



STATE OF NEW JERSEY

SCHOOLS DEVELOPMENT AUTHORITY

Contractor/Subcontractor OCIP Enrollment Form

For On-Call Demolition Contracts Only

THIS FORM MUST BE COMPLETED FOR ALL ELIGIBLE CONTRACTORS AND SUBCONTRACTORS WHO WILL PERFORM WORK AT THE CONSTRUCTION JOB SITE.

NO CERTIFICATES OF INSURANCE OR POLICIES WILL BE PROVIDED UNDER THE OCIP UNTIL THIS FORM AND REQUIRED DOCUMENTATION ARE RECEIVED. ATTACH A COPY OF ON/OFFSITE WORKERS COMPENSATION/EMPLOYERS LIABILITY, OFFSITE GENERAL LIABILITY & ON/OFFSITE AUTOMOBILE CERTIFICATE(S) OF INSURANCE.

Section I

CONTRACTOR INFORMATION

Contractor Name: _____
 Street Address: _____ FEIN: _____
 City, State Zip: _____
 Office Contact: _____ Phone: _____ Fax: _____ Email: _____
 Project Contact: _____ Phone: _____ Fax: _____ Email: _____

CURRENT INSURANCE INFORMATION

Contractor's Agent/Broker: _____
 Contact Name: _____ Phone: _____ Fax: _____ Email: _____

Section II

CONTRACT INFORMATION

Project Name or No.: _____ Awarding Contractor: _____
 Contract Value: _____ Est. Completion Date: _____ Est. Start Date: _____
 Estimated W2 Payroll: _____ Estimated Work Hours: _____ Avg. # of Men on Site: _____
 % Subcontracted: _____ *# of Subcontractors: _____ Subcontracted \$ Value: _____ Est. Hours: _____
 Job Description: _____

*If utilizing subcontractors please be sure to complete Subcontractor Information on next page

CONTRACTOR INSURANCE COST CALCULATION

General Liability

***GL Rate x Payroll or Receipts / \$100 or \$1,000 = Liability Premium

Current GL is base: Payroll or Receipts per \$100 or \$1,000

Coverage Descriptions	Class Description/ Code(s)	GL Rate	Payroll or Receipts(\$)	***Premium
1. Premises				\$
2. Products Comp & Ops.				\$
3. *GL Premium for Subcontracted work (If Any)				\$

*Rate x Subcontracted CV / \$1,000 = Subcontracted Premium

GL SIR or Deductible \$
\$

TOTAL General Liability Premium: _____

Excess/Umbrella Liability

**** Rate x Payroll or Receipts / \$100 or \$1,000 = Excess Premium

Coverage Description	Rate	Payroll or Receipts Amount	****Premium
Excess/Umbrella Liability			\$

****If NOT provided will be estimated at 25% of General Liability Premium (Required)

TOTAL Excess/ Umbrella Premium: \$ _____

Subcontractor Premiums (Completed Enrollment Forms are Required for Each Subcontractor)

Name of Subcontractor(s)	Subcontract Amount	Premium(s)
1.	\$	\$
2.	\$	\$
3.	\$	\$

TOTAL Subcontractor Premium:	\$
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SUMMARY

Total Contractor Insurance Premium	(GL + Exc + Sub Premium)	\$
Overhead & Profit Mark Up	_____ %	\$
TOTAL COST OF INSURANCE	(Total Premium Increased by OH&P Mark-up)	\$

Check here to indicate that you prefer CR Solutions, OCIP Administrator, to complete Insurance Cost Calculation on your behalf and provide a copy for your review.

Section III

Agreements

Audit Rights

In the event that the undersigned Trade Contractor or subordinate contractor is awarded a contract, such party will permit **NJSDA** or its Representative to inspect their insurance policies, audit methods, and rates used in determining the initial insurance premium deduction. In addition, as a participant in the **OCIP**, all enrolled Trade Contractors and subordinate contractors are subject to a payroll audit performed by the **OCIP** Insurance Carrier. Upon request, the **OCIP** Insurance Carrier shall be provided access to **OCIP** Enrollment Forms, all contract documentation and work description information, all project site payroll records including certified payroll, and any and all subcontract agreements. Failure to cooperate with the **OCIP** Insurance Carrier may result in the calculation of project site payroll at either 75% of the final contract value or 150% of the original payroll estimate, whichever is dictated by the **OCIP** Insurance Carrier in the **OCIP** General Liability Policy. These audit results may be used for the Final Insurance Cost Calculation as outlined in the **OCIP** On-Call Demolition Insurance Procedures Manual.

Assignment

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

Insurance Cost Calculation Agreement

The "Total Cost of Insurance" specified in Section II or as agreed upon via signature on the revised calculation provided by the **OCIP** Administrator, represents the estimated costs for all insurance coverages the undersigned Trade Contractor or subordinate contractor would have otherwise incurred and/or charged for required coverages as outlined in the **OCIP** On-Call Demolition Insurance Procedures Manual. In accordance with the Insurance Cost Accounting procedures as described in the **OCIP** On-Call Demolition Insurance Procedures Manual, this "Total Cost of Insurance" will either be initially excluded or subsequently deducted from the contract price. In the event that the undersigned Trade Contractor or subordinate contractor is not enrolled in the **OCIP**, the "Total Cost of Insurance" shall be included or otherwise added back into the contract price. The calculation shown in this Section II or the agreed upon revised calculation as provided the **OCIP** Administrator will be used for any final insurance calculations as stipulated in the **OCIP** On-Call Demolition Insurance Procedures Manual.

Compliance

The undersigned Trade Contractor or subordinate contractor hereby agrees that all **OCIP** requirements will be met on a timely basis. This includes but is not limited to: submission of enrollment forms and policy rating pages, proper enrollment and notification of subcontractors, monthly payroll and work hour reports, maintenance and evidence of required insurance coverages, proper safety and loss control practices, and prompt claims reporting. If these requirements are not satisfied **NJSDA** has the right to withhold payments from the Trade Contractor and/or subcontractor.

Signed: _____ Date: _____

Print: _____

Job Title: _____

Send this Form to: **Fax: 609-656-0307 or**

Address: **NJSDA, PO Box 991, Trenton, NJ 08625-0991; Attn: OCIP Administrator**