

## SECTION 1 - DIRECTORY

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## SECTION 2 - DEFINITIONS

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**Contract:** For purposes of this OCIP Manual only, the written agreement between City of Atlanta and the Construction Manager or General Contractor; or between the General Contractor and its Subcontractors; or between the Subcontractor and its lower tiered subcontractors.

**Construction Manager (CM):** The team retained by the Owner to assist in the management of construction projects.

**Construction Safety and Health Plan:** The manual that identifies the requirements for the Project's safety and loss prevention program as established by the Owner.

**Contractor:** For purposes of this OCIP Manual only, Contractor includes construction managers, prime or general contractors, and subcontractors of all tiers that perform work on the Project Site.

**Enrolled Contractor(s):** A Contractor of any tier who has been awarded work and met the requirements to become enrolled in the OCIP as evidenced by a certificate of insurance issued by the OCIP Administrator. The Owner may, at its discretion, include a Contractor in the OCIP who otherwise would be an Excluded Party by definition.

**Excluded Party(ies):** Material Hauler(s), contract haulers or truckers, architects/engineers, consultants, manufacturing representatives, vendors, Suppliers, material dealers, guard services, janitorial services, food services, or others merely making deliveries to or pickups from the Jobsite are excluded from the OCIP coverage. In addition, EIFS Contractors, asbestos abatement or other hazardous material Contractors, demolition or blasting Contractors, and Contractors whose contracts are less than \$20,000 will be excluded from the OCIP coverage. The Owner may, at its discretion, exclude others from the OCIP.

**NOTE:** although not covered under the OCIP, all Excluded Parties performing work onsite are required to complete the online OCIP registration in order to provide satisfactory evidence of insurance in compliance with all minimum insurance requirements detailed in this manual.

**General Contractor(s):** The firm identified in the Contract with the Owner to construct this Project.

**General Contractor's Project Manager:** The individual assigned by the General Contractor with overall Project responsibility.

**Insured:** Owner and all Enrolled Contractors and any other party named as an Insured on the OCIP certificates of insurance.

**Insurer(s):** Zurich American, Lloyds of London, Catlin and Chartis.

**Insurer(s) Loss Control Representative(s):** The individual(s) assigned to the OCIP by the Insurer(s) with safety and loss control responsibilities.

**Jobsite:** For purposes of this OCIP Manual only, the premises as defined in the contract documents appropriate to each project and any scheduled offsite location if dedicated solely to the project and approved by the Owner and Insurers. This shall not include operations at the Enrolled Contractor's regularly established workplace, plant, factory, office, shop, warehouse, yard or other property, even if such operations are for fabrication of materials to be used at the jobsite.

## SECTION 2 – DEFINITIONS (CONTINUED)

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**Materials Hauler:** Any entity whose role on the Project is to transport materials to and from the Project site. A Materials Hauler is designated as an independent contractor. The designation of Materials Hauler may be made by scope of contract, by primary function on the Project, or by definition. Nothing contained in the Contract Documents shall create any contractual relationship whatsoever between the Owner and any Materials Hauler. By definition, "Materials Haulers" are not considered Enrolled Contractors for OCIP coverage purposes.

**OCIP:** A program under which Workers' Compensation, Employer's Liability, General Liability and Excess Liability insurance are procured by the Owner for all Enrolled Contractors of every tier while performing specified operations at the project specific Jobsite.

**OCIP Claims Consultant:** The individual assigned by the OCIP Program Management who is responsible for coordinating the claims handling between the Owner, Enrolled Contractors and the Insurer(s).

**OCIP Program Management:** Willis Insurance Services of Georgia, Inc.

**OCIP Program Administration:** Resurgens Risk Management (RRM) is responsible for the day-to-day administration of the OCIP.

**OCIP Safety Director:** The person employed by the OCIP Program Administration with safety and loss prevention responsibilities for the Project.

**Offsite:** Premises other than the Jobsite.

**Onsite:** See Jobsite definition.

**Owner:** City of Atlanta.

**Project Site:** See Jobsite.

**Project Safety Manager:** The individual assigned by the General Contractor who supervises its employees and all Subcontractors for safety at the Jobsite.

**Site Safety Representative:** The individual(s) assigned to perform Onsite safety duties.

**Subcontractor:** Any individual, firm, or corporation undertaking construction or other services under a Contract with a General Contractor or its Subcontractors to furnish labor, services, materials and/or equipment, and/or perform operations at the Project site.

**Supplier:** A person or organization supplying materials or equipment needed for the completion of the Work by virtue of an agreement ("Supply Agreement") with the General Contractor or Subcontractor; or by scope of contract, by primary function on the Project, or by definition. Nothing contained in the Contract Documents shall create any contractual relationship whatsoever between the Owner and any supplier. By definition, "Suppliers" are not considered Enrolled Contractors for OCIP coverage purposes.

## SECTION 3 - GENERAL PROVISIONS

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Each Contractor shall comply with the provisions stated below:

1. **Mandatory Compliance**

Failure to comply with the registration, enrollment and all other requirements outlined in this manual may be deemed non-compliance with the terms of the Contract, and payments may be withheld until requirements are satisfactorily completed and approved by the OCIP Administrator.

2. **Meeting Attendance**

At the request of the Owner, OCIP Program Management and OCIP Program Administration, Contractors shall attend meetings held to explain and discuss the OCIP.

3. **OCIP Manual Incorporated into Bid Specifications and Contract**

This OCIP Manual and the Construction Safety and Health Plan will be a part of the bid specifications and bidders are expected to be familiar with the requirements prior to submitting their bids. In addition, this OCIP Manual and the Construction Safety and Health Plan are incorporated into each successful bidder's awarding Contract and accordingly, all provisions require mandatory compliance.

4. **Commencement of Work**

**Contractors shall not commence work at the Jobsite until:**

- a) Enrolled Contractors have received a certificate of insurance issued by the OCIP Administrator and provided a certificate for offsite activities as required in this manual, or
- b) Excluded Parties have provided a certificate of insurance as required in this manual, and
- c) All Parties have met the requirements of the Construction Safety & Health Plan.

## **SECTION 4 - SAFETY AND LOSS PREVENTION**

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Protecting people and property are of paramount importance to the success of this Project. Incidents on this Project can be controlled and prevented through safe work practices. All Contractors and Subcontractors and each of their employees are responsible for safety on this Project.

Active participation by the Contractors and Subcontractors in all project safety and loss prevention programs is mandatory. They must demonstrate to their employees complete support and continuing involvement in all safety and loss prevention programs.

### **1. Safety Policy Statement**

It is the objective of the General Contractor and the Owner that a safe work place is provided. The General Contractor and all others employed on the Project will conduct their work in a safe manner consistent with good construction safety practices in addition to all written requirements.

The General Contractor and the Owner require full compliance with these safety guidelines, with all federal, state and local laws, statutes, ordinances, rules, regulations, requirements and guidelines of government authorities, agencies and any other authorities having control or responsibilities bearing on the performance of this Project work.

Contractors and subcontractors are charged with the responsibility of preventing the occurrence of incidents or conditions that could lead to injuries or illness. The ultimate success of our safety program depends fully upon the total cooperation of every individual employee, and it is the employer's responsibility to ensure that safety rules and procedures are enforced and to further ensure that effective training and education programs are employed. Work will be performed in a safe manner to protect all employees, visitors, the public and adjacent property.

### **2. Project Safety and Loss Prevention Program**

Contractors and Subcontractors shall ensure that their bids include the cost to maintain a safety and loss prevention program that meets or exceeds the requirements contained in the Construction Safety & Health Plan.

The General Contractor will have a Project Safety Manager. This individual will be a technical advisor to the General Contractor's Project management team and will be responsible for monitoring Contractors' and Subcontractors' compliance with all safety and loss prevention programs. The Project Safety Manager, along with the General Contractor's Project Manager will attend all OCIP meetings between the Owner, Willis, RRM and the Insurers.

## Section 4 - SAFETY AND LOSS PREVENTION (CONTINUED)

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The Project Safety Manager has authorization to stop any work that may stem from non-compliance with safety procedures.

Contractors and Subcontractors will be solely responsible for implementing the safety and loss prevention program and shall designate an Onsite safety competent person to direct their Onsite safety efforts. The safety competent person is responsible for directly overseeing the Contractor's and Subcontractor's employees to ensure that their safety programs and actions adhere to and comply with safety standards as established by federal, state, and local codes and regulations, and the **Construction Safety & Health Plan**.

### 3. Construction Safety & Health Plan

The Owner has developed a **Construction Safety & Health Plan**. The goal of this program is to eliminate injuries to employees and to reduce construction interruptions due to accidents by setting safety requirements. The **Construction Safety & Health Plan** is available to all bidders during the bidding process and will be incorporated into the successful bidders' Contracts.

***Effect on Future Modifications:*** The premium and loss experience on this Jobsite will be reported to the appropriate rating authorities in the normal manner for use in calculating future experience modifications. The fact that the loss experience on this Project will impact the Contractors' future insurance costs further underscores the importance of compliance with the **Construction Safety & Health Plan**.

## SECTION 5 - RETURN TO WORK POLICY

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All Enrolled Contractors are required to comply with the Owners' Return-to-Work policy as outlined below.

### Purpose

1. The purpose of the program is to place employees in temporary job positions while recovering from on-the-job injuries. The Owner and the Insurer are committed to working together to promote safety, recovery, and successful return of injured employees to temporary, modified work following a work related injury. Any injured employee who is placed in a modified work position is placed in that position for a limited time only.

### Procedures

2. The General Contractor and the Owner will cooperate with the Insurer in conjunction with the Enrolled Contractor to facilitate the return to work of any injured employee capable of modified work status.
3. The Insurer's adjuster will communicate with the managed care clinic or treating physician to determine the injured employee's temporary restrictions.
4. Once the employee is released to modified work, the Insurer's adjuster will coordinate with the managed care nurse and/or treating physician and the employer to facilitate the injured employee's return to work.
5. Upon being released to return to modified work, the injured employee will report to his/her employer for modified work assignment.
6. The employer will obtain from the employee (and provide copies to the General Contractor) the return to work status instructions from the treating physician.
7. The employer is required to accommodate the injured employee to the fullest extent and facilitate the return to work.
8. **Follow Up/Communication with Insurer:** It will be the responsibility of the Insurer's adjuster to maintain communication with the treating physician and employer to facilitate the prompt return to work of an employee to full work status. Should the employee reach maximum medical improvement and still be precluded from returning to full work status, the Insurer's adjuster will confer with the General Contractor and the employer regarding reassignment of the employee or to determine if further action required.

## **SECTION 6 - INSURANCE PROVIDED BY THE OWNER**

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The Owner has procured, and will maintain at its own expense, the insurance coverages described below for all Enrolled Contractors. The limits of liability purchased apply collectively to all Insureds. The Owner intends to maintain Workers' Compensation, General Liability and Excess Liability coverage until Notice of Final Acceptance. Products/Completed Operations coverage is extended for 8 years after said notification as specified in the policy. Summaries of the insurance coverages provided by the Insurer(s) are as follows:

### **1. Workers' Compensation Insurance**

Workers' Compensation insurance, as prescribed by the laws of the State of Georgia, and Employer's Liability insurance is provided with the following limits of liability:

\$1,000,000	Each Accident
\$1,000,000	Each Disease - Each Employee
\$1,000,000	Each Disease - Policy Limit

This insurance will cover employees of all Enrolled Contractors while they are performing work at the Jobsite. Offsite operations are **excluded**.

### **2. Commercial General Liability Insurance**

Commercial General Liability insurance is provided for activities at the Jobsite. The Policy has the following limits of liability (limits reinstate annually, except during Products/Completed Operations coverage extension):

\$2,000,000	Each Occurrence
\$5,000,000	General/Annual Aggregate
\$5,000,000	Products/Completed Operations Aggregate (All Projects Combined)*
\$2,000,000	Personal Injury and Advertising Liability
\$ 300,000	Damage to Rented Premises
\$ 10,000	Medical Expense

Contractor will assume the responsibility for the first \$25,000 of any Property Damage Liability claim that is within the purview of this policy.

\*The Products/Completed Operations aggregate is a single limit for both the policy and extension periods as defined in the policy. Includes Warranty/Repair Work Coverage Extension which provides **general liability** coverage during warranty or repair work undertaken by Enrolled Contractors during their contractual warranty period, but not to exceed two (2) years after the Enrolled Contractor's OCIP coverage is terminated at the conclusion of their work (as defined by the policy). **NOTE, however, that Contractor's workers' compensation injuries while involved in warranty/repair work shall be covered under the Contractor's practice policy and not the OCIP.**

## Section 6 - INSURANCE PROVIDED BY THE OWNER (CONTINUED)

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### 3. Excess Liability Insurance

Excess General Liability and Employer's Liability coverages will be provided with limits of \$50,000,000 each occurrence and in the aggregate. The limits are excess of the primary limits described in Items 1 and 2 above.

4. **Builders' Risk:** Owner shall procure and maintain Builders' Risk insurance which provides "all risk" coverage on the buildings, structure or work, and property of the Owner in the care, custody and control of the Contractor. The policy or policies shall be in the name of the Owner, and Contractors as their interests shall appear, and this shall be so stated on the ACORD certificate of insurance.

The policy will cover structures and materials during the course of construction that are part of the project and will provide coverage for materials while in domestic transit, or while stored temporarily away from the project site subject to policy sublimits.

Contractor will assume the responsibility for the first \$25,000 of any claim that is within the purview of this policy.

Owner and Contractor waive all rights against each other for damages caused by fire or other perils to the extent covered by insurance obtained pursuant to this Builders' Risk insurance section or any other property insurance applicable to the work. Contractor shall require, by appropriate agreement, written where legally required for validity, similar waivers in favor of the Owner and the Contractor by Subcontractors. With respect to the waiver of rights of recovery, the Owner shall be deemed to include, to the extent covered by property insurance applicable thereto, its consultants, employees and such agents and representatives. The Contractor waives as against any separate contractor all rights for damages caused by fire or other perils in the same manner as is provided above as against the Owner. The Owner shall require, by appropriate agreement written wherever legally required for validity, similar waivers in favor of the Contractor by any separate contractor and its subcontractors.

### 5. Contractors Pollution Legal Liability

The Owner will maintain Contractors Pollution Liability coverage for the duration of this contract for onsite activities. **Pollution Legal Liability** insurance covering pollution incidents at, under or emanating from the Project Site will be provided with coverage for third-party bodily injury, property damage, cleanup costs and defense costs. The policy will be written with a limit of at least \$10,000,000.

The first \$25,000 of any claim that stems from the operations of the Contractor, its subcontractors or sub-consultants will be fully borne by the Contractor as determined by the Owner.

## **Section 6 - INSURANCE PROVIDED BY THE OWNER (CONTINUED)**

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### **6. Certificates of Insurance**

The OCIP Administrator will issue certificates of insurance for Commercial General Liability, Workers' Compensation/Employers' Liability, Excess Liability and other required coverages to the Construction Manager (if applicable), General Contractor and each Enrolled Subcontractor.

### **7. Insurance Policies**

The summary of coverages contained in this OCIP Manual is prepared for the convenience of those involved in the Project and should not be construed in any way as an exact and binding analysis of coverage. In case of any claim or question with respect to coverage, the original policies will prevail as the sole binding documents. Each Enrolled Contractor will receive a Workers' Compensation policy. Specimen General Liability and Excess Liability policies are available upon request.

### **8. OCIP Insurance Premiums**

The Owner is responsible for the payment of the OCIP premium. All return insurance premiums, insurance dividends, or monies due or to become due in connection with the OCIP shall be to the benefit of the Owner and are hereby assigned to the Owner.

### **9. OCIP Cancellation, Termination or Modification**

Notwithstanding any other provision in this manual, it is the Owner's intent to keep the OCIP in force throughout the term of the Project. However, the Owner reserves the right to cancel, terminate or modify the OCIP or any portion thereof. To exercise this option, the Owner will provide 30 calendar days advance, written notice to all Insureds covered under the OCIP.

Enrolled Contractors will be required to immediately affect replacement insurance coverage, equivalent to what is currently required for Offsite and Excluded Parties. The reimbursement for the cost of such replacement insurance will be calculated on a pro-rata portion of the Enrolled Contractors' Form 2. Written evidence of such insurance must be provided to the Owner prior to the actual cancellation or termination date of the OCIP.

### **10. Contract Termination**

Upon completion of all their work at the Project Site, Contractors whose practice policies have been endorsed with a Designated Workplace Exclusion Endorsement, or similar language, should advise their broker/agent of their work completion and request the endorsement be deleted from their policies. The endorsement must be deleted prior to any Contractor undertaking warranty work at the Project Site.

## Section 7 - INSURANCE PROVIDED BY THE CONTRACTORS AND ALL SUBCONTRACTORS

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Enrolled Contractors and Excluded Parties will, at their own expense, carry and maintain at least the following insurance policies and minimum limits of liability on forms and with insurance companies acceptable to the Owner:

### 1. Business Automobile Liability Insurance

All Enrolled Contractors and Excluded Parties must provide Automobile Liability insurance covering the operation, maintenance and use, loading and unloading of all owned, hired, and non-owned vehicles on or away from the Project Site. The policy shall be endorsed to name the Owner, and other entities as required by contract, as additional insureds, on a primary and non-contributing basis and shall be endorsed with a Waiver of Subrogation in favor of the Owner and other entities as required by contract. Such insurance will provide coverage not less than that of the standard Commercial Automobile Liability policy with combined single limits not less than:

- Operations in the Non-AOA\* area:                   \$ 2,000,000
- Operations in the AOA\* area:                   \$10,000,000

\*AOA = Aircraft Operations Area

- In accordance with Section 22-181(b) of Chapter 22, Code of Ordinances of the City of Atlanta, all vehicles requiring access to the restricted areas of the airport must be covered by an automobile liability policy in the minimum amount of ten million (\$10,000,000) combined single limit for personal injury and property damage. The \$10,000,000 limit of liability will also be imposed on any parties transporting workers, materials and/or equipment to the Airport site from parking lots or similar facilities.
- Contractual liability, if not provided in the policy form, is to be provided by endorsement.
- If hazardous materials or waste are to be transported, the Commercial Automobile Liability policy will be endorsed with the MCS-90 endorsement in accordance with the applicable legal requirements.

### 2. Workers' Compensation and Employer's Liability

All Enrolled Contractors must have Workers' Compensation and Employer's Liability insurance covering all employees for injuries that occur away from the Project site or after project completion or OCIP termination or cancellation.

**Section 7 - INSURANCE PROVIDED BY THE CONTRACTORS AND ALL SUBCONTRACTORS (CONTINUED)**

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Excluded Parties must provide this coverage for all operations relating to this Project. The policy must contain a waiver of subrogation endorsement in favor of the Owner and other entities as required by contract, and provide not less than the following limits:

- a. Workers' Compensation - Statutory Limits
- b. Employer's Liability -
  - \$1,000,000 Each Accident
  - \$1,000,000 Each Disease - Each Employee
  - \$1,000,000 Each Disease - Policy Limit

*Note that the Owner does not permit Workers' Compensation Exemption Status.*

**3. Commercial General Liability Insurance**

All Enrolled Contractors must have General Liability insurance covering third party losses that occur away from the Project, and after Notice of Final Acceptance or OCIP termination or cancellation. Excluded Parties must provide this coverage for all operations relating to this Project.

Coverage must be on an ISO Occurrence Form acceptable to Owner, and shall include, but not be limited to, Premises-Operations, Personal Injury, Blanket Contractual Liability, Property Damage (with exclusions K&L removed), Fire Legal Liability, Independent Contractors, explosion, collapse and underground, and Products/Completed Operations. Provided below are the minimum insurance limits required:

<u>Limits</u>	<u>All Parties</u>
\$1,000,000	Each Occurrence
\$2,000,000	General Aggregate
\$2,000,000	Products/Completed Operations Aggregate*
\$1,000,000	Personal Injury and Advertising Liability
\$ 300,000	Damage to Premises Rented to You

\*Including term up to 5 years after substantial completion

**4. Umbrella/Excess Liability**

**The General Contractor Only:** \$10,000,000 Each Occurrence/Aggregate

Umbrella/Excess Liability insurance, insuring against bodily injury, personal and advertising injury, and property damage, and all other coverages as specified above (Employers' Liability, Commercial General Liability and Commercial Automobile Liability). Coverage must be follow form and must apply as excess of the scheduled underlying policies. The General Liability, Automobile Liability and Employers' Liability limit requirement may be met by primary coverage or a combination of primary and Umbrella/Excess insurance.



## **SECTION 7 - INSURANCE PROVIDED BY THE CONTRACTORS AND ALL SUBCONTRACTORS (CONTINUED)**

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### **5. Aviation Liability**

If required by the Owner, All Enrolled Contractors and Excluded Parties must provide Aviation Liability insurance covering all owned, non owned, and hired aircraft, used, operated, or hired by the Contractor or the applicable Subcontractor in connection with the Project, including bodily injury, property damage, and Passenger Liability with a minimum limit of \$10,000,000 each occurrence.

### **6. Watercraft Liability**

If required by the Owner, All Enrolled Contractors and Excluded Parties must provide Watercraft Liability and/or Protection and Indemnity insurance covering all owned, non-owned, and hired watercraft, used, operated, or hired by the Contractor or Subcontractor in connection with the Project, including bodily injury with a minimum limit of \$1,000,000 each occurrence.

### **7. Professional Liability (Architecture & Engineering Design Only)**

Per Claim Made and in the Aggregate \$5,000,000

- Contractor/Consultant shall procure and maintain during the life of this contract Professional Liability insurance, including a three year Extended Reporting Provision.
- Owner reserves the right to provide this coverage and, should it elect to do so, will execute a deductive change order to remove the cost of this coverage from the contract price.

### **8. Qualifications of Insurers**

Each Insurer of an Enrolled Contractor or Excluded Party who provides any insurance coverage required by this section must meet each of the following requirements:

- The Insurer must be authorized by the State of Georgia to transact property and/or casualty insurance business in the State of Georgia;
- The Insurer must have an A.M. Best Policyholder Rating of a "A-" and a Financial Rating of "Class VIII" or higher.

### **9. Certificate of Insurance**

Prior to commencing any work at the Jobsite, all Enrolled Contractors and Excluded Parties must provide the Owner with a Certificate of Insurance. Failure of any party to provide such certificates of insurance will not be relief from the responsibility to carry and maintain such insurance. Certificates should be sent to the OCIP Administrator.

Coverage must include and Certificates of Insurance must evidence (see sample in forms section):

- a) Reference to: City of Atlanta, Hartsfield-Jackson Atlanta International Airport

## Section 7 - INSURANCE PROVIDED BY THE CONTRACTORS AND ALL SUBCONTRACTORS (CONTINUED)

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- b) Additional Insured: shall include City of Atlanta and others as required by contract as additional Insureds (as respects General and Automobile Liability). Coverage must be primary and non-contributory.
- c) Waiver of Subrogation: shall obtain a waiver of subrogation in favor of City of Atlanta and others as required by contract (as respects Workers' Compensation).
- d) Notice of Cancellation: All required policies shall be endorsed to provide that notice of cancellation shall be given to Owner by insurance agent/broker or carrier, or if unavailable, Contractor/Subcontractor must provide Owner with thirty (30) days advance written notice of cancellation or non-renewal (ten (10) days in the event of cancellation for non-payment of premium).
- e) The insurance requirements described in the OCIP manual are not intended to, and shall not in any way, limit or quantify the liabilities and obligations each Contractor assumes pursuant to its contract. The insurance requirements are an independent contract provisions and shall survive the termination or expiration of this contract or any subcontract.

### 10. Other Insurance Needed As Determined by Enrolled Contractors

The OCIP, as previously outlined, is intended to afford broad coverage and relatively high limits of liability, but may not provide all the insurance needed. Enrolled Contractors should have their insurance agent, broker or consultant review the coverages and limits outlined herein for adequacy against your existing program. In order to eliminate duplicate insurance premiums, Enrolled Contractors should amend their insurance program to recognize coverage provided to them under this OCIP. It is suggested that Enrolled Contractors' General Liability and Workers' Compensation policies exclude coverage for this Jobsite only to the extent coverage is provided by the OCIP. In this manner, any broadened coverages or limits under the Enrolled Contractors' insurance program will still be available to them. Any insurance for higher limits or other coverages that are required by the Contract, by law, or needed for the Enrolled Contractors' protection must be purchased separately. Any premiums, deductibles or self-insured retentions under any additional coverages shall be borne by Enrolled Contractors.

Contractors' policies of insurance covering their owned or leased machinery, watercraft, vehicles, tools, or equipment against physical loss or damage must include waiver of subrogation endorsements in favor of the Owner and the General Contractor, their employees, agents or assigns.

## SECTION 8 - OCIP ONLINE REGISTRATION FORMS

### Step 1 - Online Registration Process

The OCIP utilizes an online enrollment program through Resurgens Risk Management. Contractors and all Subcontractors shall complete the online registration as outlined below.

#### Key Information You Will Need To Begin

1. FC Number (ex. FC-9999)
2. Company's Federal Identification #
3. Certificate of Insurance
4. Workers' Compensation and General & Umbrella Liability Policies' Declarations Page + Rate Sheets
  - o Note: Contractors whose current insurance program is a large deductible or loss sensitive plan will be required to provide additional documentation (including but not limited to three to five years payroll and loss history) so your insurance costs can be calculated appropriately. Contact the OCIP Administrator for additional instructions.
5. Estimated Contract Value & Labor by Workers' Compensation Classification Code

#### New Users

1. Go to OCIP online registration site at <https://www.hjiaocip.com/>
2. Complete New User Registration information on OCIP main page.
3. Verify your account by entering the user validation code, which will be sent via email.
4. Wait for General Contractor's online approval; then proceed with registration process.

#### Existing Users

1. Go to OCIP online registration site at <https://www.hjiaocip.com/>
2. Enter username / password.
3. Under the heading New OCIP Registration, select Register, enter project number.
4. Update user profile, select awarding contractor; then proceed with online registration.

#### **Completing Online Forms**

1. Complete Form 1, Check the Signature Box, Send.
2. Complete Form 2, Check the Signature Box, Submit.
3. Review your Submittal Form, Send.
4. You will receive a notice which states "Your Registration application is complete."
5. Email or fax the following to Neill Davis @ [Neill.Davis@atlanta-airport.com](mailto:Neill.Davis@atlanta-airport.com) or (404) 559-2395
  - a. Insurance Certificate (See sample certificate in Forms Section)
  - b. General Liability Additional Insured Endorsement (Comparable to CG 20 10 11/85)
  - c. Workers Compensation and General & Umbrella Liability Policy Declaration and Rate Sheets

Note: Contractors whose current insurance program is a large deductible or loss sensitive plan will be should also forward three to five years payroll and loss history. The OCIP Administrator may request additional information to verify your insurance costs.

For detailed registration instructions, go to <https://www.hjiaocip.com/>  
Select "Instructions" at the bottom of the page.

## SECTION 8 - OCIP ONLINE REGISTRATION FORMS (CONTINUED)

### Step 1 - Online Registration Process

#### Important Notes

- ★ 1. The Contractor hereby warrants the accuracy of the information provided to the OCIP Administrator and OCIP insurers, and on the OCIP website; and agrees that the Owner, the OCIP Administrator, and the OCIP insurers may audit the Contractor's records at any time to confirm the accuracy of the information provided, including any changes in the work as referenced in the Contract.
- ★ 2. Contractors or Subcontractors may not commence work on this Project until enrollment is complete which requires that all forms are received, approved, and a certificate of insurance is provided by the OCIP Administrator to the Enrolled Contractor.
- ★ 3. Enrollment is NOT automatic – Contractors are required to submit a separate registration for each project/contract they are performing work under. Excluded Contractors (those not eligible to participate in the OCIP due to contract value or scope of services) are also required to complete the online registration.
- ★ 4. Failure to submit the completed forms and documentation to the OCIP Administrator within 30 days of the initial request may result in a delay of your monthly progress payments.
5. Accurately estimate payroll anticipated for this Contract (initial bid and all change orders) to develop an accurate estimate of the insurance costs to be tracked by the OCIP administrator. At completion of the each Enrolled Contractor's work, a final audit will be conducted of the actual payroll, receipts and insurance costs. Insurance costs should be based on rates in force at the time of the Contract Award and are **not** subject to change during the project period.
6. Accurately utilize valid classification codes as defined in the latest version of the NCCI (National Council on Compensation Institute) Scopes Manual. These will also be audited and will be subject to change by the OCIP Administrator should the work being performed not coincide with the classification codes and rates submitted in the Form 2.

## SECTION 8 - OCIP ONLINE REGISTRATION FORMS (CONTINUED)

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### Step 2 – Updating Enrollment to Include Work Modifications or Change Orders

Enrolled Contractors must submit a Form 3 – Supplemental Insurance Information Form for *any* scope of work modifications or change orders which exceed twenty percent (20%) of their original contract amount.

#### Completing Online Form

1. Go to <https://www.hjiaocip.com/>
2. Sign into user account.
3. Select the applicable project number from the drop down box under Active Enrollments.
4. Select Form 3.
5. Provide additional contract value, scope of work, start/end dates, estimated man-hours and new Workers Compensation and General Liability codes, rates, etc.
6. Enter your name in the "Form Completed By" field, insert phone number, Submit.
7. Acceptance is subject to General Contractor's approval.

## SECTION 8 - OCIP ONLINE REGISTRATION FORMS (CONTINUED)

### Step 3 – Online Payroll Reporting

Enrolled Contractors must submit a Form 5 - Monthly Man Hours Report for payroll associated with Onsite work for this Project, from the date of enrollment until a closeout form has been submitted. Payroll reports are due by the 10<sup>th</sup> of each month.

#### Form 5 – Monthly Man Hours Report

1. To submit online payroll reports, go to <https://www.hjiaocip.com/>
2. Sign into your user account
3. Select the applicable project number from the drop down box under Active Enrollments
4. Select Form 5
5. Enter reporting month/year, payroll, hours (regular and overtime) and OSHA 300 information

#### Important Notes

1. Payroll must be submitted separately for each contract awarded.
2. If no work is performed at the site during the reporting period, a report must still be submitted showing "Zero Payroll/Receipts".
3. Use of Class Code 8810 shall apply ONLY to Onsite clerical employees who remain in the Onsite trailer and do not walk the Project.
4. Use of Class Code 5606 shall apply ONLY to individuals dedicated full time to this Project site, who work mainly inside the onsite trailer, and supervised through foreman. Those who directly supervise work must be classified under the governing (majority) class code. Individuals classified under 5606 may not have their time split with another class code.
5. Accurately utilize valid classification codes as defined in the latest version of the NCCI (National Council on Compensation Institute) Scopes Manual. These will also be audited and will be subject to change by the OCIP Administrator should the work being performed not coincide with the classification codes and rates submitted.

**Failure to promptly provide payroll information will result  
in a delay of your monthly progress payments.**

## SECTION 8 - OCIP ONLINE REGISTRATION FORMS (CONTINUED)

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### Step 4 – Notice of OCIP 85% Milestone

#### Form 4 – Notice of OCIP 85% Milestone

Enrolled Contractors will receive a notification from the system or the OCIP Administrator upon earning 85% of their insurance costs being tracked. At this point, subcontractors are required to update their contract information online as outlined below.

1. Go to <https://www.hjiaocip.com/>
2. Sign in to user account
3. Select the applicable project number from the drop down box under **Active Enrollments**
4. Select Form 4
5. Insert estimated date of completion
6. Provide names of subcontractors completing work on the same date. Use this space to explain if completion is delayed and why.
7. Update company information if necessary
8. Enter form completed by and phone number and submit

#### Important Notes

- a. Confirm that Contract work is 85% complete, or advise of any changes in the scope of work.
- b. Verify that all payroll and hours have been reported accurately.

## SECTION 8 - OCIP ONLINE REGISTRATION FORMS (CONTINUED)

---

### Step 5 – Completion of Work

#### Form 6 – Notice of Completion

Each Enrolled Contractor will submit a Form 6 - Notice of Completion, once the Enrolled Contractor has completed all of its work (including punchlist items).

1. To submit an online Form 6 – Notice of Completion Form, go to <https://www.hjiaocip.com/>
2. Sign into user account.
3. Select the applicable project number from the drop down box under Active Enrollments.
4. Select Form 6.
5. Insert date of completion.
6. Insert Final Workers Compensation Payroll and Final General Liability Payroll and/or Receipts.
7. Provide names of subcontractors completing work on the same date.
8. Update company information if necessary.
9. Enter your name in the “Form Completed By” field, insert your phone number, Submit.
10. Acceptance is subject to General Contractor’s approval.

**SECTION 9 - FORMS SECTION**

**Form 1 – OCIP Registration Form (Part I)**




**Hartsfield-Jackson Atlanta International Airport OCIP**

Attention: Neil Davis, OCIP Administrator | ndavis@mrng.com  
 1201 Peachtree St. Bldg. 400 Ste. 1730, Atlanta, GA 30361  
 Fax (404) 501-3515

**FORM 1 - REGISTRATION FORM (PART I)**

*NOTE: The Primary Contractor must complete the Hartsfield-Jackson Atlanta International Airport OCIP Form 1 for EACH subcontractor on the project, as well as for the Primary.*

\* Fields marked with asterisk are REQUIRED for submission of this form.

**FORM 1.1: COMPANY CONTACT INFORMATION**

<p>Project ID* <input style="width: 90%;" type="text"/></p> <p>Name of Firm* <input style="width: 90%;" type="text"/></p> <p>Address* <input style="width: 90%;" type="text"/></p> <p>Phone Number <input style="width: 90%;" type="text"/></p> <p>Web Address <input style="width: 90%;" type="text"/></p>	<p>Project Name* <input style="width: 90%;" type="text"/></p> <p>FEIN* <input style="width: 40%;" type="text"/></p> <p>City, State, Zip* <input style="width: 90%;" type="text"/></p> <p>Contractor is*                  Incorporated <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Joint Venture <input type="checkbox"/></p> <p>Ownership                  African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Female <input type="checkbox"/> Disadvantaged <input type="checkbox"/></p>																																								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Office Contact Name*</td> <td style="width: 25%;">Phone*</td> <td style="width: 10%;">Ext*</td> <td style="width: 10%;">Fax*</td> <td style="width: 30%;">E-Mail*</td> </tr> <tr> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Safety Contact Name</td> <td>Phone</td> <td>Ext</td> <td>Fax</td> <td>E-Mail</td> </tr> <tr> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Site Contact</td> <td>Phone</td> <td>Ext</td> <td>Fax</td> <td>E-Mail</td> </tr> <tr> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Payroll Contact</td> <td>Phone</td> <td>Ext</td> <td>Fax</td> <td>E-Mail</td> </tr> <tr> <td><input style="width: 90%;" type="text"/></td> </tr> </table>	Office Contact Name*	Phone*	Ext*	Fax*	E-Mail*	<input style="width: 90%;" type="text"/>	Safety Contact Name	Phone	Ext	Fax	E-Mail	<input style="width: 90%;" type="text"/>	Site Contact	Phone	Ext	Fax	E-Mail	<input style="width: 90%;" type="text"/>	Payroll Contact	Phone	Ext	Fax	E-Mail	<input style="width: 90%;" type="text"/>																	
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# SECTION 9 - FORMS SECTION (CONTINUED)

## Form 1 – OCIP Registration Form (Part I) (Cont.)

### FORM I.3: CONTRACT INFORMATION

Type of Work\*

Start Date (mm/dd/yyyy)\*

Est. Completion (mm/dd/yyyy)\*

Contract Value\*

Est. # of Subs

Awarding Contractor\*

Primary Contractor

### FORM I.3: CONFIRMATION

Form 1 completed by (Print or type the name of person completing form)\*

Date Completed\*

Title

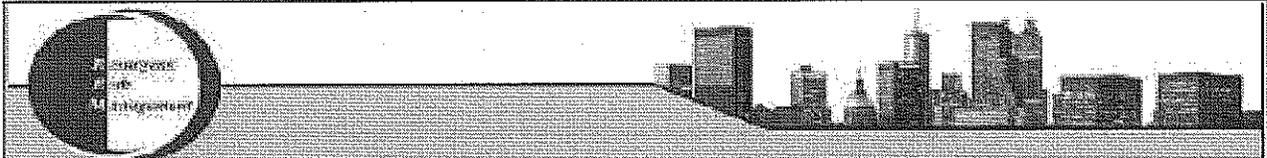
Phone\*

I certify that I am the above-described person, and that I am legally authorized and eligible to submit the information contained in this form on behalf of the above-described contractor in relation to work to be performed within the scope of the Hartsfield-Jackson Atlanta International Airport OCIP program. I affirm that all information contained in this document is true and complete to the best of my knowledge.

Signature\*

# SECTION 9 - FORMS SECTION (CONTINUED)

## Form 2 – OCIP Registration Form (Part 2)



### Hartsfield-Jackson Atlanta International Airport OCIP

Attention: Neil Davis, OCIP Administrator / ndavis@rrmg.com  
 1201 Peachtree St. Bldg. 400 Svc. 1730, Atlanta, GA 30361  
 Fax (404) 591-3515

### FORM 2 - REGISTRATION FORM (PART 2)

**NOTE:** Required insurance coverages and limits are shown in the contractor instruction materials. Information disclosed on this form is subject to audit and adjustment throughout the term of the project. After completing this form, fax your policy declaration pages and schedule rate sheets to (404) 591-3515.

*NO certificates or policies will be provided under the OCIP until this form and all related documents are received.*

\* Fields marked with asterisk are REQUIRED for submission of this form.

#### FORM 2.1: INSURANCE PROVIDER INFORMATION

Project <input type="text"/>	Project Name <input type="text"/>
Contractor <input type="text"/>	FEN <input type="text"/>

#### CURRENT INSURANCE INFORMATION

Required insurance coverages and limits are shown in the Bid Brochure, Paragraph "A". Information disclosed on this form is subject to audit and adjustment throughout the term of the construction project.

Insurance Broker or Agent Company* <input type="text"/>	Insurance Broker Address <input type="text"/>		
Insurance Contact <input type="text"/>	Phone* <input type="text"/>	Fax <input type="text"/>	Email <input type="text"/>

#### FORM 2.2: WORKMENS COMPENSATION INFORMATION

Workers Comp Insurance Co. <input type="text"/>	Policy Period(mm/dd/yyyy)* <input type="text"/> to <input type="text"/>	Policy Number* <input type="text"/>
WC Experience Modifier* <input type="text"/>	Deductible <input type="text"/>	Retention <input type="text"/>

# SECTION 9 - FORMS SECTION (CONTINUED)

## Form 2 – OCIP Registration Form (Part 2) (Cont.)

### FORM 2.2: WORKMENS COMPENSATION INFORMATION (cont.)

WC Code*	Rate*	Est. Payroll*	Premium*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Subtotal*	<input type="text"/>
Increased Limit Factor	<input type="text"/>
Experience Modifier	<input type="text"/>
Standard Premium	<input type="text"/>
Deduct Credit	<input type="text"/>
Drug Free Workplace Credit	<input type="text"/>
Premium Discount	<input type="text"/>
Expense Constant	<input type="text"/>
Terrorism	<input type="text"/>
Total WC Premium*	<input type="text"/>

*It is extremely important to accurately estimate payrolls for this contract. Payroll should be raw wages without burden, fringes or overtime premium, but should include sick, vacation, holiday pay and imputed income.*

*After submitting this form, fax a copy of your declaration page and schedule rate sheet, no enrollment will be processed until they are received.*

### FORM 2.3: GENERAL LIABILITY INFORMATION

Current GL Insurance Company <input type="text"/>	Policy Period (mm/dd/yyyy)* <input type="text"/> to <input type="text"/>	GL Policy Number* <input type="text"/>
GL Rate Based On (select one)*:		
<input type="checkbox"/> Payroll	<input type="checkbox"/> Receipts	<input type="checkbox"/> Receipts per \$100
<input type="checkbox"/> Receipts per \$1000	<input type="checkbox"/> Flat Rate Premium	

**SECTION 9 - FORMS SECTION (CONTINUED)**

**Form 2 – OCIP Registration Form (Part 2) (Cont.)**

**FORM 2.3: GENERAL LIABILITY INFORMATION (cont.)**

GL Code*	Rate*	Est. Payable Receipts*	Premium*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subtotal*			<input type="text"/>
<p><i>It is extremely important to accurately estimate payrolls anticipated for this project if GL premiums are based on payroll and to accurately estimate receipts if GL premiums are based on receipts.</i></p>			Premium Discount: <input type="text"/>
<p><i>After submitting this form, for a copy of your declaration page and schedule rate sheet, no enrollment will be processed until they are received.</i></p>			Total GL Premium* <input type="text"/>
<p><i>Estimated Subcontractor Premiums (Submit one identification sheet for each subcontractor or calculate 2% of subcontractor value for each subcontractor's estimated insurance cost) *</i></p>			<input type="text"/>

**FORM 2.4: UMBRELLA & EXCESS COVERAGE**

Umbrella Insurer	Coverage Limit	Policy Period (mm/dd/yyyy)	Policy Number	Premium
<input type="text"/>	<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>
Excess Insurer	Coverage Limit	Policy Period (mm/dd/yyyy)	Policy Number	Premium
<i>(If none or unknown, leave these spaces blank)</i>			<i>(Enter number values, or leave blank if none or unknown)</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>
<p><b>Profit &amp; Overhead</b></p>				<input type="text"/>
<p><i>This amount must equal the insurance credit indicated on your bid proposal. "Grand Total Premiums" represents the amount of insurance premium the contractor has included from the bid amount since the Owner is furnishing the construction insurance.</i></p>				Grand Total Premiums: <input type="text"/>

**SECTION 9 - FORMS SECTION (CONTINUED)**

**Form 2 – OCIP Registration Form (Part 2) (Cont.)**

**FORM 2.5: AUTO INSURANCE INFORMATION**

Current Auto Liability Insurance Company	Policy Period (mm/dd/yyyy to mm/dd/yyyy)	Auto Policy Number*
<input style="width: 95%;" type="text"/>	<input style="width: 45%;" type="text"/> to <input style="width: 45%;" type="text"/>	<input style="width: 95%;" type="text"/>
Liability Coverage Limit	# Vehicles Covered	# Vehicles On Site
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
# Mobile Equipment	Total Auto Annual Premium	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

**FORM 2.6: CONFIRMATION**

**NOTE: It is each Contractor's responsibility to notify its own insurance carrier to exclude all work to be done under this contract from its current insurance program.**

City of Atlanta as sponsor of the OCIP, or their Agent, is granted permission by Contractor to inspect the insurance and receipt records used in determining the above credit. At completion of the work, City of Atlanta's Agent shall audit the project receipt records of Contractor and adjust contract amount for final audited insurance premiums in accordance with the insurance premium audit provisions of the insurance policy. Any and all returns of premiums, dividends, discounts or other adjustments to any OCIP policy is assigned, transferred and set over absolutely to City of Atlanta. This assignment is valid for insurance policies whose premiums have been paid by City of Atlanta on behalf of such Contractor.

*Fax all supporting information to the number above as soon as you have completed this form. NO certificates of policies can be provided until this form and all related documents are received.*

Signed (Name of person completing form)*	Date Completed
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Title	Phone*
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

I understand that this web-based form constitutes a legal document. I certify that I am the above-described person, and that I am legally authorized and eligible to submit the information contained in this form on behalf of the above-described contractor in relation to work to be performed within the scope of the Hartsfield-Jackson Atlanta International Airport OCIP program. I affirm that all information contained in this document is true and complete to the best of my knowledge.

Signature

## SECTION 9 - FORMS SECTION (CONTINUED)

### Basis of Insurance Cost Calculation – Coverage and Limits

1. Workers' Compensation - Applicable Statutory Limits
2. Employer's Liability –
  - \$ 500,000 Each Accident
  - \$ 500,000 Each Disease - Each Employee
  - \$ 500,000 Each Disease - Policy Limit
3. Commercial General Liability –
  - \$ 1,000,000 Each Occurrence
  - \$ 2,000,000 General Aggregate
  - \$ 2,000,000 Products/Completed Operations Aggregate\*
  - \$ 1,000,000 Personal Injury and Advertising Liability
  - \$ 300,000 Damage to Premises Rented to You

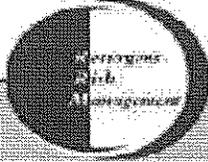
\*Including term up to 5 years after substantial completion

4. Umbrella/Excess Liability -

The General Contractor: \$10,000,000 Each Occurrence/Aggregate

# SECTION 9 - FORMS SECTION (CONTINUED)

## Form 3 – Change Order Form



### Hartsfield-Jackson Atlanta International Airport OCIP

Neil Davis, OCIP Administrator / ndavis@rrmg.com  
1201 Peachtree St. Bldg. 400 Ste. 1730, Atlanta, GA 30361  
Fax (404) 591-3515

### FORM 3 - CHANGE ORDER FORM

Contractor:		PEIR:	
<input type="text"/>		<input type="text"/>	
Address:		City, State, Zip:	
<input type="text"/>		<input type="text"/>	
Office Contact Name:	Phone & Ext.:	Office Contact E-Mail:	Fax:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project ID:	Contract Value:	Type of Work:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Awarding Contractor:	Prime Contractor:	Start Date (mm/dd/yyyy):	Est. Completion Date (mm/dd/yyyy):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For work to be performed under this Contract/Change Order: Information disclosed on this form is subject to audit and adjustment throughout the term of the construction project.

WFC Code*	Rate*	Est. Payroll*	Premium*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION 9 - FORMS SECTION (CONTINUED)**

**Form 3 – Change Order Form (Cont.)**

Payroll   
  Receipts   
  Receipts per \$100   
  Receipts per \$1000   
  Flat Rate Premium

GL Code*	Rate*	Est. Payroll/Receipts*	Premium*

It is extremely important to accurately estimate payrolls for this contract. Payroll should be raw wages without burden, fringes or overtime premium, but should include sick, vacation, holiday pay and imputed income.

Premium Discounts	
Total GL Premium	
Estimated Subcontractor Premiums (Full Cost Identification Sheet for Each Subcontractor or Calculate 3% of Subcontractor value for Each Subcontractor's Estimated Insurance Cost)	
Umbrella Premium	
Excess Liability	
<b>TOTAL</b>	

Name (Print or Type)  Phone   
 Title  Date Completed

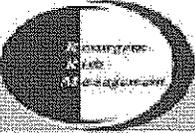
I certify that I am the above-described person, and that I am legally authorized and eligible to submit the information contained in this form on behalf of the above-described contractor in relation to work to be performed within the scope of the Hartsfield-Jackson Atlanta International Airport OCIP program. I affirm that all information contained in this document is true and complete to the best of my knowledge.

Signature

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**SECTION 9 - FORMS SECTION (CONTINUED)**

**Form 4 – Notice of Substantial Completion (85%)**




**Hartsfield-Jackson Atlanta International Airport OCIP**  
 Attention: Neil Davis, OCIP Administrator / ndavis@rrm.com  
 1201 Peachtree St. Bldg. 400 Ste. 1720, Atlanta, GA 30351  
 Fax (404) 591-3515

**FORM 4 - NOTICE OF SUBSTANTIAL COMPLETION (85%)**

Contractor:		FEIN:	
Please be advised, we are scheduled to complete our work for			
Awarding Contractor:		Prime Contractor:	
Project ID:		Completion Date:	
Project Name:			

We used the following subcontractors, who will also complete their work on the date shown above

This is our only job at Hartsfield-Jackson Atlanta International Airport  
 We are still working on the following jobs at Hartsfield-Jackson Atlanta International Airport

Awarding Contractor	Job Name and Description	Prime Contractor

Final insurance audits may be made under the applicable policies. Please show who in your office (or another location if applicable) is responsible for this information

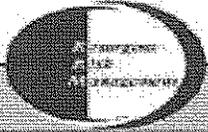
Name:			
Phone:		Fax:	
Email:			
Address:			
City:		State:	Zip:

Form Completed by (printed or typed name):	Phone:
Title:	Date:
Signature:	

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# SECTION 9 - FORMS SECTION (CONTINUED)

## Form 5 - Man Hours & Payroll/Receipts Form



Hartsfield-Jackson Atlanta International Airport OCP

Attention: Neil Davis, OCP Administrator / ndavis@hmgmt.com  
1201 Peachtree St. NE, 400 20th Floor, Atlanta, GA 30309  
Fax (404) 891-3515

### FORM 5 - MANHOURS & GL PAYROLL/RECEIPTS FORM

Contractor		Project ID	
Address		City, State, ZIP	
Office Contact	Office Phone	Fax	CRMR
	ext.		
Payroll Contact	Payroll Phone	Fax	Email
	ext.		
Awarding Contractor		Primary Contractor	

Month:  Year:  Pay & Hours

W/C Date	Total W/C Pkg	Hours Rate	HOURS OT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTALS		<input type="text"/>	<input type="text"/>

GL Rate Based On:  
 Payroll     Receipts     Receipts per \$100     Receipts per \$1000     Flat Rate Premium

# SECTION 9 - FORMS SECTION (CONTINUED)

## Form 5 - Man Hours & Payroll/Receipts Form (Cont.)

Payroll or Receipts & Hours			
Job Code	Total Payroll/Receipts	Hours Paid	Hours OT
<b>TOTALS</b>			

Payroll or Receipts & Hours		
Total Payroll/Receipts	Hours Paid	Hours OT
<b>TOTALS</b>		

**OSHA 300 Log - Illness & Injury**

How many cases of work-related injuries and illnesses occurred during this reporting period?

I certify that I am the above-described person, and that I am legally authorized and eligible to submit the information contained in this form on behalf of the above-described contractor in relation to work to be performed within the scope of the Hartwood-Jackson Atlanta International Airport OCHP program. I affirm that all information contained in this document is true and complete to the best of my knowledge.

Form Completed by (printed or typed name):	Date Completed:
Title:	Phone:
Signature:	

**SECTION 9 - FORMS SECTION (CONTINUED)**

**Form 6 – Notice of Completion**




**Hartfield Jackson Atlanta International Airport OCIP**  
Atlanta, GA 30334  
 404.535.2200

**FORM 6  
COMPLETION OF WORK**

Contractor:  **FUN**

Please be advised, we have completed our work for

Awarding Contractor:  Prime Contractor:

Project ID / Title:  Completion Date:

Initial Contract Value: <input type="text"/>	Final Contract Value: <input type="text"/>
Estimated Hours: <input type="text"/>	Final Hours Worked: <input type="text"/>
Initial Payroll: <input type="text"/>	Final Payroll: <input type="text"/>

Estimated WC Payroll		
WC Code	Rate	Estimated WC Payroll
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Total: <input type="text"/>

Final WC Payroll		
WC Code	Rate	Final WC Payroll
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Total: <input type="text"/>

Est. GL Receipts/Payroll		
GL Rate Based On	<input type="radio"/> Payroll Per \$100 <input type="radio"/> Payroll Per \$1000 <input type="radio"/> Receipts Per \$100 <input type="radio"/> Receipts Per \$1000 <input type="radio"/> Max Premium	
GL Code	Rate	Est. GL Receipts/Payroll
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Total: <input type="text"/>

**SECTION 9 - FORMS SECTION (CONTINUED)**

**Form 6 – Notice of Completion (Cont.)**

**Final GL Receipts/Payment:**

GL Rate Based On:  Payroll Per \$100  Payroll Per \$1000  Receipts Per \$100  Receipts Per \$2000  Flat Premium

GL Code	Rate	Final GL Receipts/Payment
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Total <input type="text"/>

Initial Bid Deduct:  (Initial WC Prem + GL Prem + Umb Prem)

Final Bid Deduct:  (Final WC Prem + GL Prem + Umb Prem)

We used the following subcontractors, who will also complete their work on the date shown above:

This is our only job at Hartsfield Jackson Atlanta International Airport

We are still working on the following jobs at Hartsfield Jackson Atlanta International Airport:

Awarding Contractor	Job Name and Description	Prime Contractor
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Final insurance audits may be made under the applicable policies. Please show who in your office (or another location if applicable) is responsible for this information:

Name:

Phone:  Fax:

Email:

Address:

City:  State:  Zip:

Form Completed by (Name):  Title:

Signature:

City of Atlanta, Hartsfield-Jackson Atlanta International Airport

Sample Certificate

 <b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY)	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.			
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).			
PRODUCER <b>INSURANCE AGENT'S NAME</b> <b>ADDRESS</b> <b>CITY, STATE ZIP CODE</b> <b>TELEPHONE NO. (INCLUDING AREA CODE)</b>		CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS: FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED <b>YOUR COMPANY NAME</b> <b>ADDRESS</b> <b>CITY, STATE, ZIP CODE</b> <b>TELEPHONE NO. (INCLUDING AREA CODE)</b>		INSURER A : ABC Insurance Company	
		INSURER B : DEF Insurance Company	
		INSURER C : GHI Insurance Company	
		INSURER D : JKL Insurance Company	
		INSURER E :	
		INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY			Policy Number	MO/DAY/YR	MO/DAY/YR	EACH OCCURRENCE	\$1,000,000		
	COMMERCIAL GENERAL LIABILITY						DAMAGES TO RENTED PREMISES(Ea occurrence)	\$300,000		
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$1,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$2,000,000		
B	AUTOMOBILE LIABILITY			Policy Number	MO/DAY/YR	MO/DAY/YR	COMBINED SINGLE LIMIT (Ea accident)	See Limit*		
	ANY AUTO						BODILY INJURY(Per person)	\$		
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY(Per accident)	\$		
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$		
*Coverage Limit Requirements: **AOA = Aircraft Operations Area \$ 2,000,000 Combined Single Limit – Operations in NON-AOA** \$10,000,000 Combined Single Limit – Operations in AOA**										
C	UMBRELLA LIAB			Policy Number	MO/DAY/YR	MO/DAY/YR	EACH OCCURRENCE	SEE		
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	Limit		
	DED	RETENTION \$					Requirements			
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A	Policy Number	MO/DAY/YR	MO/DAY/YR	<input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. EACH ACCIDENT	\$500,000
									E.L. DISEASE – EA EMPLOYEE	\$500,000
									E.L. DISEASE – POLICY LIMIT	\$500,000
	OTHER									

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 RE: City of Atlanta, Hartsfield-Jackson Atlanta International Airport ADDITIONAL INSURED (AUTO AND GENERAL LIABILITY): City of Atlanta and General Contractor. Coverage is primary & non-contributory. WAIVER OF SUBROGATION (WORKERS' COMPENSATION) for City of Atlanta and General Contractor.

<b>CERTIFICATE HOLDER</b> City of Atlanta 68 Mitchell Street, Suite 9100 Atlanta, GA. 30303 Email to : <a href="mailto:neill.davis@atlanta-airport.com">neill.davis@atlanta-airport.com</a> Fax : 404-559-2395		<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	
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PLEASE SUBMIT TO: Neill Davis, Resurgens Risk Management,  
 Phone No. 404.766.8715, Fax No. 404.559.2395, E-Mail Address [Neill.Davis@atlanta-airport.com](mailto:Neill.Davis@atlanta-airport.com)

