

Owner Controlled Insurance Program (OCIP) Overview

An Owner Controlled Insurance Program (OCIP) is a consolidated insurance program that includes coverage for the owner (MTA), enrolled contractors and their subcontractors working at MTA project sites. MTA's OCIP consists of General Liability, Workers Compensation, Excess Liability and Rail Road Protective Liability. Other insurance coverages purchased as part of MTA's construction operations program include: Builders Risk, Professional Liability (architects, engineers and construction management) and Contractor's Pollution.

In addition to the insurance coverages, an OCIP provides safety, loss control and claims services for the MTA and all contractors working at the OCIP designated sites.

Currently, MTA's OCIP provides coverage for the Capital Improvement and Infrastructure Renewal Projects.

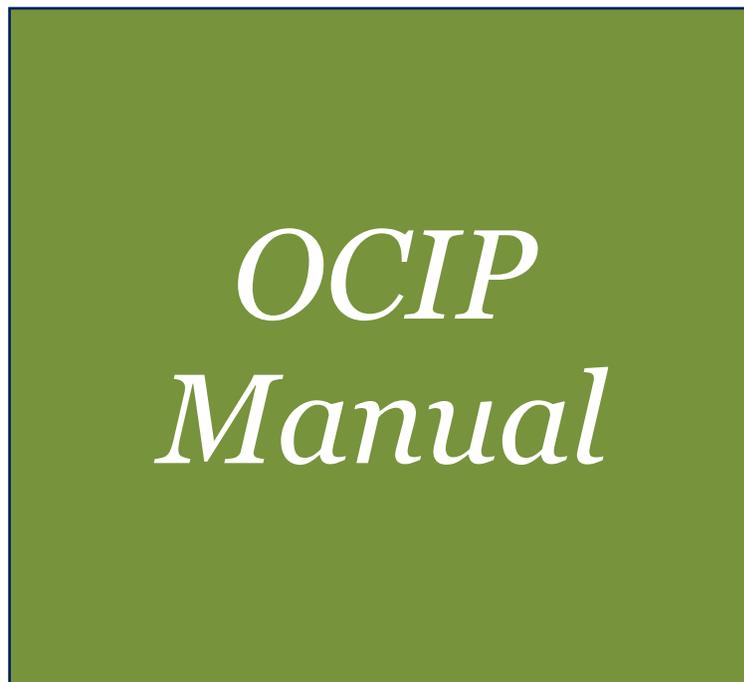
Contractors interested in competing for MTA construction contracts can review the manual attached.

NOTE

**The manual attached is subject to change
as needed and up-to-date manuals are
provided to enrolled contractors**

MARYLAND TRANSIT ADMINISTRATION

Owner Controlled Insurance Program (OCIP)



December 2015 EDITION

This manual is a contract document

This manual is intended to provide only a general overview of the Owner Controlled Insurance Program and does not in any way alter or take precedence over the language in the actual insurance policies and contracts. It makes no promise to provide insurance to those not enrolled in the Owner Controlled Insurance Program.

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Overview

Welcome to the Maryland Transit Administration Owner Controlled Insurance Program (OCIP)

The Maryland Transit Administration (MTA) will utilize an Owner Controlled Insurance Program (OCIP) for Capital Improvement construction projects. MTA has arranged for selected construction projects to be insured under its OCIP. The OCIP is an insurance program that insures the MTA, eligible and enrolled Construction Managers, Contractors and subcontractors, and other MTA designated parties for Work performed at the Job Site. Certain Contractors and subcontractors are **excluded** from this OCIP. These parties are identified in the Contract Documents and Section 3 (Definitions) of this manual.

Coverage under the OCIP includes:

- Workers' Compensation & Employer's Liability
- General Liability
- Excess Liability insurance

- Builders' Risk
- Contractor's Pollution Liability insurance
- Railroad Protective Liability insurance

All insurance carriers participating in the OCIP are approved to provide insurance in the State of Maryland.

MTA will pay insurance premiums for the OCIP coverage described in this manual. You should notify your insurer(s) to endorse your coverage to be excess and contingent over the insurance provided under this OCIP for on-site activities and the related costs. Each bidder, the Contractor and its subcontractors, are required to exclude from its bid price and requests for payment, the cost of insurance coverages that will be provided by the MTA. Enrolled Contractors must purchase their own

OVERVIEW

insurance for off-site activities and exposures not covered by the OCIP and must submit certificates of insurance as required by their contract.

NOTE:

Insurance coverages and limits provided under the OCIP are limited in scope and are specific to work performed, commencing on the inception date of your enrollment into this program and limited to only work performed at the Job Site. Your insurance representative should review this information. Any additional coverage you may wish to purchase will be at your option and expense.

Termination

The MTA reserves the right to terminate the OCIP. If the MTA chooses to terminate coverage, the MTA must give all enrolled Contractors written notice sixty (60) calendar days in advance. The enrolled Contractors must obtain replacement insurance coverage at least at the minimum levels set forth in Section 4 (OCIP Insurance Coverage) of this manual. The MTA will reimburse reasonable replacement costs of such insurances. Written evidence identifying the replacement insurances must be provided to the MTA in the same manner as specified in Section 5 (Contractor Required Coverage) of this manual.

Modification

The MTA reserves the right to modify the OCIP policies. Any such modifications will be reflected in the renewal certificates.

OCIP Directory

Wells Fargo Insurance Services, Inc. 1750 H Street, Suite 200 Washington, DC 20006	Maryland Transit Administration 1515 Washington Boulevard Baltimore, MD 21230
7 Saint Paul Street Baltimore, MD 21202	
MTA - Resident Engineer	OCIP Active Projects List provides contact information for each Project Resident Engineer.
MTA – OCIP Administrator / Risk Analyst Gail Allen	(410) 454-7264 (telephone) (410) 244-1388 (fax) GAllen2@mta.maryland.gov (E-Mail)
WFIS OCIP Client Executive Jamie Pincus	(202) 416-2502 (telephone) (202) 754-0408 (cell) Jamie.L.Pincus@wellsfargo.com (E-Mail)
WFIS OCIP Sales Executive Lou Ann Dent	(202) 416-2520 LouAnn.Dent@wellsfargo.com (E-Mail)
WFIS OCIP Administrator Carter Ward	(202) 416-2516 (telephone) (877) 827 0725 (fax) (540) 589-9178 (cell) Carter.H.Ward@wellsfargo.com (E-Mail)
Senior Claims OCIP Consultant Karen Treciak	(410) 404.3127 (telephone) (410) 771.8159 (fax) ktreciak@cms-na.com (E-Mail)
WFIS Claims Consultant Andy Tse	(202) 416-2527 (telephone) andy.tse@wellsfargo.com (E-Mail)
Senior Loss Control Consultant Skip Guardino	(301) 440-4673 (telephone) (410) 771.8159 (fax) Skip.Guar@gmail.com (E-Mail)
WFIS Loss Control Consultant Joe Longo	(804) 267-3195 (telephone) (804)330-1384 (fax) (804)389-5409 (cell) Joe.Longo@wellsfargo.com (E-Mail)

Section
3

OCIP Definitions

TERM	DEFINITION
Certificate of Insurance	A document providing evidence of existing insurance coverage issued by insurance companies for insurance policy (ies).
Project Site and Project Resident Engineer	Separate listing of active projects with project resident engineer’s contact information.
Contract	A written agreement between the sponsor (MTA) of the OCIP and a Contractor or subcontractor.
Contract Modification	Any change to the contract made after it is executed, including but not limited to: a change order, supplemental contract agreement, administrative change adding a non-bid item or general administrative change.
Insured Work	Work performed on the job site (excluding work performed off-site, except as expressly provided herein, excluding work performed after that portion of the project is put to its intended use, or a temporary or permanent certificate of occupancy is issued and excluding work performed by excluded parties).
Claim Expense	Expenses associated with the handling of a claim. Expenses include, but are not limited to, court costs, attorney fees and costs of defense for bodily injury or property damage.
Contractor:	A Contractor is a party that holds a contract with the MTA undertaking the performance of work at the job site.
Eligible Parties:	Parties performing labor or services at the Job Site are eligible to enroll in the OCIP unless an Excluded Party.
Enrolled Parties; Enrolled Contractors/ Enrolled subcontractors:	Those eligible Contractors and subcontractors that have submitted all necessary enrollment information and have been accepted into the OCIP as evidenced by receipt of a confirmation letter and certificate of insurance.

OCIP DEFINITIONS

TERM	DEFINITION
Excluded Parties; Excluded Contractors/ Excluded subcontractors:	Certain work is excluded from the OCIP. Subcontractors performing such work are responsible for procuring their own insurance and must submit certificates of insurance (see Section 4 – OCIP Insurance Coverage). At the discretion of the MTA or subject to State of Maryland regulations, the following parties will be excluded:
Excluded Parties (continued):	<ol style="list-style-type: none"> (1) Professional services of architects, engineers, surveyors, and soil and other testing or inspection companies, and their consultants. (2) No coverage will be provided for any work performed by any Contractor engaged in the abatement of asbestos, asbestos products, asbestos-containing materials or products, including manufacturing, mining, use, sale, installation or removal, and distribution activities. (3) Work performed off MTA property or at another location not specifically included in the definition of the Job Site. (4) Contractors that work with hazardous materials, remediation, removal and/or transport companies and their consultants. (5) Sanitary disposal facility providers, if the only function is to drop off and pick up units. If the company also services/cleans the units on-site, the Contractor is eligible for enrollment. (6) Vendors, suppliers, fabricators, material dealers, truckers, haulers, drivers and others who merely transport, pick up, deliver, or carry materials, personnel, parts or equipment or any other items or persons to or from the job site. (7) The MTA may include or exclude any parties or entities not specifically identified in this manual at its sole discretion, even if otherwise eligible.
OCIP Sponsor	Maryland Transit Administration
OCIP Insurer(s)	The insurance company (ies) named on a policy or certificate of insurance providing coverage for the Workers Compensation & Employers Liability, General Liability, Excess Liability, Builders Risk, Railroad Protective Liability, and Contractor’s Pollution Liability.
OCIP Administrator:	Wells Fargo Insurance Services USA, Inc. 1750 H St, NW Suite 200 7 Saint Paul Street Washington, DC 20006 Baltimore, MD 21202
Job Site:	Generally, the sites of contract work on the MTA’s property. For a more precise definition of the Job Site refer to the contract.

OCIP DEFINITIONS

TERM	DEFINITION
OCIP	“Owner Controlled Insurance Program” - A coordinated insurance program providing certain coverage, as defined herein, for the MTA, Eligible and Enrolled Construction Manager, Contractors, and subcontractors performing Work at the Job Site.
Subcontractor:	A subcontractor is a party that holds a contract with a Contractor and not the OCIP Sponsor to perform work at the job site.
Sub-subcontractor:	A sub-subcontractor is a party that holds a contract with a subcontractor of any tier and not the prime Contractor or the OCIP Sponsor to perform work at the job site.

OCIP Insurance Coverage

This chapter provides a brief description of OCIP coverage. Contractor should refer to the actual policies for details concerning coverage, exclusions and limitations.

Excluded Parties

Excluded Parties must meet the insurance requirements established in Section 5 and provide evidence of coverage to the WFIS OCIP Administrator.

Evidence of Coverage

Each Enrolled Party will be issued an individual workers' compensation and employer's liability policy. The WFIS OCIP Administrator will provide a Certificate of Insurance evidencing workers' compensation & employer's liability, general liability, and excess liability insurance to each Enrolled Party. Other documentation including forms, posting notices, etc., will be furnished to each Enrolled Party. Copies of policies will be furnished upon written request to the MTA's Risk Management department.

Summary Description of OCIP Coverages

Note:

The following descriptions on these pages provide a summary of insurance coverages ONLY. Contractors and subcontractors should refer to the policies for actual terms, conditions, exclusions and limitations.

Maryland Transit Administration will purchase the following coverages for the benefit of all Enrolled Parties performing Work at the Job Site.

A separate workers' compensation & employer's liability policy will be issued to each Enrolled Party.

Workers' Compensation and Employer's Liability Coverage:

Workers compensation insurance covers all enrolled Contractors' employees while performing work at the Job Site. Statutory benefits are provided according to the schedule of benefits payable to an employee for Injury, Disability, Dismemberment, or Death resulting from an occupational hazard as defined for the State of Maryland.

Part One -

Workers' Compensation: Statutory Limit

Part Two -

Employer's Liability:	<u>Annual Limits per Enrolled Party</u>
Bodily Injury by Accident, each accident	\$ 2,000,000
Bodily Injury by Disease, each employee	\$ 2,000,000
Bodily Injury by Disease, policy limit	\$ 2,000,000

Not Covered: The OCIP does not provide workers' compensation insurance for the following: asbestos or lead abatement workers; or for injuries occurring away from the Job Site; or with respect to employees of Contractors that are solely engaged in the delivery or removal of material or equipment; and truckers.

A single general liability policy will be issued for all Enrolled Parties.

Primary Commercial General Liability Coverage

Third Party Personal Injury, Bodily Injury and Property Damage Liability shared by all insures for all projects. This Insurance applies to the operations of all enrolled Contractors at the job site.

	Limits of Liability
	<u>Shared by All Enrolled Parties</u>
Each Occurrence Limit	\$ 2,000,000
General Aggregate (applies per project)	\$ 4,000,000
Products/Completed Operations Aggregate	\$ 4,000,000
Personal/Advertising Injury Aggregate	\$ 2,000,000
Fire Damage Legal Liability (any one fire)	\$100,000
Medical Expense Limit (any one person)	\$ 5,000

- Ten (10) year Products and Completed Operations Extension beyond final acceptance of the entire project with a single non-reinstated aggregate limit.
- This insurance will **NOT** provide coverage for products liability to any enrolled party, vendor, supplier, off-site fabricator, material dealer or other party for any product manufactured, assembled or otherwise worked upon away from the Job Site.
- **The policy contains exclusions.** Some of these exclusions are: Total Pollution, Fungus including Mold, Bacteria, and Viruses, Lead, EIFS, Asbestos/Silica, Employment-Related Practices,

Discrimination. Actual policies are definitive source for terms, conditions, exclusions and limitations.

- **Not Covered:** Coverage is not provided for any claim that could be covered under a Property or Builder’s Risk policy.

Excess liability policy(ies) will be issued for all Enrolled Parties.

Excess Liability

	Limits of Liability
	<u>Shared by All Enrolled Parties</u>
Each Occurrence Limit	\$50,000,000
Annual General Aggregate Limit	\$50,000,000

- Policy substantially follows form (provisions, coverages, exclusions, etc.) of underlying Commercial General Liability and Employer’s Liability policy wording.
- Excludes: Exterior Insulation and Finish Systems (EIFS), Real & Personal Property in the Care, Custody, or Control of the Insured; Asbestos; Discrimination & Wrongful Termination; ERISA; Owned & Non-Owned Aircraft, Automobile Liability and Watercraft; Nuclear Broad Form Liability, and Fungus (Mold).

The OCIP **does not** provide coverage for Contractors’ and subcontractors’ personal property.

Builders’ Risk Coverage

Builder's Risk coverage pays for direct losses to buildings or other property during construction (repair or replacement of property) and limited indirect losses arising out of a covered loss. The policy applies to:

- (1) All work at the Job Site including labor and materials to be incorporated into the work.
- (2) Materials adequately protected and stored at the Job Site that will be incorporated into the work.

A blanket policy limit provides "All Risks" of direct physical loss or damage, subject to policy exclusions, on each occurrence. The policy limits and sub-limits are as listed below. Limits of Liability are shared by All Enrolled Parties: This coverage provides, but is not limited to:

- (1) \$50,000,000 Loss Limit (Total limit of coverage), subject to sub-limits of:
 1. \$50,000,000 annual aggregate for earthquake and a \$50,000,000 annual aggregate for flood (depending on flood zones).
 2. \$2,500,000 Building Ordinance or Law (Coverage A, B & C combined)
 3. \$2,500,000 Debris Removal per Occurrence
 4. **TBD** Delay in Completion/Soft Costs
 5. \$100,000 Loss Adjustment Expenses
 6. \$100,000 Expediting Expenses per Occurrence
 7. \$50,000 Fire Department Services Charges per Occurrence
 8. \$500,000 Inland Transit
 9. \$1,000,000 Offsite Temporary Storage per Occurrence

- 10. \$50,000,000 Physical Damage per Occurrence
- 11. \$100,000 Valuable Papers and Records
- 12. \$10,000 Pollution Clean Up
- 13. \$25,000 Trees, Shrubs, Plants and Landscaping per Occurrence (Named Perils Only)

Enrolled Parties (to the extent required by contract or subcontract) are Additional Named Insureds.

- Includes coverage for the insured's property under construction, including materials, supplies, machinery, fixtures and equipment which will become a permanent part of the project. Coverage provides protection against risk of direct physical loss or damage subject to policy conditions and exclusions.

Contractor's Pollution Liability

This policy applies to all enrolled Contractors working at the Job Site. Maryland Transit Administration notifies the carrier by providing the insurance company with a list and description of each construction project along with the total project budget.

	<small>Limits of Liability</small> <u>Shared by All Enrolled Parties</u>
Each Occurrence Limit	\$5,000,000
Annual General Aggregate Limit	\$10,000,000

Coverage: This policy provides coverage for on-site cleanups, as well as off-site cleanups related to on-site remediation in the event the enrolled Contractor is negligent and exacerbates the existing pollution condition. This policy also provides coverage for third-party claims alleging bodily injury, property damage, or cleanup costs arising from the construction activities associated with the designated projects.

Ten (10) years Completed operations coverage for all Enrolled Parties.

OCIP Termination or Modification

The Owner reserves the right to terminate or modify the OCIP or any portion thereof. If Owner exercises this right, Contractors and Subcontractors will be provided notice as required by the terms of the individual contracts. At its option, the Owner may procure alternate.

Railroad Protective Liability

This policy applies to all enrolled Contractors working at the Job Site. Maryland Transit Administration notifies the carrier by providing the insurance company with a list and description of each construction project along with the total project budget.

	Limits of Liability
	<u>Shared by All Enrolled Parties</u>
Each Occurrence Limit	\$5,000,000
Policy Term Aggregate Limit	\$10,000,000

Coverage: This policy provides coverage for bodily injury, property damage, or physical damage to property or any combination of all three for all enrolled contractors within fifty (50) feet of railroad arising from the construction activities associated with the designated projects.

- Physical damage to property means direct and accidental loss of or damage to all property owned by any named insured and all property in any named insured’s care, custody and control.
- **The policy contains exclusions.** War exclusion; Employment-related practices exclusion; Pollution exclusion amendment; Securities and financial interest exclusion.

OCIP Termination or Modification

The Owner reserves the right to terminate or modify the OCIP or any portion thereof. If Owner exercises this right, Contractors and Subcontractors will be provided notice as required by the terms of the individual contracts. At its option, the Owner may procure alternate.

Section
5

Certificates of Insurance are due prior to mobilization and within five (5) days of renewal, change or replacement of coverage.

Contractor Required Coverage

Contractors and all subcontractors are required to maintain insurance coverage to protect against losses that occur away from the Job Site or are otherwise not covered under the OCIP.

Contractors and subcontractors are required to maintain insurance coverage for the duration of the Contract that protects the Maryland Transit Administration from liabilities. These liabilities may arise from the Contractor’s and subcontractor’s operations performed away from the Job 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 Contractors or Excluded Contractors.

See Section 8 for samples of Certificates of Insurance.

Important Note:
All Contractors are required to submit evidence of coverage to the WFIS OCIP Administrator.

- **Enrolled Contractors** are to provide evidence of Workers’ Compensation & Employer’s Liability, and General Liability, Excess/Umbrella Liability insurance for **off-site activities** and Automobile Liability insurance as per the insurance specifications in the Contract.
- **Excluded Contractors** must provide evidence of Workers’ Compensation & Employer’s Liability, General Liability, Excess/Umbrella Liability and Automobile Liability insurance for all activities including **both on-site and off-site activities** as per the insurance specifications in the Contract.
- **All Contractors must submit verification of insurance in the form of a Certificate of Insurance on a standard ACORD form 25-S (2010/05).**

Verification of Required Coverages

Contractors shall provide verification of insurance to the WFIS OCIP Administrator prior to mobilization and within five (5) days of any renewal, change or replacement of coverage. A sample of an acceptable certificate of insurance is provided in Section 8 (Forms). Please note that Contractors required insurance coverages must include waivers of subrogation and additional insured statuses as noted here and in the contract. Note the contractual requirement that the Contractor must provide the Maryland Transit Administration advance written notice of at least sixty (60) days in case of cancellation, material change in policy terms or coverage non-renewal.

The limits of liability shown for the insurance required of the Contractors are minimum limits only and are not intended to restrict the liability imposed on the Contractors for work performed under their Contract.

If a Contractor is terminated under the OCIP for the portion of the project put to its intended use, or where a temporary or permanent certificate of occupancy is issued, but remains on-site for non-OCIP site work, the Contractor will be considered “Excluded” and must provide the tiered coverage enumerated herein for Excluded Contractors. Any exceptions will be at the sole discretion of the MTA Risk Management Department.

Contractor Maintained Coverages

Workers’ Compensation and Employer’s Liability (Enrolled & Excluded)

Part One – Statutory Limit for the State of Maryland

Part Two –
Annual Limits

	<u>Employer’s Liability Limits</u>
Bodily Injury by Accident, each Accident:	\$ 500,000
Bodily Injury by Disease, each employee:	\$ 500,000
Bodily Injury by Disease, policy limit:	\$ 500,000

Commercial General Liability (Enrolled & Excluded)

	<u>Limits of Liability</u>
General Aggregate	\$ 2,000,000
Products/Completed Operations Aggregate	\$ 2,000,000
Personal/Advertising Injury Aggregate	\$ 2,000,000
Each Occurrence Limit	\$ 1,000,000

- Coverage must be on an Occurrence form and applies to bodily injury and property damage for operations (including explosion, collapse and underground coverage), independent contractors, products and completed operations.

Required Waivers and Additional Insured Wording

Contractor’s Workers’ Compensation & Employer’s Liability, General Liability, Automobile Liability, Umbrella /Excess Liability and Property insurers shall provide Waivers of Subrogation in favor of the Maryland Transit Administration

Contractor’s Automobile Liability, General Liability and Excess/Umbrella Liability Policies will name the Maryland Transit Administration, its officials, employees and agents and any wholly owned subsidiaries or parent organizations as additional insureds and will state that coverage is afforded on a primary and non-contributory basis.

See Section 8 (Forms) for a sample certificate of insurance.

CONTRACTOR REQUIRED COVERAGE

Automobile Liability (Enrolled & Excluded)

	<u>Limits of Liability</u>
Combined Single Limit	\$ 2,000,000
Bodily Injury and Property Damage	

- Commercial Business Auto Policy covering all owned, hired and non-owned automobiles, trucks and trailers.
- Coverage will apply both at and away from the Job Site.

Property Insurance (Enrolled & Excluded)

Contractors and subcontractors must provide their own insurance for owned, leased, rented and borrowed equipment, whether such equipment is located at a Job Site or “in transit.” Contractors and subcontractors are solely responsible for any loss or damage to their personal property including, without limitation, property or materials created or provided under the Contract until installed at the Job Site, Contractor tools and equipment, scaffolding and temporary structures.

The OCIP **does not** provide coverage for Contractors’ and subcontractors’ personal property.

Watercraft and Aircraft Liability (Enrolled & Excluded)

The operator of any watercraft or aircraft of any kind used in the Work must maintain liability insurance naming the Maryland Transit Administration and the respective Contractor and/or subcontractor as an additional insured with primary and non-contributory wording. In addition, the limit of liability must be satisfactory to MTA. Such insurance requirements will be determined as the need arises.

Pollution Liability (Enrolled & Excluded)

Contractors and subcontractors with Work involved in the removal or treatment of hazardous materials will provide and maintain Contractors’ Pollution Liability insurance. Such coverage will specifically schedule the type of work defined in the Contract.

Limits of liability for Contractor’s Pollution Liability Insurance for Parties involved in abatement work:

	<u>Limits of Liability</u>
Combined Single Limit per Occurrence	\$2,000,000
General Annual Aggregate	\$2,000,000

If transporting hazardous waste/materials to/from the Job Site, appropriate MCS-90 Endorsement must be attached and supplied by Contractor on a primary basis with a \$5,000,000 limit of liability.

Professional Liability (Enrolled & Excluded)

If required by the contract, for architects, engineers, surveyors, planners, consultants and other related professionals. The policy must provide \$1,000,000 limit per claim and \$3,000,000 annual aggregate.

Failure of any Enrolled Contractor or any Excluded Contractor to file the required certificates of insurance will not relieve such party of its responsibility to carry and maintain such insurance.

Insurance Certificates (For enrolled Contractors and those excluded from the OCIP)

All Contractors shall provide a valid and properly executed certificate of insurance citing the coverage required for Enrolled Contractors and Excluded Contractors to the WFIS OCIP Administrator before performing any work. Applicable policies must be written through an insurance company possessing a rating not less than **A-VII** or higher established by the A.M. Best Company. Note the contractual requirement that the Contractor must provide the Maryland Transit Administration advance written notice of at least sixty (60) days in case of cancellation, material change in policy terms or coverage non-renewal.

Note:

Contractor’s Automobile Liability, General Liability and Excess/Umbrella Liability Policies must name the Maryland Transit Administration, its officials, employees and agents and any wholly owned subsidiaries as additional insureds and must state that coverage is afforded on a primary and non-contributory basis.

The Resident Engineers and Area Managers of MTA have the right to stop work or prevent any non-enrolled Contractor or subcontractor of any tier from entering the Job Site until the Contractor's certificate has been filed. Denial of site access for this reason will not be accepted as the basis for a delay claim.

Waivers of Subrogation

All Contractors and subcontractors of any tier agree to waive all rights of subrogation against each other and the Maryland Transit Administration, its officers, agents, employees and any of its insurers regarding any insured loss, whether the insurance is provided by the OCIP or purchased by the Contractor for the project.

Contractors and subcontractors of any tier must agree that this waiver applies to its insurers, including any insurance policies covering physical loss or damage to owned, non-owned, or leased machinery, watercraft, vehicles, tools, or equipment.

The Maryland Transit Administration shall waive all rights of subrogation against the Contractors and subcontractors of any tier as respects any insured loss covered under the OCIP for those enrolled Contractors and subcontractors.

Contractor Responsibilities

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

The Contractor and its subcontractors of all tiers are required to cooperate with the Maryland Transit Administration and its OCIP Administrator, Wells Fargo Insurance Services, in all aspects of OCIP operation and administration. The responsibilities include, but are not limited to:

- Complying with the provisions of the OCIP Manual and cooperating in the administration and operation of the OCIP
- Identifying and removing from your bid the cost of OCIP-provided insurance
- Providing each subcontractor with a copy of the OCIP Insurance Manual and the Maryland Transit Administration Construction Safety Manual
- Enrolling in the OCIP and assuring all subcontractors promptly enroll in the OCIP prior to the start of any work
- Including OCIP provisions in all subcontracts as appropriate
- Providing timely evidence of insurance to the OCIP Administrator
- Notifying the OCIP Administrator of all subcontracts awarded
- Maintaining and reporting monthly payroll records
- Cooperating with the OCIP Administrator's requests for information
- Complying with insurance, claim and safety procedures
- Reporting claims promptly and cooperating with all follow-up requests
- Notifying the OCIP Administrator immediately of any insurance cancellation or non-renewal of Contractor-required insurance

CONTRACTOR REQUIRED COVERAGE

- Posting the “Workers’ Compensation Law Compliance Notification” and an “In Case of Work Related Accident” notice in the work area or construction trailer
- Complying with the Maryland Transit Administration’s Construction Safety Manual and all other contractual safety and loss control requirements

Contractor Bids – Excluded Insurance Costs

The Maryland Transit Administration provides insurance for all Eligible and Enrolled Parties under the OCIP for Work performed at the Job Site.

Each Contractor and subcontractor of any tier is required to **exclude** the cost of OCIP-provided insurance in its bid price for the proposed scope of work.

Change orders will be similarly priced for Enrolled Parties to exclude the cost of OCIP-provided insurance coverages. Contractors are solely responsible for ensuring that their subcontractors of all tiers also deduct the cost of OCIP-provided insurance coverages from their bids and any requests for payment.

Enrollment

See Section 8 for sample OCIP forms.

All Contractors and their subcontractors of all tiers working on designated projects must enroll in the OCIP **before** entering the Job Site. Contractors must also enroll **separately** for any additional contracts they are awarded.

Contractors must enroll separately for each contract awarded.

Each Contractor shall provide details about its subcontractors as necessary for OCIP enrollment. The Maryland Transit Administration will need all of the information requested on the **Enrollment Application** form and web-based enrollment process instructions, Section 8. This form must be completed and submitted/uploaded into the Portal with notification to the WFIS OCIP Administrator prior to mobilization to obtain coverage under the OCIP.

A separate **Enrollment Application** form and web-based enrollment process is required for each eligible Contractor and/or subcontractor of any tier that performs Work at the Job Site. A separate Workers’ Compensation & Employer’s Liability policy will be issued to each Enrolled Party.

The WFIS OCIP Administrator will issue to each Enrolled Party a Confirmation Letter and OCIP Certificate of Insurance acknowledging acceptance of the applicant into the Maryland Transit Administration’s OCIP.

Note: Enrollment is not automatic

Enrollment into the OCIP is required, but not automatic. Eligible Contractors and subcontractors MUST complete the enrollment forms and participate in the enrollment process for OCIP coverage to apply separately to each contract. Access to the Job Site will not be permitted until enrollment is complete.

Safety Guidelines

Each Contractor is required to understand MTA’s policy statement on construction and their system safety program plan. The Office of Safety, Quality Assurance and Risk Management is empowered and authorized to develop, implement and administer a comprehensive, integrated and coordinated System Safety Program, including a specific plan to identify, prevent, control and resolve unsafe conditions during design, construction, testing, and operations and maintenance of MTA transportation systems. Minimum standards for Contractor programs are outlined in the Maryland Transit Administration’s Contractor Safety and Health Plan Guidelines.

OCIP Safety & Contractor Policy

Enrolled Contractors shall comply with all safety, fire, security policies, procedures, and safe work practices as well as other appropriate safety procedures specified in the contract. Contractors shall provide a written response on the contractor’s own letterhead, to all safety recommendations made by the insurance carrier AIG or CMS. This response shall include the signature of the individual issuing the response, and must be sent directly to AIG and the MTA Resident Engineer with a copy to the Loss Control/Safety Consultant for CMS and Wells Fargo Insurance Services.

Assignment of Return Premiums

The Maryland Transit Administration pays the cost of the OCIP insurance coverage. The Maryland Transit Administration will be the sole recipient of any return OCIP premiums or dividends. All Enrolled Parties will assign, to the Maryland Transit Administration, all adjustments, refunds, premium discounts, dividends, costs or any other monies due from the OCIP insurer(s). Contractors will assure that each enrolled subcontractor has executed such an assignment. The **Enrollment Application** forms are supplied in Section 8 and will be used for this purpose.

Payroll Reports

By the 10th of each month, every Enrolled Party of every tier must submit to the WFIS OCIP Administrator an **On-Site Payroll Report** identifying man-hours and payroll for all work performed at the Job Site, this can be done on the web-based Portal (see Section 8). This report shall classify the labor expended at each Job Site according to the standard workers' compensation insurance classification.

NOTE:

The Monthly Payroll Report must include the “straight-time” payroll and the “straight-time” portion of any “overtime” payroll for all OCIP qualified employees, including on-site supervisors and on-site clerical personnel.

A monthly payroll report must be submitted for each month, including “zero (0) payroll” if no on-site work was performed in the month, until completion of the work under each contract. For those Contractors and subcontractors performing Work under multiple contracts, a **separate On-Site Payroll Report** is required for **each** contract.

Note:

Failure to submit the monthly payroll reports as required may result in the withholding of any payments (progress or final) until all required documentation is received.

Insurance Company Payroll Audit

Each Enrolled Party is required to maintain payroll records for each Contract. Such records will allocate the payroll by workers' compensation classification(s) and exclude the excess or premium paid for overtime (i.e., only the straight time rate will apply to overtime hours worked). Furthermore, such records will limit the payroll for executive officers and partners/sole proprietors to the limitations as stated in the NCCI manual rules.

It is important that you properly classify payrolls, as these are reported to the rating bureau for promulgation of future experience modifiers for your firm's corporate workers' compensation policy. All Enrolled Parties shall make available their books, vouchers, contracts, documents, and records, of any and all kinds, to the auditors of the OCIP insurance

carrier(s) or the Maryland Transit Administration's representatives. Availability of records must be for a reasonable time during the policy period, any extension, or during a final audit period as required by the insurance policies.

Change Order Procedures

Change orders will be priced, by the Contractor and its subcontractors, to **exclude** their cost of OCIP-provided insurances.

Modifications to the OCIP

The Maryland Transit Administration reserves the right to modify the OCIP policies at any time. If applicable, any such modifications will be reflected in the renewal certificates of insurance provided to Enrolled Parties.

Termination

The Maryland Transit Administration reserves the right to terminate the OCIP. If the Maryland Transit Administration chooses to terminate coverage, the Maryland Transit Administration must give all enrolled Contractors written notice by certified mail 45 calendar days in advance. The enrolled Contractors must obtain replacement insurance coverage at least at the minimum levels set forth in Section 5 (Contractor Required Coverage). The Maryland Transit Administration will reimburse reasonable replacement cost. Written evidence (i.e. certificates of insurance) identifying the replacement insurance must be provided to the Maryland Transit Administration in the same manner as specified in the contract or this manual for "Excluded parties."

If a Contractor is terminated under the OCIP for that portion of the project which is put to its intended use, or a temporary or permanent certificate of occupancy is issued, but remains on-site for non-OCIP site work, the Contractor will be considered "Excluded" and must provide the tiered coverage enumerated herein for Excluded Contractors. Any exceptions will be at the sole discretion of the Risk Management Department.

Close-Out and Audit Procedures

When a Contractor and/or an associated subcontractor has completed its Work at the Job Site and no longer has on-site workers, it must submit the **Notice of Work Completion** form. Receipt of this form will initiate the final audit of payroll and man-hours by the OCIP Insurer. A copy of the **Notice of Work Completion** form with instructions on the proper method for completion is found in Section 8.

The Maryland Transit Administration will not release final payment until all necessary forms have been submitted to the WFIS OCIP Administrator. The Contractor is responsible for any missing documentation of its subcontractors.

Certificate of Substantial Completion

Substantial completion, as described herein for the purposes of the OCIP coverage only and does not change the definition of substantial completion within the Maryland Transit Administration's contract, shall be defined as the date when the work product (i.e. building, facility, pavement, etc.) completed under the contract is put to its intended use or a temporary or permanent certificate of occupancy is issued. Each Enrolled Contractor must submit a *Certificate of Substantial Completion* to the WFIS OCIP Administrator with a copy to the Project Resident Engineer whenever the Enrolled Contractor or any of its Enrolled subcontractors concludes its site work. Projects will not be considered substantially complete until a Certificate of Substantial Completion is signed by the Project Resident Engineer.

Punch list work performed after substantial completion, as well as warranty work, *may* continue to be covered under the OCIP, at the sole discretion of the Risk Management Department. If the OCIP continues, the level of safety oversight required of the Contractor after substantial completion, and the final OCIP termination date, will be at the sole discretion of MTA's Risk Management Department. Any additional safety oversight required of the Contractor will be at the sole cost and expense of the Contractor.

Contract Termination/Cessation of OCIP Coverages

In the event a contract is terminated for any reason by the Maryland Transit Administration, coverage under the OCIP ceases at the date and time the contract is terminated unless otherwise agreed to by the Maryland Transit Administration's Risk Manager or his authorized representative in writing.

OCIP Claim Procedures

This section describes basic procedures for reporting various types of claims: workers' compensation, liability, and damage to the project.

General Procedures

It is the responsibility of the Contractor and subcontractors to report **all** incidents, injuries, occupational-related illnesses or property damage to the MTA Resident Engineer and Risk Analyst ***within twenty (20) minutes***. All Contractors and subcontractors of all tiers will instruct their employees and other personnel of this requirement.

Failure to report incidents, injuries, occupational-related illnesses or property damage timely will be considered a violation of the project safety rules and regulations.

Note:

Any notification of claims or incidents to any parties other than the MTA Resident Engineer and Risk Analyst does not constitute proper notification.

Investigation Assistance

All Contractors and subcontractors must assist in the investigation, defense of any accident, occurrence or insured loss. This may include securing and giving evidence and obtaining the participation and attendance of witnesses required for the investigation and defense of any claim or lawsuit. Any questions concerning a loss should be directed to the MTA Risk Analyst. Any inquiries or correspondence received regarding an incident occurrence or insurance loss shall be forwarded to the MTA Risk Analyst and Project Resident Engineer.

MTA OCIP
Administrator / Risk
Analyst, Gail Allen

*Also, see separate
document for active
project list and Project
Resident Engineer's*

The insurance carrier will investigate and negotiate resolution of a loss that is insured under the OCIP. Enrolled Contractors **WILL NOT** attempt to adjust or settle any claims unless it is determined by the MTA Risk Analyst, Wells Fargo Insurance (Broker), and the Claims Consultant (CMS) that a loss is not covered under the Owner Controlled Insurance Program policies.

If an enrolled Contractor or subcontractor is served with a summons, subpoena, notice of deposition, or suit papers related to an OCIP claim or coverage provided under the OCIP, the Contractor should:

1. **IMMEDIATELY NOTIFY** your Project Resident Engineer, and the MTA Risk Analyst of the document. Failure to do so may result in denial of a covered claim.
2. **SEND** a copy of the document as soon as possible to the MTA Risk Analyst by fax or email at:

Gail Allen
Office of Safety, Quality Assurance and Risk Management
Maryland Transit Administration
1515 Washington, Boulevard, Suite 2200B
Baltimore, MD 21230
FAX: 410.244.1388
EMAIL: GAllen2@mta.maryland.gov

3. Be sure to note (and send with the document):
 - a. the date the document was served (received);
 - b. how the document was served (hand delivery, mail, fax, etc.); and
 - c. the person on whom the document was served.

Workers' Compensation Claims

All Claims MUST be reported immediately to the MTA Risk Analyst.

The Contractors' and subcontractors' on-site personnel will follow these procedures if any employee is involved in any accidents or occurrences on the Job Site:

1. The employee must report all injuries or illnesses to his/her supervisor or department designee immediately and the MTA Project Resident Engineer (**no exceptions**).
2. Insure the injured worker receives immediate medical attention.
3. Contact designated first aid/medical personnel, transport the injured party to the on-site first aid or medical facility, as necessary. **Provide form on page 59 to medical provider.**
4. Report all injuries or occupational-related illnesses immediately to the injured worker's employer, project supervisor, MTA Project Resident Engineer and Risk Analyst.

5. Use the **Workers Compensation claim form: MD First Report of Injury** (*example follows*) – **Claim forms are available on the web-based Portal and at the job site.**
6. MTA will report any claims on behalf of Contractors and subcontractors to the insurance carrier. Please make several copies of the blank worker's compensation claim form and retain for your records. In the event of a claim, complete the form for the injured worker and make two copies of the completed form. One copy accompanies the injured worker to the treatment facility and one should be faxed or scanned/emailed to:

Gail Allen
Office of Safety, Quality Assurance and Risk Management
Maryland Transit Administration
1515 Washington, Boulevard, Suite 2200B
Baltimore, MD 21230
FAX: 410.244.1388
EMAIL: GAllen2@mta.maryland.gov

7. The MTA Risk Analyst will report the loss to the insurance carrier for appropriate handling.

INCIDENT INVESTIGATION AND CLAIM REPORT FOR WORKER'S COMPENSATION

PART 1* ALL BOXES MUST BE COMPLETED

Date of Incident:	Time of Incident:	Weather Conditions
CONTRACTOR / COMPANY: Project Location and Contract#:		MTA Resident Engineer: Contact # or email:
Injured Worker Name and Address:		
Describe what the employee was doing at the time of the incident:		
Did injury result? Yes/No ____. If YES: Attach Available Photos _____ Was drug testing administered? Yes/No _____	If yes; Injured Worker DOB: Injured Worker Phone Contact: <i>Proceed to Part 2</i>	

PART 2

Type of Injury and Body part(s) affected:	
Immediate Disposition: <input type="checkbox"/> Medical Walk-In Clinic <input type="checkbox"/> Employee refused treatment <input type="checkbox"/> Emergency Room <input type="checkbox"/> Unknown <input type="checkbox"/> Personal Physician <input type="checkbox"/> 1 st Aid Only <input type="checkbox"/> On-Site Medical Station <input type="checkbox"/> Medical Recordable <input type="checkbox"/> Other <input type="checkbox"/> Lost Time or Restricted Duty	Will injured worker need an interpreter to facilitate treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Supervisor: Contact Number:	
Witnesses Names and Contact Numbers: 1) 2)	

Modified Alternate Duty Requirement

Purpose:

The Maryland Transit Administration is committed to providing a safe work place for both the Contractors' and subcontractor's employees; 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 its workforce.

The Maryland Transit Administration has a "Modified Alternate Duty Requirement" (aka "modified duty"), which will be implemented by each Contractor and subcontractor. Each Contractor and subcontractor **MUST** provide an injured employee the opportunity to maximize rehabilitation and recovery from the injury and enable an early return to work by accommodating temporary work assignments in compliance with medical restrictions.

Note:

Modified duty positions do not have to be at the Maryland Transit Administration's project. The injured workers' employer can provide this position at any alternative site. The Insurer may provide recommendations for modified duty labor through cooperative organizations if the Contractor/Subcontractor are unable to accommodate the employee.

The modified duty must include, but not be limited to:

- Contractors and subcontractors need to communicate to the injured employee and his/her physician the Maryland Transit Administration's modified duty requirement and facilitate modified duty with physicians and the employee.
- The injured employee must provide the MTA Risk Analyst, Project Resident Engineers and Area Managers, Supervisors and Foreman copies of all medical notes, to include a statement on work capacity.
- Modified duty assignments must comply with all medical limitations as outlined by a physician.
- The injured employee is not to assume normal work activities unless there is medical documentation releasing the employee to his/her normal duties.

Responsibilities:

The following will define the reporting responsibilities of each party involved in the Maryland Transit Administration's OCIP for the

modified duty requirement.

Contractor and subcontractor – A successful modified duty requires the cooperation and accountability of all your employees.

- After the injured worker is released to modified duty, a Contractor and/or subcontractor is expected to provide reasonable modified duty to an injured worker until the injured employee is returned to work in a full duty position.
- Ensure that your employees understand the Maryland Transit Administration's Modified Duty requirement and clarify any procedures that are unclear.
- Your employees are to report all injuries, even minor incidents, immediately within established reporting protocols.
- Your employees are to work closely with the OCIP Consultant and MTA Risk Analyst and your managers/supervisors and communicate all necessary information regarding their ability to return to work.
- Your employees are to provide the physician with the information, including the Modified Duty necessary to help them determine how and when they can return to work.
- Your employees are to work within their medically stated limitations.
- Your employees are to help co-workers stay focused and provide a positive environment when they return to modified alternate duty.

Supervisor / Manager – Supervisors / Managers play a key role in the success of the return to work program. They must implement and manage the program.

- Understand and support the Maryland Transit Administration's OCIP Modified Duty requirement.
- Complete and properly file the Accident Forms immediately after the incident.
- Facilitate treatment with the injured employee.
- Coordinate modified alternate duty with the injured employee within the injured employee's work abilities as per the medical documentation.
- Monitor the injured employee's progress on modified alternate duty and provide weekly updates to the MTA Risk Analyst and OCIP Consultant.

Insurance Carrier Team – Are responsible for the claim management.

- Coordinate medical care and return to work issues.
- Contact and communicate with the treating physician following each office visit.

- Manage issues related to claim file resolution.
- Analyze losses and recommend corrective action.

SAMPLE – Offer of Temporary Position Letter

Note: This is to be used for an out-of-work employee who has now been released for work, with restrictions, and a modified duty position is available.

Dear Employee:

(Employer Name) is extending an offer of temporary transitional employment.

We are aware that you are medically cleared for work with restrictions. The task requirements of the offered position are within the scope of your current physical limitations.

You are being offered a position as a _____. This temporary transitional employment is subject to the limitations described on the attached medical report from _____. The wages you will be paid are \$_____ per hour. The work hours are ___ AM to ___ PM.

You are expected to return to work in the transitional position as described above on _____ (date). Please report directly to _____ at the _____ job site located at _____.

Any questions regarding this temporary position offer should be directed to _____ immediately.

YOUR FAILURE TO REPORT TO WORK AS OUTLINED ABOVE MAY RESULT IN THE TERMINATION OF YOUR WORKERS' COMPENSATION BENEFITS.

Report all liability claims to the Project Resident Engineer, MTA Risk Analyst, and OCIP Consultant.

Liability Claims

Contractors and subcontractors must immediately report all accidents at the Job Site involving death, injury, or damage to property of non-employee personnel (the public, tenants, and visitors) to the Project Resident Engineer, MTA Risk Analyst, and OCIP Consultant.

Provide notification to the Project Resident Engineer, MTA Risk Analyst and OCIP Consultant by completing the following General Liability Notice of Occurrence/Claim form (*example follows*). **Claim forms are available on the web-based Portal and at the job site.**

OCIP CLAIM PROCEDURES

If a General Liability Claim is submitted against a MTA Construction Management Division (CMD) Project, both the Resident Engineer and the MTA Risk Analyst should be notified as early as possible. The responsibility for claims investigation lies with the MTA Risk Analyst. The Resident Engineer's role is one of support. The CMD Resident Engineer will provide, at the MTA Risk Analyst's request, any backup documentation, that would include stage of construction, photos, and recent construction reports, relevant to the claim. The Resident Engineer should remain engaged with the MTA Risk Analyst's claims process and review and comment on any findings prior to the Claims Investigator producing his/her final report.

Fax or scan/email claim form to:

Gail Allen
Office of Safety, Quality Assurance and Risk Management
Maryland Transit Administration
1515 Washington, Boulevard, Suite 2200B
Baltimore, MD 21230
FAX: 410.244.1388
EMAIL: GAllen2@mta.maryland.gov

Note:

Any notification of claims or incidents to any parties other than the Project Resident Engineer, MTA Risk Analyst, and OCIP Consultant does not constitute proper notification.



MARYLAND TRANSIT ADMINISTRATION

Owner Controlled Insurance Program (OCIP)

General Liability Claim Notification

ACCOUNT # 0311827

Maryland Transit Administration OCIP
1515 Washington Blvd
Baltimore, MD 21230
Contact:
Gail Allen, OCIP Manager/Administrator
410-454-7264

OCIP Policy Number: 004522601

Contractor:

Name: _____

Address: _____

Contact Name: _____

Phone number: _____; Cell number: _____

Loss Description

Location of Loss: _____

Project Name: _____

Date of Loss: _____

Time of incident: _____

Description of Loss: _____

Authority Called? Yes _____ No _____

If Yes,

Authority Name: _____

Authority Phone Number: _____

Report Number: _____

Claimant Information

Name: _____

Address: _____

Phone Number: _____; Cell Number _____

Was Claimant Injured: Yes _____ No: _____

Describe Injury: _____

Medical Treatment: _____

Was Property Damaged? Yes _____ No _____

Describe Property Damage: _____

Property Owner Name: _____

Address: _____

Phone Number: _____ Cell: _____

Witnesses

Name: _____
Contact Information: _____

Comments: _____

Signature of Preparer _____
Date: _____

As soon as the on-site personnel become aware of the accident or occurrence, they must:

1. Take appropriate emergency measures to prevent additional injury or damage, including contacting police and fire authorities as required by law.
2. Complete and submit a general liability loss notice to the Project Resident Engineer, MTA Risk Analyst, and OCIP Consultant within twenty (20) minutes of the incident.
3. Immediately send all subsequent inquires or correspondence about an insured loss or claim, including a summons or other legal documents, to the MTA Risk Analyst and OCIP Consultant. If served with a summons or other legal document relating to a covered claim under the OCIP, notify the MTA Risk Analyst and OCIP Consultant immediately.

Do *not* voluntarily admit liability. Cooperate with the Maryland Transit Administration or the OCIP insurer representatives in the accident investigation.

Pollution Claims

Report claims by immediately notifying the Project Risk Engineer, MTA Risk Analyst, and OCIP Consultant of any known or suspected pollution incidents.

Builders' Risk Claims

Provide notification to the Project Resident Engineer, MTA Risk Analyst and OCIP Consultant by completing the following Builder's Risk Claim form (*example follows*). **Claim forms are available on the web-based Portal and at the job site.**

The Contractor will submit a complete inventory of the property damage with a detailed cost estimate to the MTA Risk Analyst within 15 days from the date of the accident, unless an extension is granted in writing. Failure to promptly provide this documentation will jeopardize payment of the claim. The Contractor is responsible to provide status updates every 30 days until the claim is closed and final payment has been made.

If a Builders' Risk Claim is submitted against a MTA Construction Management Division (CMD) Project, both the Resident Engineer and the MTA Risk Analyst should be notified as early as possible. The responsibility for claims investigation lies with the MTA Risk Analyst. The Resident Engineer's role is one of support. The CMD Resident Engineer will provide, at the MTA Risk Analyst's request, any backup documentation, that would include stage of construction, photos, and recent construction reports, relevant to the claim. The Resident Engineer should remain engaged with the MTA Risk Analyst claims process and review and comment on any findings prior to the Claims Investigator producing his/her final report.



MARYLAND TRANSIT ADMINISTRATION

Owner Controlled Insurance Program (OCIP)

Builder's Risk Claim Notification

ACE American Insurance Company
Maryland Transit Administration OCIP
1515 Washington Blvd
Baltimore, MD 21230
Contact:
Gail Allen, OCIP Manager/Administrator
410-454-7264

OCIP Policy Number: I08641791 005

Contractor Reporting Loss:

Contractor Company Name: _____
Address: _____

Contact Name: _____
Phone number: _____; Cell number: _____

Loss Description

Location of Loss: _____
Project Name: _____
Date of Incident: _____
Time of incident: _____
Description of Loss: _____

Did the Loss Involve Building (Real Property)? Yes ___ No ___ If yes:
Description of Damage to Building: _____

Is any interior section of the building now exposed to the outdoors and unprotected?
Yes ___ No ___
Do you have a written estimate or repair bill for the building? Yes ___ No ___
If yes, what is the amount of estimate?: _____

Witnesses/Others who have knowledge of Loss

Name: _____
Contact Information: _____

Name: _____
Contact Information: _____

Name: _____
Contact Information: _____

OCIP CLAIM PROCEDURES

Name: _____
Contact Information: _____

Comments: _____

Signature of Preparer _____
Date: _____

Note:
The cost of damaged or stolen non-covered property will not be included in the deductible calculation.

Enrolled Contractor or Enrolled Subcontractor Loss Runs

Workers' Compensation loss runs are available to any enrolled Contractor or subcontractor for their own experience under the OCIP upon written request to Wells Fargo Insurance/CMS OCIP Consultant.

Contractors of all tiers must be enrolled into the online portal; contractors that receive exemption from enrollment into the OCIP must still enter their company information and a Certificate of Insurance online.

An **OCIP Pre-Enrollment Web-Portal Form** is required for every subcontractor awarded. Form can be found in the *OCIP FORMS* section of OCIP Manual.

OCIP Forms

&

Web-Based Portal Instructions



Pre-Enrollment Web-Portal Form

Maryland Transit Administration OCIP

USER INFORMATION	
Awarding Contractor (N/A if Prime) _____	
Awarding Division:	
_____ Ancillary Division	_____ Environmental Division
_____ CMD - Construction Management Division	_____ Facilities Division
_____ Construction Division	_____ Systems Division
Contractor Name: _____	
Contract Number: _____	
Contract Description: _____	
Contact person for OCIP Administration: Policy information, OCIP Forms, COI, etc	
First Name: _____	Last Name: _____
Phone Number: _____	Email: _____

Physical Address	
Street Address: _____	
City: _____	State: _____ Zip: _____

Mailing Address	
Same as Physical address _____	
Street Address: _____	
City: _____	State: _____ Zip: _____

Wells Fargo Contact:
 Carter H. Ward
 O: 202 416 2516
 M: 540 589 9178
carter.h.ward@wellsfargo.com



ABSOLUTE ASSIGNMENT AND AGREEMENT FORM
Maryland Transit Administration

Contractor Audit Rights

In the event the undersigned Contractor / Subcontractor is awarded a contract, such party will permit Maryland Transit Administration 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 Maryland Transit Administration or any Contractor. Requests for inspection of any policies or payroll records will be made in writing ten days in advance of any review, which will be conducted at the project site or it's Representative's office near the site.

Assignment

The undersigned Contractor or subordinate contractor hereby assigns, transfers, and sets over absolutely unto Maryland Transit Administration all rights, title, and interests to any and all returns of premium, dividends, discounts, or other adjustments including retrospective adjustments to Maryland Transit Administration's Owner Controlled Insurance Program (OCIP). This assignment shall pertain to the OCIP policies as now written and as subsequently modified, rewritten, or replaced in OCIP insurance company(ies), including any additional amount or coverage as a result thereof. The undersigned Contractor or subordinate contractor also assigns its rights of cancellation of all insurance policies provided, to the undersigned, by Maryland Transit Administration. This assignment is only valid for insurance policies whose premium has been paid by Maryland Transit Administration. If the undersigned Contractor or subordinate contractor shall subcontract any part of the contracted work, the undersigned shall require each subordinate contractor to execute a similar assignment in favor of Maryland Transit Administration.

Deduct for Insurance Agreement

The "Total Cost of Insurance" specified represents the amount of insurance cost the undersigned Contractor has removed in the "Net Contract / Bid Amount" in recognition that Maryland Transit Administration is providing the specified insurance via an OCIP, as outlined in the Contract Specifications, including: Workers' Compensation, General Liability, and Excess Liability. In the event the undersigned Contractor or subordinate contractor is not enrolled in the OCIP, the "Total Insurance Deduct" **amount and only that amount**, will be added back to the "Net Contract / Bid Amount" subject to any changes in scope of work and/or specifications.

Compliance

The undersigned Contractor hereby agrees that all Maryland Transit Administration requirements will be met on a timely basis; including but not limited to: enrollment documents for Contractor and all Subcontractors, monthly payroll and work hour reports, maintenance and evidence of off-site coverage, loss control recommendations and requirements, and prompt claims reporting.

Signed by: _____ Date: ___/___/_____ Company Name:

Carter H. Ward, OCIP Administrator
Wells Fargo Insurance Services, Inc.
Phone: 202-416-2516
Cell: 540-589-9178
EMAIL: Carter.H.Ward@wellsfargo.com

PARTICIPATION AGREEMENT
Maryland Transit Administration

Contractor/Subcontractor agrees to provide the following:

- **Completion of Web-Based OCIP Enrollment Process**
- OCIP Enrollment Forms (including ratings and declarations pages)
- Absolute Assignment and Agreement Form
- Certificate of insurance evidencing non-OCIP coverage
- Monthly payroll and man hour reports
- Notice of Completion, once work is complete under subcontract
- Other required insurance information, as required
- Project safety documentation, as needed

Contractor/Subcontractor acknowledges and agrees that failure to provide the foregoing documents will result in the suspension of monthly pay requests until such time as the information has provided. Failure for the same Contractor/Subcontractor to submit the foregoing documents for two (2) consecutive months will result in a Stop Work Order. All resulting extra cost and expense shall be to the account of the Contractor/Subcontractor.

Contractor/Subcontractor further agrees to cooperate with the OCIP insurance carrier(s) when they conduct project audits and furnish them the required payroll data by insurance classification code. Contractor/Subcontractor also agrees to furnish the value of work in place as required by the insurance carrier(s).

Contractor/Subcontractor further agrees the same conditions will apply to any lower-tier Subcontractors. Copies of certificates of insurance for the lower-tier Subcontractors must be filed with OCIP Administrator not less than five (5) working days prior to Contractor's/Subcontractor's commencement of work. Failure to comply with this provision will result in Contractor/Subcontractor being removed from the site until proper coverage is verified. Any cost or resulting delay will be to the account of the Contractor/Subcontractor.

Signed by: _____ Date: ____/____/____

Title: _____

Company Name: _____

Carter H. Ward, OCIP Administrator
Wells Fargo Insurance Services, Inc.
Phone: 202-416-2516
Cell : 540-589-9178
EMAIL : Carter.H.Ward@wellsfargo.com

Note

For assistance in completing these forms, please contact:

Carter Ward, OCIP Administrator

Wells Fargo Insurance Services

Phone (202) 416-2516

Fax (877) 827-0725

Web Based Portal Instructions

Contractors of all tiers must be enrolled into the online portal; contractors that receive exemption from enrollment into the OCIP must still enter their company information and a Certificate of Insurance online. An **OCIP Pre-Enrollment Web-Portal Form** is required for every subcontractor awarded. Form can be found in the *OCIP FORMS* section of OCIP Manual.

Enrollment Process

The OCIP enrollment webpage can be reached by typing into an internet web browser: <https://my.ocip.us/MainFrame.aspx>.

Contractor/Subcontractor Log on Setup – First time Log On

- 1: Sign into the OCIP Portal with the username and password that was provided via email from the OCIP Administrator. The Account Setup window will appear. Click Continue button.



- 2: User information must be confirmed. Verify and correct information or input information if any is missing and then click the Continue button.



3: Confirm Physical Address. Verify and correct information or input information if any is missing and then click the Continue button.

Finally, please verify and correct or input your company's Physical and Mailing address.

Physical Address

Address1: Address2:

City: State: * Zip:

Mailing Address

Address1: Address2:

City: State: * Zip:

<< Back Continue >>

4: Setup Complete screen appears. Click Finish button and the Project Home page appears.

Setup Complete

Nick, Your Wrap Portal account is now setup.

You can use Wrap Portal for your OCIP/CCIP project.

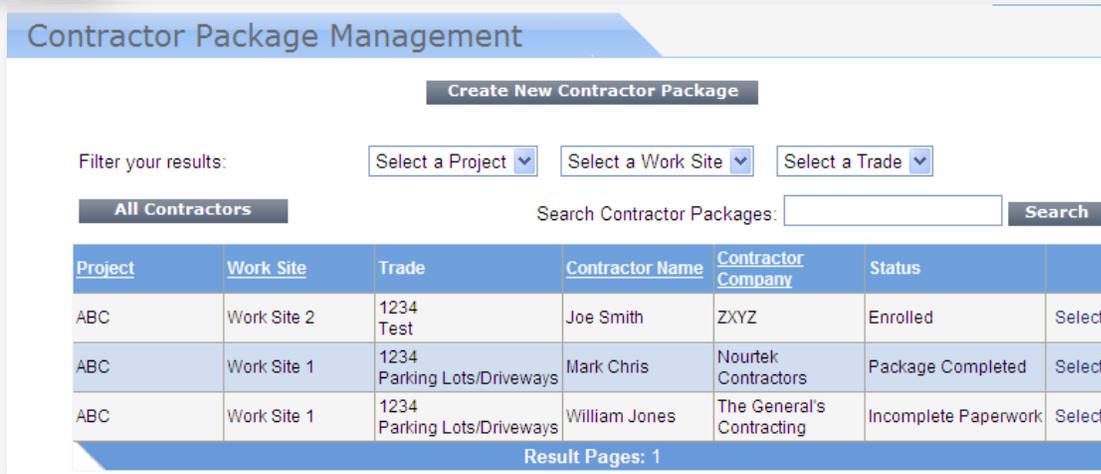
- Use menu on left to navigate throughout the website.
- Use Tabs on top of page, if your involved in more than on OCIP/CCIP project, to view project information
- Use Alerts Panel on the home page as your action items. It will guide you when Enrolling into Project, Filling-out Montly Payrolls and Submitting completion notices.
- Use Help link toward the bottom left of page see the OMP Users Guide.
- Use Contact US information to get in-touch with your OCIP/CCIP Administrator.

<< Back Finish

Web-Based Enrollment Process



1. Sign into the OCIP Portal with the username and password that was provided via email from the OCIP Administrator. The Project Home page appears once logged in. <https://my.ocip.us/MainFrame.aspx>
2. Click Contractor Packages in the left side menu.
3. The Contractor Package Management page displays.
 - The list of displayed Contractor Packages can be filtered using the Project, Work Site, and Trade dropdown lists.
 - Click the Select link in the last column of the grid for the Contractor Package to be edited.

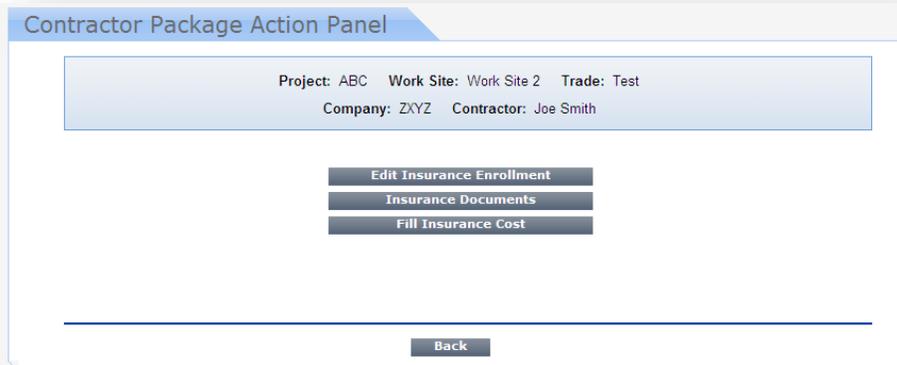


NOTE: The Status section provides the status of the individual contractor’s enrollment in the process.

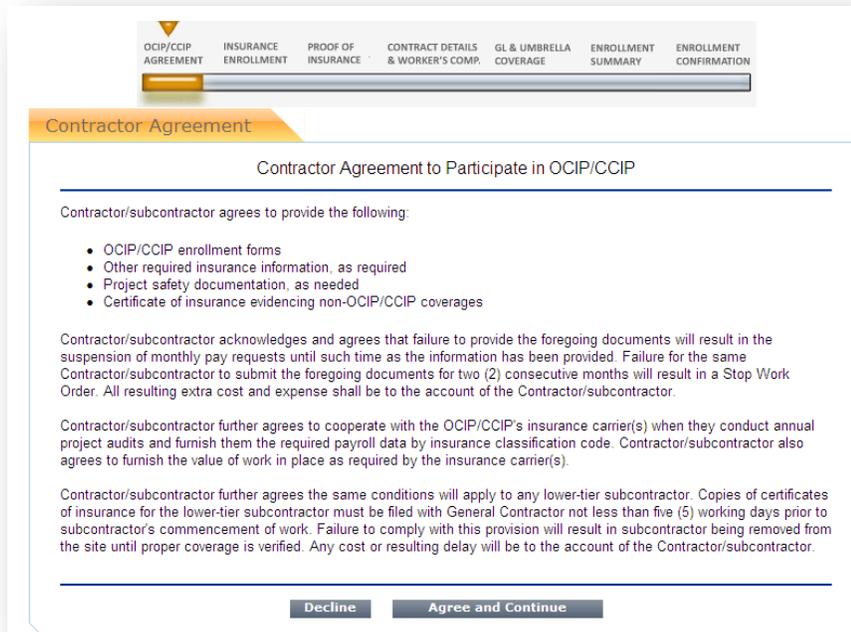
Status Legend	
Assigned	Contractor has been added to the portal and issued a username/ password but has not entered any data.
Incomplete Paperwork	Contractor has entered in some information but has either not completed the process or information is incomplete/ inaccurate.
Pending Review	Contractor has fully gone through the enrollment steps and information is pending administrative review.
Enrolled	Contractor has completed the enrollment process and administrator has approved the information.
Excluded	Contractor has completed the portal process and is excluded from coverage by the OCIP program, the contractors own insurance will cover the exposure onsite.
Package Completed	Contractor has completed all work onsite and submitted documentation to verify.

4. After clicking on Select, the Contractor Package Action page will appear.

5. Click the “Edit Insurance Enrollment” button.



6. Read the “Contractor Agreement to Participate in OCIP”.



7. Click the “Agree and Continue” button and then the **Insurance Enrollment** page will be displayed showing the contact information for the contractor.

WEB BASED PORTAL INSTRUCTIONS

- 8. Information that is required before next step:
 - Federal ID Number
 - Awarding contractor (if direct contract with owner select N/A)
 - Workers Compensation policy Information
 - General Liability policy information
 - Umbrella/ Excess Liability information
 - Automobile Liability Policy information

The screenshot displays a web portal for "Insurance Enrollment". It is divided into two main sections: "Contractor Information" and "Insurance Information".

Contractor Information

*** Required Fields**

Contractor Name: XYZ Contractor
Address 1: 123 north Street
Address 2:
Federal ID Number:
Location Code:
Person to Contact: John Smith
Contact Phone: 123 456 7890
Contact E-mail: John@XYZ.com

To modify the above information, please update your User Profile.

Click here if you are a lower-tier Contractor/SubContractor
 Click here if your company is a minority owned business (Certified DBE)
 Click here if your company is a local disadvantaged business enterprise (Certified LDBE)
 Click here if work involves handling, transporting or storing of any hazardous chemicals, toxins or waste
 Click here if work involves removing asbestos materials

Comments or Notes:

Insurance Information

	Worker's Compensation	General Liability	Umbrella / Excess	Automobile Liability
Company Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policy Start Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policy Expiration Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Broker/Agency Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Broker/Agency Contact Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Broker/Agency Contact Phone: <small>(e.g. 111-111-1111-11)</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Experience Rating Date:	<input type="text"/>			
Rating Board Number:	<input type="text"/>			

- 9. Once completed hit "Next" for a confirmation page displays, click continue to proceed.

WEB BASED PORTAL INSTRUCTIONS

10. Next, the **Proof of Insurance** page displays. This is the page where all OCIP required document are **UPLOADED**. All Required documents will be listed at the top of the page.

(EXCLUDED CONTRACTORS – only required to upload OCIP COI per requirements)

Contractor Package Management

Project: DEMOTEST - GL Only Work Site: OFFICE 1 Trade: Parking Lots/Driveways
Company: Paul Larkin Concrete Contractor: Paul Larkin

OCIP/CCIP AGREEMENT INSURANCE ENROLLMENT **PROOF OF INSURANCE** CONTRACT DETAILS & WORKER'S COMP GL & UMBRELLA COVERAGE ENROLLMENT SUMMARY ENROLLMENT CONFIRMATION

Insurance Documents / OCIP Enrollment Docs

The following documents are **REQUIRED** to be uploaded before your OCIP enrollment is completed.

- Contractor Off-site COI *(Remaining to be uploaded)* + Add Document
- Insurance Cost Worksheet *(Remaining to be uploaded)* + Add Document
- Insurance Enrollment Application *(Remaining to be uploaded)* + Add Document
- Insurance Rate Pages – General Liability *(Remaining to be uploaded)* + Add Document
- Insurance Rate Pages – Excess Liability *(Remaining to be uploaded)* + Add Document
- Insurance Rate Pages – Workers Compensation *(Remaining to be uploaded)* + Add Document
- Absolute Agreement and Agreement Forms *(Remaining to be uploaded)* + Add Document
- Participation Agreement *(Remaining to be uploaded)* + Add Document

Add Document

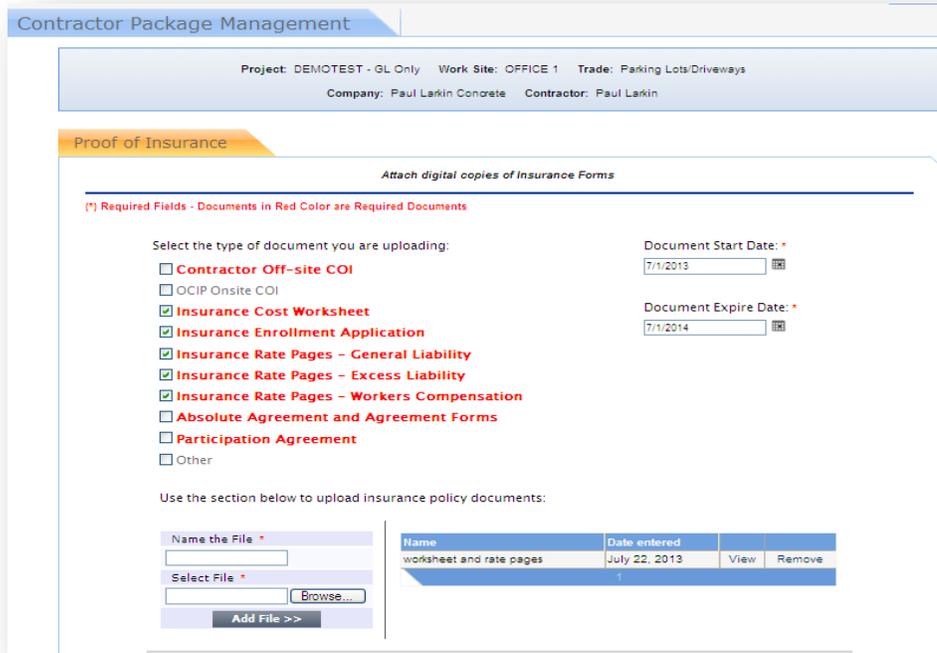
Insurance Type	Document Start Date	Document Expire Date	Uploaded Date	Status	Documents
					1

Back Cancel Next

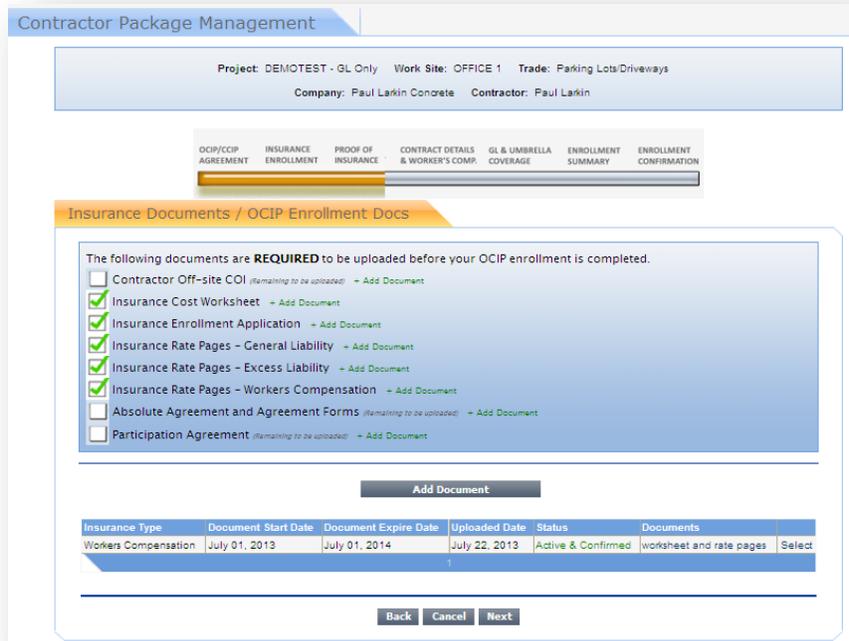
I. To add a document to the portal select “Add Document”.

WEB BASED PORTAL INSTRUCTIONS

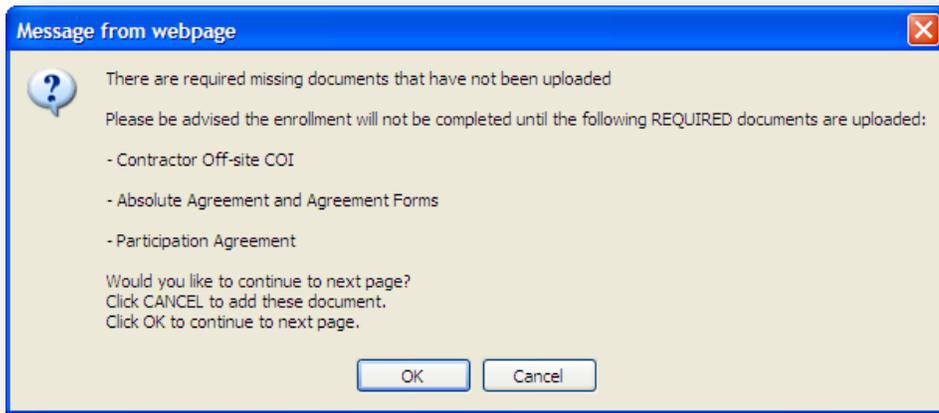
- II. All un-submitted required documents will be in red. One document can be associated with more than one requirement.
- III. To add a file: Provide required fields, use “Browse” for file search, Select “Add File”, and once document has uploaded push “Submit”. **Wait for files to upload before clicking Submit button.**



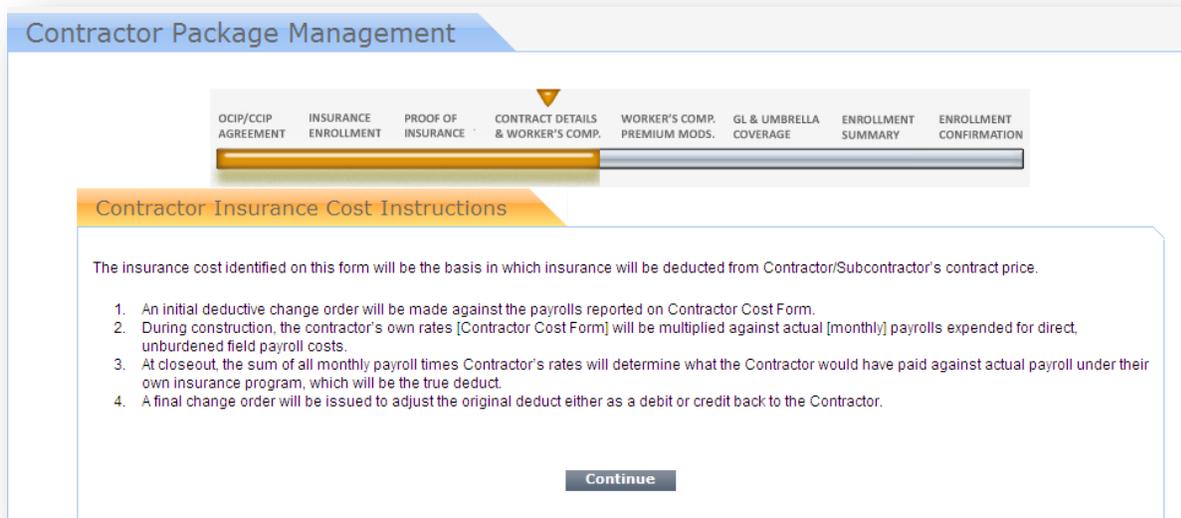
- IV. All requirements associated with a document will show a green check.



- V. **ALL REQUIRED DOCUMENTS MUST BE SUBMITTED FOR ENROLLMENT TO BE COMPLETE.** If contractor hits “Next” when documents are outstanding the following message box pops up



- VI. Contractor can continue enrollment process by selecting “OK”, but package will not be submitted for review until all documents are uploaded.
 - 11. Next the Screen below will appear, read the information and select “Continue”



WEB BASED PORTAL INSTRUCTIONS

12. The **Contract Details & Workers Compensation** page displays.
13. Complete the top section of the Contractor Insurance Cost worksheet with the Contract Details (contract specific information).
14. Add the Workers Compensation class codes and exposure information for all work being done under contract.

(EXCLUDED CONTRACTORS – Workers Compensation information is not required)

OCIP/CCIP AGREEMENT	INSURANCE ENROLLMENT	PROOF OF INSURANCE	CONTRACT DETAILS & WORKER'S COMP.	WORKER'S COMP. PREMIUM MODS.	GL & UMBRELLA COVERAGE	ENROLLMENT SUMMARY	ENROLLMENT CONFIRMATION
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Contractor Insurance Cost

Contract Details And Worker's Compensation - Work Classes

*** Required Fields**

Contract Details

Contractor:	The General's Contracting	General Contractor :	ABC Company
Contract Price:	\$1,000,000	Self-performed Contract Value:	\$1,000,000
Estimated Payroll:	\$250,000	Estimated Man-hours:	250
Contract Start Date:	7/25/2013	Estimated Completion Date:	7/25/2014

Worker's Compensation - Work Classes

In this section, you will identify all Work Classes for the contract and its Work Hours, Payroll, and WC Rate.

1. Start by Selecting Work Class

1589 - Concrete
 ▼

2. Fill in the hours, payroll, and WC rate

WC Classification;	Concrete
WC Code:	1589
Work Hours:	
Payroll:	
WC Rate:	

3. Click here and add to your Worksheet

WEB BASED PORTAL INSTRUCTIONS

15. Select "Next" to display the **Workers Compensation Premium Mods** page.
16. Enter all the Workers Compensation modification factors from the WC policy rate pages.

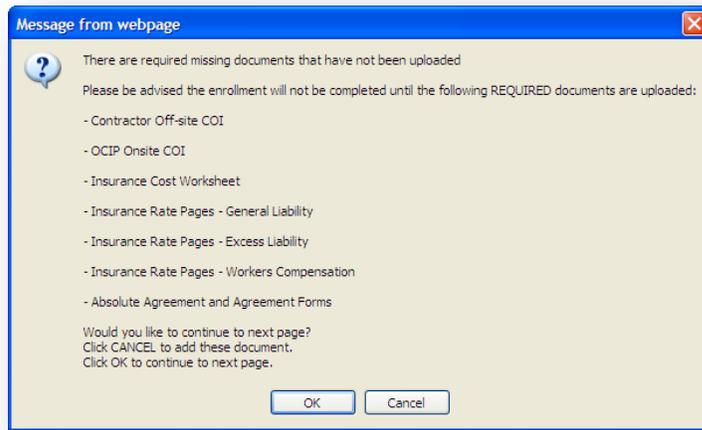
(EXCLUDED CONTRACTORS – not required to complete this section)

17. Click the Next button to display the **General Liability & Umbrella Coverage** page.

(EXCLUDED CONTRACTORS – not required to complete this section)

18. Complete the remainder of the Contractor Insurance Cost worksheet – General Liability and Umbrella Liability sections and then click on the "Next" button

19. If all required documents are submitted it will forward contractor to **Enrollment Summary** page. If documents are still missing the following message will appear outlining documents that are outstanding:



20. Once all documents are submitted review the information on the Enrollment Summary page and click on the Confirm button to submit the enrollment package for processing.
21. Once submitted OCIP Administrator reviews the enrollment information and either confirms the enrollment or requests additional information necessary to complete the enrollment.

A CONTRACTOR IS NOT ENROLLED UNTIL OCIP ADMINISTRATOR HAS APPROVED THE INFORMATION AND CONFIRMED ENROLLMENT.

Payroll Reporting Process

The OCIP webpage can be reached by typing into an internet web browser: <https://my.ocip.us/MainFrame.aspx>.

22. Sign into the OCIP Portal with the username and password that was provided via email from the OCIP Administrator. The Project Home page appears once logged in.
<https://my.ocip.us/MainFrame.aspx>
23. Click **Contractor Packages** in the left side menu.
24. The Contractor Package Management page displays.
 - The list of displayed Contractor Packages can be filtered using the Project, Work Site, and Trade dropdown lists.
 - Click the Select link in the last column of the grid for the Contractor Package to be edited.



Contractor Package Management

Create New Contractor Package

Filter your results: Select a Project Select a Work Site Select a Trade

All Contractors Search Contractor Packages: Search

Project	Work Site	Trade	Contractor Name	Contractor Company	Status	
ABC	Work Site 2	1234 Test	Joe Smith	XYZ	Enrolled	Select
ABC	Work Site 1	1234 Parking Lots/Driveways	Mark Chris	Nourtek Contractors	Package Completed	Select
ABC	Work Site 1	1234 Parking Lots/Driveways	William Jones	The General's Contracting	Incomplete Paperwork	Select

Result Pages: 1

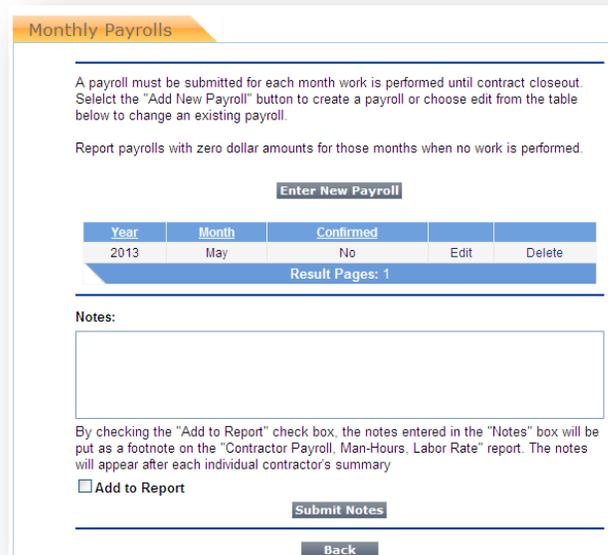
*NOTE: The Status section provides the status of the individual contractor's enrollment in the process.

Status Legend	
Assigned	Contractor has been added to the portal and issued a username/ password but has not entered any data.
Incomplete Paperwork	Contractor has entered in some information but has either not completed the process or information is incomplete/ inaccurate.
Pending Review	Contractor has fully gone through the enrollment steps and information is pending administrative review.
Enrolled	Contractor has completed the enrollment process and administrator has approved the information.
Excluded	Contractor has completed the portal process and is excluded from coverage by the OCIP program, the contractors own insurance will cover the exposure onsite.
Package Completed	Contractor has completed all work onsite and submitted documentation to verify.

25. After clicking on Select, the Contractor Package Action page will appear.
26. Click the “Monthly Payroll” button.



27. This will take you to the “Monthly Payrolls” page:



*NOTE: The alternative way to access the missing monthly payrolls is to use the link in the ALERTS on the top right of the homepage.



- 28. Once at the “Monthly Payroll” page all payrolls currently submitted will show. To enter new payrolls and missing payrolls select the “Enter New Payroll” button.

Monthly Payrolls

A payroll must be submitted for each month work is performed until contract closeout. Select the "Add New Payroll" button to create a payroll or choose edit from the table below to change an existing payroll.

Report payrolls with zero dollar amounts for those months when no work is performed.

Enter New Payroll

Year	Month	Confirmed		
2013	May	No	Edit	Delete

Result Pages: 1

Notes:

By checking the "Add to Report" check box, the notes entered in the "Notes" box will be put as a footnote on the "Contractor Payroll, Man-Hours, Labor Rate" report. The notes will appear after each individual contractor's summary

Add to Report

Submit Notes

Back

29. “Enter Monthly Payroll” page appears, the drop down box will list all months that are missing:

*NOTE: Once enrolled payroll must be submitted for ALL MONTHS until completion, if no work is done for a month “o” must be entered for hours and payroll.

Enter Monthly Payroll

Instructions: All payroll should reflect only straight-time wages for work performed on site. Overtime wages should be calculated as regular time. Retain a copy of this form as proof to your insurance carrier in the event of audit.

Report payroll only for the WC Codes listed below. If you have payroll for a code not listed above, add that payroll to the most appropriate code or call the OCIP/CCIP administrator for instructions.

Project: ABC Work Site: Work Site 1 Trade: Parking Lots/Driveways
 Company: Nourtek Contractors Contractor: Mark Chris

Month and Year:

WCCode	WCDesc	Hours	Payroll
1589	Concrete	<input type="text" value="0"/>	<input type="text" value="0"/>

Final Payroll

Please upload your certified payrolls below.

File Name *

Select File *

Month and Year:

WCCode	WCDesc	Month and Year	Payroll
1589	Concrete	<input type="text" value="June, 2013"/> <input type="text" value="July, 2013"/> <input type="text" value="August, 2013"/> <input type="text" value="September, 2013"/> <input type="text" value="October, 2013"/>	<input type="text" value="0"/>

Final Payroll

30. When work is completed and the last monthly payroll report is being submitted the “Final Payroll” check box should be marked at submission.

Edit Monthly Payroll

Instructions: All payroll should reflect only straight-time wages for work performed on site. Overtime wages should be calculated as regular time. Retain a copy of this form as proof to your insurance carrier in the event of audit.

Report payroll only for the WC Codes listed below. If you have payroll for a code not listed above, add that payroll to the most appropriate code or call the OCIP/CCIP administrator for instructions.

Project: ABC **Work Site:** Work Site 1 **Trade:** Parking Lots/Driveways
Company: Nourtek Contractors **Contractor:** Mark Chris

Month and Year: October, 2013

WCCode	WCDesc	Hours	Payroll
1589	Concrete	100	2000

Final Payroll

Please upload your certified payrolls below.

File Name *

Select File *

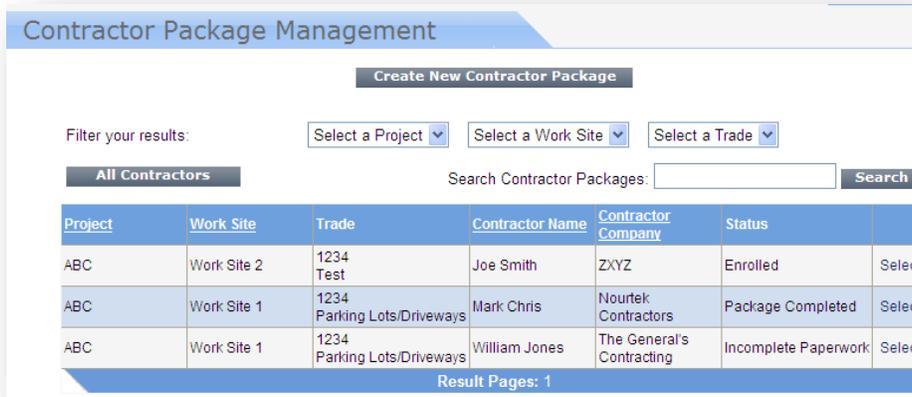
31. Once all monthly payrolls have been submitted and the Final Payroll has been checked the contractor must then complete the “Completion Notice” process to closeout enrollment in the program.

CONTRACTOR CAN NOT SUBMIT COMPLETION NOTICE UNTIL ALL PAYROLLS ARE SUBMITTED AND FINAL PAYROLL IS SELECTED.

Notice of Work Completion Process

The OCIP enrollment webpage can be reached by typing into an internet web browser: <https://my.ocip.us/MainFrame.aspx>.

32. Sign into the OCIP Portal with the username and password that was provided via email from the OCIP Administrator. The Project Home page appears once logged in.
<https://my.ocip.us/MainFrame.aspx>
33. Click Contractor Packages in the left side menu.
34. The Contractor Package Management page displays.
 - The list of displayed Contractor Packages can be filtered using the Project, Work Site, and Trade dropdown lists.
 - Click the Select link in the last column of the grid for the Contractor Package to be edited.



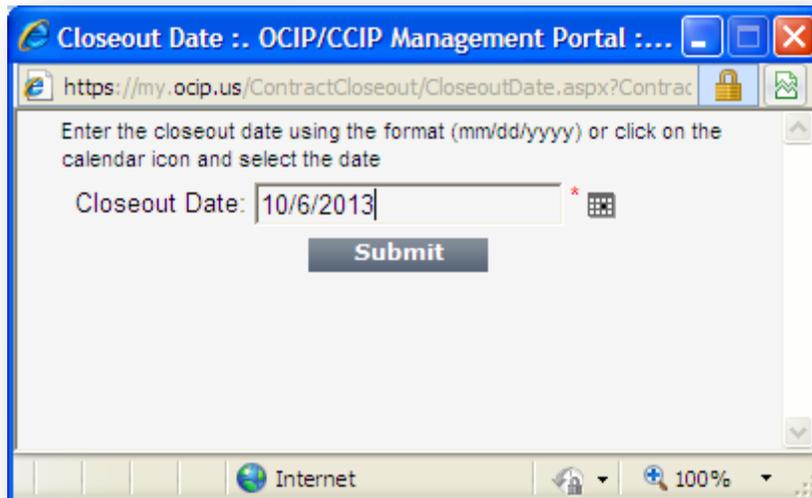
NOTE: The Status section provides the status of the individual contractor's enrollment in the process.

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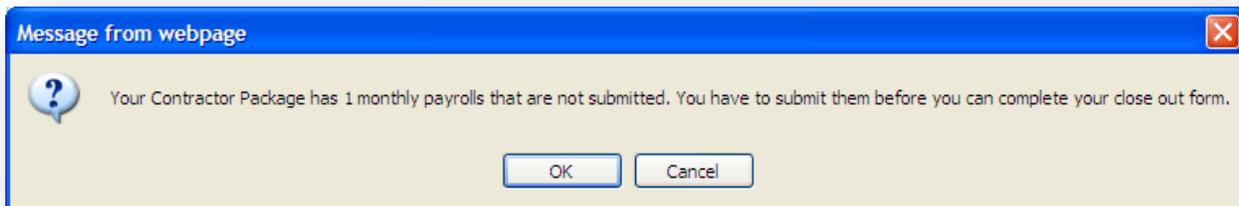
35. After clicking on Select, the Contractor Package Action page will appear.
36. Click the “Completion Notice” button.



37. The “Closing Date” page will appear; enter the final day of work onsite and push submit.



*NOTE: If there are any missing payroll months when contractor hits submit this pop-up will appear and let contractor know they have outstanding payroll that must be submitted before close-out can be completed.



38. Once a contractor has entered completion date and all payrolls have been submitted the “Notice of Final completion” page will appear. Complete the information, check the agreement box and submit. Once submitted this information will be reviewed and confirmed by the OCIP administrator.

Contractor Package Management

Project: ABC Work Site: Work Site 2 Trade: Test
Company: XYZ Contractor: Joe Smith

Contract Closeout

"Notice of Final Completion"

The following contractor or (sub)contractor is scheduled to complete work at the **Work Site 2** job site:

* Required Fields

Contractor: XYZ
Address: 555 Main St anywhere, Michigan 48555
Telephone No: 555-555-1212
(exp: 111-111-1111-11)
Type of Work (trade): Test
Actual Completion Date: 10/6/2013
Total Actual Contract Cost: \$ *
Total Actual Payroll: \$ *
Total Actual Man Hours: * hours

Final insurance audits may be made by contacting:

Company:
Individual:
Telephone:
(exp: 111-111-1111-11)

By checking you agree that all the information contained on this form is correct and you wish to complete your work on the project.

- 39. Once this has been submitted a Contractor's status will read "Package Completed". If there are any issues with the final information the OCIP Administrator will contact the contractor directly.

In the event of an injury, provide this document to the Medical Provider.



Your patient is seeking treatment under Workers' Compensation. Please call AIG Claims, Inc. at (866) 642-5246 with any questions.

Send Bills

Electronically:
www.p2plink.com

Or

By Mail:
 PO Box 305901
 Nashville, TN 37230-5901

State Information:
Maryland

The employee chooses the treating provider.

Provider Information

In case of an emergency, proceed to the nearest emergency facility and report your injury to your employer. This card is for information purposes only. Treatment provided or recommendations given regarding your medical care is not an indication that your workers' compensation claim has been approved or that benefits are guaranteed.

Pre Authorization Requirement

The following services must be pre-authorized by AIG Claims, Inc. For pre-authorization, please call (877) 479-3829, or fax your request with supporting documentation to (877) 479-3830.

- Chiropractic, PT, OT over 12 visits, All work hardening/conditioning programs,
- All inpatient hospitalization, Surgeries (In and Outpatient), All pain management programs,
- Spinal injections (epidural steroid, facet, RF, trigger point), Repeat shoulder injections (after initial diagnostic injection),
- Home Health Agency Care exceeding 4 weeks, Compound medications,
- All investigational/ experimental treatments

Scheduling Services

Once the following services have been pre-authorized by AIG Claims, Inc., please call the preferred provider shown below:

MRI, CAT scans and EMG/NCS, please call:
 One Call Care Management at (800) 872-2875

Physical therapy, occupational therapy and chiropractic services, please call:
 Align Networks at (866) 389-0211 OR Medrisk at (800) 225-9675

DME and medical supplies, home health and IV infusions, please call:
 DirectDME at (877) 496-7461

Dental Services, please call:
 One Call Care Dental at (888) 539-0577

Home Health, please call:

DirectDME at (877) 496-7461 or One Call Care Management at 866-859-4672

Pharmacy Information

Tmesys' is the authorized pharmacy benefit management program of AIG Claims, Inc. Tmesys uses a pharmacy network to provide retail and mail order prescription medications to injured workers.

Tmesys Bin #: 004261 800-964-2531