phone Number (____)/_____-_____

F: Witness Information

Name and Address: Phone Number (____)/_____-_____

Name and Address: Phone Number (____)/_____-_____

G: Injured Employee's Statement

_____ _____ ____/____/____

Signature of Injured Employee Title Date

_____ _____ ____/____/____

Signature of Supervisor Title Date

H: OSHA Recordable / Restricted Duty / Lost Time / Other

OSHA Recordable? Yes ☐ No ☐ Restricted Duty? Yes ☐ No ☐ Lost Time? Yes ☐ No ☐

Other: _____

Section 8: WTW ComPAS Online Portal Instructions

This section contains instructions for WTW ComPAS Contractor Portal that allows your company to enroll in the CCIP, notify WTW of subcontract awards, and run various reports.

WTW ComPAS – WTW Project Administration System

- Online Portal Instructions
- How to Add Notice of Award
- Processing an Enrollment

WTW COMPAS – ONLINE PORTAL INSTRUCTIONS

1. Online Enrollment is recommended
2. If unable to complete the enrollment online paper forms can be provided upon request.
3. Completion of online Notice of Award triggers the system to send the subcontractor's primary contact the request to enroll email. The email will include the following:
    a. Brief description of program
    b. URL
    c. Username
    d. Password
    e. Insurance Manual

Minimum Enrollment Information

- **Company Name**
- **Company Address**
- **Company FEIN**
- **Primary Enrollment Contact Information**
- **Name**
- **Phone Number**
- **Email Address**
- **Estimated Contract Value**
- **Estimated Start Date**
- **Scope of Work**

Users need to enter data in all fields with red asterisks to submit enrollment request

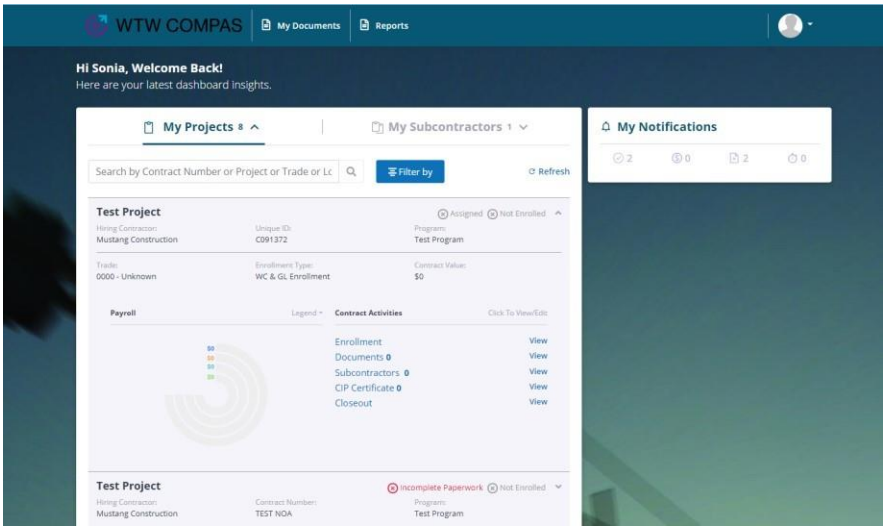
Certificate of Insurance will be issued once the Client Service Specialist confirms compliance.

The OCIP certificate will be issued and available to download from WTW ComPAS. It will also be sent via email to the Subcontractor and Awarding Contractor for their records.

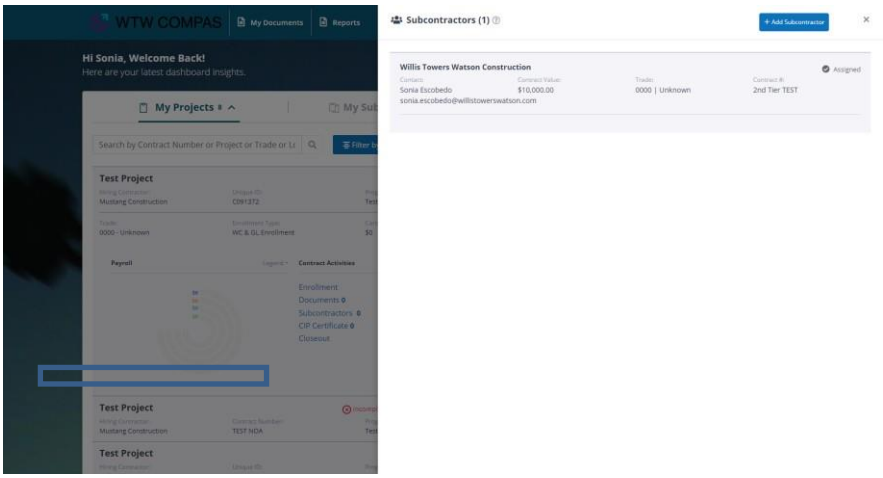
Contractors will receive separate system notifications for Payroll Reporting, Renewal Certificates of Insurance, and contract close-out.

How to add a Notice of Subcontract Award

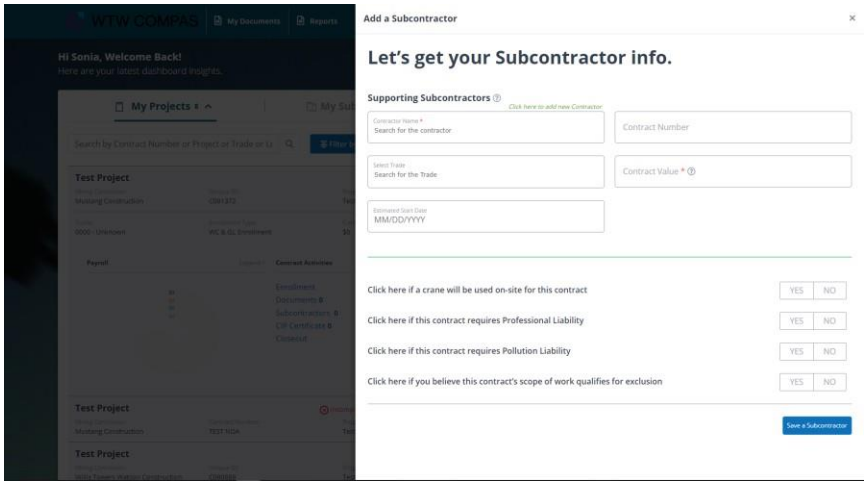
When an Enrolled Contractor awards a subcontract, the awarding Contractor shall begin the enrollment process by completing Notice of Award for each Contract award via Add Subcontractor Icon via the Contractor Portal – Contract Activities to open the Add Subcontractor screen. Select Subcontractors in the Contract Activities section of the Awarding Contractor Portal.



Select + Add Subcontractor from the upper right hand of the Subcontractors screen.



Enter your subcontractor information. The required fields for Notice of Award are as follows:



1. Contract Value – Enter Estimated Contract Value

2. Select Contractor – User can begin to enter the company name and if the company is already in the system select from the drop-down list. If the company is not included in the list, select "Click here to add a new contractor".

3. The following fields are optional but if the information is available, please populate.

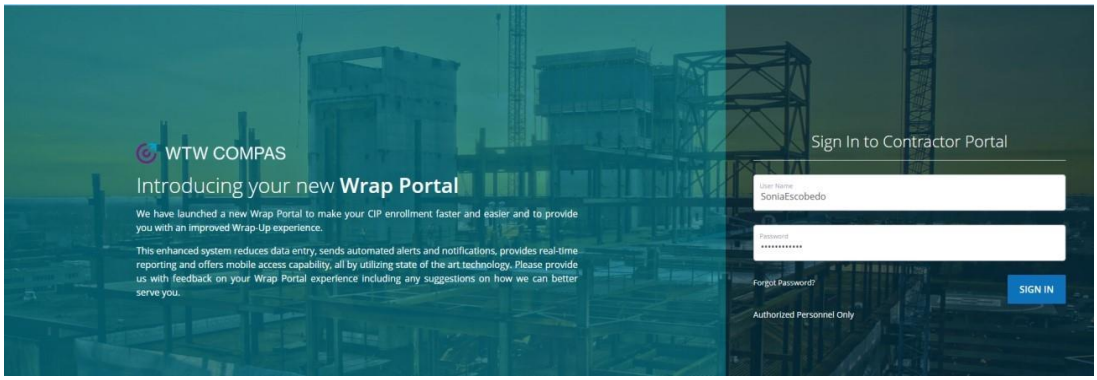
4. Trade – Select SIC Code from drop down list. If SIC code is not available, select "Click here to add a your SIC Code"

5. Contract Number – Provide Contract Number for contract award.

The awarding Contractor shall ensure that their subcontractors complete the remaining sections of the Contractor Package Enrollment and immediately submit.

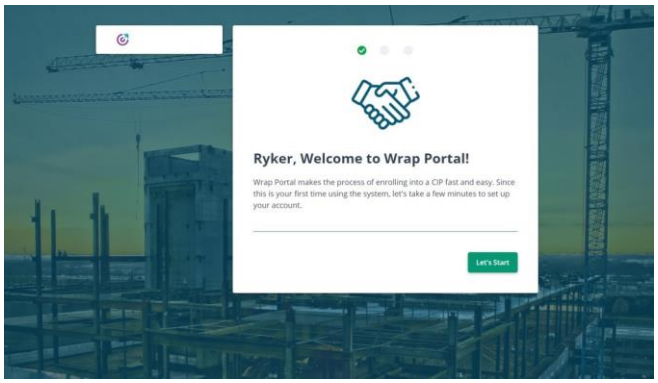
Processing an Enrollment

Once the Notice of Award is completed the Contractor will receive a Request for enrollment e-mail. The email will include a brief description of the Program and the program requirements. They will also receive the URL, username, and password to login to the system. If this is the first-time logging into the system, the user will login in using the system generated password and proceed to Account Setup.

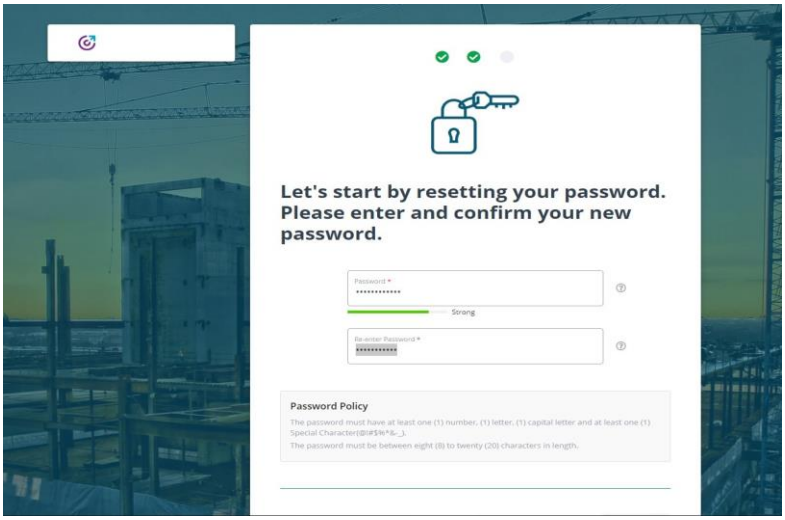


Enter system generated Username and Password select Logon.

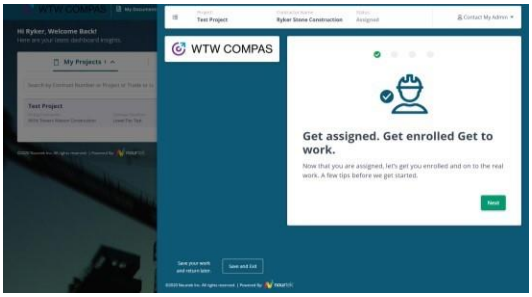
Welcome screen will open select Sign In. The Welcome screen will launch, select Let's Start

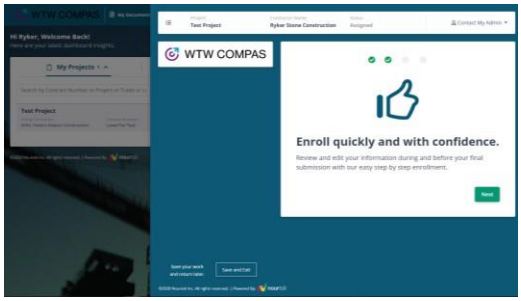


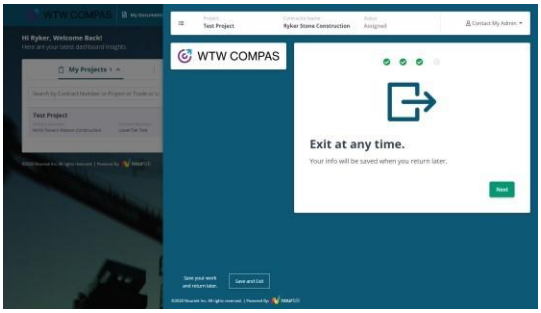
Re-set the system generated password. The password policy for the contractor portal is included at the bottom of the screen. Select Continue.

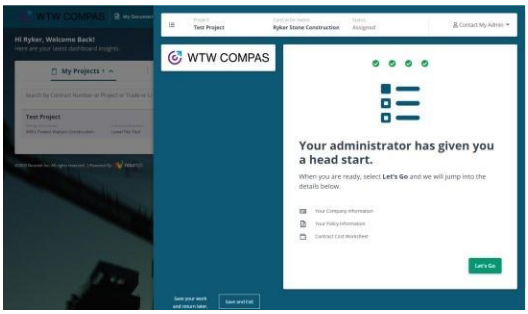


If this is your first-time logging in the wizard will launch to begin the enrollment process. Select Next until you reach the screen with the Let's Go icon.





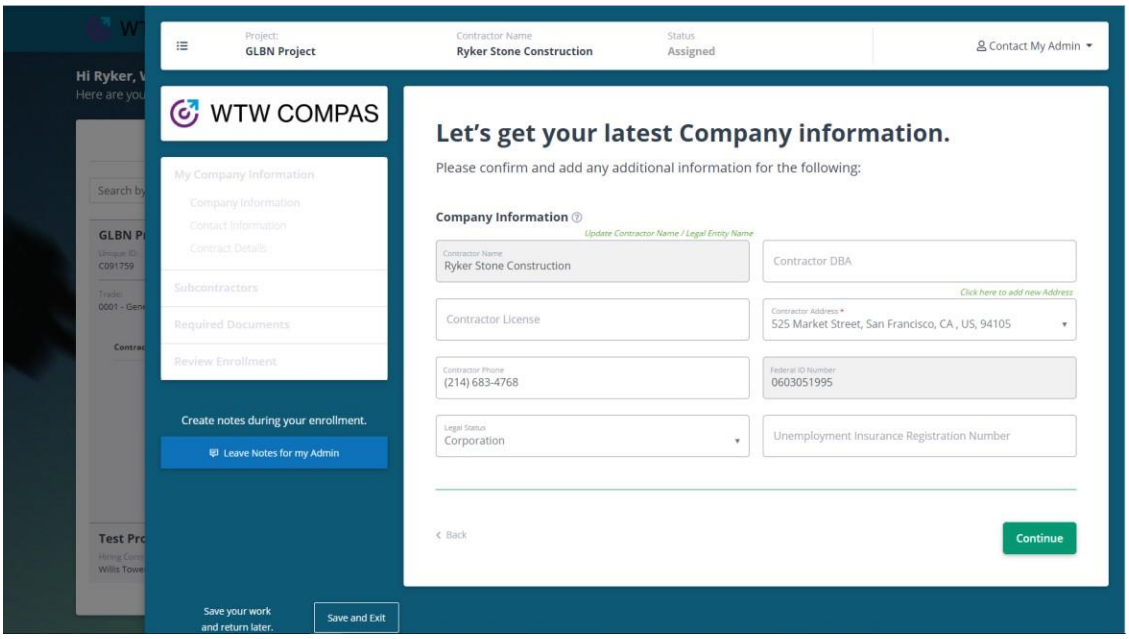




To continue with the enrollment, process the user will need to select the contractor package with Assigned status. Under the Contract Activities select Enrollment. Enter and/or update all sections under Company information select Continue in the lower right-hand side of each section to continue through the enrollment process. Users are required to populate all fields with red asterisks.

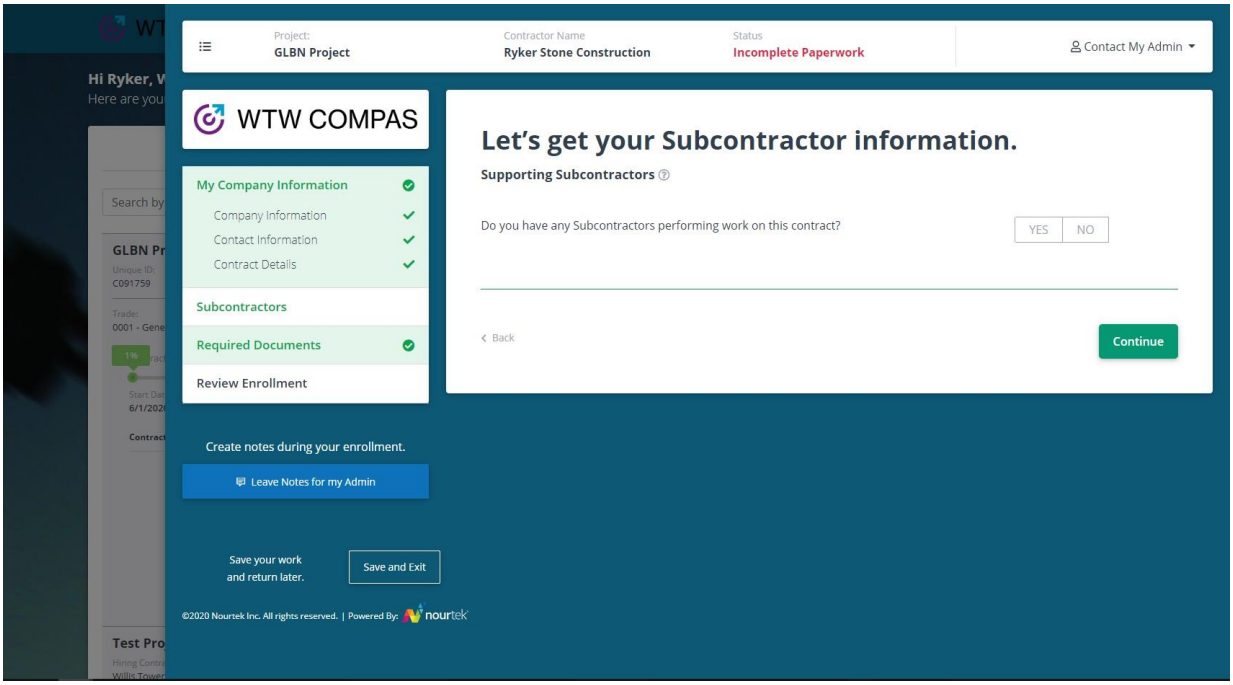
If a user is unable to complete the enrollment, use the Save and Exit icon to save data to return at a later point to complete the enrollment.

If a user has questions regarding the enrollment process, select Leave Notes for my Admin icon to send a question your Client Service Specialist.



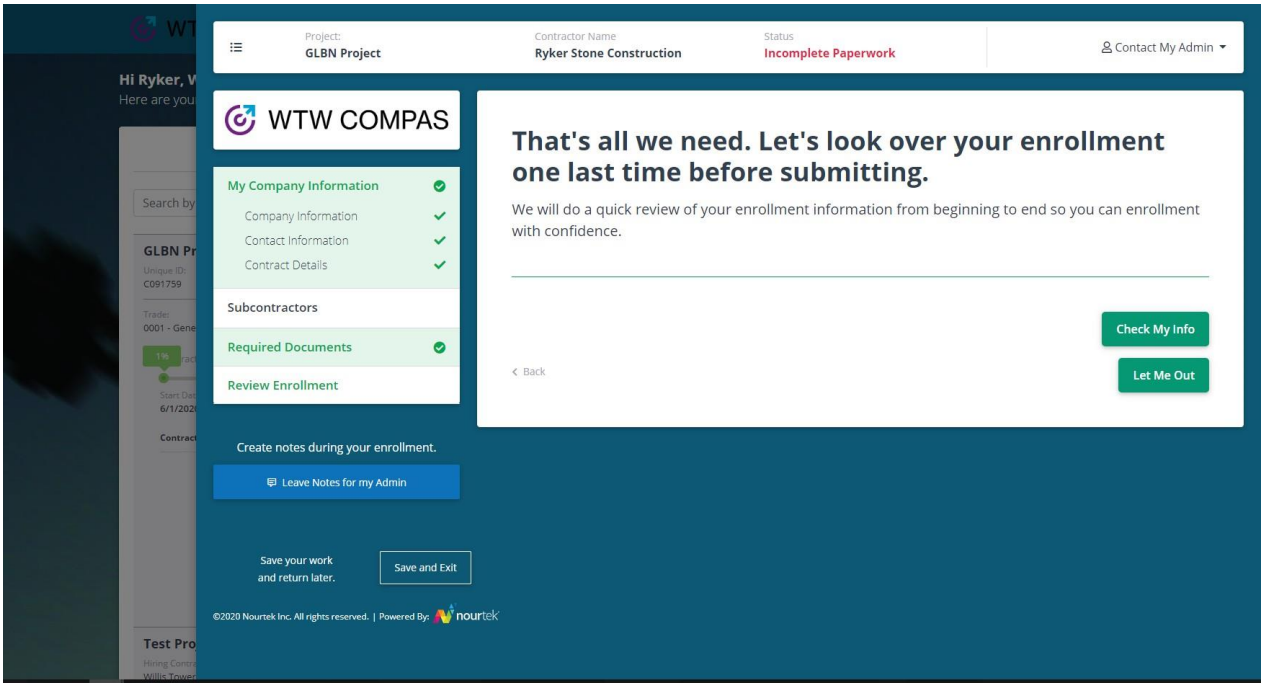
Sections that are complete will have a green checkmark to indicate that the section has been completed. At the completion of the My Company Information users will have the opportunity to review information submitted before moving on to add Subcontractor information. If any changes are required select the Edit icon next to the section that needs updates.

User will be able to enter their subcontractor information if Subcontractors have been identified Select Yes in the

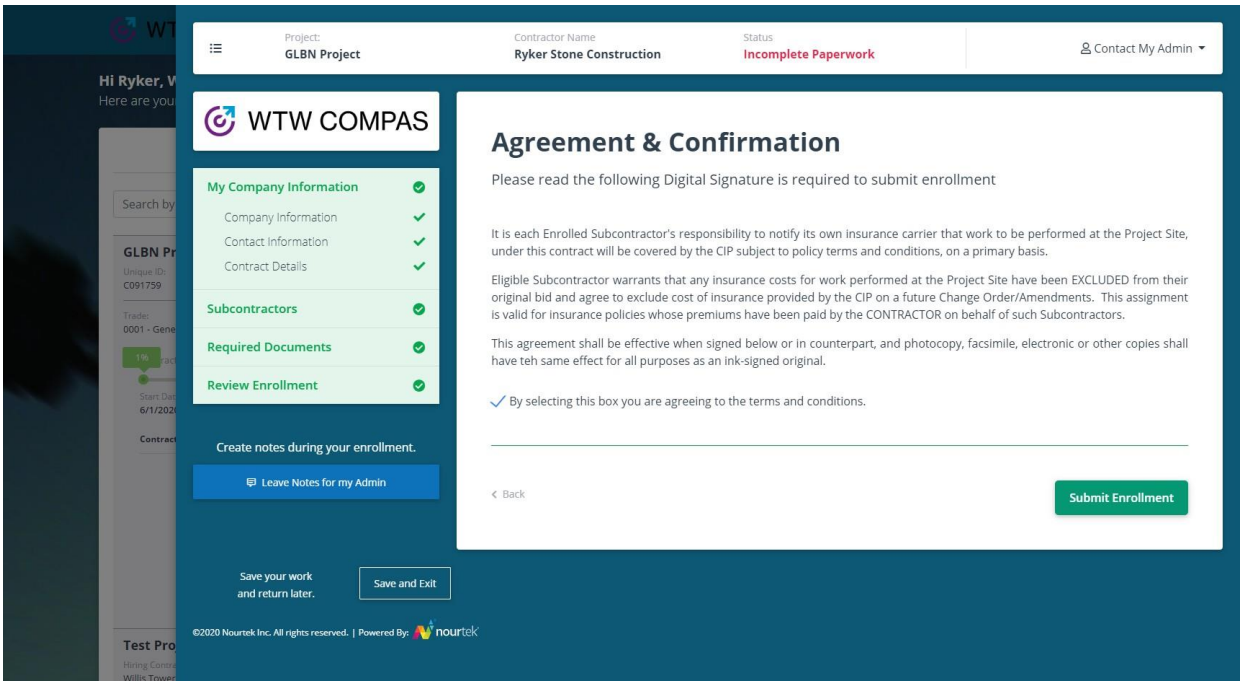


subcontractor section and enter subcontractor information. If Subcontractors have not been identified select No and select Continue to continue to the next section.

Once all enrollment and subcontractor information has been entered select Review Enrollment. User will have an opportunity to review all information entered and confirm nothing has been missed by selecting Check My Info. When the user selects Let Me Out the terms and conditions screen will display.



Review and agree to the terms and conditions by selecting the box agreeing to the terms and conditions. Then select Submit Enrollment.



User will receive a confirmation screen that the enrollment has been submitted and will be able to download a pdf version of the enrollment submitted for their records. Select Complete to return to the dashboard. Once the enrollment is reviewed and confirmed your Certificate will be available in the Documents Section.