

LAYTON RISK MANAGEMENT CONTRACTOR CONTROLLED INSURANCE PROGRAM MANUAL

FOR THE

<INSERT PROJECT NAME>
<INSERT PROJECT NUMBER>

IMPORTANT: When enrolling online insert 4 digit number above!!



Arthur J. Gallagher & Co.
BUSINESS WITHOUT BARRIERS™

Presented By:

**Layton Construction
and
Gallagher Construction Services**

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Attached Addenda

Addendum A – **Online Enrollment** Instructions

Addendum B – **Online Payroll Reporting** Instructions

Insurance Coverages

Layton Construction provides the following insurance to all enrolled subcontractors under the CCIP program. Policy copies are available upon request:

(a) **Workers' Compensation Insurance:**

Statutory limits, with Coverage B - Employer's Liability limits of:

| | | |
|---------------------------|-------------|---------------|
| Bodily Injury by Accident | \$1,000,000 | Each Accident |
| Bodily Injury by Disease | \$1,000,000 | Each Employee |
| Bodily Injury by Disease | \$1,000,000 | Policy Limit |

(b) **Commercial General Liability Insurance:**

(Excluding Automobile, Professional, and Pollution Liability) applying to all insureds jointly with the following Bodily Injury and Property Damage combined limits:

| | |
|------------------------------------------------------------------------------------------------|----------------------------------------------------|
| \$2,000,000 | Each Occurrence |
| \$2,000,000 | Personal and Advertising Liability |
| \$4,000,000 | General Aggregate |
| \$4,000,000 | Products and Completed Operations Hazard Aggregate |
| <u>Ten (10) years Completed Operations coverage, per project, from substantial completion.</u> | |

- The General Aggregate reinstates annually
- There is a separate annual cap of \$20 Million for the General Aggregate
- The PCOH Aggregate applies once per each project over \$50 Million in CV
- The PCOH Aggregate applies once per each project \$50 Million and less in CV subject to a \$20 Million program cap

(c) **Lead Excess Liability Insurance:**

| | |
|--------------|----------------------------------------------------|
| \$25,000,000 | Each Occurrence |
| \$25,000,000 | General Aggregate |
| \$25,000,000 | Products and Completed Operations Hazard Aggregate |

- The General Aggregate reinstates annually
- There is a separate annual cap of \$125 Million for the General Aggregate
- The PCOH Aggregate applies once per each project

(d) **2nd Layer Excess Liability Insurance:**

| | |
|--------------|----------------------------------------------------|
| \$25,000,000 | Each Occurrence |
| \$25,000,000 | General Aggregate |
| \$25,000,000 | Products and Completed Operations Hazard Aggregate |

- The General Aggregate reinstates annually
- There is a separate annual cap of \$125 Million for the General Aggregate
- The PCOH Aggregate applies once per each project

(e) **Loss Sharing:** Each enrolled subcontractor involved in a general liability claim will be responsible to share in all costs associated with the investigation and settlement of said general liability claim insured by the CCIP, including defense costs incurred in litigated claims, for losses that are caused in whole or in part by subcontractor. This amount will be equal to the subcontractor's corporate insurance program deductible at the time of subcontract issuance with a minimum of \$2,500. A participating subcontractor will have to provide proof of its deductible upon request. Layton will be the determinant of any liability and proportionate participation in any loss sharing amount.

(f) **Defense Costs:** Defense costs are in addition to the limits of liability

(g) **Evidence of Insurance:**

Gallagher Construction Services will issue certificates of insurance evidencing coverages provided under the CCIP to each Insured. The certificate of insurance and insurance policy will include a 30-day notice of cancellation clause.

The coverages under this program do not include all insurance needed by the Subcontractor and its Subcontractors of any tier. For example, Workers' Compensation and General Liability coverages apply only to the operations of and for each Insured at the Project Site. They do not apply to the operations of any Insured in their regularly established main or branch office, factory, warehouse, or similar place. Independent Truckers/Haulers will not be Insureds under the Program.

(h) **Known Exclusions, Terms & Conditions**

- Nuclear Energy Liability Exclusion
- Silica Exclusion
- Lead Exclusion
- Asbestos Exclusion Endorsement
- Exclusion Contractor's Professional Liability
- Exclusion – Violation of Statutes that Govern E-mails, Fax, Phone Calls or Other Methods of Sending Material or Information
- Fungi or Bacteria Exclusion
- Employment Related Practices Exclusion
- Absolute Pollution Exclusion
- Limitation of Designation Premises
- PD to Insured's Work ("that particular part")
- Property Damage to Owner's Property Exclusion (Builder's Risk Exclusion)
- Extended Closing Operations – Repair Work Endorsements – 12 Months
- Notice of error in claim reporting
- Notice of Occurrence
- Two or More Policies Endorsement
- Limited Contractual Liability
- Unintentional Failure to Disclose
- Fellow Employee Coverage – Specified Employees Only
- Incidental Medical Malpractice Liability Coverage
- Waiver of Transfer of Rights of Recovery Against Others

(i) **Program Term:** August 20, 2012 to January 1, 2018 plus 10-year completed operations tail

(j) **Project Term:** **TBD** months plus 10-year completed operations tail

(k) **Insurance Carriers:**

- Commercial General Liability Insurance: Indemnity Insurance Company of North America
- Workers Compensation Insurance: ACE American Insurance Company
- Excess Liability Insurance: ACE Property & Casualty Insurance Company
- Excess Liability Insurance: Allied World National Assurance Company

(l) **Credit Calculation:**

1. Subcontractors' bids will include their costs of all insurances required hereunder (general liability, excess liability, and workers' compensation) and provided by the CCIP. Every prospective CCIP Participant must complete **Online Enrollment** through the Arthur J. Gallagher Contractor Portal and submit all required supporting documents. This applies to all lower-tier subcontractors as well.
2. An Insurance Calculation Worksheet (ICW) will be sent to your office from Gallagher at the beginning of the job based on the data supplied **online**. Each enrolled contractor will be assessed a credit for its estimated cost of its insurances. This estimated credit will be converted to a percentage of your contract amount. On a monthly basis, the estimated credit percentage will be applied to your pay application and withheld from your payment. This will be automatically performed in Textura using Textura's payment discount functionality. You will be able to verify and accept the payment discount in Textura. All change orders will be handled in the same manner.
3. Credits for lower tier subcontractors will be made through the prime subcontractor's contract with Layton. It will be the prime subcontractor's responsibility to pass these credits to their lower tier subcontractors.
4. Payroll must be reported **online** through the Arthur J. Gallagher Contractor Portal on a monthly basis to Gallagher. Failure to report payroll on a monthly basis may result in the holding of your progress payment. Adjustments may be made through the contract if it appears that the estimates are materially incorrect. Contractor rates that are deemed materially incorrect at project closeout will cause an adjustment to be made to the final credit.
5. Gallagher will perform a true-up calculation at the end of your work to determine the final amount of the credit based on actual payroll and final contract amount. The final credit amount will be made on the final payment application. Unconditional lien releases will reflect the entire amount of the pay application submitted, not the net amount of the payment.

Program Eligibility

Prior to providing any Subcontractor Work at the Project site, Subcontractor shall satisfy all requirements for enrollment in the CCIP, including **online enrollment** via the Arthur J. Gallagher Contractor Portal. Subcontractor shall be responsible to ensure that it and its Sub-subcontractors comply in all respects with the enrollment requirements for the CCIP before any onsite activities occur at the Project Site. Subcontractor represents and warrants that the information submitted via **online enrollment** via the Arthur J. Gallagher Contractor Portal is true, correct and complete in all respects. All supporting documentation as requested during the **online enrollment** process to include copies of insurance records, policies, declaration pages of policies, insurance rating information, certificates of self-insurance, and such other documents must be submitted to assure the truth, accuracy and completeness of Subcontractor's insurance information and data. If these items are not timely furnished to the reasonable satisfaction of Contractor and the CCIP Administrator, progress payments may be held until Subcontractor is in compliance. If Subcontractor does not submit required information then the Subcontract price shall be reduced by 3.25% to offset costs incurred by Contractor for Subcontractor's participation in the CCIP.

Coverage Trigger

Coverage will begin upon successful completion of the **online enrollment** via the Arthur J. Gallagher Contractor Portal and issuance of a certificate of insurance evidencing coverage. Once your enrollment has been completed you will receive a Certificate of Insurance confirming the coverage from Gallagher Construction Services. It is your responsibility to successful complete and submit all enrollment materials via the Arthur J. Gallagher Contractor Portal before you begin work on the project. Failure to supply all requested insurance documents will result in a flat 3.25% charge against your entire contract amount. You are also responsible for ensuring that any lower tier subcontractors you hire complete the **online enrollment** via the Arthur J. Gallagher Contractor Portal before they begin their work at the project site. If you or your lower tier subcontractors have not completed the **online enrollment** process and received confirmation of enrollment from Gallagher Construction Services, no coverage will be afforded.

Payroll Reports must be submitted monthly **online** via the Arthur J. Gallagher Contractor Portal by the 5th of every month.

Ineligible Parties

Subcontractors who present an exceptionally hazardous exposure or risk to the job site may not be eligible to participate, at Layton Construction's discretion. It is your responsibility to contact Gallagher and confirm your eligibility before you begin work on the project.

Not everyone will be a participant. For example, the following are ineligible for the program:
Subcontractors of any tier that are:

- Vendors
- Suppliers who do not provide labor or hire any on-site installation
- Material dealers,
- Off-site fabricators with no on-site installation or do not hire on-site installation
- Others who merely transport, pick up, deliver or carry materials, personnel, parts or equipment or any other items or persons to or from the project site
- Temporary labor services that would traditionally supply you with temporary labor (where workers' compensation coverage is provided for those employees by the temporary agency).
- Abatement or Environmental contractors
- Exterminators
- Temporary Fence Rental Companies
- Contractors working under Professional Services Agreement(PSA)
- Heavy Demolition Contractors

If you are uncertain whether your firm will be a participant in this program, or wish confirmation of your eligibility, please contact John Drew, Gallagher Construction Services at 818.539.1499 or John.Drew@aig.com.

Layton Construction will coordinate the program at the project site. Gallagher Construction Services will be administering the program from their offices. A complete contact list is in the back of this Manual.

CCIP Enrollment Responsibilities Flowchart

| | Action Item | Responsibility |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| 1 | Distribute CCIP Manual to prospective bidders or subcontractors. | Layton |
| 2 | Send CCIP Manual to your Insurance Agent/Broker to assist in enrollment process. | Subcontractor |
| 3 | Distribute CCIP Manual to prospective lower tier bidders/subcontractors. | Subcontractor |
| 4 | Ensure all lower tier subcontractors complete the CCIP Online Enrollment through the Arthur J. Gallagher Contractor Portal prior to any on-site work. | Subcontractor |
| 5 | Ensure that Monthly Payroll is submitted online through the Arthur J. Gallagher Contractor Portal for you and your lower tier subcontractors. | Subcontractor and Lower-tier subcontractor |
| 6 | For off-site General Liability, Automobile, & Workers' Compensation requirements, send Insurance Certificate Endorsement to Layton in accordance with its Subcontract Agreement. | Subcontractor |
| 7 | Track issuance of subcontractor off-site certificates. | Layton |
| 8 | Confirm data on Enrollment Forms and issue Certificates of Insurance to all enrolled subcontractors. Policy will be available upon request. | Gallagher |
| 9 | Advise your Insurance Agent/Broker of insurance coverages provided by CCIP so that appropriate notice can be made to your current insurers. | Subcontractor Lower-tier subcontractor |
| 10 | Complete "Notice of Work Completion" Form online when all work is completed. | Subcontractor Lower-tier subcontractor |

Insurance Required From Subcontractors of Any Tier

Please note that the coverages provided by the CCIP are designated to cover you only while you are actively engaged in construction activities at <INSERT PROJECT NAME> Project site. Therefore it is imperative that you maintain your own insurance coverage for **off-site operations**.

The required insurance of every CCIP participant is outlined in detail in the Subcontract Attachment "Addendum to Work Authorization Notice" (Insurance Requirements). Please refer to that subcontract document for the requirements that pertain to you.

The Subcontractor of any tier shall require their respective vendors, suppliers, off-site fabricators, material dealers, truckers, drivers and others, who merely transport, pick-up, deliver or carry materials, personnel, parts or equipment to or from the project site to maintain insurance in the form and with the limits as specified in the Subcontract Attachment "Addendum to Work Authorization Notice" – Insurance Requirements.

The Attachment "Addendum to Work Authorization Notice" of the Subcontract Agreement outlines in detail the required coverages for all CCIP participants. It is important to review that document and supply the required Certificate of Insurance prior to the start of work. Please note that progress payments may be withheld if required insurance is not on file.

SAMPLE

CCIP Program Reminders

Every CCIP participant must complete the **online enrollment** process via the Arthur J. Gallagher Contractor Portal. Please contact your Gallagher Wrap-Up Administrator if you have any questions regarding the completion of this worksheet, as he or she can walk you through it.

Please keep in mind the following:

- You will need to ensure each of your lower-tier subcontractors completed the **online enrollment** process via the Arthur J. Gallagher Contractor Portal.
- The CCIP does **NOT INCLUDE** automobile coverage (including trucks and licensed equipment) or tools and equipment;
- The CCIP provides Workers' Compensation only for employees working at <INSERT PROJECT NAME> Project. Your yard or plant workers, off-site clerical staff, drivers who only deliver or pick up at the project, and management or supervisory personnel who are not dedicated to the project are **NOT COVERED** by the CCIP. Labor provided through labor service companies will not be afforded coverage under the CCIP.
- The CCIP provides General Liability only for operations at <INSERT PROJECT NAME> Project. Operations of each subcontractor of any tier at other locations (not approved by the underwriter) are **NOT COVERED** by the CCIP.
- Your workers compensation insurance credit will be based on estimated payroll provided at the time of enrollment and used for the calculation of your CCIP premiums. It will be verified against final payroll, which may result in additional premiums charged to you.
- Your general liability insurance credit will be based on the limits outlined in Attachment D of the "Addendum to Work Authorization Notice" and will be based on your estimated payroll or contract value provided at the time of enrollment and used for the calculation of your CCIP premiums. It will be verified against final payroll or contract value, which may result in additional premiums charged to you. You may need to include a portion of your excess liability coverage to meet this requirement. If you do not have Excess liability policy, please contact Gallagher.
- **At the time of your contract closeout a final audit will be performed based on your final payroll or contract value (if applicable) reported online to Gallagher on a monthly basis. Any additional insurance credits or adjustments due will be made from your pay application or final retention. If you have any questions, please contact Gallagher.**
- **All Workers Compensation Claims and Audited Payroll records for this project will be reported to the Workers Compensation Rating Bureau for the state in which the Project is located. Therefore, your loss claims history on this project will affect your Experience Modification Rate (EMR) just as it would on any other project.**

Accident Reporting and Claims Procedures

WORKERS' COMPENSATION CLAIMS

1. **The injured employee's foreman/superintendent shall see that first aid is administered promptly and accompany the injured employee to the medical facility designated for the project.** Be sure to give treating clinic the name of subcontractor as employer, and reference <INSERT PROJECT NAME> as job site. Designated facility must be used because of prior established relationship and their knowledge of occupational injuries and transitional work. Authorization treatment forms (green) will be sent to the Layton Construction office at the job site to be hand delivered to your designated safety person at the site.
2. **Layton's Drug Free Workplace Policy requires that anyone involved in an incident on a Layton jobsite that results in injury or damage to equipment or vehicles MUST submit to immediate testing. Refusal to submit to testing will result in being banned from working on any Layton projects. Testing will be performed by medical facility staff at the designated medical facility.**
3. All injuries will be reported immediately to Layton's Project Superintendent, On-site Safety Coordinator, or other designated Layton on-site staff. Layton's Incident Report needs to be submitted to the project team within 24 hours of any injury.
4. **The subcontractor must immediately supply the injured employee with the Employers Report of Injury** as required by State law, and follow usual internal reporting procedures, with the exception of reporting the claim to their usual Workers' Compensation insurance carrier.
5. **Foreman or superintendent must perform Accident Investigation, including Root Cause Analysis.** A copy of the completed Accident Investigation must be sent to On-site Safety Coordinator. If injury is serious, please also fax to CCIP Safety Director (fax number is listed in Personnel Directory at back of this manual).
6. **Any claim issues or problems may be directed to the treating clinic or ACE directly.** If concerns or issues are not dealt with satisfactorily you may contact Joseph Domingo at Gallagher Construction Services in San Francisco for assistance in resolving problems (see directory for phone numbers).
7. **Maintenance of records required by the Federal Occupational Safety and Health Act and all other applicable regulations are the responsibility of each subcontractor.**

NOTE: Failure to comply with these claim procedures will result in a flat fee of \$1,200 to be paid by the Subcontractor to Layton for additional costs to manage the claim.

GENERAL LIABILITY CLAIMS

1. **If an injury is involved, the Subcontractor's superintendent must immediately arrange for first aid** or other required medical treatment for the injured party.
2. **Layton's Drug Free Workplace Policy** requires that anyone involved in an incident on a Layton jobsite that results in injury or damage to equipment or vehicles **MUST** submit to immediate testing. Refusal to submit to testing will result in being banned from working on any Layton projects. Testing will be performed by medical facility staff at the designated medical facility.
3. **All Incidents, regardless of severity**, shall be reported immediately to the Job Site Contact and On-site Safety Coordinator and **reported to the Insurer by telephone**.
4. **The Subcontractor's superintendent must complete a General Liability Loss Notice** (located in the Gallagher Construction Services enrollment binder) for each accident with the following distribution: **Indemnity Insurance Company of North America [ACE]**, Job Site Office, Gallagher Construction Services.
5. **Any Court Summons, legal documents or other correspondence must be immediately referred to Gallagher Construction Services by registered mail.** Additional questions concerning subpapers should be referred to Gallagher Construction Services.

NOTE: Failure to comply with these claim procedures will result in a flat fee of \$1,200 to be paid by the Subcontractor to Layton for additional costs to manage the claim.

Layton Construction Co. Employee's Incident Report

PRINT - ALL FIELDS REQUIRED FOR INSURANCE CLAIM

Claim Is: LAYTON [] SUBCONTRACTOR []

If Subcontractor, Name of Company:

Employee's Name: First: Middle: Last: Age:

Street Address: Birth Date:

City, State, Zip: Soc. Sec. #:

Phone Numbers: Home: Cell: Date Hired:

Marital Status (circle): Single Married Divorced Number of dependents # Of Hours Worked Last Week

Occupation/Job Title: # Of Hours Worked Previous Week

Years at Position/of Experience Position is Full Time [] Part Time [] # Of Hours Worked Previous Week

State You Were Hired In: Hourly Wage: \$ # Of Hours Worked Previous Week

Foreman's Name: General Foreman's Name:

Superintendent's Name: PTP Completed: Yes No JHA Completed: Yes No

Date and Time of Incident: Time Shift Started: Stretch & Flex Performed: Yes No

Date Incident Reported: Date / Time You Sought Medical Attention:

Body part injured: Names of Witnesses:

Where on Project Injury Occurred:

Task Being Performed:

Describe How Incident Occurred. What Happened?

What Could Have Been Done To Prevent Incidents of This Type?

Signature of Employee: _____

Layton Construction Co. Supervisor's Incident Report

PRINT - ALL FIELDS REQUIRED FOR INSURANCE CLAIM

Claim Is: LAYTON [] SUBCONTRACTOR []

If Subcontractor, Name of Company:

Employee's Name: First: Middle: Last:

Craft: Years of Experience: # Of Hours Worked Last Week

Date/Time of Report: Date/Time of Incident: # Of Hours Worked Previous Week

Foreman's Name: # Of Hours Worked Previous Week

General Foreman's Name: # Of Hours Worked Previous Week

Superintendent's Name:

Project Name & Number:

Nature of Incident:

Location of Incident on Project:

Date and Time Employee Sought Medical Attention: Treated in Clinic [] Emergency Room []

Medical Status: FA [] Recordable [] W/ Restrictions [] LTI [] Date Restrictions Lost Time Began:

Was Safety Equipment Provided? Yes No Was It Being Used? Yes No

Task Being Performed:

Is the Injury Questionable? State Reasons:

Description of Incident:

Cause of Incident:

Proposed Corrective Action:

Case Status:

Signature of Supervisor _____

Layton Construction Co. Witness Incident Statement

PRINT - ALL FIELDS REQUIRED FOR INSURANCE CLAIM

Claim Is: LAYTON [] SUBCONTRACTOR []

If Subcontractor, Name of Company:

Employee's Name: First: Middle: Last:

Name of Employee Involved in Incident: First: Last:

Date/Time of Incident: Date/Time of Your Report:

Your Name: Phone Number:

Your Address: City, State, Zip:

Project Name: Project City, State:

DESCRIPTION OF INCIDENT (WHO, WHAT, WHERE, WHEN, WHY)

Who Was Involved:

What Happened?

Where on Project Did It Happen?

When (Date and Time)?

Why? What or Who Caused It?

Signature of Witness:

Witness of Statement:

Layton Construction Co. Witness Incident Statement

PRINT - ALL FIELDS REQUIRED FOR INSURANCE CLAIM

Claim Is: LAYTON [] SUBCONTRACTOR []

If Subcontractor, Name of Company: _____

Name of Employee Involved in Incident: First: _____ Last: _____

Date/Time of Incident: _____ Date/Time of Your Report: _____

Your Name: _____ Phone Number: _____

Your Address: _____ City, State, Zip: _____

Project Name: _____ Project City, State: _____

DESCRIPTION OF INCIDENT (WHO, WHAT, WHERE, WHEN, WHY)

Who Was Involved: _____

What Happened? _____

Where on Project Did It Happen? _____

When (Date and Time)? _____

Why? What or Who Caused It? _____

Signature of Witness: _____

Witness of Statement: _____

Definitions for Purposes of This Manual

- General Contractor:** LAYTON CONSTRUCTION
- Project:** <INSERT PROJECT NAME>
<TBD>
<TBD>, <TBD>, <TBD>
- Project: Site:** The areas designated in writing by Layton Construction in a contract document for performance of the Work and such additional areas as may be designated in writing by Layton Construction for Contractor's use in performance of the Work. The Project Site shall also include (1) field offices, (2) property used for bonded storage of material for the Project approved by Layton Construction, (3) staging areas dedicated to the Project. **Items through 3 must be approved by the CCIP Insurer and listed in the CCIP Policy**
- Off-Site Exposures:** Offices, shops, warehouses, factories or similar locations away from the designated project site that have not been approved by the CCIP Insurer and listed on the CCIP Policy **ARE NOT COVERED.**
- Contract:** The agreement between Layton Construction and the Subcontractor. The terms "Contract" and "Agreement" are used interchangeably.
- Subcontractor of Any Tier:** The person, firm or corporation with whom Layton Construction has entered into Agreement to perform the Work. Or the Person or entity who has a contract with a Layton Construction Subcontractor to perform any of the Work at the Site.
- Work:** Operations, as fully described in the Contract, performed at or emanating directly from <INSERT PROJECT NAME> Project.
- Insured:** Subcontractors of any tier which have an executed subcontract agreement and which have received written confirmation of coverage by Gallagher Construction Services. **The following are not Insureds under this CCIP** - Vendors, suppliers, material dealers, off-site fabricators and others who merely transport, pick up, deliver or carry materials, personnel, parts or equipment or any other items or persons to or from the Project Site, et al.
- Insurers:**
- Workers' Compensation and Employer's Liability:
ACE American Insurance Company
 - Commercial General Liability Insurance:
Indemnity Insurance Company of North America
 - Excess Liability Insurance: (1st Layer)
ACE Property & Casualty Insurance Company
 - Excess Liability Insurance: (2nd Layer)
Allied World National Assurance Company

Personnel Directory

PROJECT CONTACT: <TBD>
PHONE: <TBD>
<TBD>@LAYTONCONSTRUCTION.COM

PROJECT MANAGER: <TBD>
PHONE: <TBD>
<TBD>@LAYTONCONSTRUCTION.COM

CCIP SAFETY MANAGER: TBD
PHONE: <TBD>
<TBD>@LAYTONCONSTRUCTION.COM

CCIP CLAIM REPORTING: **SHERRY MOYER**
Layton Construction
(801) 563-3516
SMOYER@LAYTONCONSTRUCTION.COM

RISK MANAGEMENT: **Ken Ames**
Layton Construction
9090 So. Sandy Parkway
Sandy, UT 84070
(801) 563-3517
KAMES@LAYTONCONSTRUCTION.COM

CCIP PROGRAM MANAGER: **John Drew**
Gallagher Construction Services
505 North Brand Blvd, Suite 600
Glendale, CA 91205
818.539.1659 direct line
818.539.1651 fax
JOHN_DREW@AJG.COM

ENROLLMENT/ADMINISTRATION: **Mario Serna**
Gallagher Construction Services
818.539.1402 direct line
818.539.1702 fax
MARIO_SERNA@AJG.COM

WORKERS' COMPENSATION CLAIMS: **Joseph Domingo**
Gallagher Construction Services
(415) 288-1693
(415) 391-2616/fax

GENERAL LIABILITY CLAIMS: **John Dice**
Gallagher Construction Services
(925) 953-5253
(925) 299-0328/fax

PROJECT SPECIFIC INSURANCE PROGRAM

ONLINE ENROLLMENT INSTRUCTIONS



PRESENTED BY:

LAYTON CONSTRUCTION COMPANY

AND

ARTHUR J. GALLAGHER & Co.

INSURANCE BROKERS OF CALIFORNIA



Arthur J. Gallagher & Co.
BUSINESS WITHOUT BARRIERS™

ENROLLING THROUGH THE ONLINE PORTAL

1. In your web browser, open the AJG Wrap-up Contractor Portal URL (<https://ajg.vuewrapup.com/contractorportal>). This will open the portal login screen.

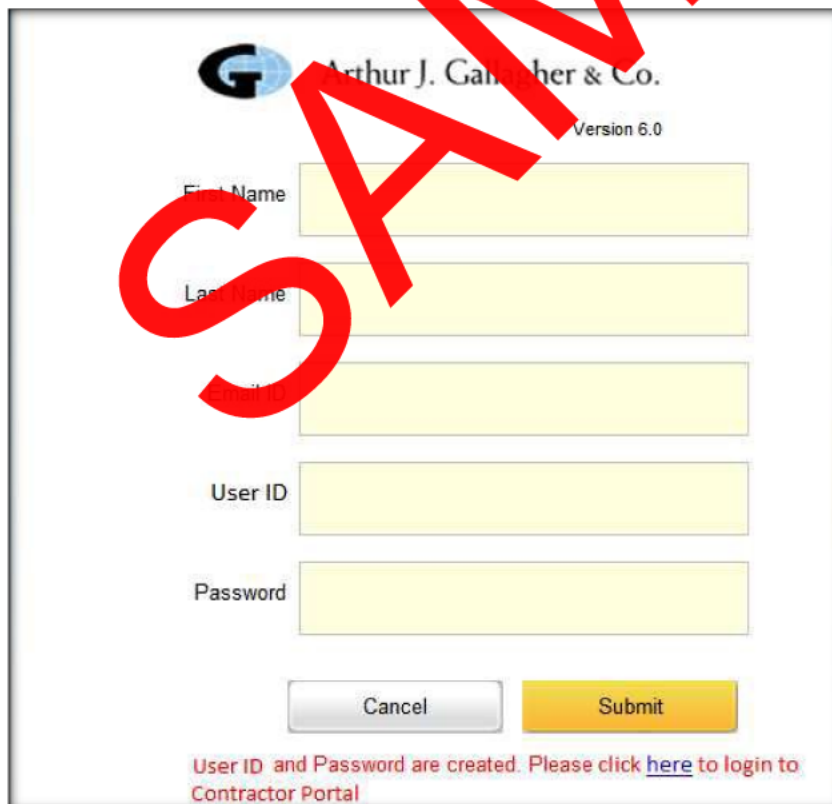


If you have never registered with the AJG Wrap-up Contractor Portal nor received a login for ajg.vuewrapup.com, follow steps 2-4.

If you are already registered, proceed to step 5.

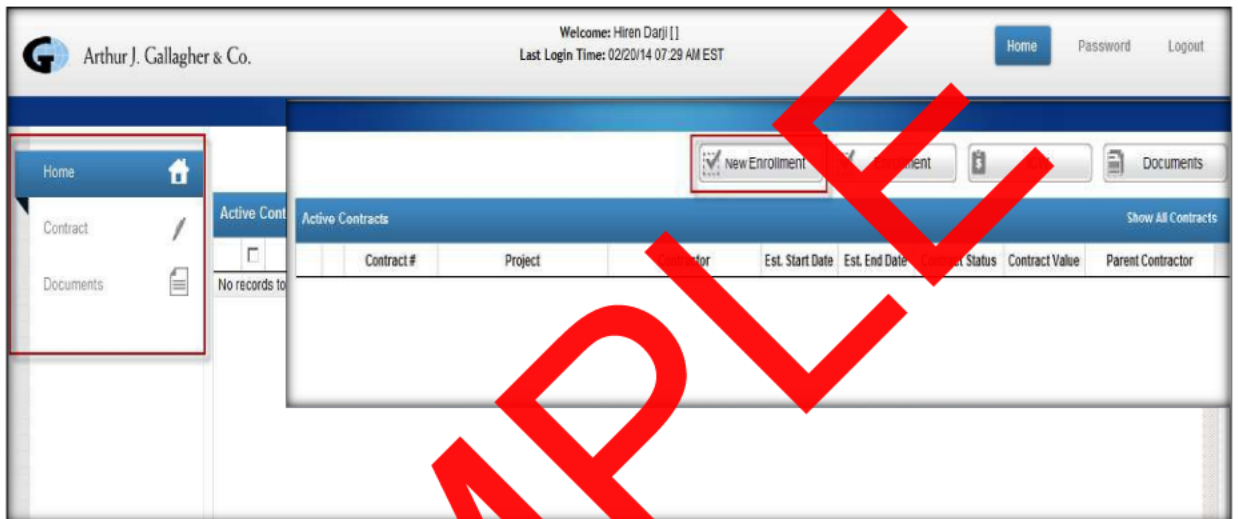
Click the Register link at the bottom right hand corner of the login box.

2. Click the Register

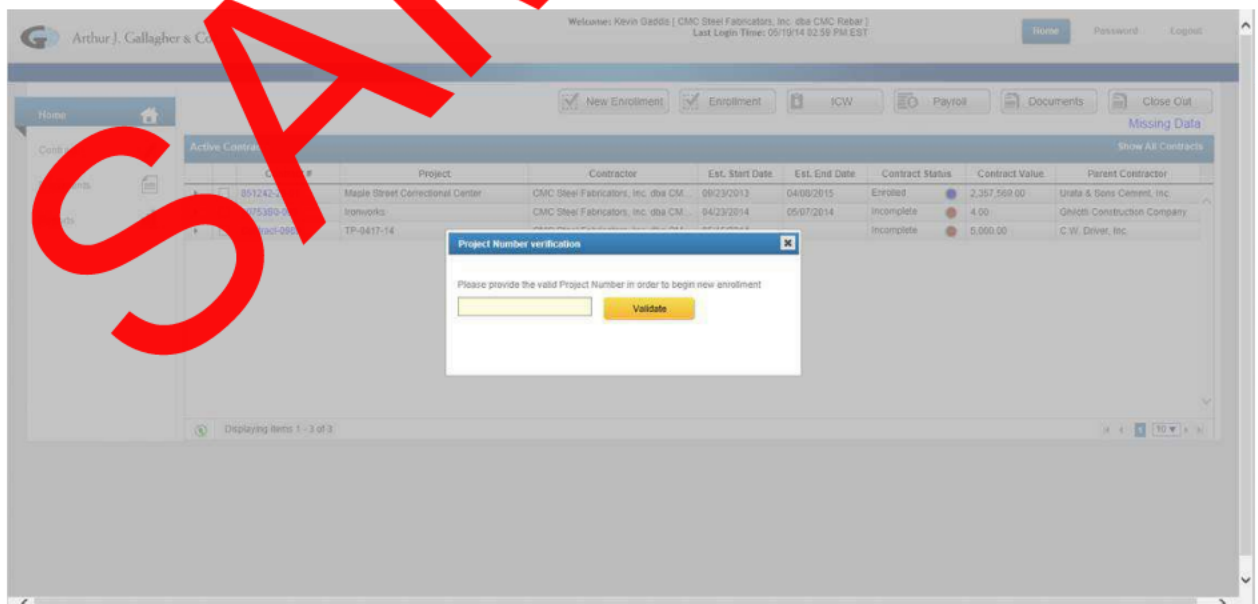


3. Fill in the form with your first name, last name, email ID (email address) and enter the User ID you would like to use. Your User ID can be any User ID you will easily remember, such as your first initial and last name (preferred), your company name, or your email address, and must be unique. Password may contain letters, numbers and symbols. All fields are required.

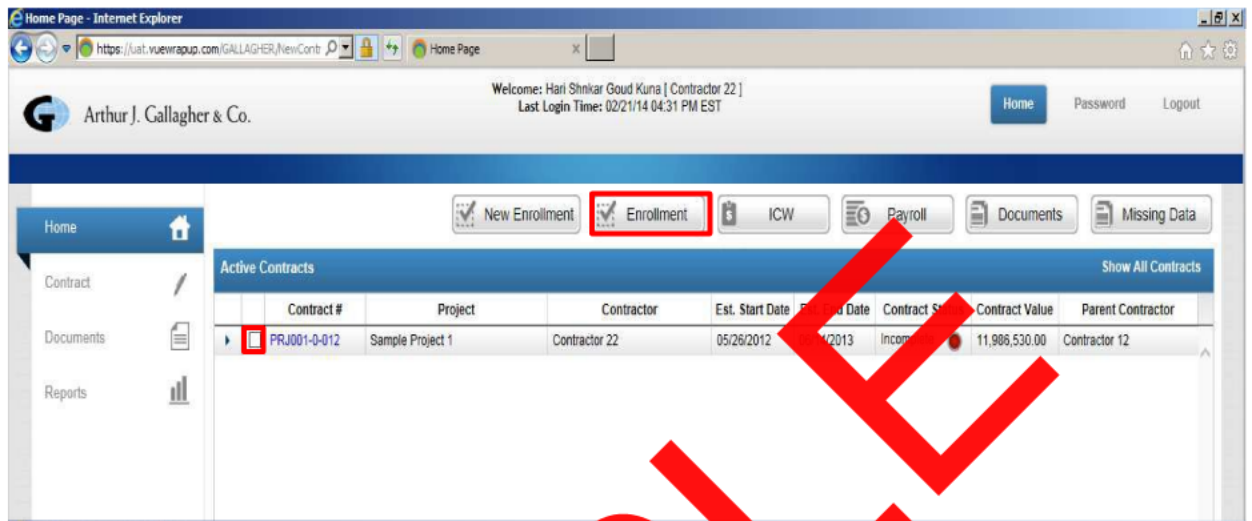
- When your registration has been received successfully, you will see the message “User ID and Password are created. Please click here to login to Contractor Portal” in red. Click the link to be redirected to the login page where you can login to the portal to complete your enrollment. You will also receive an email with your User ID and Password for your records.
- When you login, click the button “New Enrollment” to add a new Contract to your list.



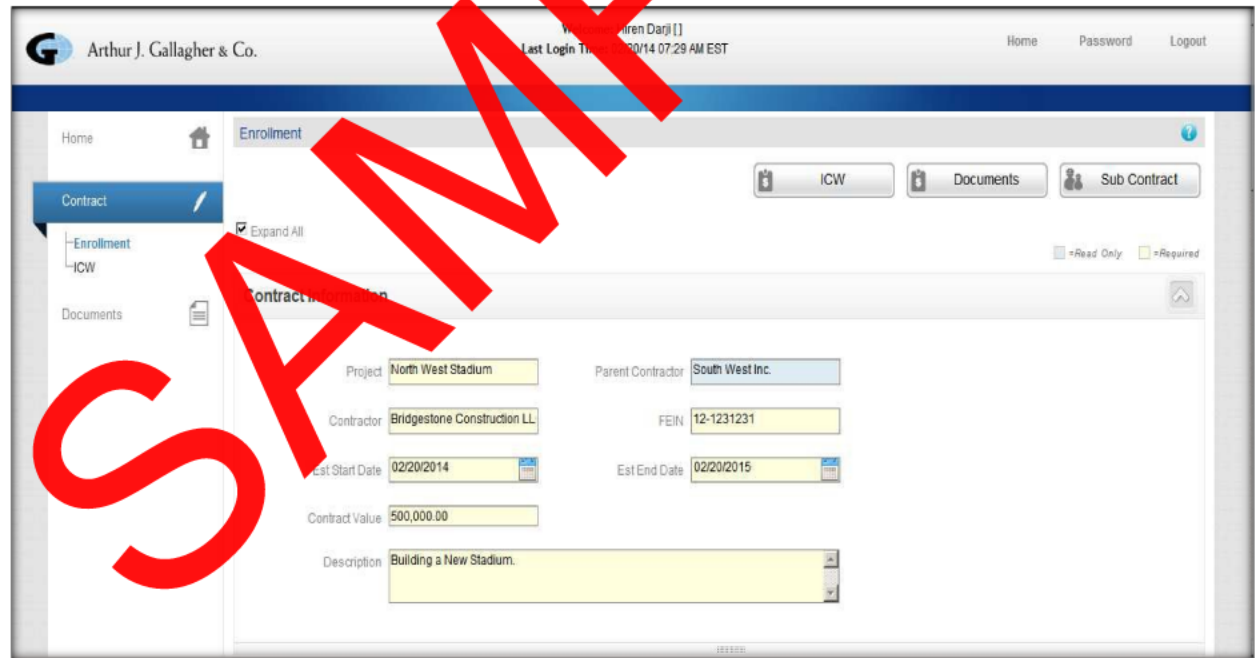
When prompted for a project number, enter the Project number (located on Page 1 of this Insurance Manual) and click validate.



If your Contract is already in the system, click the box next to the Contract you need to enroll or complete enrollment, then click the Enrollment button.



6. You will be brought to the Enrollment Screen



The Enrollment Screen includes the following sections, each of which can be expanded or collapsed for ease of review:

- a. Contract Information
- b. Address
- c. Contact
- d. Estimated Payroll
- e. Insurance Information

7. Fill in each section with your information to the best of your ability. Fields highlighted in yellow are required. If you do not know the information for a required field, enter an X, or if a specified format is required such as a date, enter your best estimate.
 - a. For a new enrollment, all fields shown should be completed.
 - b. If you have previously started an enrollment or if a contract has been added to your portal by an administrator, you may not be able to edit some fields. Continue the process and fill in all the other fields as completely as possible. (If you notice a mistake in a non-editable field, please contact your administrator).
8. In the Contract Information section, please enter your contract Estimated Start Date, Estimated End Date, Contract Value and Description of Work.

The screenshot shows a web form titled "Contract Information". The form has a header with a red circle containing the number "1". The form fields are as follows:

- Project: Sample Project 1
- Contractor: CTR-1224-13
- Est Start Date: 02/05/2013
- Contract Value: 1,500,000.00
- Description: (empty text area)

Other fields are partially visible or obscured by the watermark:

- Parent Contract: (empty)
- FEIN: 99-99999999
- End Date: 02/05/2013
- Contract Status: Incomplete

A red watermark "SAMPLE" is diagonally across the form. A red error message "Contract Description required." is visible at the bottom of the Description field.

9. In the address section, enter a primary address by filling in the fields for address type, street address, city, state, zip, and checking the box "Primary". You must enter at least one address and it must be marked as primary.
 - a. To add a secondary address, click the Add button in the lower right hand corner of the address section. This will open another address section.
 - b. To change the primary address, first uncheck the Primary box next to the original address, then check the primary box in the new address. If you check the Primary box in a different address first, you will get an error message. You first must un-check the original box and then check the new box.
 - c. To delete an address, click the delete button at the lower right hand corner of the section containing that address. (Delete will only show when there is more than one address added.)
 - d. Note: You cannot delete an address that has already been approved by the administrator. If you try to delete an address which has been approved by

AJG Wrap-up Administrator, then you will get the error message: “You cannot delete Address approved by administrator. Please contact AJG Wrap-up administrator.”

Address

Address Type: Business Address Primary:

Street Address 1: Sample Street 1 Street Address 2: Ste 210

City / State / Zip: Phoenix AZ 85034

Add

10. In the Contact section, add your contact information. You must enter at least one contact and it must be marked as primary. You can also add additional contacts. The same process applies around changing primary contact (adding and deleting address). Please see 9b and 9c above for instructions.

- a. You must provide a value for your corresponding preferred mode of contact. For example, if you select email as your preferred method of contact, you must provide an email address.

Contact

NOTE: Please provide Primary Contact with Email and/or Fax, First Name and Last Name

Job Title: [] Primary:

First Name: [] Last Name: []

Email: [] Fax: []

Phone: [] Mobile: []

Preferred Mode of Contact: []

Add

11. In the estimated payroll section, you must enter estimated payroll for at least one worker's compensation class code. For each class code, select the class code, enter the man hours and the payroll amount.

Estimated Payroll

Estimated Payroll is required.

State: NEW YORK

Select WC Code: Select

Man Hours: []

Payroll(\$): []

Add

- a. If editing an existing enrollment or completing an enrollment for an administrator-added contract, the state will be pre-filled based on the project state and will not be editable.
- b. To add another class code, click add. Once there is more than one class code, the Delete button will also appear, allowing you to delete other records if needed.
12. The Insurance Information section is required, however items a. and b. below are not mandatory (please enter that information if available).
- a. Risk ID # (This is the ID # assigned to the Contractor by the Rating Bureau that compiles and calculates the Experience Modification Rating (EMR)).
- b. Rating Bureau (The organization that compiles Claims history and Payroll to calculate the EMR).
- c. EMR value for current year.
- d. Anniversary Rating Date (MM/DD/YYYY) by when new EMR shall come into effect).
- (Note: Contact your Broker/Producer on your worker's compensation policy to obtain these details if you do not have them.)
- e. Offsite WC (Worker's Compensation) Carrier Name
- f. WC (Worker's Compensation) Offsite Policy Number
- g. Policy Effective Date (mm/dd/yyyy) - Start date of the Policy
- h. Policy End Date (mm/dd/yyyy) – End date of the Policy

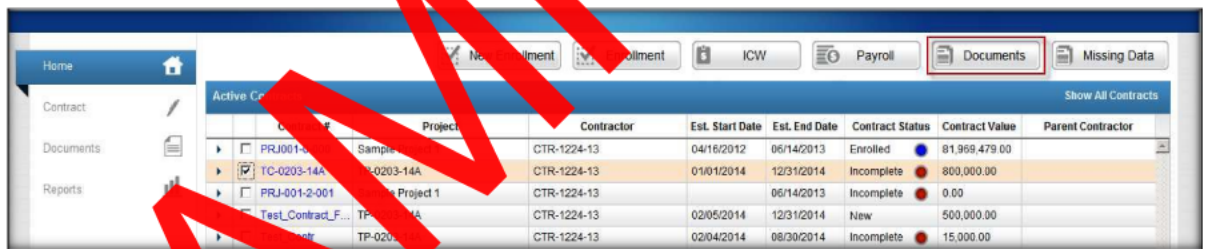
13. Before you submit your enrollment information, you must check the confirmation box. (Note: The text in your portal may differ from what is shown in the above screenshot.) After you verify the information is correct, check the box.
 - a. Once this box is checked, the signature and Date field will be visible. Please sign and date electronically.
 - b. If the Verification box is not checked before clicking the submit button, the system will generate a message indicating “You have not verified the above information.”
 - c. If a Signature is not entered before clicking the submit button, then system will generate a message indicating “Signature is required.”

Note:

1. If anything is incomplete, a red circle with the number of missing items will be shown on each section.
 - a. For example, if five required pieces of information are missing in the Insurance Information section, the header will show a red circled with the missing pieces of information.
2. Once your Contract is in the Pending / Enrolled status, you will not be able to make changes to the enrollment for the contract.

SUBMIT DOCUMENTATION

- As part of your online enrollment, you will be required to submit the following supporting documentation:
 - WC Rating and Declaration pages (Upload per instructions below)
 - General Liability Rating and Declaration pages (Upload per instructions below)
 - Excess / Umbrella Rating and Declaration pages (Upload per instructions below)
- From the home screen, you can access the document section in one of the two ways mentioned below.
 - Select the Contract # from the list on the Home Screen, and then click on Documents button.
 - Or
 - Click on Documents sub-menu under Contract from the left menu on the screen.
 - Or
 - Click on Documents button from the Enrollment page to upload document for a given Contract.



| Contract | Project | Contractor | Est. Start Date | Est. End Date | Contract Status | Contract Value | Parent Contractor |
|--------------------|-------------|-------------|-----------------|---------------|-----------------|----------------|-------------------|
| PRJ001-144 | Sample | CTR-1224-13 | 04/16/2012 | 06/14/2013 | Enrolled | 81,969,479.00 | |
| TC-0203-144 | TC-0203-144 | CTR-1224-13 | 01/01/2014 | 12/31/2014 | Incomplete | 800,000.00 | |
| PRJ-001-2-001 | Project 1 | CTR-1224-13 | | 06/14/2013 | Incomplete | 0.00 | |
| Test_Contract_F... | TP-0203-144 | CTR-1224-13 | 02/05/2014 | 12/31/2014 | New | 500,000.00 | |
| TP-0203-144 | TP-0203-144 | CTR-1224-13 | 02/04/2014 | 08/30/2014 | Incomplete | 15,000.00 | |

- Documents screen will be opened.
 - If you access the documents screen by selecting the Contract # from the list on the home page or from the Enrollment page, then the Contract # will be pre-filled on the top of the screen.
 - If you access the screen by clicking on the Documents sub-menu from the left menu, then you will need to search the Contract # by providing at least the first three characters of the contract number.

On Documents screen, there are three fields: Contract #, Select Form Type and Select File to upload the document. Refer to the image below.

| Category/Form Type | Status | Document Name | Document Date | Description |
|--------------------|-----------|----------------------------|--------------------------|-----------------------------|
| NKLL | Pending | Certification of Insurance | Aug 27 20:13:50 U... | |
| Contract Document | Completed | Contract Document | Mon Jul 9 23:09:15 UT... | 1093004-004 / JH Kelly, LLC |
| Other Documents: | Completed | Insurance&cost work | Mon Jul 9 19:40:01 UT... | |

Screen 1 – Documents Screen

If there are existing document(s) for selected Contract, the system will display those under Documents section.

To add the documents to the selected Contract, please follow below steps.

1. Select Contract # or, if already displayed, go to step #2.
2. Select the Form Type from available options. Note: One can select multiple form types, i.e. Enrollment and No Known Loss Letter (NKLL).
3. To locate the file to upload, browse your local drive by clicking on the Browse button. The file must be on your device or computer from which you are currently accessing the portal.
4. Select the file to upload, and click the Upload File button to upload the file.
5. Once the file is successfully uploaded, that document(s) will be listed in Documents Screen.

You can return to the Home page by clicking on the Home button.

Note:

1. Only PDF or TIFF documents can be uploaded.
2. Once the document(s) are uploaded, the document(s) will be listed in the Documents section. Click on the link in the Document Name column to confirm it is the right document for that contract.

Add Lower Tier Subcontractors

1. To add your lower tier Subcontractors for the respective Contract, please click on Subcontract button. Please refer to the image below.

The screenshot shows a web application interface for adding subcontractors. The main form is titled "SUBCONTRACT - PROJECT / CONTRACT #". It includes a sidebar with navigation options: Home, Contract, Enrollment, ICW, Payroll, Documents, and Reports. The form fields are organized into sections: "Contract Info" (Contract No., Expected Start Date, Business Name, FEIN, Approval Status, Exclude, NOA Status, Contract Value), "Contact Info" (First Name, Last Name, Phone, Fax, Email), and "Payroll Contact Info" (First Name, Last Name, Phone, Fax, Email). A "DELETE" button is located in the top right corner, and an "ADD" button is in the bottom right corner. A "Submit" button is at the bottom center. A checkbox at the bottom left is labeled "I have reviewed the information and agree that it is correct". A large red "SAMPLE" watermark is overlaid on the form.

2. To add a new Subcontractor, please make sure to enter:
 - i. Expected Start Date - Estimated start date of the subcontract
 - j. Please enter Business Name, Notice of Award (NOA) Status (from the available options in the dropdown), FEIN #, Subcontract Value.
 - k. Contract # and Approval Status are read only fields.
 - l. Please enter following details for Contact Information and Payroll Contact Information for the subcontract.
First Name, Last Name, Phone #, Fax # and Email Address.
3. To add another subcontractor; please click on the ADD button. A new subcontract block will be added under the existing section.
4. **DELETE** button is available to delete the subcontractor, if needed.
5. Please verify the information and check the box next to the statement "I have reviewed the information and agree that it is correct" before submitting the subcontractor details.

Note:

By clicking on Back button on the top-left of the Subcontract screen, the user can go back to the Enrollment screen.

Future Communications:

Once your online enrollment has been completed /approved and upon issuance of your Worker's Compensation policy number from the insurance carrier, you will receive a certificate of insurance verifying coverage from Arthur J. Gallagher.

Upon completion of your work, you will receive an email asking you to log back in to the AJG Wrap-Up Contractor Portal to enter your final information in the Close Out section.

SAMPLE

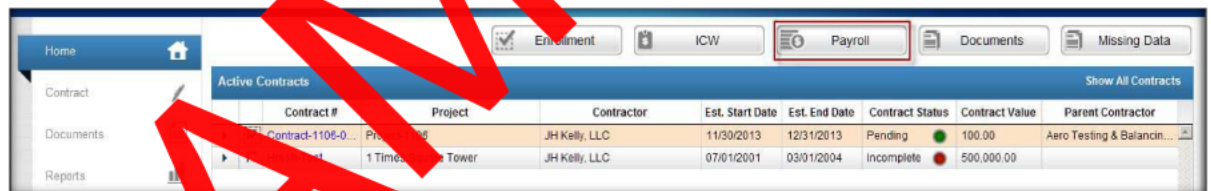
Online Payroll Reporting Instructions

How to Report Payroll Online

- All enrolled Subcontractors **must** submit their on-site Payroll Report **every month** from the inception of the contract until work is completed. The Payroll report is due on the **5th of every month** for the preceding month's work.
- Payroll must be submitted online through the Arthur J. Gallagher Wrap Up Contractor portal <https://ajg.vuewrapup.com/contractorportal>.

Please follow the steps below to submit the Payroll online.

1. Once logged in to the portal site, the Payroll details can be submitted online by using one of the following two options:
 - a. Select the Contract # listed on the Home Screen, then click on the Payroll button. **NOTE:** If any of your Contract #'s are not listed, please contact your AJG Wrap-up Administrator to check the status of enrollment.
 - Or
 - b. Click on Payroll sub-menu under Contract from the left menu of the screen.



The screenshot shows the 'Active Contracts' table with the following data:

| Contract # | Project | Contractor | Est. Start Date | Est. End Date | Contract Status | Contract Value | Parent Contractor |
|--------------------|---------|---------------|-----------------|---------------|-----------------|----------------|----------------------------|
| Contract-1105-0... | Project | JH Kelly, LLC | 11/30/2013 | 12/31/2013 | Pending | 100.00 | Aero Testing & Balancin... |
| 1 Times | Tower | JH Kelly, LLC | 07/01/2001 | 03/01/2004 | Incomplete | 500,000.00 | |

2. The Payroll screen will open. Please refer to the Payroll Screen Shot below:.

Payroll

Contract # PRJ-001-2-001

Sample Project 1 (PRJ001-0) CTR-1224-13 (99-9999904)

Report Date 02/21/2014

Start Date 02/01/2014 End Date 02/28/2014

Signed By joe Title

Note

| WC Code | Description | Man Hours | Gross Payroll (\$) | Reported Payroll (\$) |
|-------------------------------|----------------------------|-----------|--------------------|-----------------------|
| <input type="checkbox"/> 0042 | Landscapping and Gardening | 200 | 1000 | 1000 |

3. If you selected the Contract # from the Home Screen, the Contract # will be pre-filled on the form. Otherwise you must select the Contract # from the Contract search box above.
4. Report date is the current date and will be auto-filled by the System.
5. If this is the first payroll report, please enter the Start Date by either manually typing in Date textbox (MM/DD/YYYY), or using the drop down Calendar. Do the same for the End Date. When submitting subsequent payrolls, the System will populate the next calendar day as the Start Date from the previous report. The End Date will need to be entered manually.
6. Signed By textbox will be pre-filled. Title can be manually entered in the Title textbox.
7. On the payroll screen, the WC Code(s) will be filled from the estimated payroll you submitted during enrollment.
8. If you need to add another WC code, click on the green plus button located above the Reported Payroll column.
9. In the WC Code box, enter the WC Code followed by the Description in the next field. In addition, you can delete a selected WC Code by clicking the Delete (x) icon located above the Reported Payroll column. **Note:** You must leave a note in

the notes field explaining to the administrator why you are entering payroll for a class code not included on your enrollment.

10. Click the Man Hours field to enter the correct hours. Enter the Gross Payroll that includes unburdened overtime pay.

Remember: If there are no hours worked for a WC code for that month, enter zero (0).

11. Reported Payroll does not include the premium (excess) portion of any Overtime pay. (i.e. 48 hours. x 24.00\$/hr. = \$1,152, do not include the premium overtime pay of \$12.00 for the 8 hours of overtime). The states of PA, NY, UT, DE and applicable WC monopolistic states require the entire unburdened overtime portion as Reportable Payroll. If you are unsure whether to include the unburdened overtime portion as Reportable Payroll, you can find the information in your PSI Manual, or by calling the AJG Wrap-up Administrator.
12. If a WC Code is entered which was not included in the original Estimated Payroll section on Enrollment Application, a Note explaining the reason for the same must be added before saving the Payroll.
13. If Reported Payroll is less than Man Hours then the system will generate a message indicating "Reported payroll should be more than man hours."
14. If Reported Payroll is less than Gross Payroll then the system will generate a message indicating "Reported payroll can never be greater than gross payroll."
15. If Payroll Start Date is before Project or Contract Start Date then the system will generate a message indicating "Payroll cannot be entered before the Project Start date/ Contract Start date, which is [DATE]. Please contact AJG Wrap-up Administrator for assistance."
16. After all the required information has been entered, click the Submit button. Please note: once the payroll information has been submitted it cannot be changed. You must contact the AJG Wrap-up Administrator for changes.
17. To print, click the Print button on the top right corner of Payroll screen. A PDF file will open displaying the details of the Payroll that was submitted.

Click on the Home link on the top-right corner of the screen to go back to the Home screen.

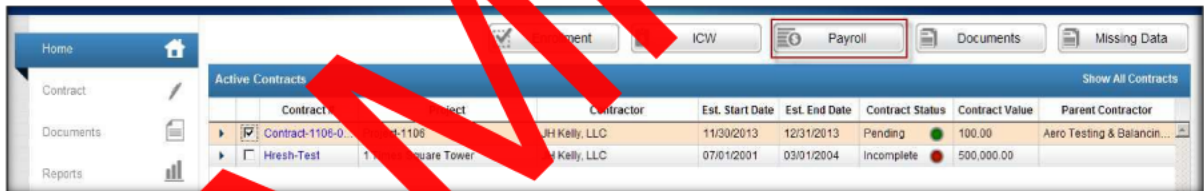
Addendum B – Online Payroll Reporting Instructions

How to Report Payroll Online

- All enrolled Subcontractors **must** submit an On-Site Payroll Report **every month** from the inception of the contract until work is completed. The Payroll report is due on the **5th of every month** for the preceding month's work.
- Actual Payroll details can be submitted online through the portal <https://ajg.vuewrapup.com/contractorportal/>.

Please follow the steps below to submit the Actual Payroll online.

1. Once logged in to the portal site, the Actual Payroll details can be submitted online by using one of the following two options:
 - a. Select the Contract # listed on the Home Screen, then Click on the Payroll button. **NOTE:** If any of your Contract #'s are not listed, please contact your AJG Wrap-up Administrator to check the status of enrollment.
Or
 - b. Click on Payroll sub-menu under Contract from the left menu of the screen.



| Contract # | Contract | Contractor | Est. Start Date | Est. End Date | Contract Status | Contract Value | Parent Contractor |
|--------------------|-------------------|---------------|-----------------|---------------|-----------------|----------------|----------------------------|
| Contract-1106-0... | Contract-1106 | JH Kelly, LLC | 11/30/2013 | 12/31/2013 | Pending | 100.00 | Aero Testing & Balancin... |
| Hresh-Test | 1000 Square Tower | JH Kelly, LLC | 07/01/2001 | 03/01/2004 | Incomplete | 500,000.00 | |

2. Actual Payroll screen will open. Please see the Actual Payroll Form image on following page.

Contract # PRJ-001-2-001

Sample Project 1 (PRJ001-0) CTR-1224-13 (99-9999904)

Report Date 02/21/2014

Start Date 02/01/2014 End Date 02/28/2014

Signed By joe Title

Note

| WC Code | Description | Man Hours | Gross Payroll (\$) | Reported Payroll (\$) |
|-------------------------------|---------------------------|-----------|--------------------|-----------------------|
| <input type="checkbox"/> 0042 | Landscaping and Gardening | | 1000 | 1000 |

3. If you selected the Contract # from the Home Screen, the Contract # will be pre-filled on the form. If it is not, you must select the Contract # from the Contract search box above.
4. Report date is the current date, and will be filled by the System.
5. If this is the first payroll report, please enter the Start Date by either manually typing in Date textbox (MM/DD/YYYY) or using the drop down Calendar. Do the same for the End Date. While submitting subsequent payrolls, the System will populate the next calendar day as the Start Date from the previous report. The End Date needs to be entered manually.
6. Signed By textbox will be pre-filled. Title can be manually entered in the Title textbox.
7. On the payroll screen, the WC Code(s) will be filled from the estimated payroll you submitted during enrollment.
8. If you need to add another WC code, click on the green plus button located above the Reported Payroll column.
9. In the WC Code box, enter the WC Code followed by the Description in the next field. In addition, you can delete a selected WC Code by clicking the Delete (x) icon located above the Reported Payroll column. **Note:** You must leave a note in the notes field explaining to the administrator why you are entering payroll for a class code not included on your enrollment.
10. Click the Man Hours field to enter the correct hours. Enter the Gross Payroll that includes unburdened overtime pay.

Remember: If there are no hours worked for a WC code for that month, enter zero (0).

Note: If contract is of NY State then the label of field will be as **Unlimited Payroll (\$)** in place of **Gross Payroll (\$)** and **Limited Payroll (\$)** in place of **Reported Payroll (\$)**.

11. Reported Payroll does not include the premium (excess) portion of any Overtime pay. (i.e. 48 hours. x 24.00\$/hr. = \$1,152, do not include the premium overtime pay of \$12.00 for the 8 hours of overtime). The states of PA, NV, UT, DE and applicable WC monopolistic states require the entire unburdened overtime portion as Reportable Payroll. If you are unsure whether to include the unburdened overtime portion as Reportable Payroll, you can find the information in your CCIP manual, or by calling the AJG Wrap-up Administrator.
12. If a WC Code is entered which was not included in the original Estimated Payroll section on Enrollment Application, a Note explaining the reason for the same must be added before saving the Actual Payroll.
13. If Reported Payroll is less than Man Hours then system will give the message as “[Reported payroll should be more than man hours.](#)”
14. If Reported Payroll is less than Gross Payroll then system will give the message as “[Reported payroll can never be greater than gross payroll.](#)”
15. If Payroll Start Date is before Project or Contract Start Date then system will give message as “[Payroll cannot be entered before the Project Start date / Contract Start date which is \[DATE\]. Please contact AJG Wrap-up Administrator for assistance.](#)”
16. After all the required information has been entered, click Submit button. Please note: Once the payroll information has been submitted it cannot be changed. You must contact the AJG Wrap-up Administrator for changes.
17. To print, click Print button on the top right corner of Actual Payroll screen. A PDF file will open displaying the details of the submitted Actual Payroll.

Click on Home link on the top-right corner of the screen to go back to the Home screen.

SAMPLE