



**Power Construction Company, LLC**  
Contractor Controlled Insurance Program  
[Project Name]

CCIP Insurance Manual  
[Manual Version Date]

POWER CONSTRUCTION COMPANY  
CONTRACTOR CONTROLLED INSURANCE  
PROGRAM

# Insurance Manual

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**Power Construction Company, LLC**

*8750 W. Bryn Mawr Avenue, Suite 500*

*Chicago, IL 60631-3546*

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## Section 1 – Overview

### *Welcome to Power Construction Company's Contractor Controlled Insurance Program*

Power Construction Company has arranged for this project to be insured under their Contractor Controlled Insurance Program (Phase VI).

Each bidding Subcontractor is required to bid without the cost of their on-site Worker's Compensation, Employer's Liability, General Liability and Excess Liability insurance. Each Subcontractor is also required to provide Power with an 'add alternate' for its normal cost of CCIP provided insurance coverages and to identify those costs as a line item in the bid.

To assist in identifying and itemizing the Subcontractors cost of insurance, a Form 1a (Insurance Cost Worksheet) with instructions is attached. Power may modify this bidding and insurance cost identification process as necessary.

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**NOTE:**

Insurance coverages and limits provided under the CCIP are limited in scope and are specific to work performed at the Project Site and after the inception date of your enrollment into this program. You should notify your insurer(s) to endorse your coverage to be excess and contingent over the CCIP coverage provided under this Program for on-site activities and the related costs. Any additional coverages purchased will be at subcontractors option and expense.

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### About This Manual

Power is the **Sponsor** of this CCIP. Power and Aon Risk Services (Aon) prepared the Insurance Manual. Aon is the CCIP Administrator. The manual is designed to identify, define, and assign responsibilities for the administration of the CCIP for this project.

This CCIP Insurance Manual may be updated as necessary during the course of construction to reflect any changes in State Rules and/or Regulation or Procedures that may become applicable. Said revisions shall replace all previous versions.

## What this Manual Does

This Manual:

- Generally, describes the structure of the CCIP
- Identifies responsibilities of the various parties involved in the Project
- Provides a basic description of CCIP coverage
- Describes audit and administrative procedures
- Provides answers to basic questions about the CCIP

## What this Manual Does Not Do

This Manual does not:

- Provide complete information about coverages and exclusions
- Amend, modify, or change the CCIP policies
- Provide coverage interpretations or answer specific claims questions

Refer questions concerning the CCIP, its administration, insurance coverages, or claims to the appropriate party identified in the CCIP Program Directory (Section 2).

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

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## Section 2 – CCIP Program Directory

The following list includes key personnel involved in the program:

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### CCIP Administration

#### Aon Risk Insurance Services Central, Inc.

4 Overlook Point  
Lincolnshire, IL 60069  
Construction Wrap-up Group

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#### CCIP Program Administrator

Dimple Gupta  
(CCIP enrollments, payroll, CCIP issued COI's, etc.)

**Phone:** (866) 222-4438 ext. 2

**Email:** [acs.construction@aon.com](mailto:acs.construction@aon.com)

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#### CCIP Program Manager

Emily Avina  
(CCIP Management/Structure.)

**Phone:** (847) 636-8239

**Email:** [emily.avina@aon.com](mailto:emily.avina@aon.com)

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#### CCIP Account Specialist

Sarah Presti

**Phone:** (847) 989-4606

**Email:** [sarah.presti@aon.com](mailto:sarah.presti@aon.com)

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#### Sr. Claim Consultant

Jenny Nelson

**Phone:** (312)381-0168

**Email:** [jenny.nelson@aon.com](mailto:jenny.nelson@aon.com)

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### CCIP Sponsor

#### Power Construction Company

8750 W. Bryn Mawr Avenue, Suite 500 Chicago, IL  
60631-3546

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#### Project Manager

[TBD]

**Phone:**

**Email:**

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#### Project Manager

[TBD]

**Phone:**

**Email:**

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#### Project Safety Management

[TBD]

**Phone:**

**Email:**

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#### Insurance/CCIP & Claim Management

Robin Seelhammer

**Phone:** (773) 517-9620

**Email:** [rseelhammer@powerconstruction.net](mailto:rseelhammer@powerconstruction.net)

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## Section 3 – Definitions

### CCIP Definitions

The following list includes key CCIP Definitions

| TERM                             | DEFINITION  |
|----------------------------------|---|
| <b>CCIP:</b>                     | A “CCIP” or Contractor Controlled Insurance Program is a coordinated insurance program providing certain coverages, as defined herein, for Power Construction Company and eligible Enrolled Parties performing Work at the Project Site.        |
| <b>CCIP ADMINISTRATOR:</b>       | Aon Risk Solutions 4<br>Overlook Point<br>Lincolnshire, IL 60069  |
| <b>CCIP INSURER:</b>             | The insurance company(s) named on a policy or Certificate of Insurance providing coverage for the CCIP.   |
| <b>CCIP SPONSOR:</b>             | Power Construction Company (“Power”)  |
| <b>CERTIFICATE OF INSURANCE:</b> | A document providing evidence of existing coverage for a particular insurance policy or policies.   |
| <b>CONTRACT:</b>                 | A written or oral agreement between Power and any Subcontractor or a written or oral agreement between a Subcontractor and its Sub-Subcontractors of any tier.  |
| <b>ELIGIBLE PARTIES:</b>         | Parties performing labor or services at the Project Site who are eligible to enroll in the CCIP unless an Excluded Party.   |
| <b>ENROLLED PARTIES:</b>         | Those Eligible Parties who have submitted all necessary enrollment information as detailed in Section 5 and have been accepted into the CCIP as evidenced by a Welcome Letter and Certificate of Insurance from the CCIP Program Administrator. |

| TERM  | DEFINITION   |
|---|--|
| <b>EXCLUDED PARTIES/EXCLUDED SUBCONTRACTORS</b>             | <p>At the discretion of Power, or subject to State regulations, the following parties will be excluded:</p> <ol style="list-style-type: none"> <li>1) Hazardous materials remediation, removal and/or transport companies and their consultants.</li> <li>2) Architects, surveyors, engineers, and soil testing engineers, and their consultants.</li> <li>3) Vendors, suppliers, material dealers, truckers, haulers, drivers, and others who merely transport, pickup, deliver, or carry materials, personnel, parts or equipment or any other items or persons to or from the Project Site.</li> <li>4) Subcontractors of all tiers who do not perform any actual labor on the Project Site.</li> <li>5) Power may include or exclude any parties or entities not specifically identified in this manual at its sole discretion, even if otherwise eligible.</li> </ol> |
| <b>PROJECT SITE OR PROJECT LOCATION:</b>                    | Within the footprint of the project site as defined more fully in the contract documents and adjacent areas where incidental operations are performed, excluding permanent locations of any insured party.   |
| <b>SUBCONTRACTOR:</b>                                       | Those persons, firms, joint venture entities, corporation or other parties that have entered into a Contract with Power.   |
| <b>SUB-SUBCONTRACTOR:</b>                                   | Includes only those persons, firms, joint venture entities, corporation, or other parties that enter a Contract with the Subcontractor to perform Work at the Project Site   |
| <b>SUBCONTRACTOR AND SUB-SUBCONTRACTOR INSURANCE COSTS:</b> | The cost of insurance for a Subcontractor and its Sub- Subcontractors of all tiers to provide insurance coverage in form and limits as detailed in a Contract.   |
| <b>WELCOME LETTER:</b>                                      | A document issued by the CCIP Administrator, which confirms acceptance/enrollment of the applicant into the CCIP.  |
| <b>WORK:</b>  | Operations, as fully described in the Contract documents, performed at the Project Site.   |



## Section 4 – CCIP Insurance Coverage

*This section provides a brief description of CCIP Coverages. You must refer to the actual policies for details concerning coverage, exclusions, and limitations.*

### Enrolled Parties

**Enrolled Parties** are named insureds on the CCIP policies. Enrolled Parties include:

1. Power Construction Company and their representatives.
2. A Subcontractor, regardless of tier, that is eligible for and enrolls in the CCIP.
3. Any other Eligible Party that enrolls in the CCIP.

Power reserves the right to deny access to the site until an eligible party has successfully enrolled in the program

### Excluded Parties

**Excluded Parties** are not granted any insurance coverage under the CCIP. At their effort and expense, **Excluded Parties** must meet the insurance requirements established in Section 5 and provide evidence of **Excluded Parties** coverage to Power. Costs of insurance are to be included in the Subcontract amount.

*Any questions whether you are eligible to participate should be directed to the Power Construction Company Insurance/CCIP & Claim Manager described in CCIP Project directory above.*

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**NOTE:**

Please refer to definition of Excluded Parties under Project Definitions (Section 2) in this manual.

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## Evidence of Coverage

Each Enrolled Party will be issued an individual Worker's Compensation policy provided by the CCIP primary insurer. The CCIP Administrator will provide a Certificate of Insurance evidencing Worker's Compensation, General Liability, and Excess liability to each Enrolled Party. Each will be added as an Additional Named Insured to the CCIP General Liability insurance policy. The Insurance Carrier will furnish other documents including claim forms, posting notices, etc., to each Enrolled Party. Copies of the General Liability policy will be available for review at Power's offices upon request.

## Summary Description of CCIP Coverages

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

The CCIP Sponsor will furnish the following coverages for the benefit of all Enrolled Parties performing Work at the Project Site.

### Workers' Compensation

**Coverage:** Statutory limits required by the Worker's Compensation laws of the State of Illinois; excluding Monopolistic States, along with Employer's Liability coverage.

**Part One:** Worker's Compensation:

|                  |  |                        |
|------------------|--|------------------------|
| <b>Part Two:</b> | Employers Liability:                     | <u>Statutory Limit</u> |
|                  | Bodily Injury by Accident, each accident | \$ 1,000,000           |
|                  | Bodily Injury by Disease, each employee  | \$ 1,000,000           |
|                  | Bodily Injury by Disease, policy limit   | \$ 1,000,000           |

- A separate Worker's Compensation policy will be issued to each Enrolled Party.
- This policy does **not** cover off-site operations. This insurance is primary for all occurrences at the Project Site for enrolled parties.

## Commercial General Liability

|   | <u>Limits of Liability</u><br><u>Shared by All Enrolled Parties</u> |
|---|---|
| General Aggregate (Per Project)                       | \$4,000,000   |
| Products/Completed Operations Aggregate (Per Project) | \$4,000,000   |
| Bodily Injury & Property Damage—Each Occurrence       | \$2,000,000   |
| Personal/Advertising Injury Limit                     | \$2,000,000   |

- This insurance is primary for all occurrences at the Project for enrolled parties.
- A single General Liability policy will be issued for all Enrolled Parties with all Enrolled Parties Named as Insureds
- This insurance will NOT provide coverage for products liability to any insured party, vendor, supplier, off-site fabricator, material dealer or other party for any product manufactured, assembled or otherwise worked upon away from the Project Site.
- Ten (10) Years Products & Completed Operations Extension beyond final acceptance of the entire Project with a single non-reinstated aggregate limit.
- Please refer to the actual policies for any exclusions.
- At the CCIP Sponsor’s discretion, the Subcontractor may be required to pay up to the first **\$10,000** per occurrence to the extent losses payable are attributable to Enrolled Party’s Work, or the acts or omissions of its Sub-Subcontractors or any other party performing any of the Work for whom the Enrolled Party may be contractually or legally responsible.

## Excess Umbrella Liability

|   | <u>Limits of Liability</u><br><u>Shared by All Enrolled Parties</u> |
|---|---|
| Each Occurrence Limit                                 | \$50,000,000  |
| Products/Completed Operations Aggregate (Per Project) | \$50,000,000  |
| Annual General Aggregate Limit (Per Project)          | \$50,000,000  |

- The policies follow form (provisions, coverage, exclusions, etc.) of underlying Commercial General Liability and Employer’s Liability policy wording.
- Ten (10) Years Products & Completed Operations Extension
- This policy does **not** cover off-site operations.

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**NOTE:**

Insurance coverage and limits described in this Section are limited in scope and are specific to Work performed at the Project site and after the inception date of your enrollment into this Program. Your insurance representative should review this information. **A copy of the CCIP insurance policies is available upon request. Any additional coverage you may wish to purchase will be at your option and expense.**

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## Coverage of Off-Site Locations

For purposes of the CCIP, Work that is performed at an off-site location, defined as outside of the Project Site, is excluded except for work meeting the following requirements:

- (1) Work performed at the off-site location is 100% dedicated to the Project
- (2) The off-site location has been specifically requested and approved by the Sponsor and Carrier to be included in the Project Site definition.

In no circumstances will work at the Contractors/Subcontractors normal place of operations have any coverage provided under the CCIP.

## Other Insurance Procured by Owner or CCIP Sponsor

This summary of other owner or CCIP Sponsor procured insurances, is not intended to amend, alter, or extend the coverage afforded by the actual policies. The coverage provided is governed by the terms, conditions, exclusions, and limitations of the actual policy.

## Builder's Risk

CCIP Sponsor shall purchase and maintain the Builders Risk policy at this Project Site. All Subcontractors will be additional named insured on the builder's risk policy.

The coverage insures against the perils of fire and extended physical loss or damage including, without duplication of coverage, theft, vandalism, malicious mischief, collapse, false work, temporary buildings, and debris removing including demolition.

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**NOTE:**

**Subcontractor's Property**

Subcontractors are advised to arrange their own insurance for their rented, leased, owned or borrowed tools, equipment and materials not intended for inclusion in the Project. The CCIP will not cover Subcontractor's tools and equipment.

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## Section 5 – Subcontractor Required Coverage

*Enrolled Subcontractors are required to maintain insurance coverages to protect against losses that occur away from the Project Site or that are otherwise not insured by the CCIP.*

The CCIP places Subcontractors into one of two main categories: those enrolled in the CCIP program (Enrolled Parties) or those not enrolled in the CCIP program (Excluded Parties).

**Enrolled Parties:** Subcontractors, regardless of tier, are to provide evidence of Workers' Compensation, Automobile Liability, General Liability, Excess/Umbrella Liability Insurance and any other insurance **per the insurance specifications in your Contract** via a Certificate(s) of Insurance with additional insured and waiver of subrogation endorsements. Workers' Compensation General Liability and Excess/Umbrella Liability Insurance are for *off-site or non-enrolled activities*.

**Excluded Parties:** Subcontractors are to provide evidence of Workers' Compensation, General Liability, Auto Liability, Excess/Umbrella Liability Insurance, and any other insurance **per the insurance specifications in your Contract** for all activities including **both** *on-site* and *off-site* activities via a Certificate(s) of Insurance with additional insured and waiver of subrogation endorsements as per the insurance specifications in your Contract.

### Required Coverage

**Refer to your contract and the prime contract for the insurance required for Enrolled Parties and Excluded Parties.**

### Verification of Required Coverage

All Subcontractors must submit verification of insurance, prior to mobilization and within five (5) days of any renewal, change or replacement of coverage with all required provisions (additional insured, notice of cancellation, primary and non-contributory, waiver of subrogation, etc.) as required in your Contract.

Subcontractors are responsible for monitoring their Sub-Subcontractor's Certificates of Insurance. Power reserves the right to disapprove the use of Subcontractors and Sub-Subcontractors unable to meet the insurance requirements or who do not meet other Power contractual requirements.

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**NOTE:**

**All Certificates of Insurance must be submitted through myCOI prior to Mobilization. Subcontractors may contact myCOI directly at (317) 759-9426 Ext 105 or via email at support@myCOItracking.com for any questions. \*\*If your company has a Blanket Certificate of Insurance already on file with myCOI you do not need to submit an off-site Certificate of Insurance.**

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## Section 6 – Subcontractor Responsibilities

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

The Subcontractors, regardless of tier, are required to cooperate with the CCIP Sponsor and its CCIP Administrator in all aspects of CCIP implementation and administration. Responsibilities include, but are not limited to the following:

- Identify Subcontractor Insurance Cost excluded from bids along with copies of WC, GL and Excess or Umbrella rates as more clearly identified under Subcontractor Bids in this Section 6.
- Notify the CCIP Administrator and Power's Project Manager of all Subcontracts awarded (first tier and subsequent tiers). Subcontractor shall cause all Sub-Subcontractors to submit a Form 3 - Enrollment Form and Form 1 along with their insurance declaration and rate pages to the CCIP Administrator.
- Provide each Sub-Subcontractor with a copy of this Project Manual by including it in all subcontracts and by incorporating this manual into the subcontract
- Enroll in the CCIP within 5 days of contracting or no less than 45 days before mobilization and assure each Subcontractor enrolls in the CCIP within 5 days of contracting or no less than 45 days before mobilization.
- Provide timely evidence of required insurance as outlined under the Verification of Required Coverage in Section 5. Including notifying the CCIP Sponsor and myCOI immediately of any insurance cancellation or non-renewal of your own and subcontractor-required insurance.
- Contractor shall be responsible for monitoring and ensuring that its Subcontractors of all tiers comply with the requirement for providing Certificates of Insurance.
- Maintain and electronically report on AonWrap monthly manhour/payroll reports by the 10<sup>th</sup> of the month following the month the work was done.
- Cooperate with the CCIP Administrator's requests for information related to the CCIP.
- Comply with all insurance, claim and safety procedures, including those safety procedures as spelled out in Power Construction Company CCIP Program Safety Requirements as outlined at <https://www.powerconstruction.net/sites/default/files/docs/Subcontractor%20Site%20Safety%20Requirements%20and%20Procedures%202022.pdf>
- Enrolled parties in the CCIP need to have a Return-to-Work program in place, offering modified duty, otherwise the Sponsor shall provide for one at the Enrolled Party's expense.

## Subcontractor Bids

The CCIP Sponsor provides Worker's Compensation, General Liability and Excess Liability insurance for all Enrolled Parties under the CCIP for Work performed at the Project Site. The section below, "Identifying Subcontractor Insurance Costs," describes the procedures for bidding and further describes how Subcontractor and Subcontractor insurance costs are determined. Section 8 of this manual contains several worksheets that can help you determine your Subcontractor Insurance Costs for this Project.

## Identifying Subcontractor Insurance Costs

Each Subcontractor is required to exclude in their bid the cost of the insurance for coverage's provided by the CCIP Sponsor in their CCIP and shall submit with its bid to Power, to verify such costs, a completed Insurance Cost Worksheet form (Aon Form 1) along with copies of the following:

- **Worker's Compensation rates**
- **General Liability rates**
- **Umbrella or Excess rates**
- **Experience modification worksheet**

The costs of their insurance coverages shall include insurance premiums, related taxes and assessments, markup on the insurance premiums and losses retained through the use of a self-funded program, self-insured retention, or deductible program.

The cost of CCIP coverages shall also include expected losses within any retained risk (first dollar cost). Subcontractors shall also provide a separate Aon Form 1- Insurance Cost Worksheet for each identified Sub-subcontractor.

To calculate the Excess insurance costs, multiply the fixed Excess rate on the policy by the exposure on the jobsite (payroll or receipts).

If your Excess policy premium is not adjustable (flat premium), divide your Excess policy premium by the total exposure on your GL policy (payroll or receipts) multiplied by the same exposure for the project (contract) on the job site to determine the Excess insurance costs. Any other applicable taxes, surcharges and assessments should be applied as well.

### Example:

$$\frac{\text{Excess Policy Premium}}{\text{GL Exposure (Payroll or Receipts)}} \times \text{Project/Contract Exposure (Payroll or Receipts)}$$

If the Subcontractor is “self-insured” or carries a deductible or declares a dividend credit for its Worker’s Compensation and/or General Liability program, then the following must also be provided:

- Deductible page(s)
- 5 Years of loss history for entities that retain losses
- 5 Years of audited payroll by annual total

Prior to awarding bids, the accuracy of the Aon Form 1 – Insurance Cost Worksheet will be reviewed and verified by Power. Any discrepancies found on a Subcontractor’s Form 1 – Insurance Cost Worksheet may result in a modification by Power’s personnel.

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**NOTE:**

Failure to submit necessary insurance forms to the CCIP Administrator, as required, may result in the withholding of payments until the required documentation is received.

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## Enrollment

Upon successful award, each Subcontractor and Sub-Subcontractor shall provide details as necessary for CCIP enrollment in the Enrollment Application form (Aon Form 3). This form must be completed and submitted to the CCIP Administrator prior to mobilization in order to obtain coverage under the CCIP. The CCIP Administrator will provide access and instructions to Aon’s proprietary CIP administration portal (*AonWrap*) for on-line enrollment site ([www.aonwrap.aon.com](http://www.aonwrap.aon.com)).

Upon enrollment, the CCIP Administrator will issue to the Enrolled Party a Welcome Letter and a CCIP Certificate of Insurance acknowledging acceptance of the applicant into the CCIP. The Workers Compensation insurance carrier will issue a separate Worker’s Compensation policy to each Enrolled Party. A single master General Liability and Excess Liability policy will be issued on behalf of all enrolled parties (copies of the General Liability and excess policies will be available for review at Power’s offices upon request).

Should an enrolled Subcontractor perform work under several Contracts, an Enrollment Application must be completed for each Contract. A separate Confirmation Letter and Certificate of Insurance confirming acceptance of the applicant’s enrollment into the CCIP will be issued for each Contract.

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**NOTE:**

**Enrollment is not automatic!** Enrollment into the CCIP is required, but not automatic. Access to the Project Site will not be permitted until enrollment is complete. All Eligible Subcontractors MUST complete the enrollment forms and submit to the CCIP Administrator who will confirm complete enrollment into the CCIP. If a Subcontractor or Sub-Subcontractor obtains access to the site, with or without Power’s knowledge, the coverage provided under the CCIP will not be provided if Subcontractor is not enrolled.

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## Assignments of Premiums

Power pays the cost of the CCIP insurance coverage. All Enrolled Parties will assign, to Power, all adjustments, refunds, premium discounts, dividends, costs or any other monies due from the CCIP insurer(s). Enrolled Parties will assure that all the Enrolled Parties enrolled under them have executed such an assignment. The Aon Form 3 – Enrollment Application supplied in Section 8 will be used for this purpose.

## Payroll Reports

Upon successful enrollment, the CCIP Administrator will provide directions for the Subcontractor to electronically submit the Aon Form 4 – Payroll Report on the AonWrap website portal ([www.aonwrap.aon.com](http://www.aonwrap.aon.com)). Each enrolled party will receive a login & password to grant access to the website. A monthly payroll entry shall be completed for each individual subcontract.

By the 10th of each month every Enrolled Party must submit to the CCIP Administrator an Aon Form 4 – Payroll Report identifying man-hours and payroll for all work performed at the Project Site. This report shall classify the labor expended at each Project Site according to the Standard Worker's Compensation Insurance Classification and included in the Aon Form 3 – Enrollment Application.

A monthly payroll report must be submitted for each month, including “zero (0) payroll” for those months where no on-site labor was expended, until completion of the work under each Contract. For those Contractors performing Work under multiple Contracts, a separate Aon Form 4 – Payroll Report is required for each Contract.

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### NOTE:

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

**Failure to submit the payroll report, along with any form as required by this manual or by contract may result in the withholding of payments until required documentation is received.**

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## Change Order Procedures

Change order proposals shall be submitted in the same manner, with the Cost of CCIP Coverages **excluded** from the base change order price, and separately identified as an add alternate item.

## Insurance Company Payroll Audit

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. All Enrolled Parties shall make available their books, vouchers, contracts, documents, and records, of all kinds, to the auditors of the CCIP insurance carrier(s) or Power'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.

## Close Out/Audit Procedures

Submit the Notice of Work Completion form (Aon Form 5) when a Subcontractor and/or Sub-Subcontractor have completed its Work at the Project Site and no longer has on-site workers. The Aon Form 5 – Notice of Work Completion will initiate the final payroll report and audit of payroll and man-hours. Electronically submit the Aon Form 5 – Notice of Work Completion on the AonWrap website portal ([www.aonwrap.aon.com](http://www.aonwrap.aon.com)). Should the Subcontractor return to the Project Site and work, they will do so under their own insurance program. The Subcontractor must also provide myCOI with a Certificate of Insurance evidencing their coverage as detailed in the Contract.

Power will not release final retention payment until all necessary forms have been submitted and accepted by the CCIP Administrator as well as all requirements of their Contract Agreement have been met.

## CCIP Termination or Modification

Power may, for any reason, modify the CCIP Coverages, discontinue the CCIP, or request that Subcontractor withdraw from the CCIP upon thirty (30) days written notice. Upon such notice Subcontractor shall obtain and thereafter maintain during the performance of the Work, all (or a portion thereof as specified by Power) of the CCIP Coverages. The form, content, limits of liability, cost, and the insurer issuing such replacement insurance shall be subject to Power's approval. The cost of the replacement coverage shall be at Power's expense, but only to the extent of the applicable Costs of CCIP Coverages.

## Section 7 – Claim Reporting Procedures

*This section describes basic procedures for reporting various types of claims including Workers' Compensation, Liability, and damage to the Project.*

### General Procedures

All parties are to report all injuries, occupational-related illnesses or property damage or any other incidents to the Project Safety Management immediately. All Parties will instruct employees and other personnel to report, in writing, within 24 hours all Accidents and Occurrences of any type to the Power Project Safety Management.

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

- Any injury that is deemed to be serious by reporting party
  - ✓ Injury to head
  - ✓ Possible injury to back or spinal cord
  - ✓ Unconscious employee
  - ✓ Fatality or loss of extremities
  - ✓ An ambulance is called to the site
- Any property damage with an estimate value over \$1,000

### Investigation Assistance

All Parties will assist in the investigation of any incident involving injury to persons or property. All Enrolled 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 Party is first to see that the injured worker receives immediate medical care, and you should immediately notify the Project Safety Management in the event of any injury or accident.

The Party's on-site personnel will follow these procedures if any employee is involved in an incident resulting in bodily injury:

1. Contact designated first aid/medical personnel and transport the injured party to the on-site first aid or medical facility, as necessary.
2. Report all injuries or occupational-related illnesses within 24 hours to the Employer's Project supervisor and Power's Project Safety Management.

3. Employer must complete an Incident Investigation Report and return to Power's Project Safety Management within 24 hours of employee's notice of incident. The Power Project Safety Management will report the completed form to the Insurance Carrier within 24 hours of receipt.
4. Supply the Injured Party with a Medical Information Claim Folder which shall include a Doctor's Initial Report Form, Modified Alternate Duty Program, Position Description, and a Medical Authorization Form which are to be returned by the Injured Party to Power's Project Safety Management by the end of the business day.
5. All Enrolled Parties will provide Modified Alternate Duty based upon the work abilities given to the Injured Party from the treating physician.
6. Immediately send all subsequent medical return to work notes, inquiries, or correspondence about an Injured Party to Power's Project Safety Management.
7. No Injured Party will be allowed on a job site unless they have provided Power's Project Safety Management with the proper return to work note, either full duty or modified duty.

### Modified Duty / Early Return to Work Policy

As required under the Contract, Subcontractors shall institute a return-to-work program for any injured employee who is covered or entitled to coverage under the Workers' Compensation insurance provided in the CCIP otherwise the Sponsor shall provide one at the Enrolled Party's expense. Return-to-work programs shall include light duty work available to an injured team member to accommodate any work restrictions

## General Liability Claims

All Parties must immediately report all incidents at the Project Site to Power's Project Safety Management. As soon as the on-site personnel become aware of the incident, they must:

1. Take appropriate emergency measures to prevent additional injury or damage, including contacting police and fire authorities.
2. Complete and submit an Incident Investigation Report to the Power Project Safety Management within 24 hours of the incident.
3. Immediately send all subsequent inquiries or correspondence about an insured loss or claim, including a summons or other legal documents, to the Power's Project Safety Management immediately.
4. Enrolled Parties can be assessed \$10,000 for any damages/injuries.

## Builders Risk Claims

Any damages to your work or the work of any other Subcontractor or Sub-subcontractor should be reported to Power's Project Safety Management immediately.

## Automobile Claims

No **coverage** is provided for **Automobile** accidents under the CCIP. It is the sole responsibility of each Party to report incidents involving their automobiles to their own insurers.

HOWEVER, all accidents occurring in or around the Project site must be reported to Power's Project Safety Management as the accident will be investigated to determine the cause and how to prevent or mitigate any future incidents (i.e., road conditions, etc.). All parties shall cooperate in the investigation of any automobile accident.

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### NOTE:

Subcontractor must cooperate with Power or the CCIP insurer representatives in the accident/incident investigation. **Do not voluntarily admit liability.**

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## Section 8 – Forms

*This section contains the forms needed for enrolling into the CCIP, reporting payroll and overall administration of the CCIP.*

*This section contains the following forms:*

|            |                                  |
|------------|----------------------------------|
| Aon Form-1 | Insurance Cost Worksheet         |
| Aon Form-3 | Enrollment Application           |
| On-Line    | Internet Payroll Reporting       |
| Aon Form-5 | Sample Notice of Work Completion |

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**For assistance completing these forms, please contact the CCIP Administrator:**

**Dimple Gupta**                      **Phone – (866) 222-4438 ext. 2**

**Aon Risk Solutions**              **Email – [acs.construction@aon.com](mailto:acs.construction@aon.com)**

**If sending emails to [acs.construction@aon.com](mailto:acs.construction@aon.com), please show in subject line: Power / [TBD]/ 570000040227 / Sub Name /Any other info.**

---

**Insurance Cost Worksheet – Aon Form 1**

|                   |   |  |
|-------------------|---|--|
| <b>AON Form-1</b> | <b>INSURANCE COST WORKSHEET</b><br>(Fixed Price Type Contracts) | <b>Power Construction Company</b><br>Contractor Controlled Insurance Program<br>[TBD-Project Name] |
|-------------------|---|--|

**A. Contractor Information:** Federal ID # or Soc. Sec. #: 1

|  |   |
|--|---|
| Company Name & dba: <u>2</u><br>Address: _____<br>City, State, Zip Code: _____<br>Telephone: _____<br>Fax: _____<br>Email Address: _____ | <b>Business Information (headquarters)</b><br><b>Contact Information (address questions to..)</b> |
|--|---|

**B. Bid Information:** Bid Package 1

Description of Work: 2

Proposed Contract Price \$: 3 Are you Submitting a bid to Power Construction Company?  Yes  No

Amount of Self Performed Work \$: 4 If No, identify whom: 6

**C. Workers' Compensation Insurance Information for Work Described Above** (attach a separate sheet if necessary)

| a State   | b Class Code | c Description                  | d Rate (per \$100 payroll)                           | e Hours   | f Payroll | g WC Premium (Payroll * Rate / 100) |       |        |        |       |        |        |       |  |  |           |  |
|---|--------------|--------------------------------|--|-----------|-----------|-------------------------------------|-------|--------|--------|-------|--------|--------|-------|--|--|-----------|--|
| 1   |              |                                |  |           |           |                                     |       |        |        |       |        |        |       |  |  |           |  |
| <b>Totals</b>   |              |                                |  |           |           | <u>3</u>                            |       |        |        |       |        |        |       |  |  |           |  |
| Identify the Amount of Your Claim Retention   |              | <u>5</u>                       | Company's Workers' Compensation Experience Modifier: |           | <u>6</u>  |                                     |       |        |        |       |        |        |       |  |  |           |  |
| Employers Liability Rate:   |              |                                | Modified Premium (line C4 x C6):                     |           | <u>7</u>  |                                     |       |        |        |       |        |        |       |  |  |           |  |
|   |              |                                | Employers Liability Premium:                         |           | <u>9</u>  |                                     |       |        |        |       |        |        |       |  |  |           |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>10 Modification &amp; Discount Pre</th> <th>11 Rate</th> <th>12 Amount</th> </tr> <tr> <td>MOD 1:</td> <td>+ OR -</td> <td>_____</td> </tr> <tr> <td>MOD 2:</td> <td>+ OR -</td> <td>_____</td> </tr> <tr> <td>MOD 3:</td> <td>+ OR -</td> <td>_____</td> </tr> </table> |              | 10 Modification & Discount Pre | 11 Rate  | 12 Amount | MOD 1:    | + OR -                              | _____ | MOD 2: | + OR - | _____ | MOD 3: | + OR - | _____ | <b>Total Modification Amount (Total of all amounts entered in column C12):</b> |  | <u>13</u> |  |
| 10 Modification & Discount Pre  | 11 Rate      | 12 Amount                      |  |           |           |                                     |       |        |        |       |        |        |       |  |  |           |  |
| MOD 1:  | + OR -       | _____                          |  |           |           |                                     |       |        |        |       |        |        |       |  |  |           |  |
| MOD 2:  | + OR -       | _____                          |  |           |           |                                     |       |        |        |       |        |        |       |  |  |           |  |
| MOD 3:  | + OR -       | _____                          |  |           |           |                                     |       |        |        |       |        |        |       |  |  |           |  |
| <b>Total Workers' Compensation Premium (line C7 + C9 + C13):</b>  |              |                                |  |           | <u>14</u> |                                     |       |        |        |       |        |        |       |  |  |           |  |

**D. General Liability: (a)** Rate: 1

2 Based On:  Total Payroll (C3)  Contract Price (B3)  Other \_\_\_\_\_

3 Rate factors:  Per 100  Per 1,000

4 Identify the Amount of Your Claim Retention: \_\_\_\_\_

GL Premium (D2 x D1 ÷ D3): \_\_\_\_\_

**Excess/Umb. Liab: (a)** Rate: 6

7 Based On: Total Payroll (C3) Per 100 Contract Price (B3) Per 1,000 Other \_\_\_\_\_

8 Rate factors: Per 100 Per 1,000

Excess/Umb. Premium (D7 x D6 ÷ D8): \_\_\_\_\_

**E. Builder's Risk/Installation Floater: (1)** Rate: 1 2 Rate factor \_\_\_\_\_ Per 100 Per 1,000

Builder's Risk/Installation Floater Premium (B3 x E1 ÷ E2): \_\_\_\_\_

**F. Other Insurance Premiums: (1)** (Enter total premium costs identified on page 2) \_\_\_\_\_

**G. Totals**

Total of all Insurance Premiums (Total of lines C14 + D5 + D9 + E3 + F1): \_\_\_\_\_

Overhead & Profit on Insurance Prem. %: 2 O/H & Profit Amount (G1 x G2): \_\_\_\_\_

Total Initial Insurance Cost (Total of lines G1 + G3): \_\_\_\_\_

Contractor's Initial Insurance Cost Rate: \_\_\_\_\_

**H. Signature Block:** I verify the information presented above and attachments are correct:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 (please print)

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

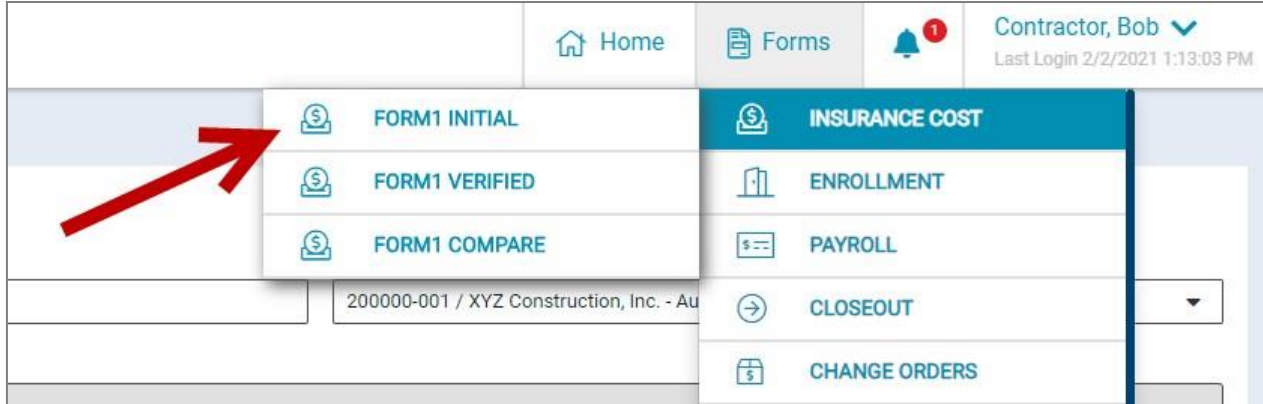
**Completion of this form is a required part of your bid/contract.** Complete a separate form for each contractor, known subcontractor(s) and trades not currently awarded to a subcontractor. Duplicate this form as needed.

- (a) Please provide copies of the following documents to support your insurance cost calculations:
- Schedule of Values
  - Workers' Compensation declaration and rate pages
  - Experience Modification worksheet
  - General Liability declaration and rate pages
  - Umbrella/Excess Liability declaration and rate pages
  - May need to provide 5 years actual loss experience and exposure depending on claim retention. Check the insurance manual



## How to Complete Aon Form- 1 (Insurance Cost) in AonWrap

1. Navigate to the insurance cost worksheet from within a Contract. Use the “Forms” drop-down in the top-rightcorner and select “Form1 Initial” from the “Insurance Cost” slide-out.



2. The first two sections (Section A: Contractor Information, Section B: Bid Information) are pre-filled by the system and are not editable. If you need changes to this section, contact your Aon Account Specialist.
3. **Section C** is broken out into three parts.
  - **C1: Manual Premium** – If you have already completed your Enrollment Application, fields in this section may already be filled out for you.
    - i. Enter all the Worker's Compensation class codes associated to the work being performed by this contract. Click on the “WC Class” cell to enter the code.
    - ii. Click the “Add” button to add additional class codes to the form.
    - iii. Enter the rate, man hours and reportable payroll associated to each Worker's Compensation class code.
    - iv. The system will calculate the premium for each Worker's Compensation class code and calculate the total amount.
  - **C2: Premium Discounts, Additions, State Charges** – The best way to approach Section C2 is to look at your insurance policy.
    - i. To add a new line, click on the “Add” button.
    - ii. Choose a description, enter the rate.
    - iii. System accepts decimals and negative values.
    - iv. Experience Modifier is a required field.
  - **C3: Loss Information, Adjustments, and Total** – Enter your claim retention (deductible), and any adjustments, as appropriate



C. Worker's Compensation Insurance Information for work described above: (attach a separate sheet if necessary)

C1: Manual Premium **ADD**

| Country       | State | WC Class | WC Class Description                         | WC Lookup | Rate     | Man Hours | Rpt. Payroll (USD) | Premium (USD) |
|---------------|-------|----------|--|-----------|----------|-----------|--------------------|---------------|
| USA           | TX    | 5190     | Electrical Wiring within buildings & drivers |           | 25.00000 | 1,190.00  | 32,725.00          | 8,181.25      |
| <b>Totals</b> |       |          |  |           |          | 1,190.00  | 32,725.00          | 8,181.25      |

C2: Premium Discounts, Additions, State Charges **ADD**

| Country | State | Order | Discount / Modifier Description | Rate    | Factor | Compute From | Adjustment (USD) | Running Total (USD) | Label  |
|---------|-------|-------|---------------------------------|---------|--------|--------------|------------------|---------------------|--------|
| USA     | AL    | 1     | Experience Modifier (EMR)       | 1.00000 | 1      | al sp        |                  |                     | al st1 |

C3: Loss Information, Adjustments, and Total

|                           |      |                              |         |                               |      |
|---------------------------|------|------------------------------|---------|-------------------------------|------|
| WC Claim Retention (USD)  | 0.00 | WC Loss Adjustment (USD)     | 0.00    | WC Misc. Adjustment (USD)     | 0.00 |
| Total Man Hours           | 0.00 | Total Reported Payroll (USD) | 0.00    | Total WC Premium Amount (USD) | 0.00 |
| Computed WC Premium (USD) | 0.00 | WC Rate/\$100 PR             | 0.00000 |                               |      |

4. **Section D: Other Insurance Premiums** – If you are required to provide rate and premium information for insurance coverages other than Worker's Compensation, enter the information in Section D. Usually you will be required to provide rate and premium information for General Liability and Excess insurance coverages.

- a. Choose a coverage from the dropdown.
- b. Enter the **rate**, choose a **"Basis"** from the dropdown.
  - i. If you choose "Other," enter a description.
  - ii. If you choose "Payroll," choose a WC Class Code in the "Payroll From" dropdown.
- c. Choose a **"Factor"** (10, 100, 1000).
- d. Enter the **Claim Retention** (deductible) and **Fixed Cost**, if appropriate.
- e. Enter the **Premium** amount.
- f. Click the **"Add"** button when you need to add additional lines.

D. Other Insurance Premiums

**ADD**

| Coverage          | Rate    | Basis   | Description | Payroll From | Base Amount (USD) | Factor | Claim Ret. (USD) | Fixed (USD) | Premium (USD) |
|-------------------|---------|---------|-------------|--------------|-------------------|--------|------------------|-------------|---------------|
| General Liability | 1.50000 | Payroll | N/A         | (All)        | 32,725.00         | 100    | 0.00             | 0.00        | 490.88        |
| <b>Totals</b>     |         |         |             |              |                   |        | 0.00             | 0.00        | 490.88        |

5. **Section E: Totals** – Enter the composite rate within the “**Rate**” field.

- a. Add “**Overhead & Profit %**” Amount, if appropriate.
- b. Enter the “**Total Initial Insurance Costs**” amount.

**E. Totals**

|               |  |                                      |                                   |
|---------------|--|--------------------------------------|-----------------------------------|
| Rate:         | <input type="text" value="15.3400"/>                               | Total Insurance Premiums (USD):      | <input type="text" value="0.00"/> |
| Applies To:   | <input type="text" value="Payroll"/>                               | Overhead & Profit %:                 | <input type="text" value="0.00"/> |
| Form Control: | <input type="checkbox"/> Lock <input type="checkbox"/> Acknowledge | Overhead & Profit Amount (USD):      | <input type="text" value="0.00"/> |
|               |  | Total Initial Insurance Costs (USD): | <input type="text" value="0.00"/> |

**Method of Computed**

The Verified rate shown on the Lead Contractor's Form-2 and the Contract/Change Order Value amount will be used to compute your Final Insurance Cost Amount. Your subcontractor's costs will be computed in the same manner using the same composite rates. The sum represents your total insurance expense that must be accounted for with XYZ Construction, Inc.. You are responsible to collect all insurance costs from your subcontractor's.

**6. Section G: Signature & Status**

- a. Date the form by entering a date (mm/dd/yyyy) or choosing a date from the calendar drop-down.
- b. Enter your name in the signature field.
- c. Click on the “Save and Submit” button. You will receive a confirmation from the system that your Insurance Cost Worksheet was successfully submitted to Aon for processing, and the form is now locked for editing.

**F. Signature & Status**

Typing your name in this box constitutes an electronic signature indicating your intent to sign this form.

I verify the information presented above and attachments are correct.

|   |   |   |
|---|---|---|
| Date Signed *                           | Signature *                                 | Date Received *                         |
| <input type="text" value="02/05/2021"/> | <input type="text" value="Bob Contractor"/> | <input type="text" value="02/05/2021"/> |
| Form Status                             | Form Completion Date                        | Last Update                             |
| <input type="text" value="Missing"/>    | <input type="text" value="MM/DD/YYYY"/>     | <input type="text" value="2/5/2021"/>   |

Completion of this form is a required part of your bid and must accompany your bid documents. Complete a separate form for each contractor, known subcontractor(s) and trades not currently awarded to a subcontractor. Duplicate this form as needed.

(a) Please provide copies of the following documents to support your insurance cost calculations:

- Schedule of Values.
- Worker's Compensation declaration and rate pages.
- Experience Modification Worksheet.
- General Liability declaration and rate pages.
- Umbrella/Excess Liability declaration and rate pages.
- 5 years actual loss experience for each line of coverage in which Contractor retains more than (USD) 5,000.

**Note:** The form status will be incomplete, and the acknowledgement will remain unchecked until your AonAccount Specialist processes the submitted Insurance Cost Worksheet.

**Tip:** Save time and upload your rate and declaration pages directly into AonWrap once you have submitted your Insurance Cost Worksheet.

**Enrollment Form – Aon Form 3**

|                   |                               |   |
|-------------------|-------------------------------|---|
| <b>AON</b> Form-3 | <b>ENROLLMENT APPLICATION</b> | <b>Power Construction Company</b><br>Contractor Controlled Insurance Program<br>[TBD-Project Name]Page 1 of 2 |
|-------------------|-------------------------------|---|

Examine your current Workers Compensation and General Liability Policies or contact your Insurance Agent to assist you with completing this form. \*\*\* **NOTICE** \*\*\* Enrollment is not automatic and requires the satisfactory completion of the Aon Form-3. Any other requirements can be found in the Insurance Manual.

**A. Contractor Information:** Federal ID # or Soc. Sec. #: \_\_\_\_\_<sup>1</sup>

|   |   |
|---|---|
| Company Name & dba: _____ <sup>2</sup><br>Contact Name & Title: _____<br>Address: _____<br>City, State Zip Code: _____<br>Telephone: _____<br>Fax: _____<br>E-mail Address: _____ | _____ <sup>3</sup><br>_____<br>_____<br>_____<br>_____<br>_____ |
|---|---|

Indicate your Organization's Structure: <sup>4</sup> Corporation Joint Venture Partnership Sole Proprietor S-Corporation Other \_\_\_\_\_

**B. Contract Information:** Contract No.: \_\_\_\_\_<sup>1</sup>

Date Contract Awarded: \_\_\_\_\_<sup>2</sup>

Description of Work: \_\_\_\_\_<sup>3</sup>

Proposed Contract Price \$: \_\_\_\_\_<sup>4</sup> Are you Submitting a **Power Construction** <sup>6</sup>  Yes  No

Amount of Self Performed Work \$: \_\_\_\_\_<sup>5</sup> If No, identify form: \_\_\_\_\_<sup>7</sup>

Start Date: \_\_\_\_\_<sup>8</sup> Actual Estimated \_\_\_\_\_<sup>9</sup> Actual Estimated \_\_\_\_\_

**C. Contacts: (Complete if Applicable)**

| Position        | 1 Name & Title | 2 Phone | 3 Fax | 4 Email address |
|-----------------|----------------|---------|-------|-----------------|
| Project Mgr.:   |                |         |       |                 |
| Res. Engineer:  |                |         |       |                 |
| Insurance:      |                |         |       |                 |
| Contract Admin: |                |         |       |                 |
| Payroll:        |                |         |       |                 |
| Claims:         |                |         |       |                 |
| Safety Rep:     |                |         |       |                 |

Provide Location of payroll records if different than Corporate address: \_\_\_\_\_<sup>5</sup> Phone: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Fax: \_\_\_\_\_

**D. Workers Compensation Insurance Information for Work Described Above: (attach a separate sheet if necessary)**

| a State       | b Class Code | c Description | d Man-hours | e Payroll |
|---------------|--------------|---------------|-------------|-----------|
| 1             |              |               |             |           |
| <b>Totals</b> |              |               | 2           | 3         |

**E. Provide your current Off-Site Workers Compensation Information: (for each state you will perform work in)**

| Applicable State | Risk ID Number | Rating Bureau | Anniversary Rating Date |
|------------------|----------------|---------------|-------------------------|
| 1                | 2              | 3             | 4                       |

Your WC Insurance Carrier: \_\_\_\_\_<sup>5</sup>

Policy #: \_\_\_\_\_<sup>6</sup> Effective Date: \_\_\_\_\_<sup>7</sup> Expiration Date: \_\_\_\_\_<sup>8</sup>



**Enrollment Form – Aon Form-3 (Page 2)**

|                   |                               |   |
|-------------------|-------------------------------|---|
| <b>AON</b> Form-3 | <b>ENROLLMENT APPLICATION</b> | <b>Power Construction Company</b><br>Contractor Controlled Insurance Program<br>[TBD-Project Name] <span style="float: right;">Page 2 of 2</span> |
|-------------------|-------------------------------|---|

**F. Subcontract Information:** List all Subcontractors that will be working for you on this project (complete the information in the following table). Use additional paper if necessary:

| 1<br>Subcontractor | 2<br>Contract \$ | 3<br>Contact Person | 4<br>Address | 5<br>Phone & Email Address | 6<br>Estimated Start Date |
|--------------------|------------------|---------------------|--------------|----------------------------|---------------------------|
|                    |                  |                     |              |                            |                           |
|                    |                  |                     |              |                            |                           |
|                    |                  |                     |              |                            |                           |
|                    |                  |                     |              |                            |                           |
|                    |                  |                     |              |                            |                           |
|                    |                  |                     |              |                            |                           |

**G. Enrollment Questions:** Answer each question. Use additional paper if necessary.

1 Will you have any off-site location(s) 100% dedicated to this project?  Yes  No If No, please provide address: \_\_\_\_\_

2 Please check if:  Any aircraft used on this project  Any other aircraft used on this project

3 Please indicate if labor from the following sources will be used:  Employee Leasing Firm  Temporary Labor Agency

4 What is your EMR? \_\_\_\_\_

5 Does your firm have valid insurance coverage to provide the enrolled project? \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

**H. WARRANTY applicable to program insurance coverage**

- 1 Premiums for this Program are the responsibility of *Power Construction Company* and I agree any and all return of premium, dividends, discounts, or other adjustments to any Program policy(ies) is assigned, transferred and set over absolutely to *Power Construction Company*. This assignment applies to the Program policy(ies) as now written or as subsequently modified, rewritten or replaced. Rights of Cancellation for all Program insurance policy(ies) arranged by *Power Construction Company* are assigned to *Power Construction Company*.
- 2 I will pay the cost of premium(s) for non-Program insurance coverage, specified in the contract documents.
- 3 I authorized the release of all claim information for all insurance policies under this Program.
- 4 It is my responsibility to notify my insurance carrier(s) that I am enrolling in this Program.
- 5 The statements in this insurance application are true to the best of my knowledge.

**I. Signature Block:** I verify the information presented above and attachments are correct:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 (please print)

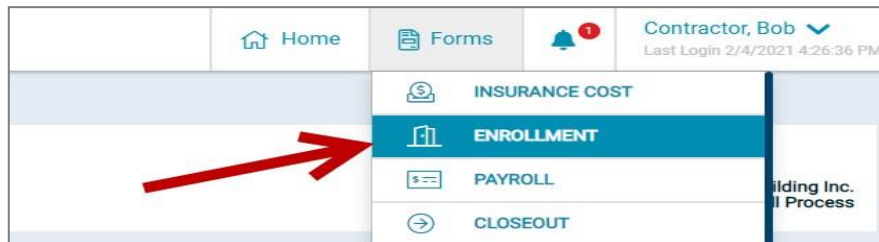
Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**Note:** Information can be submitted or uploaded on-line at [www.aonwrap.aon.com](http://www.aonwrap.aon.com). Please contact your Administration Staff to obtain a user ID and Password.

**Email to** **Dimple Gupta**  
**acs.construction@aon.com**

## How to Complete Aon Form- 3(Enrollment Form) in AonWrap

1. Navigate to the Enrollment Form from within a Contract. Use the “**Forms**” drop-down in the top-right corner and select “**Enrollment.**”
  - **Note:** The Enrollment Form can also be accessed from Contract Search and selecting the “Enroll” icon.



2. The first two sections (Section A: Contractor Information, Section B: Contract Information) are pre-filled by the system and are not editable. If you need changes to this section, contact your Aon Account Specialist.
3. **Section C: Worker's Compensation Information for work described above** – this section may be pre-filled by the system if you have already submitted your insurance cost worksheet.
  - a. Enter all the Worker's Compensation class codes associated to the work being performed by this contract. Click on the “**WC Class**” cell to enter the code.
  - b. Enter the man hours and reportable payroll associated to each Worker's Compensation class code.

C. Worker's Compensation Insurance Information for work described above:(a)attach a separate sheet if necessary

**ADD**

| Country | State | WC Class | WC Class Description                         | WC Lookup | Man Hours | Rpt.Payroll(USD) |   |
|---------|-------|----------|--|-----------|-----------|------------------|---|
| USA     | TX    | 5190     | Electrical Wiring within buildings & drivers | 🔍         | 1,190.00  | 32,725.00        | ✕ |
| Totals  |       |          |  |           | 1,190.00  | 32,725.00        |   |

4. **Section D: Provide your current Off-site Workers Compensation Information** (required for each state you will perform work in).
  - a. Click on the Risk ID cell to enter your Risk ID.
    - **Note:** If your company has not been rated (under 3 years of reported risk information), contact your Aon Account Specialist for instructions on how to fill out these fields.
  - b. Enter your Worker's Compensation Insurance policy information (carrier, policy number, effective and expiration dates).
  - c. Enter dates (mm/dd/yyyy) or choose a date from the calendar drop-down.

D. Provide your current Off-Site Workers Compensation Information: (required for each state you will perform work in)

**ADD**

| Applicable Country | Applicable State | Risk ID Number | Rating Bureau | Anniversary Rating Date |
|--------------------|------------------|----------------|---------------|-------------------------|
| USA                | TX               | 914325609      | NCCI          | 04-30                   |

Your WC Insurance Carrier: Amerisure Insurance Company

Effective Date: 04/30/2019

Expiration Date: 04/30/2020

Policy Number: WC2100921

Send COI

5. **Section E: Subcontractor Information (list all Subcontractors that will be working for you on this contract)** – When you add subcontractors, your Aon account specialist will receive notification of the new contracts and appropriately process the information.

- a. If you will be subbing out all or some of the work associated to this contract, click the “Add” button and follow the prompts in the pop-up window to create a Notice of Award.

6. **Section F: General Enrollment Questions** – Read through the questions and appropriately answer.

- a. There may be unique questions added to the Enrollment Form because of State or Carrier specific requirements.

7. **Section G: Signature Block & Form Status**

- a. Date the form by entering a date (mm/dd/yyyy) or choosing a date from the calendar drop-down
- b. Enter your name in the signature field.
- c. Click on the “Save and Submit” button. You will receive a confirmation from the system that your Enrollment Form was successfully submitted to Aon for processing, and the form is now locked for editing.

G. Signature Block & Form Status

Date \*: 09/24/2019

Signature \*: Stefanie Shanahan

Received Date \*: 11/14/2019

Form Status: Complete

Form Completion Date: 11/14/2019

Last Update: 11/14/2019

Form Control  Lock Web  Acknowledge

**CANCEL** **DELETE** **ACTION** **SAVE AND SUBMIT**

**Note:** The form status will be incomplete, and the acknowledgement will remain unchecked until your Aon account specialist processes the submitted Enrollment Form.

**Payroll Form – Aon Form-4**

|                   |                               |   |
|-------------------|-------------------------------|---|
| <b>AON</b> Form-4 | <b>ON-SITE PAYROLL REPORT</b> | <b>Power Construction Company</b><br><b>Contractor Controlled Insurance Program</b><br>[TBD-Project Name] |
|-------------------|-------------------------------|---|

Complete a Separate Form for Each Contract with **Power Construction**  
 Your report is due to the Aon Insurance Administrator, identified below, no later than the 10<sup>th</sup> day of the succeeding month.  
 Complete this report even though no work was performed; enter zero (0) for the Reportable Payroll.  
 Delay in providing this report may result in payments being withheld.

**A. Report Identification**

Period Beginning: <sup>1</sup> \_\_\_\_\_ Period Ending: <sup>2</sup> \_\_\_\_\_ Year: <sup>3</sup> \_\_\_\_\_  
 Contractor: <sup>4</sup> \_\_\_\_\_  
 Under Contract with: <sup>5</sup> \_\_\_\_\_  
 Contract #: <sup>6</sup> \_\_\_\_\_

**B. Activity Report**

| a<br>State     | b<br>Workers' Compensation Class Code | c<br>Work Description | d<br>M. Hours | e<br>Gross Payroll | f<br>Reportable Payroll * |
|----------------|---------------------------------------|-----------------------|---------------|--------------------|---------------------------|
| 1              |                                       |                       |               |                    |                           |
|                |                                       |                       |               |                    |                           |
|                |                                       |                       |               |                    |                           |
|                |                                       |                       |               |                    |                           |
|                |                                       |                       |               |                    |                           |
|                |                                       |                       |               |                    |                           |
|                |                                       |                       |               |                    |                           |
| <b>TOTALS:</b> |                                       |                       | <sup>2</sup>  | <sup>3</sup>       | <sup>4</sup>              |

\* Do not include premium (excess) overtime wages, use straight time wage rates only. You must also comply with all rules set forth by the Workers Compensation Bureau in the state in which the work is performed.

**C. Signature Block:** I verify the information presented above and attachments are correct:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 (please print)  
 Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**CHECK IF THIS IS YOUR LAST PAYROLL REPORT. COMPLETE AN AON FORM-5 "NOTICE OF WORK COMPLETION" AND INCLUDE WITH THIS PAYROLL REPORT.**

**Note:** Information can be submitted or uploaded on-line at [www.aonwrap.aon.com](http://www.aonwrap.aon.com). Please contact your Administration Staffto obtain a user ID and Password.



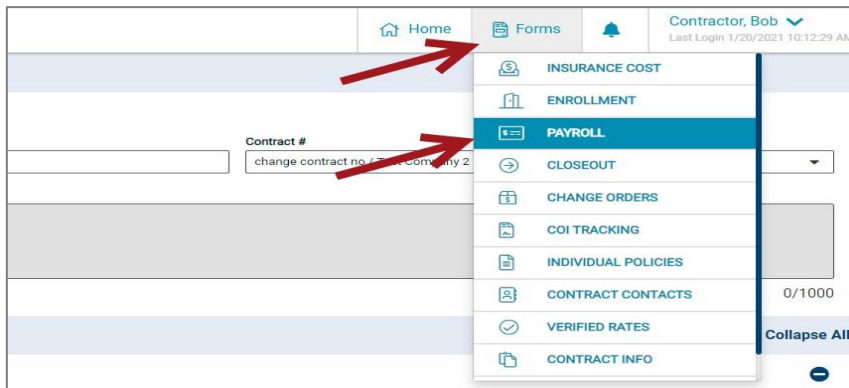
## How to Complete Aon Form-4 (Payroll) in AonWrap

Using the internet, go to [www.AonWrap.Aon.com](http://www.AonWrap.Aon.com) and utilize the password provided with your evidence of enrollment. The monthly man-hour and payroll reports should include supervisory and clerical personnel on-site and cover all Work performed at or emanating directly from each Project Site.


A brief overview on how to enter payroll is described below, but please contact the CCIP Administrator listed in the Directory if you need assistance. Please note in the event of “interim demobilization”, that is when the Contractor/subcontractor is not performing work at the project site but is still enrolled in the CCIP, the Contractor/subcontractor will still be required to submit Monthly Payroll Reports.

### Reporting Payroll:

1. Within your contract, use the “Forms” drop-down in the top-right corner, and select “Payroll”



2. The payroll list shows the payroll reported to date, and the status. Select the desired reporting period, and click “Details”
  - If this is the first time you are reporting payroll for your contract, or if you are up-to-date on your payroll reporting, you can create a new payroll report by clicking on “Add” and then select “New Payroll Report.” The payroll report will open.

A screenshot of a payroll list table in the AonWrap application. The table has columns for 'Period Start Date', 'Period End Date', 'Received Date', 'Man Hours', 'Gross Payroll (USD)', 'Reportable Payroll (USD)', 'Delinquent', and 'Status'. The first row is selected with a radio button. Below the table, there are buttons for 'ADD' and 'DETAILS', with a red arrow pointing to the 'DETAILS' button. The 'DETAILS' button is highlighted. At the bottom left, there are 'CANCEL' and 'ACTION' buttons. The text 'Rows per page: 10' is visible at the bottom right of the table area.

|                                  | Period Start Date | Period End Date | Received Date | Man Hours | Gross Payroll (USD) | Reportable Payroll (USD) | Delinquent | Status  |
|----------------------------------|-------------------|-----------------|---------------|-----------|---------------------|--------------------------|------------|---------|
| <input checked="" type="radio"/> | 12/01/2020        | 12/31/2020      |               | 0.00      | 0.00                | 0.00                     |            | Missing |
| <input type="radio"/>            | 11/01/2020        | 11/30/2020      |               | 0.00      | 0.00                | 0.00                     |            | Missing |
| <input type="radio"/>            | 10/01/2020        | 10/31/2020      |               | 0.00      | 0.00                | 0.00                     |            | Missing |
| <input type="radio"/>            | 09/01/2020        | 09/30/2020      |               | 0.00      | 0.00                | 0.00                     |            | Missing |
| <input type="radio"/>            | 08/01/2020        | 08/31/2020      |               | 0.00      | 0.00                | 0.00                     |            | Missing |



1. **Section B.** Enter payroll details for your onsite activity for the selected reporting period.

**B. Activity**

Entry Via  
Manual

**ADD**

| Country       | State | WC Code | WC Class Description | Man Hours | Gross Payroll (USD) | Reportable Payroll (USD) |
|---------------|-------|---------|----------------------|-----------|---------------------|--------------------------|
| USA           | FL    | 5606    | Executive Supervisor | 5.00      | \$450.00            | \$450.00                 |
| <b>Totals</b> |       |         |                      | 5.00      | \$450.00            | \$450.00                 |
| <b>\$/hr</b>  |       |         |                      |           |                     | 90.00                    |

For State Specific information, please refer to the insurance Manual or contact your Aon Representative.

**C. Signature**

3. **Section C.** Enter a date or choose a date from the calendar control and enter your signature.

- If this is your last payroll report for the contract, select the corresponding box.
- Click "Save & Submit" in the bottom right of the page.

**C. Signature**

I verify the information presented above and attachments are correct.

Date \* 06/01/2021 Signature \* Bob Contractor Received Date MM/DD/YYYY

Form Status Missing Form Completion Date MM/DD/YYYY Last Update 01/10/2021 09:32:21

Form Control  Lock Web  Acknowledge

Check if this is your last payroll report. Complete an Aon Form-5 "Notice of Work Completion" and include with this payroll report.

Note: Information can be submitted on-line at [www.aonwrap.aon.com](http://www.aonwrap.aon.com). Please contact your Administration Staff to obtain a user ID and Password.

**CANCEL** **DELETE** **ACTION** **SAVE & SUBMIT** **SAVE**

**Contract Closure – Form 5**

|                   |                                  |  |
|-------------------|----------------------------------|--|
| <b>AON</b> Form-5 | <b>NOTICE OF WORK COMPLETION</b> | <b>Power Construction Company</b><br>Contractor Controlled Insurance Program<br>[TBD-Project Name] |
|-------------------|----------------------------------|--|

**A. General Information**

Contractor: 1  
 Under Contract with: 2  
 Contract #: 3  
 Description of Work Performed: 4  
 Date Work Completed: 5  
 Date this Contract Completed: 6

**B. Work Completion**

The following Subcontractors have completed their Work at the Project Site:  
 (Add attachment if more space is needed)

| A<br>Subcontractor's Name | b<br>Contract Number | c<br>Date Completed | d<br>Description of Work |
|---------------------------|----------------------|---------------------|--------------------------|
| 1                         |                      |                     |                          |

Location of your payroll records (Receipt of this information will facilitate the payroll audit process):

Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Contact/Phone #: \_\_\_\_\_

**C. Signature Block**

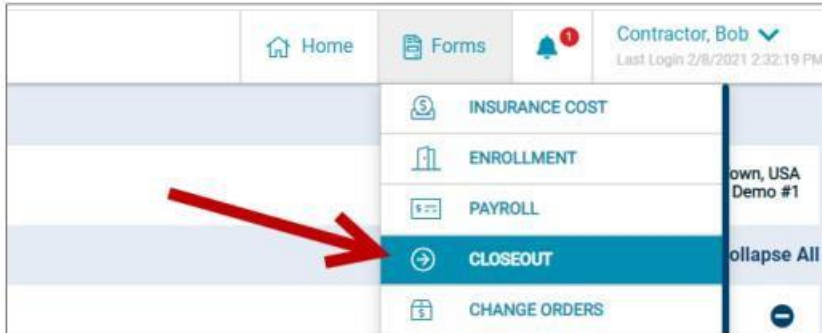
We hereby verify that all contract work (including the work of subcontractors) has been completed and all on-site payrolls have been submitted. The completion date is the last date that any personnel of the undersigned subcontractor or subordinate contractor will be performing work under the above-noted contract.

Signed by: 1  
 Name & Title \_\_\_\_\_ Date \_\_\_\_\_  
 Approved by: 2  
 Construction Manager (Name & Title) \_\_\_\_\_ Date \_\_\_\_\_

**Note: The Notice of Completion – Form 5 should be completed online at [AonWrap.Aon.com](http://AonWrap.Aon.com)**

## How to Complete Aon Form - (Work Completion) in AonWrap

1. Navigate to the Work Completion Form from within a Contract. Use the “Forms” drop-down in the top-right corner and select “Closeout.”
  - Note: The Work Completion Form can also be accessed from Contract Search or BrowseProgram view



2. The first section (Section A: Report Identification) is read-only and pre-filled by the system.
3. Section B: Work Completion – Enter the date the contract completed in the “Actual Completion Date” field (format mm/dd/yyyy) or choose the date from the calendar drop-down.

| B. Work Completion  |                 |                  |                         |                            |                                |            |  |
|---|-----------------|------------------|-------------------------|----------------------------|--------------------------------|------------|--|
| The following Subcontractors have Completed their work at the Project Site: |                 |                  |                         |                            |                                |            |  |
| No filters applied  |                 |                  |                         |                            |                                |            |  |
| My Contract   | Contract Number | Work Description | Actual Completion Date* | Final Contract Value (USD) | Change Order Unprocessed (USD) | Status     |  |
| Restor Technologies, Inc. -<br>Huntington Station, NY                       | Contracts       | Waterproofing    | 05/31/2015              | 334,000                    |                                | incomplete |  |

**Reserved for Future Use**