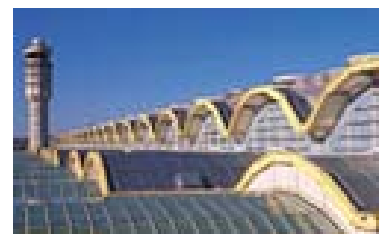
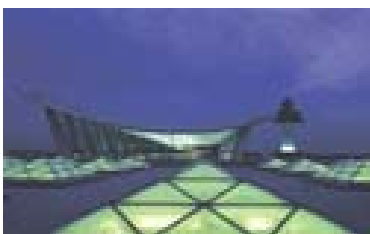


METROPOLITAN WASHINGTON
AIRPORTS AUTHORITY

Owner Controlled Wrap-Up Insurance Program Manual

APRIL 2003 EDITION





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AIRPORTS AUTHORITY**

**Owner Controlled Wrap-Up Insurance Program Manual
(April 2003 Edition)**

This manual is intended to provide only a general overview of the Owner Controlled Wrap-Up Insurance Program and does not in any way alter or take precedence over the language in the actual insurance policies and contracts. It makes no promise to provide insurance to those not enrolled in the Owner Controlled Wrap-Up Insurance Program. The Metropolitan Washington Airports Authority and its agents should not be deemed as insurers of safety or as having an overriding safety duty at the job sites.

Margaret E. McKeough
Vice President of Business Administration

April 29, 2003

Date

TABLE OF CONTENTS

CHAPTER 1. DEFINITIONS	1
CHAPTER 2. OVERVIEW OF THE OCWIP	2
2.1 DESCRIPTION	2
2.2 SCOPE OF THE OCWIP	2
2.3 EXCLUDED WORK.....	2
2.4 RIGHT TO TERMINATE OR MODIFY THE OCWIP	3
CHAPTER 3. COVERAGES INCLUDED UNDER THE OCWIP	4
3.1 STATUTORY WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	4
3.2 PRIMARY COMMERCIAL GENERAL LIABILITY AND AUTOMOBILE LIABILITY.....	4
3.3 UMBRELLA EXCESS LIABILITY	5
3.4 CONTRACTOR'S POLLUTION LEGAL LIABILITY.....	5
3.5 BUILDER'S RISK INSURANCE.....	6
CHAPTER 4. SUPPLEMENTAL INSURANCE	8
4.1 SUPPLEMENTAL INSURANCE FOR ENROLLED CONTRACTORS.....	8
4.2 INSURANCE FOR CONTRACTORS EXCLUDED FROM THE OCWIP	8
4.3 INSURANCE CERTIFICATES	9
4.4 WAIVER OF SUBROGATION	9
CHAPTER 5. ENROLLMENT	10
5.1 NOTIFICATION OF CONTRACT AWARD	10
5.2 ENROLLMENT.....	10
5.3 SAFETY ORIENTATION CLASS.....	10
CHAPTER 6. ADMINISTRATIVE REQUIREMENTS DURING PROJECT TERM	11
6.1 CONTRACTORS' ADMINISTRATIVE RESPONSIBILITIES	11
6.2 MONTHLY PAYROLL REPORT	11
6.3 PAYROLL AUDITING	12
6.4 MONTHLY PROJECT MAN-HOUR/INJURY LOG	12
6.5 NOTICE OF SUBSTANTIAL COMPLETION.....	13
CHAPTER 7. ACCIDENTS AND CLAIMS	14
7.1 GENERAL PROCEDURES.....	14
7.2 WORKERS COMPENSATION CLAIMS.....	14
7.3 DAMAGE TO AUTHORITY PROPERTY	15
7.4 INJURY OR PROPERTY DAMAGE TO THE PUBLIC.....	15
7.5 RETURN-TO-WORK POLICY.....	15
CHAPTER 8. LIST OF CONTACTS AND INSURERS	16
APPENDICES	17
ENROLLMENT CHECKLIST	
SAMPLE CERTIFICATE OF INSURANCE	
FORM A ST. PAUL ACCESS TO CLAIM FILES	
FORM B OCWIP ENROLLMENT APPLICATION	

FORM C PREMIUM ASSIGNMENT LETTER
FORM D REQUEST FOR EXPERIENCE MODIFICATION RATING DATA
FORM E WORKERS COMPENSATION ESTIMATED JOBSITE PAYROLL
FORM F NOTICE OF SUBCONTRACT AWARD
FORM G NOTICE OF SUBSTANTIAL COMPLETION
FORM H MONTHLY PAYROLL REPORT
FORM I MONTHLY PROJECT MAN HOUR/INJURY REPORT LOG
FORM J GENERAL LIABILITY/PROPERTY LOSS REPORT

CHAPTER 1. DEFINITIONS

1.1 INSURANCE SAFETY CONSULTANT

An on-site representative of the OCWIP insurance companies who advises and provides safety related recommendations to the Authority and enrolled contractors performing work at Reagan National and Dulles Airports. Advises Job Site personnel of safety training and compliance issues to control losses.

1.2 OCWIP ADMINISTRATOR

Consultant for the Authority retained to administer the OCWIP.

1.3 OCWIP CLAIMS MANAGER

An employee of the Authority responsible for processing all claim reports and coordination of all claim-related communication.

1.4 JOB SITE

Generally, the site of contract work on Authority property at Washington Dulles International Airport and Ronald Reagan Washington National Airport. For a more precise definition of the Job Site and insurance coverage, refer to the OCWIP insurance policies.

1.5 RISK MANAGER

The Authority employee responsible for the administration of claims, safety and insurance programs.

CHAPTER 2. OVERVIEW OF THE OCWIP

2.1 DESCRIPTION

The Authority has implemented an Owner Controlled Wrap-up Insurance Program (OCWIP) to provide certain insurance coverage for contractors and subcontractors of all tiers performing construction and maintenance work on designated projects at Ronald Reagan Washington National Airport and Washington Dulles International Airport. All such contractors and subcontractors of all tiers must enroll in the OCWIP.

2.2 SCOPE OF THE OCWIP

2.2.1 The Authority has purchased the following insurance coverage for itself and all contractors enrolled in the OCWIP:

- (1) Workers Compensation
- (2) Employer's Liability
- (3) Commercial General Liability
- (4) Automobile Liability, not including travel to or from the Job Site
- (5) Umbrella Excess Liability
- (6) Contractor's Pollution Legal Liability (including asbestos abatement)
- (7) Builder's Risk

These coverages are summarized in Chapter 3.

2.2.2 Coverage listed in 2.2.1 applies only to work performed at the Job Site. Enrolled contractors must purchase their own insurance for off-site activities and exposures not covered by the OCWIP and must submit certificates of insurance as required by their contracts.

2.3 EXCLUDED WORK

Certain work is excluded from the OCWIP. Subcontractors performing such work are responsible for procuring their own insurance and must submit certificates of insurance (see Chapter 4). The following types of work are excluded from the OCWIP:

- (1) Work under a contract whose initial value is less than \$2,500 and which requires three or fewer consecutive days to complete, provided that the work is not in a restricted area.
- (2) Work done by vendors, suppliers, material dealers, haulers, or others merely making deliveries or pickup services at the Job Site.
- (3) Professional services of architects, engineers, surveyors, and consultants.
- (4) Work performed off airport property or at another location not specifically included in the definition of the Job Site.

2.4 RIGHT TO TERMINATE OR MODIFY THE OCWIP

2.4.1 Termination

The Authority reserves the right to terminate the OCWIP. If the Authority chooses to terminate coverage, the Authority must give all enrolled contractors written notice by certified mail 45 calendar days in advance. The enrolled contractors must obtain replacement insurance coverage at least at the minimum levels set forth in Chapter 3. The Authority will reimburse reasonable replacement cost. Written evidence (i.e., certificates of insurance) identifying the replacement insurance must be provided to the Authority in the same manner as specified in Section 4.3.

2.4.2 Modification

The Authority reserves the right to modify the OCWIP policies. Any such modifications will be reflected in the annual renewal certificates.

CHAPTER 3. COVERAGES INCLUDED UNDER THE OCWIP

3.1 STATUTORY WORKERS COMPENSATION AND EMPLOYER'S LIABILITY

Insured: Workers compensation insurance covers all enrolled contractors' employees while performing work at the Job Site. Statutory benefits are provided according to the schedule of benefits payable to an employee for Injury, Disability, Dismemberment, or Death resulting from an occupational hazard as set forth in Section 65.2-302 of the Virginia Code.

Coverage: The policy provides statutory workers compensation benefits due to an occupational injury or illness as awarded by the state and Employer's Liability subject to a limit of \$2,000,000 Bodily Injury by Accident, \$2,000,000 Bodily Injury by Disease, \$2,000,000 Policy Limit by Disease. Employer's Liability is insurance coverage against Common Law Liability of an employer for employee accidents.

Not Covered: The OCWIP does not provide workers compensation insurance for asbestos or lead abatement workers or for injuries occurring away from the Job Site or with respect to employees of contractors that are engaged in the delivery or removal of material or equipment, equipment owners or operators and truckers.

3.2 PRIMARY COMMERCIAL GENERAL LIABILITY AND AUTOMOBILE LIABILITY

Insured: All enrolled contractors are protected under a Commercial General Liability which includes Automobile Liability. This Insurance applies to the operations of all enrolled contractors at the Job Site.

Coverage: This policy provides protection for third party bodily injury and property damage caused by an occurrence at the Job Site created by the enrolled contractor or found in the enrolled contractor's area of responsibility. The limits of liability apply collectively to all enrolled contractors and have the coverages stated below:

- (1) Limit of Liability of \$2,000,000 Each Event or Occurrence, \$4,000,000 General Aggregate and \$4,000,000 Products and Completed Operations Aggregate for Bodily Injury and Property Damage as defined in the policy.
- (2) Completed Operations Coverage for a period of not less than 60 months after acceptance of the work by the Authority. A single aggregate limit of \$4,000,000 applies to all projects during the extension period.
- (3) Automobile Liability for \$2,000,000 Each Accident Combined Bodily Injury and Property Damage for enrolled contractors that result from the use of any auto in or about the Job Site that arises out of the direct performance of the contractor's scope of work. This coverage does not include Automobile Liability while the contractor is traveling to or from the Job Site.

Limits of Liability reinstate annually.

Key coverage provisions include the following:

- (1) Premises and Operations
- (2) Blanket Contractual Liability
- (3) Incidental Medical Malpractice
- (4) Perils relating to XCU coverage (Explosion Collapse and Underground)
- (5) Personal Injury

(6) Coverage for Pre- and Post-Judgment Interest

Not Covered: This policy does not apply to professional services of architects, engineers or surveyors, asbestos, pollution (with the exception of Hostile Fire) and vendors. Automobile Liability does not apply to Uninsured/Underinsured Motorist Liability or Personal Injury Protection/No Fault coverage. Commercial General Liability will not include coverage for liability to any insured party, subcontractor, vendor, supplier, material dealer or others for any product(s) manufactured, assembled or otherwise worked upon away from the Job Site unless such manufacturing or assembly is required by the contract between the Authority and its contractors.

3.3 UMBRELLA EXCESS LIABILITY (INCLUDES GENERAL LIABILITY, EMPLOYERS LIABILITY AND AUTOMOBILE LIABILITY)

Coverage: Excess Liability Insurance is provided to insure all enrolled contractors working on the Job Site. This insurance will cover only operations at the Job Site and will provide excess coverage over the limits of coverage described above in Sections 3.1 and 3.2. Coverage excess of \$2,000,000 each occurrence will apply collectively to all enrolled contractors and the Authority on the Job Site with a single set of limits not less than the following limits of liability, \$200,000,000 Each Occurrence \$200,000,000 Annual Aggregate \$200,000,000 Completed Operations Aggregate. The Excess Automobile Liability limits are sub-limited to \$8,000,000 excess of the \$2,000,000 primary automobile limits.

3.4 CONTRACTOR'S POLLUTION LEGAL LIABILITY (INCLUDING ASBESTOS ABATEMENT)

Insured: This policy applies to all enrolled contractors working at the Job Site. The Authority notifies the carrier by providing the insurance company with a list and description of each construction project along with the total project budget.

Coverage: This policy provides coverage for on-site cleanups, as well as off-site cleanups related to on-site remediation in the event the enrolled contractor is negligent and exacerbates the existing pollution condition. This policy also provides coverage for third-party claims alleging bodily injury, property damage, or cleanup costs arising from the construction activities associated with the designated projects.

- 3.4.1 Coverage is provided for bodily injury, property damage, and cleanup costs. The policy limits are \$10 million for each loss and \$10 million for total losses within a \$50,000 deductible.
- 3.4.2 **Deductible:** The contractor is responsible to pay \$15,000 for each occurrence during the OCWIP insurance policy year.
- 3.4.3 Completed operations coverage will apply following completion of covered operation on a project subject to the Authority maintaining coverage through consecutive renewal years.
- 3.4.4 **Not Covered:** The policy does not cover liabilities arising from: a) any preexisting contamination or events that occurred prior to commencement of covered operations; (b) arising out of ownership, maintenance, use, operation, of any automobile, aircraft, watercraft, or rolling stock. This exclusion does not include liabilities associated with loading or unloading of automobile, aircraft, watercraft, or rolling stock on site.

3.5 BUILDER'S RISK INSURANCE

Insured: This policy includes all enrolled contractors at the Job Site.

Coverage: Builder's Risk coverage pays for direct losses to buildings or other property during construction (repair or replacement of property) and limited indirect losses. The policy applies to:

- (1) All work at the Job Site including labor and materials to be incorporated into the work.
- (2) Materials in storage at the Job Site that will be incorporated into the work.

3.5.1 A blanket policy limit provides "All Risks" of direct physical loss or damage, including TRIA terrorism coverage, subject to policy exclusions, on each occurrence. The policy limits and sub-limits are as listed below:

- (1) \$100,000,000 annual aggregate for earthquake and a \$25,000,000 annual aggregate for flood.
- (2) \$10,000,000 errors and omissions
- (3) Blanket Limit for debris removal.
- (4) \$10,000,000 limit for EDP media and equipment
- (5) Ingress/Egress/30 days/\$10,000,000
- (6) \$10,000,000 limit for extra expense and expediting costs combined at each airport and service interruption.
- (7) \$10,000,000 limit for miscellaneous unnamed locations
- (8) \$10,000,000 limit for property while in transit within the continental United States.

Not Covered: This policy does not cover the following:

- (1) Coverage for owned or leased tools, machinery, or equipment or trailers. Damage or theft is not included in this coverage.
- (2) Loss of market or loss of use.
- (3) Indirect losses (business interruption and extra expense) for contractors.
- (4) Faulty workmanship, material, construction or designs although coverage would apply for resulting physical damage not otherwise excluded.

Not Covered: Damage to utility lines, conduits, or pipes is not covered if the utility lines, conduits, or pipes were accurately located on the drawings or by the utility sweep. Material or equipment upgrades, unrelated equipment, or system changes will not be covered without prior approval from the OCWIP Claims Manager or the designated insurance company representative.

3.5.1.1 If an enrolled contractor claims compensation for work performed to repair or mitigate damage caused by the enrolled contractor, such work will only be reimbursed at cost. (NOTE: The costs of bonds, insurance, first party tax, overhead, and profits are not reimbursable items under the insurance terms and conditions.)

3.5.2 **Deductible:** The enrolled contractor is responsible to pay \$5,000 for the first occurrence during the OCWIP insurance policy year. The contractor's deductible for each occurrence covered under the builder's risk policy will increase progressively in increments of \$5,000 up to a maximum of \$50,000 per policy year of the project; however, in the event of a tunnel collapse the deductible is \$100,000. The cost of damaged or stolen, non-covered property will not be included in the deductible calculation.

CHAPTER 4. SUPPLEMENTAL INSURANCE

4.1 SUPPLEMENTAL INSURANCE FOR ENROLLED CONTRACTORS

The OCWIP does not provide coverage for offsite exposures, nor does the OCWIP provide all of the insurance an enrolled contractor is required to have. Therefore, each enrolled contractor must carry and maintain at its own expense the following insurance:

- (1) **AUTOMOBILE LIABILITY** insurance covering all owned, non-owned, and hired vehicles used in connection with the designated project. Policies provided by the prime contractor or subcontractor of any tier must have a \$1,000,000 combined single limit for bodily injury and property damage per occurrence when operating an owned, non-owned, or hired vehicle.
- (2) **COMMERCIAL GENERAL LIABILITY/EXCESS LIABILITY** with at least a \$2,000,000 combined single limit for bodily injury and property damage per occurrence, including broad form contractual, personal injury, products and completed operations coverage for work performed by independent contractors and subcontractors. The policy must also include broad form property damage, fire, legal liability and "XCU" hazard.
- (3) **WORKERS COMPENSATION** with Virginia statutory limits and an All States Endorsement.
- (4) **EMPLOYER'S LIABILITY** with a \$1,000,000 limit.
- (5) **PROFESSIONAL LIABILITY** (if required by the contract) for architects, engineers, surveyors, planners, consultants and other related professionals. The policy must cover unintentional errors and omissions with a \$1,000,000 limit per claim and \$3,000,000 annual aggregate.

4.2 INSURANCE FOR CONTRACTORS EXCLUDED FROM THE OCWIP

Every subcontractor working on a designated project and excluded from the OCWIP must carry and maintain at its own expense the following insurance:

- (1) **AUTOMOBILE LIABILITY** insurance covering all owned, non-owned, and hired vehicles used in connection with the designated project. Policies must have a \$1,000,000 combined single limit for bodily injury and property damage per occurrence while operating an owned, non-owned, or hired vehicle.
- (2) **COMMERCIAL GENERAL LIABILITY/EXCESS LIABILITY** with at least a \$2,000,000 combined single limit for bodily injury and property damage per occurrence, including broad form contractual, personal injury, products and completed operations coverage for work performed by independent contractors and subcontractors. The policy must also include broad form property damage, fire, legal liability and "XCU" hazard.
- (3) **WORKERS COMPENSATION** with Virginia statutory limits and an All States Endorsement.
- (4) **EMPLOYER'S LIABILITY** with a \$1,000,000 limit.
- (5) **PROFESSIONAL LIABILITY** (if required by the contract) for architects, engineers, surveyors, planners, consultants, and other related professionals. The policy must cover unintentional errors and omissions with a \$1,000,000 limit per claim and \$3,000,000 annual aggregate.

4.3 INSURANCE CERTIFICATES (For enrolled contractors and those excluded from the OCWIP)

- 4.3.1 All contractors and subcontractors shall provide a valid and properly executed certificate of insurance citing the coverage required in Sections 4.1 (enrolled contractors) and 4.2 (excluded contractors) to the OCWIP Administrator before performing any work. Applicable policies must be written through an insurance company possessing a rating not less than **A VII** or higher established by the A.M. Best Company. Certificates must include an advanced written notice of at least 30 days to the Authority in case of cancellation, material change in policy terms or coverage non-renewal. **THE METROPOLITAN WASHINGTON AIRPORTS AUTHORITY SHALL BE LISTED AS AN ADDITIONAL INSURED ON ALL SUCH INSURANCE POLICIES**, except Workers Compensation and Professional Liability. Parsons Management Consultants shall be listed as an additional insured when specified in the contract.
- 4.3.2 Failure of any enrolled contractor or any contractor excluded from the OCWIP to file the required certificates of insurance will not relieve such party of its responsibility to carry and maintain such insurance. The Contracting Officer and the Contracting Officer's Technical Representative have the right to stop work or prevent any non-enrolled contractor or subcontractor of any tier from entering the Job Site until the contractor's certificate has been filed. Denial of site access for this reason will not result in an acceptable claim for "owner-caused delay."

4.4 WAIVER OF SUBROGATION

- 4.4.1 All contractors and subcontractors of any tier agree to waive all rights of subrogation against the Authority, its officers, agents, employees and any of its insurers regarding any insured loss, whether the insurance is provided by the OCWIP or purchased by the contractor for the project.
- 4.4.2 Contractors and subcontractors of any tier must agree that this waiver applies to its insurers, including any insurance policies covering physical loss or damage to owned, non-owned, or leased machinery, watercraft, vehicles, tools, or equipment.
- 4.4.3 The Authority shall waive all rights of subrogation against the contractors and subcontractors of any tier as respects to any insured loss covered under the OCWIP.

CHAPTER 5. ENROLLMENT

All contractors and their subcontractors of all tiers working on designated projects must enroll in the OCWIP *before* entering the Job Site. Enrollment is mandatory, but not automatic.

5.1 NOTIFICATION OF CONTRACT AWARD

Contracting Officers for projects designated for inclusion in the OCWIP will submit a Notice of Contract Award to the OCWIP Administrator at the time of the pre-construction conference reporting the name, address and phone number of the contractor to be enrolled

5.2 ENROLLMENT

Enrollment is accomplished by satisfactorily completing and submitting the enrollment forms. Within 5 working days of receipt of the enrollment package, return the following:

- Form A, St. Paul Payor's Access to Claim Files
- Form B, OCWIP Enrollment Application
- Form C, Premium Assignment
- Form D, Request for Experience Rating Data
- Form E, Workers Compensation Estimated Job-site Payroll
- Form F, Notice of Subcontract Award, when applicable
- Certificate of Insurance for supplemental coverage

The OCWIP Administrator, upon review and acceptance of the enrollment forms, will officially enroll the contractor in the OCWIP.

5.2.1 Prime contractors. Once notified of a new contract award, the OCWIP Administrator will contact the prime contractor and provide the enrollment forms. A certificate of insurance will be sent to the prime contractor and the Contracting Officer when enrollment is approved.

5.2.2 Subcontractors. Contractors must submit not only their own enrollment forms, but also forms for each of their subcontractors for each tier. The prime contractor shall notify the OCWIP Administrator of each subcontract awarded at any tier. The *Notice of Subcontract Award* (see form F in Appendix) must be sent on the contractor's stationery signed by an authorized representative of the company. A certificate of insurance will be sent both to the enrolled subcontractor and to its prime contractor.

5.3 SAFETY ORIENTATION CLASS

5.3.1 Enrolled contractors are required to send all full-time and part-time safety personnel, along with any other on-site employee responsible for safety, to a SAFETY ORIENTATION CLASS within thirty days of Notice to Proceed. Classes will be offered at both airports monthly.

5.3.2 The Insurance Safety Consultant will maintain a list of attendees. The Contracting Officer and Contracting Officer's Technical Representative for each project will be notified whenever any of the safety personnel assigned by an enrolled contractor have not attended the class within the specified time. Failure to attend the training can lead to removal from the Job Site.

CHAPTER 6. ADMINISTRATIVE REQUIREMENTS DURING PROJECT TERM

6.1 CONTRACTORS' ADMINISTRATIVE RESPONSIBILITIES

Each enrolled contractor must:

- (1) Comply with the provisions of this *OCWIP Manual* and cooperate in the administration and operation of the OCWIP.
- (2) Complete the enrollment documents.
- (3) Notify the OCWIP Administrator of all subcontract awards before the work commences.
- (4) Post the *Workers Compensation Law Compliance Notification* and an *In Case of Work Related Accident Notice* in the work area or construction trailer.
- (5) Comply with the Authority's *Construction Safety Manual* and all other contractual safety and loss control requirements.

6.2 MONTHLY PAYROLL REPORT

6.2.1 Submission

- (1) Each enrolled contractor must submit a *Monthly Payroll Report* (Form H) by the **10th day** of each month to Marsh USA, Inc. These reports are the basis for the workers compensation insurance premium.
- (2) The *Monthly Payroll Report* must include all Job Site payrolls for pay periods that ended in the preceding calendar month.
- (3) Prime contractors are responsible for seeing that each of their enrolled subcontractors promptly and accurately submits a *Monthly Payroll Report* for its Job Site payroll.
- (4) When an enrolled contractor, prime or subcontractor, concludes work on the Job Site, the report submitted for the last month's payroll should be marked "Final."
- (5) Enrolled contractors shall maintain payroll books and records during the project term and for two years after project completion.

6.2.2 Wages

- (1) The payroll reported must include the entire remuneration, whether in money or a substitute for money, for services rendered by an employee, including commissions, bonuses, and extra wages for overtime work. Whenever employees are compensated in whole or part by store certificates, merchandise, credits, or any other substitutes for money, such form of payment will be considered as remuneration. All pay over regular wages should be reported as "Overtime Wages." Overtime work should be reported in the Total Hours Worked and as straight time in the Regular Wages. Only the excess over the straight time should be reported in Overtime Wages.

- (2) Remuneration does **NOT** include: (a) contributions made by the employer to a group insurance or pension plan, (b) special rewards for individual inventions or discoveries, and (c) any extra pay for overtime that cannot be verified through written records.

6.2.3 Job Classification and Payroll

The Virginia Insurance Rating Bureau Classification Manual sets forth the definitions, job classifications, and other limitations in detail and when in doubt, contractors should refer to its provisions. The following are a few pertinent provisions covering issues which frequently arise.

- (1) The kind of work performed must be shown on the *Monthly Payroll Report*. When any employee is engaged in more than one trade or craft, payrolls should be shown separately for each. Helpers or laborers are to be assigned to the classification that carries the largest payroll.
- (2) Executive officers or partners should be included when performing duties on the Job Site. They should be assigned (without division) to the actual operation in which they are engaged. If their duties are the same as those of a worker, foreman or superintendent, their payroll is assigned to the classification that carries the highest payroll.
- (3) The payroll limitation for executive officers' and partners' work at the Job Site is a maximum of \$15,600.
- (4) For construction erection or stevedoring operations, payrolls may be divided, provided payroll records directly disclose the number of hours and amount of the payroll for each type of work performed.

6.3 PAYROLL AUDITING

- 6.3.1 Each enrolled contractor must make its books and records available upon request to a designated representative of the Authority or the workers compensation insurance carrier. Annual premium audits are prepared separately for each enrolled contractor and for each contract by the workers compensation insurance carrier. A composite billing of the premium is provided to the Authority.
- 6.3.2 The Authority and the workers compensation insurance carrier reserve the right to conduct an interim audit for contractors that fail to submit *Monthly Payroll Reports* as required. The cost to perform such an audit will be borne solely by the contractor.
- 6.3.3 All questions about premium and payroll audit procedures and requests for premium audit service should be directed to Marsh USA, Inc.

6.4 MONTHLY PROJECT MAN-HOUR/INJURY LOG

Each prime contractor must submit to the Insurance Safety Consultant a *Monthly Project Man-hour/Injury Log* (Form I) for itself and its enrolled subcontractors by telefax to (703) 572-6793 by the **10th day** of each month. *Note:* For purposes of the OCWIP program, first aid includes any first aid treatment rendered by a medical professional.

These logs are used by the Risk Management Department to monitor recordable injuries and illnesses. (Contractors are also obliged to record such injuries and illnesses excluding first aid, on their OSHA 300 log.)

6.5 NOTICE OF SUBSTANTIAL COMPLETION

Substantial completion, for the purposes of the OCWIP, shall be defined as the date when the product (i.e., building, facility, pavement, etc.) completed under the contract is put to its intended use. Punch list work performed after substantial completion, as well as warranty work, **WILL NOT** be covered under the OCWIP. Each prime contractor must submit a *Notice of Substantial Completion* to the OCWIP Administrator with a copy to the Contracting Officer's Technical Representative whenever the prime contractor or any of its enrolled subcontractors concludes its site work. Projects will not be considered substantially complete until a Notice of Substantial Completion is signed by the Construction Manager and the Authority.

CHAPTER 7. ACCIDENTS AND CLAIMS

7.1 REPORT ALL ACCIDENTS THAT MAY BE COVERED BY OCWIP, WHETHER OR NOT SOMEONE IS INJURED, WITHIN 24 HOURS ACCORDING TO THE PROCEDURES IN THE CONSTRUCTION SAFETY MANUAL.

- 7.1.1 Except for emergency medical or rescue personnel, do not release information about or discuss an accident with anyone not specifically designated by the OCWIP Claims Manager. Enrolled contractors should forward all inquiries or correspondence received regarding an insured loss or claim to the OCWIP Claims Manager.
- 7.1.2 Enrolled contractors must cooperate fully with the Authority and its insurers in the investigation, analysis and defense of every accident, occurrence, claim, or insured loss. Any questions concerning a loss should be referred to the OCWIP Claims Manager.
- 7.1.3 The Risk Management Department will negotiate OCWIP claims. Unless and until the OCWIP Claims Manager determines that a loss is not insured by the OCWIP, enrolled contractors **SHALL NOT** attempt to adjust or settle their own claims.
- 7.1.4 If an enrolled contractor is served with a summons, subpoena, notice of deposition, or suit papers related to an OCWIP claim or coverage provided under the OCWIP, the contractor should:
- (1) **IMMEDIATELY NOTIFY** your Project Manager, and the OCWIP Claims Manager of the document. Failure to do so may result in denial of a covered claim.
 - (2) **SEND** a copy of the document as soon as possible, but no later than two working days, to the OCWIP Claims Manager by fax or regular mail.
 - (3) Be sure to note (and send with the document):
 - the date the document was served (received)
 - how the document was served (hand delivery, mail, fax, etc.)
 - the person on whom the document was served

7.2 WORKERS COMPENSATION CLAIMS

- 7.2.1 **WITHIN 24 HOURS**, complete, sign, and send the Virginia Industrial Commission form *Employer's First Report of Accident* to the OCWIP Claims Manager.
- 7.2.2 When a work-related injury does not require urgent medical treatment, the employee must be given a choice of three physicians from the Panel of Physicians List, which can be obtained from the OCWIP Claims Manager or the Insurance Safety Consultant. The workers compensation insurance company must approve the use of any other medical facility or doctor before treatment is rendered.
- 7.2.3 Whenever the Virginia Industrial Commission levies a fine against the Authority for late reporting, violations, or other errors and omissions committed by enrolled contractors, those fines will be charged to the injured worker's employer.

7.3 DAMAGE TO AUTHORITY PROPERTY

- 7.3.1 Complete the *General Liability/Property Loss Report* (Form J) and submit it within 24 hours of the accident to the OCWIP Claims Manager.
- 7.3.2 When an accident results in damage to the Authority's property, take emergency measures to prevent additional or consequential damage. (See the *Construction Safety Manual*).
- 7.3.3 Obtain authorization from the Authority's OCWIP Claims Manager before initiating any other repairs or replacement.
- 7.3.4 Submit a complete inventory of the property damage with detailed cost estimate to the OCWIP Claims Manager within 30 days from the date of the accident, unless an extension is granted in writing. Attach invoices related to authorized repairs or replacement of the damaged property. Failure to promptly provide this documentation will jeopardize payment of the claim.
- 7.3.5 The Authority will not reimburse the contractor for profit, tax, interest, overhead, or bonds attributable to the repair or replacement work.

7.4 INJURY OR PROPERTY DAMAGE TO THE PUBLIC

When an accident causes injury to someone other than an employee of any contractor enrolled in the OCWIP, immediately notify your Project Manager and the OCWIP Claims Manager. Complete the *General Liability/Property Loss Report* (Form J) and submit it within 24 hours of the accident to the OCWIP Claims Manager.

7.5 RETURN-TO-WORK POLICY

Each enrolled contractor must submit a copy of its return-to-work policy to the Insurance Safety Consultant before Job Site work begins. All enrolled contractors must attempt to provide light-duty for workers injured on the project. This duty will be based on the treating physician's recommendations and union contracts. Before returning to work, an injured employee must provide a written statement from the treating physician indicating he or she has been released to return to work.

CHAPTER 8. LIST OF CONTACTS AND INSURERS

Owner: Metropolitan Washington Airports Authority
ATTN: Risk Manager, MA 450
1 Aviation Circle
Washington, DC 20001-6000
Phone (703) 417-8600 / Fax (703) 417-0882

Claims Manager: Metropolitan Washington Airports Authority
ATTN.: Claims Manager, MA-450
1 Aviation Circle
Washington, DC 20001-6000
Phone (703) 417-8654 / Fax (703) 417-0882

OCWIP Administrator: Metropolitan Washington Airports Authority
ATTN.: OCWIP Administrator, MA-450
P.O. Box 16992
Washington, DC 20041-6992
Phone (703) 572-6793 / Fax (703) 572-6792

Broker: Metropolitan Washington Airports Authority c/o Marsh Inc.
1255 23rd Street, NW Suite 400
Washington, DC 20037
ATTN.: Wrap-Up Unit
Phone (202) 263-7600 / Fax (202) 263-7700

Workers Comp,
General Liability,
Automobile Liability: The St. Paul Fire & Marine Insurance Company
385 Washington Street, Mail Code: 506T
St. Paul, MN 55102

Umbrella: National Union Fire Insurance Company of Pittsburgh, PA
c/o Marsh Inc.
1166 Avenue of the Americas
New York, NY 10036

Builder's Risk: FM Global
2100 Reston Parkway, Suite 600
Reston, VA 20191-1218

Environmental: American International Group
120 Water Street
New York, NY 10038

APPENDICES

**METROPOLITAN WASHINGTON AIRPORTS AUTHORITY
Owner Controlled Wrap-Up Insurance Program (OCWIP)**

Enrollment Checklist

The following must be completed immediately:

ALL ENROLLMENTS MUST HAVE A COPY OF YOUR OFF SITE CERTIFICATE OF INSURANCE FROM YOUR INSURANCE CARRIER WITH THE METROPOLITAN WASHINGTON AIRPORTS AUTHORITY NAMED AS ADDITIONAL INSURED WITH THE REQUIRED INSURANCE LIMITS AS PER THE OCWIP MANUAL. SEE THE ATTACHED CERTIFICATE SAMPLE.

The following must be returned within 5 working days:

- Form A, St. Paul Payor's Access to Claim Files
- Form B, OCWIP Enrollment Application
- Form C, Premium Assignment Letter
- Form D, Request for Experience Rating Data
- Form E, Workers Compensation Estimated Jobsite Payroll

Please submit the following (when applicable) within 5 working days:

- Form F, Notice of Subcontract Award
- Form G, Notice of Substantial Completion

Please submit the following by the 10th of each month:

- Form H, Monthly Payroll Report
- Form I, Monthly Man-Hour Report

Please submit the following for contractors who are continuously enrolled in OCWIP

- Form A, B and E with a copy of you company's insurance certificate for your carrier

Mailing Address:

**OCWIP Safety
Kelly Norris MA-450
P. O. Box 16992
Washington, DC 20041-6992**

Contact Information:

**Kelly J. Norris
OCWIP Administrator
Phone: 703-572-6792
Fax: 703-572-6793**

**Jim Filkins
OCWIP Safety Consultant
Phone: 703-572-6791
Fax: 703-572-6793**

Please note, it is mandatory to include on all enrollment forms your **EXPERIENCE MODIFICATION NUMBER** and **RISK ID NUMBER**. This information can easily be obtained from your insurance carrier. If you are unable to provide this information, you must supply a letter explaining why.

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

PRODUCER (INSURANCE COMPANY OF AGENT)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A	
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

INSURED (SUBCONTRACTOR)

COVERAGES

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 REQUIREMENTS, 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.

C O L U M N	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	(OFF SITE ONLY)			GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	\$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV. INJURY	\$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> *LIMITS APPLY PER JOB SITE				FIRE DAMAGE (Any one fire)	\$ 50,000
	<input type="checkbox"/>				MED EXP (Any one person)	\$ 5,000
A	AUTOMOBILE LIABILITY	(ON & OFF SITE)			COMBINED SINGLE LIMIT	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	<input type="checkbox"/> GARAGE LIABILITY					
	EXCESS LIABILITY	(OFF SITE ONLY)			EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$ 1,000,000
	Professional Liability	(OFF SITE ONLY)			AGGREGATE	\$ 1,000,000
	Workers' Compensation				EACH ACCIDENT	\$ 1,000,000
					DISEASE-POLICY LIMIT	\$ 1,000,000
					DISEASE-EACH EMPLOYEE	\$ 1,000,000

Coverage applies to The Metropolitan Washington Airports Authority OCWIP job site operations. The following shall be added as additional insureds with respect to the General Liability and Automobile policies: The Metropolitan Washington Airports Authority and their parent, subsidiaries, consultants, agents, employees, directors, officers and partners named by the Metropolitan Washington Airport Authority. Coverage under such policies shall be primary and non-contributory with the above listed as additional insureds. The General Liability, Automobile Liability, Workers' Compensation and Contractor's Equipment Policies shall be endorsed to provide a waiver of subrogation in favor of the additional insureds. Professional Liability/Errors and Omissions Insurance: Should the sub-contractor be required to provide Professional Liability/Errors and Omissions insurance, the limit must be \$1,000,000 per claim with a \$3,000,000 annual aggregate. The certificate must state that the Professional Liability includes contractual liability insuring the indemnity agreement included in the Metropolitan Washington Airports Authority sub-contract agreement. This sample certificate indicates the insurance required by The Metropolitan Washington Airports Authority sub-contract agreement and the Owner Controlled Insurance Program. The best rating of the insurance company can not be less than A- (VIII).

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS):

CERTIFICATE HOLDER	CANCELLATION
The Metropolitan Washington Airports Authority 1 Aviation Circle Washington, DC 20001	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.
	_____ AUTHORIZED SIGNATURE

**THE ST. PAUL COMPANIES AUTHORIZATION FOR
PAYOR'S ACCESS TO CLAIM FILES**

Date: _____

To: St. Paul Fire and Marine Insurance Company
385 Washington Street
St. Paul, MN 55102

In connection with certain policies of insurance issued by the St. Paul Fire and Marine Insurance Company and/or one of its insurance company affiliates (the "Insurer") and naming

as insured(s), under which Policies are provided coverage in connection with losses incurred at the sites described in the Policies (the "Policies"), we hereby recognize **The Metropolitan Washington Airports Authority** as Payor under the Policies.

In exchange for **The Metropolitan Washington Airports Authority** providing coverage under the Policies and as described in the Policies, we hereby authorize and consent to **The Metropolitan Washington Airports Authority or Marsh USA Inc.** access to file notes and claim information in connection with individuals covered under the Policies.

Unless prohibited by applicable law or regulation, this Agreement and any modification thereof shall be governed by and construed in accordance with the laws of the State of Minnesota.

Very truly yours,

Contractor

By:

Name

Title

Date

Official Office Use Only MWAA Policy # _____
--

**METROPOLITAN WASHINGTON AIRPORTS AUTHORITY
Owner Controlled Wrap-Up Insurance Program (OCWIP)**

Contractors with on going contracts can use Forms A, B and E with a copy of your company Certificate of Insurance naming the Metropolitan Washington Airports Authority as additional insured. These forms must be sent in with your OCWIP enrollment forms.

Official Office Use Only
MWWA Policy No.:

LDBE: Yes ___ No ___

Company Name: _____
Street Address: _____ Suite No. _____
City: _____ State: _____ Zip: _____
Tel.: _____ Fax: _____ E-mail: _____
Fed ID No. _____ Risk ID _____ Experience Mod Rate _____
Contract Value: _____ Authority Contract No. _____ Airport: _____
Contractor Status GC ___ Sub ___ GC's Name _____
Work Description: _____
Estimated Start date: _____ Estimated Completion Date: _____
If it is a tenant project: Tenant Name: _____

Name and title of persons at your company to contact for the following areas:

Site Supervisor:	_____	Tel:	_____
Payroll:	_____	Tel:	_____
Safety/Loss Control:	_____	Tel:	_____
Claims:	_____	Tel:	_____

Virginia Contractor's License Number _____ **Class (Circle One):** A B C
Classification _____

PLEASE NOTE, IT IS MANDATORY TO INCLUDE YOUR EXPERIENCE MODIFICATION RATING AND RISK ID NUMBER ON ALL ENROLLMENT FORMS. THIS INFORMATION CAN EASILY BE OBTAINED FROM YOUR INSURANCE CARRIER. IF YOU ARE UNABLE TO PROVIDE THIS INFORMATION, YOU MUST SUPPLY A LETTER EXPLAINING WHY.

Signature _____ Date _____

Print Name _____ Title _____

Phone _____ Fax _____ E-Mail _____

**Fax to: Kelly Norris
OCWIP Administrator
703-572-6793**

(Please insert your company letterhead here)

**Premium Assignment Letter
for
St. Paul Fire & Marine Insurance Company
Workers' Compensation and General Liability**

Date: _____

Re: Metropolitan Washington Airports Authority

To: St. Paul Fire & Marine Insurance Company

Dear Recipient:

It is agreed and hereby authorized that any refund of premium or dividends on premium accruing to _____.
(company name)

Under the conditions of policies or certificates issued to us by St. Paul Fire & Marine Insurance Company, for work performed on the Ronald Reagan Washington National Airport and/or Washington Dulles International Airport project for the Metropolitan Washington Airports Authority is assigned and shall be paid to the Authority.

Name of Contractor/Subcontractor

Signature Date

Title

Witness Date

CC: MWAA/Procurement, MA-450

(All eligible contractors must submit this document on company letterhead)

REQUEST FOR EXPERIENCE RATING DATA

Date: _____

RE: National Council on Compensation Insurance
P. O. Box 3098
Boca Raton, FL 33431-0998

Dear Recipient:

Please furnish the St. Paul Fire & Marine Insurance Company with copies of our current and renewal Experience Rating Data applicable to our Workers Compensation Insurance. This information should be to addressed to:

Mr. Jamal Burnette
St. Paul Fire & Marine Insurance Company
100 Crescent Center Parkway, Suite 1000
Tucker, GA 30312

Sincerely,

Official Company Name

Signature

Title

METROPOLITAN WASHINGTON AIRPORTS AUTHORITY Owner Controlled Wrap-Up Insurance Program (OCWIP)

Workers Compensation Estimated Jobsite Payroll

Contractor/Subcontractor
Contract #:

Payroll for the 12 month period _____ through _____
Estimated Enrollment Date
Estimated Completion Date

<u>Code</u>	<u>Position Description</u>	<u>Estimated Payroll</u>	<u>Code</u>	<u>Position Description</u>	<u>Estimated Payroll</u>
5536	HVAC Ductwork-Shop & Outside Drivers	_____	3754	Electrical Apparatus Install/Repair/Drivers	_____
5506	Airport Runway Construction	_____	5190	Electrical Wiring w/in Bldg. & Drivers	_____
4741	Asphalt Workers & Drivers	_____	5160	Elevator Erection or Repair	_____
9516	Audio, Radio or Television Equip Install	_____	8720	Elevator Inspecting	_____
4777	Blasting Agents/Prepared/Distribution/Dri	_____	8601	Engineering or Architect-Consulting	_____
8720	Boiler Inspection	_____	6217	Excavation NOC & Drivers	_____
3726	Boiler Installation	_____	4777	Explosives Distributors & Drivers	_____
5183	Boiler or Steam Pipe	_____	9014	Exterminator & Drivers	_____
9019	Bridge or Vehicular Tunnel Operation/Dri	_____	6400	Fence Erection – Metal	_____
8058	Bldg. Material Dealer-Store Employees	_____	7601	Fire Alarm Line Construction & Drivers	_____
8232	Bldg. Material Dealer All Other Employees	_____	7605	Fire Alarm Installation/Repair & Drivers	_____
5703	Bldg. Raising or Moving	_____	5146	Furniture or Fixtures Installation-NOC	_____
9014	Bldg. Operation by Contractors	_____	6319	Gas Main or Connection Construction & Dr	_____
7605	Burglar Alarm Installation or Repair/Driver	_____	5462	Glazier – Away from Shop & Drivers	_____
5190	Cable Installation & Drivers	_____	6217	Grading of Land NOC & Drivers	_____
6252	Caisson Work Not-Pneumatic/All Operation	_____	4000	Gravel or Sand (Clay) Digging & Drivers	_____
6252	Caisson Work Pneumatic/All Operations	_____	8720	Inspection of Risks for Insurance Purposes	_____
5437	Carpentry-Install Cabinet Work/Interior Tr	_____	5183	Insulation Steam Pipe or Boiler & Drivers	_____
2802	Carpentry-Shop Only & Drivers	_____	5479	Insulation NOC & Drivers	_____
5403	Carpentry-NOC	_____	7605	Intercom/Tele. Syst. Instal/Repair/Drivers w	_____
5183	Carrier System-Pneumatic/Instal/Repair/Dr	_____	5102	Iron/Steel Erection/Door Sash Erect Metal	_____
5020	Ceiling Instal-Suspended Acoustical Grid	_____	5102	Iron/Steel Erection: Non Structural Interior	_____
1701	Cement Manufacturer	_____	5040	Iron/Steel Erection: Frame Structure	_____
5610	Cleaner- Debris Removal	_____	5040	Iron/Steel Erection: Exterior	_____
5213	Cleaning Bldg. Exteriors & Drivers	_____	5040	Iron Steel Erection : Metal Bridges	_____
5222	Concrete Construction/Bridges or Culverts	_____	5059	Iron Steel Erect Frame Structure – 2 Stories	_____
5213	Concrete Construction-NOC	_____	0042	Landscaping Gardening & Drivers	_____
9529	Concrete Distributing Towers/Install/Driver	_____	5057	Iron/Steel Gardening & Drivers NOC	_____
5221	Concrete Work-Floors/Driveways & Drivers	_____	5443	Lathing & Drivers	_____
4034	Concrete Products Mfg. & Drivers	_____	3027	Lead Works & Drivers	_____
6325	Conduit Construction Cables/Wires/Drivers	_____	5348	Marble or Stone Setting Inside	_____
9529	Construction Elevator/Install Repair Driver	_____	3624	Millwright Work NOC & Drivers	_____
5606	Contractor – Exec. Supervisor/Constr. Super	_____	6206	Oil/Gas Well: Cementing & Drivers	_____
8227	Contractor's Permanent Yard	_____	6235	Oil-Well Drilling or Redrilling & Driver	_____
9529	Construction Elevator/Install Repair Driver	_____	6236	Oil/Gas Well Instal/Casing & Drivers	_____
5606	Contractor – Exec. Supervisor/Constr. Super	_____	5037	Painting: Metal Bridges & Shop & Drivers	_____
8227	Contractor's Permanent Yard	_____	5474	Painting or Paper Hanging NOC/Shop/Driv	_____
9534	Crane Rental w/ Operator	_____	5491	Paper Hanging & Drivers	_____
8107	Crane Rental w/out Operator	_____	5221	Paving or Repaving & Drivers	_____
8810	Drafting Employees	_____	4361	Photographer – All Employees & Clerical, S	_____
6229	Drainage or Irrigation System Constr. & Dr	_____	6003	Pile Driving & Drivers	_____
6204	Drilling-NOC & Drivers	_____	3111	Pipe Bending & Cutting	_____
7380	Drivers-NOC Commercial	_____	4036	Plaster or Mining & Drivers	_____
6018	Earth Moving – All Operations	_____	5183	Plumbing NOC & Drivers	_____
7538	Electric Power Line Construction & Drivers	_____	9530	Riggins NOC & Drivers	_____

<u>Code</u>	<u>Position Description</u>	<u>Estimated Payroll</u>
6217	Rock Excavation & Drivers	_____
5551	Roofing All Kinds & Yard Employees, Driv	_____
4283	Roofing Paper or Felt Preparation	_____
5705	Salvage Operation – No Wrecking	_____
9529	Scaffolds or Sidewalk Bridges-Install Driver	_____
6229	Septic Tank Installation by Specialist Contr	_____
6306	Sewer Construction-All Operation & Driver	_____
6252	Shaft Sinking – All Operations	_____
5538	Sheet Metal Work-NOC & Drivers	_____
9501	Sign Painting or Lettering-Inside & Drivers	_____
9549	Sign Painting or Lettering-Outside & Drive	_____
7605	Sound System Instal Repair/Drivers	_____
5188	Sprinkler Installation & Drivers	_____
6319	Steam Mains. Construction & Drivers	_____
5506	Painting of Stripes on Streets, Roads	_____
5506	Street Road Constr. Paving/Repaving/Drive	_____
5508	Street Road Constr. Rock Excavation & Dri	_____
5507	Street Road Constr. Sub-Surface Work & D	_____
5022	Stucco or Plastering Work Outside Building	_____
8601	Surveyor	_____
3726	Tank Erection or Repair Metal/Within Bldg.	_____
9521	Tile Installation – non ceramic	_____
5348	Tile Work-Inside	_____
7219	Trucking/Hauling Explosive-All Employees	_____
6251	Tunnel-Not Pneumatic-All Operations	_____
6250	Tunneling Pneumatic-All Operations	_____
5703	Underpinning Buildings & Drivers	_____
5445	Wallboard Installation	_____

<u>Code</u>	<u>Position Description</u>	<u>Estimated Payroll</u>
5538	Wall Covering Installation & Shop & Drive	_____
6319	Water Main or Connect Construct & Driver	_____
7520	Waterworks Operation & Drivers	_____
3365	Welding or Cutting NOC & Drivers	_____
4470	Wire Installation or Covering	_____
5403	Wrecking/ Wooden Bldg./Structures	_____
5213	Wrecking/Concrete Bldg./Structures	_____
5057	Wrecking/Iron or Steel Bldg. Structures	_____

Other Category Not Described Above:

Prepared By: _____

Title: _____

Date: _____

Location of Payroll Records: _____

**METROPOLITAN WASHINGTON AIRPORTS AUTHORITY
Owner Controlled Wrap-Up Insurance Program (OCWIP)**

Notice of Subcontract Award

To: Kelly Norris
OCWIP Administrator
Phone: (703) 572-6792
Fax: (703) 572-6793

We have awarded the following contract to:

Name of Subcontractor

Address

City

Telephone

Fax

E-Mail

Authority Tenant No. – If Applicable

Contract Number

Contact Person

Date of Contract Award

Estimated Start Date

Description of Work

Notice of award must be sent in with a copy of the subcontractor's certificate of insurance from the insurance carrier with the Metropolitan Washington Airports Authority named as additional insured.

Signature

Date

Phone

Fax

E-Mail

**METROPOLITAN WASHINGTON AIRPORTS AUTHORITY
Owner Controlled Wrap-Up Insurance Program (OCWIP)**

Notice of Substantial Completion

All enrolled contractors must submit the following information on their letterhead upon completion of job site work:

Date: _____

To: **OCWIP Safety**
Kelly Norris
P.O. Box 16692
Washington, DC 20041-6692
Phone: (703) 572-6792
Fax: (703) 572-6793

We, _____, have substantially
(Company Name)
completed our work for the contract named below:

Project Name: _____
Description: _____
Contract Number: _____ **Airport:** _____
Effective Date: _____

Sincerely,

Sign: _____

Title: _____

Print Name: _____

Telephone: _____

cc: Contracting Officer, COTR

A final insurance audit will be conducted on all Contractors after this form is submitted. The workers compensation policies for all Subcontractors will be terminated when the Contractor indicates that all work has been completed.

**METROPOLITAN WASHINGTON AIRPORTS AUTHORITY
OWNER CONTROLLED WRAP-UP INSURANCE PROGRAM
MONTHLY PAYROLL REPORT**

To: **Metropolitan Washington Airports Authority**
c/o Marsh USA Inc.
 1255 23rd Street, N.W., Suite 400
 Washington, DC 20037
 ATTN: Wrap-Up Unit
 Phone: 202-263-7600 Fax: 202-263-7799

Write "final" in this box if this is your final payroll report.

- * **A separate form must be completed monthly for each Contract.**
- * **Reports must be returned by the 10th of the month following performance of the work.**

Name Of General Contractor/Subcontractor: _____

Reporting Period: _____ Authority Contract Number: _____

Payroll Requested Is For The OCWIP Project Only

1.) WC Class Code	2.) Number Of Employees	3.) Total Hours Worked*	4.) Regular Wages	5.) Overtime Wages

Preparer's Name

Title

Phone Number

Date

Monthly Payroll Reporting Instructions

- Reporting Period: Should be all of your regular monthly pay periods (i.e. pay periods that ended in the preceding calendar month)
- Contract Number: The Authority Contract # or Authority Tenant # is required to consolidate payrolls. (If you are a Tenant Contract, this number can be obtained by calling the OCWIP Administrator at (703) 572-6792.)
- 1) WC Class Code: These are occupation classifications used for rating purposes. Please refer to the list of construction codes which was included in your enrollment packet. Normally, classifications will be the same as reported to the insurance carrier that insures your (off-site) projects.
- 2) Number of Employees: Show the number of employees for each class code that worked during the reporting period for which you are reporting project Contract payroll.
- 3) Total Hours Worked: Number of hours all employees on site spent in each class code in the reporting period.
- 4) Regular Wages: Total wages (including bonuses, benefits and per diem) for all employees in each class code paid in the reporting period.
- 5) Overtime Wages: Total overtime wages for all employees paid in the past month.

Notes: Substantial completion, for the purposes of the OCWIP, shall be defined as the date when the product (i.e., building, facility, pavement, etc.) is completed under the contract is put to its intended use. Punch list work performed after substantial completion, as well as warranty work, **WILL NOT** be covered under the OCWIP. Send in the LAST payroll report and write "FINAL" at the top right hand corner of the report form whenever you complete your project (even mid-month).

Premiums for the OCWIP are paid by the Authority. Questions regarding this report should be directed to the **Wrap-Up Unit**, which can be contacted at **202-263-7600**.

**METROPOLITAN WASHINGTON AIRPORTS AUTHORITY
Owner Controlled Wrap-Up Insurance Program (OCWIP)**

Monthly Project Man Hour/Injury Report Log

This report must be sent to the Insurance Safety Consultant by the 10th of each month.

Contractor: _____ Month: _____

Authority Contract Number: _____ Phone Number: _____

Job Site Safety Engineer/Supervisor: _____

Total Man Hours this Month: _____ Total Recordable Injuries this Month: _____

Number of Lost Days: _____

List Recordable Injuries by Date of Loss and Employee's Name:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Fax or Mail to: **Jim Filkins**
 OCWIP Safety
 P.O. Box 16992
 Washington, DC 20041-6992
 Phone: (703) 572-6791
 Fax: (703) 572-6793

**Metropolitan Washington Airports Authority
Owner Controlled Wrap-Up Insurance Program (OCWIP)**

General Liability/Property Loss Report

Date of Loss: _____ Airport: DCA _____ IAD _____

Time: _____ Project: _____

Contract Number: _____

Estimate Cost of Repairs: _____

Contractor's Name: _____

Phone Number _____ Federal ID No: _____

Subcontractor's Name: _____

Phone Number _____ Federal ID No: _____

Describe Work Performed at Time of Accident:

Explain How the Accident Occurred:

Describe extent of Property Damage:

Name of Person Completing Report: _____

Fax or Mail to: Jim Filkins
OCWIP Safety
P.O. Box 16992
Washington, DC 20041-6992
Phone: (703) 572-6791
Fax: (703) 572-6793