



STATE OF NEW JERSEY

SCHOOLS DEVELOPMENT AUTHORITY**Contractor/Subcontractor OCIP Enrollment Form**

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 OFF-SITE WORKERS COMPENSATION/EMPLOYERS LIABILITY, GENERAL LIABILITY & ON/OFF-SITE AUTOMOBILE CERTIFICATE(S) OF INSURANCE.

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: _____

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**Workers' Compensation**

****WC Rate x Est. Payroll / \$100 = Standard Premium**

WC Classification	WC Code	WC Rate	Est. W2 Payroll for this Code	Est. Hours	**Premium
1.			\$		\$
2.			\$		\$
3.			\$		\$
4.			\$		\$

Additional Charges, Credits & Debits	Rate	Cost	Premium
Increased Limits (+)			\$
Experience Modification Rate (%)			\$
Premium Discount (if any) (-)			\$
Funding of Deductible (if any) (+)			\$
State Assessments (+)			\$
Other			\$
Other			\$

WC SIR or Deductible \$	TOTAL Workers Compensation Premium: \$
--------------------------------	---

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: \$
--------------------------------	--

**New Jersey Schools Development Authority - OCIP
Contractor/Subcontractor OCIP Enrollment Form**

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.	\$	\$

SUMMARY

TOTAL Subcontractor Premium:		\$
Total Contractor Insurance Premium	(WC + GL + Excess + 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 the OCIP Administrator to complete Insurance Cost Calculation on your behalf and provide a copy for your review.

Agreements

The Contractor will remove all insurance cost from Contractor's bid to determine contract amount. At completion of the Work, the Insurance Carrier shall have the right to audit the Contractor's payroll records.

Any and all returns of premiums, dividends, discounts or other adjustments to any OCIP policy is assigned, transferred and set over absolutely to NJSDA. The assignment is valid for insurance policies whose premiums have been paid by the NJSDA on behalf of such Contractor.

The Undersigned hereby agrees that all NJSDA requirements will be met on a timely basis, including, but not limited to: enrollment documents, monthly payroll and man-hour reports (no later than the 10th business day of the following month), maintenance and evidence of offsite coverage, loss control recommendations and requirements, and prompt claims reporting.

The undersigned understands and acknowledges that the Contractor's Workers' Compensation loss experience incurred on this project will be reported annually to the Workers' Compensation Bureau and will be used to promulgate its experience modification factor

The undersigned hereby agrees the OCIP affords no coverage for tools or equipment of the General Contractor or, any tier of enrolled subcontractor, or any other person furnishing labor or materials on a covered Construction Project. The undersigned hereby agrees to indemnify, defend, and hold the Authority and its officers, agents, and employees harmless from any such loss, theft or disappearance.

It is each Contractor's responsibility to notify its own insurance carrier to exclude all work to be done under this contract from your current insurance program. Attach copy of offsite Workers' Compensation/Employers Liability, General Liability & off/onsite Automobile Liability Certificate of Insurance.

Signed: _____ Date: _____
Print: _____
Job Title: _____

**NO CERTIFICATES OF INSURANCE OR POLICIES WILL BE PROVIDED UNDER THE OCIP UNTIL THIS FORM AND
REQUIRED DOCUMENTATION ARE RECEIVED.**

Send this Form to: **NJSDA
Attn.: OCIP Administrator
PO Box 991
Trenton, NJ 08625
Fax: 609-656-0307**