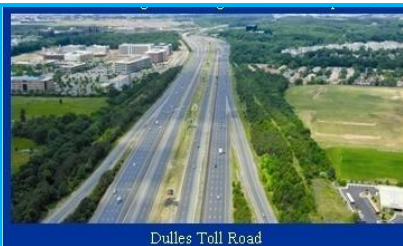




METROPOLITAN WASHINGTON  
AIRPORTS AUTHORITY

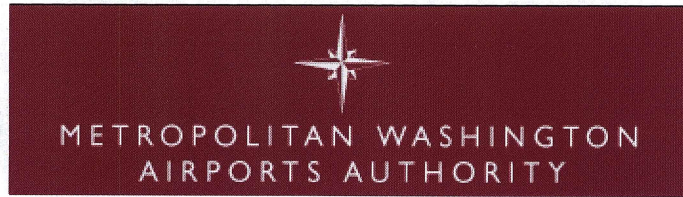
# AVIATION OWNER CONTROLLED INSURANCE PROGRAM MANUAL

June 2013 EDITION



**RISK MANAGEMENT DEPARTMENT**

This manual is a contract document



## **Aviation Owner Controlled Insurance Program Manual**

### **(June 2013 Edition)**

This manual is intended to provide only a general overview of the Aviation Owner Controlled Insurance Program for airport and toll road construction projects 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 Aviation Owner Controlled 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 any of the job sites.

A handwritten signature in blue ink, reading "Steven C. Baker", is written over a horizontal line.

Steven C. Baker  
Vice President of Business Administration

June 2013

Date

## Changes to the AVIATION OCIP Insurance Manual

Change Number	Date of Change	Page(s) Changed	Description of Change
1	10/23/2013	This page	Added Changes to the AVIATION OCIP Insurance Manual page for tracking of changes to the manual.
1	10/23/2013	TOC	Updated the Table of Contents to reflect changes in page numbering as a result of the 10/23/2013 updates to the manual.
1	10/23/2013	Multiple pages	Changed Airports Authority AVIATION OCIP Administrator to AVIATION OCIP Administrator.
1	10/23/2013	Multiple pages	Changed Airports Authority AVIATION OCIP Safety Consultant to AVIATION OCIP Safety Consultant.
1	10/23/2013	Multiple pages	Changed references to the various Forms used in the OCIP to state AVIATION OCIP Form – (form number) instead of Form – (form number).
1	10/23/2013	Pg 4	Updated AVIATION OCIP Safety Consultant contact name, phone numbers, and email. Updated email for Senior Claims Consultant.
1	10/23/2013	Pg 5	Changed Airports Authority Program Claims Manager to Airports Authority Claims Program Manager.
1	10/23/2013	Pg 13	Under Umbrella Liability (Enrolled) changed paragraph to bulleted list. The text did not change.
1	10/23/2013	Pg 17	Added Contractor's Monitoring Responsibility paragraph which details the contractor's responsibility to monitor their subcontractor's certificates of insurance.
1	10/23/2013	Pg 19	Changed Enrollment-Web Based Enrollment Process to Enrollment – Enrolled & Excluded Contractors and added a paragraph for clarity of Excluded Contractors needing to use the portal to upload Certificates of Insurance.
1	10/23/2013	Pg 20	Added paragraph requiring submittal of the AVIATION OCIP Form - 1GL within 5 business days of contract execution.
1	10/23/2013	Pgs 20-28	Replaced Web Based Enrollment Instructions in its entirety to reflect changes to the web portal for ease of use and added additional screen shots for clarity.
1	10/23/2013	Pg 31	Changed heading General Procedures to Incident Reporting. Text did not change.
1	10/23/2013	Pg 32	Added AVIATION OCIP Form – 4GL – General Liability Loss Report to Liability Claims section.
1	10/23/2013	Pg 32	Added Safety Obligations.
1	10/23/2013	Pg 33	Revised 2 <sup>nd</sup> paragraph of Pollution Claims to refer to Section 1, Safety Obligations.
1	10/23/2013	Pg 34	Added reference to AVIATION OCIP Form - 4GL - General Liability Loss Report.
1	10/23/2013	Pgs 41-42	Added AVIATION OCIP Form - 4GL - General Liability Loss Report.
1	10/23/2013	Pgs 43-44	Revised Certificate Holder Zip Code on the two Sample Certificates of Insurance.

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## Overview

*Welcome to the Metropolitan Washington Airports Authority (the Airports Authority) Owner Controlled Insurance Program (AVIATION OCIP)*

*Excluded Parties shall obtain and maintain, and shall require each of its subcontractors to obtain and maintain insurance coverage specified in Section 5 of the AVIATION OCIP Insurance Manual.*

The Airports Authority has arranged for selected airport and toll road construction projects to be insured under an Owner Controlled Insurance Program (AVIATION OCIP). The AVIATION OCIP is an insurance program that insures the Airports Authority, eligible and enrolled Construction Managers, Contractors and subcontractors, and other Airports Authority designated parties for Work performed at the Job Site. Certain Contractors and subcontractors are **excluded** from this AVIATION OCIP. These parties are identified in the Contract Documents and Section 3 (Definitions) of this manual.

The Airports Authority has implemented the AVIATION OCIP to provide certain insurance coverage for Contractors and subcontractors of all tiers performing construction and certain maintenance work on designated projects at Ronald Reagan Washington National Airport, Washington Dulles International Airport or the Dulles Toll Road (collectively referred to as the “Job Site”). All such Contractors, subcontractors, sub-subcontractors of any tier (sometimes may be collectively referred to as “Contractors” or “Contractors and subcontractors” or “Enrolled Parties”) must enroll in the AVIATION OCIP if they are performing work at the Job Site.

Coverage under the AVIATION OCIP includes:

- General Liability, including terrorism
- Excess Liability insurance, including terrorism
- Contractor’s Pollution Liability (including asbestos abatement under pollution coverage **only**)
- Builders Risk, including terrorism

All insurance carriers participating in the AVIATION OCIP are approved to provide insurance in the Commonwealth of Virginia.

## OVERVIEW

The coverages afforded under the AVIATION OCIP do not include all the insurance needed by Contractors and subcontractors. For example, The AVIATION OCIP does not cover Contractor's or subcontractor's motor vehicles used in the performance of the work, whether kept, used, or operated on or off the Job Site. Refer to Section 5 for Contractor Required Coverage.

The Airports Authority will pay insurance premiums for the AVIATION OCIP coverage described in this manual. You should notify your insurer(s) to endorse your coverage to be excess and contingent over the AVIATION OCIP coverage provided under this AVIATION OCIP for on-site activities and the related costs. Each bidder, the Contractor and its subcontractors, is required to exclude from its bid price and requests for payment, the cost of insurance coverages that will be provided by the Airports Authority. Enrolled Contractors must purchase their own insurance for off-site activities and exposures not covered by the AVIATION OCIP and must submit certificates of insurance as required by their contract.

***Insurance coverages and limits provided under the AVIATION OCIP are limited in scope and are specific to work performed, commencing on the inception date of your enrollment into this program and limited to only work performed at the Job Site. Your insurance representative should review this information. Any additional coverage you may wish to purchase will be at your option and expense.***

## Discontinuation of AVIATION OCIP

The Airports Authority reserves the right to discontinue the AVIATION OCIP upon forty-five (45) calendar days notice to all Enrolled Contractors. Upon such notice, the Enrolled Contractors shall obtain and maintain at the Airports Authority's expense during the performance of the work, all of the AVIATION OCIP coverages specified in Section 4 (AVIATION OCIP Insurance Coverage) of this manual. Such replacement coverages shall be consistent with the form, content, limits of liability, and financial strength of insurers as had been previously provided in the AVIATION OCIP, where reasonably commercially available. The Airports Authority will reimburse reasonable replacement costs of such coverages. Written evidence identifying the itemization of insurance costs for the replacement coverages must be provided to the Airports Authority before reimbursement will be made.

## Modification of AVIATION OCIP

The Airports Authority reserves the right to modify the AVIATION OCIP policies. Any such modifications will be reflected in the renewal certificates.

## Safety Obligations

Safety on the Job Site is important to the Airports Authority. To encourage adherence to safe practices by all Parties, the Airports Authority, at its discretion, may require the Contractor, and on behalf of its subcontractors of any tier, to pay up to the following obligation amounts for each occurrence submitted by the Contractor or subcontractor of any tier.

*The Contractor will be assessed any Safety Obligations that are levied as a result of the actions of its subcontractors.*

#	SAFETY OBLIGATIONS
1.	<b>General Liability Obligation.</b> The Contractor is responsible to pay a sum of up to \$5,000 for each occurrence, including court costs, attorney’s fees and costs of defense for bodily injury or property damage to the extent losses are payable under the AVIATION OCIP General Liability Policy.
2.	<b>Pollution Liability Obligation.</b> The Contractor is responsible to pay a sum of up to the first \$15,000 for each occurrence to the extent losses are payable under the AVIATION OCIP Pollution Liability Policy.
3.	<b>Builders Risk Obligation.</b> The Contractor is responsible to pay a sum of up to \$5,000 for each claim to the extent losses are payable under the AVIATION OCIP Builders Risk Policy. In the event of a tunnel collapse, the Contractor’s Builders Risk Obligation is a sum of up to \$100,000 for each claim. The Contractor’s Builders Risk Obligation for a claim caused by or resulting from flood is a sum of up to \$25,000 for each claim. NOTE: The cost of damaged or stolen non-covered property will not be included in the Builders Risk Obligation calculation.
4.	<b>Property Obligation.</b> The Contractor is responsible to pay a sum of up to \$5,000 for any damages to Airports Authority property caused by the Contractor or its subcontractors.

These “Safety Obligations” are not covered by the AVIATION OCIP insurance policies and shall remain uninsured by the Contractor and its subcontractors of all tiers.

***The Airports Authority will not reimburse the Contractor for profit, tax, interest, overhead, insurance or bonds attributable to the repair or replacement work.***



## AVIATION OCIP Directory

<p><b>Insurance Administrator</b> Wells Fargo Insurance Services, Inc. (WFIS) 1401 H Street, Suite 750 Washington, DC 20005</p>	<p>Metropolitan Washington Airports Authority 1 Aviation Circle MA-450, Suite 188 Washington, DC 20001-6000</p>
<p><b>AVIATION OCIP Safety Consultant</b> Gerry Boudreau, WFIS Assistant Vice President</p>	<p>(703) 760-5711 (telephone) (571) 437-0735 (cell) (877) 827-0725 (fax) <a href="mailto:Gerry.Boudreau@wellsfargo.com">Gerry.Boudreau@wellsfargo.com</a> (E-Mail)</p>
<p><b>AVIATION OCIP Administrator</b> Nick Morgan, WFIS Program Administrator</p>	<p>(202) 772-4244 (telephone) (202) 815-4303 (cell) (877) 827-0725 (fax) <a href="mailto:nick.morgan@wellsfargo.com">nick.morgan@wellsfargo.com</a> (E-Mail)</p>
<p><b>WFIS AVIATION OCIP Client Executives</b> Christopher Spiridis and Jamie L. Pincus</p>	<p>(917) 368-6804 (telephone) (212) 973-9809 (fax) (347) 501-1047 (cell) <a href="mailto:christopher.spiridis@wellsfargo.com">christopher.spiridis@wellsfargo.com</a> (E-Mail) (202) 772-4202 (telephone) (877) 827-0725 (fax) (202) 754-0408 (cell) <a href="mailto:jamie.l.pincus@wellsfargo.com">jamie.l.pincus@wellsfargo.com</a> (E-Mail)</p>
<p><b>WFIS AVIATION OCIP Account Manager</b> Paul J. Larkin</p>	<p>(202) 772-4199 (telephone) (877) 827-0725 (fax) <a href="mailto:paul.j.larkin@wellsfargo.com">paul.j.larkin@wellsfargo.com</a> (E-Mail)</p>
<p><b>WFIS Claims Consultant</b> Andy Tse</p>	<p>(202) 772-4227 (telephone) (202) 772-4240 (fax) <a href="mailto:andy.tse@wellsfargo.com">andy.tse@wellsfargo.com</a> (E-Mail)</p>
<p><b>Senior Claims Consultant</b> Karen Treciak</p>	<p>(410) 404-3127 (telephone) (410) 771-8159 (fax) <a href="mailto:ktreciak@cms-na.com">ktreciak@cms-na.com</a> (E-Mail)</p>
<p><b>Airports Authority Claims Program Manager</b> Tara Dahbi</p>	<p>(703) 417-8654 (telephone) (703) 417-0882 (fax) (703) 209-5303 (cell) <a href="mailto:tara.dahbi@mwa.com">tara.dahbi@mwa.com</a> (E-Mail)</p>
<p><b>Airports Authority Risk Manager</b> Michael Natale</p>	<p>(703) 417-8652 (telephone) (703) 417-0882 (fax) (703) 407-7031 (cell) <a href="mailto:michael.natale@mwa.com">michael.natale@mwa.com</a> (E-Mail)</p>

Section  
**3**

## AVIATION OCIP Definitions

TERM	DEFINITION
Airports	“Airports” refers to either Ronald Reagan Washington National Airport or Washington Dulles International Airport or collectively both.
Airports Authority Claims Program Manager	The Airports Authority employee responsible for processing all claim reports and coordination of all claim-related communication.
Airports Authority Risk Manager	The Airports Authority employee responsible for the overall administration of claims, safety and insurance programs.
AVIATION OCIP	“Owner Controlled Insurance Program” - A coordinated insurance program providing certain coverages, as defined herein, for the Airports Authority, Eligible and Enrolled Construction Manager, Contractors, and subcontractors performing Work at the Job Site.
AVIATION OCIP Administrator	The representative of the Risk Management Department who administers enrollments for the AVIATION OCIP.
AVIATION OCIP Safety Consultant	All incidents, injuries, occupational-related illnesses, or property damage are to be reported within 24 hours to this representative of the Risk Management Department. This Consultant advises and provides safety related recommendations to the Airports Authority and enrolled Contractors performing work at the Airports and/or Toll Road. Advises Job Site personnel of safety training and compliance issues to control losses and assists in the processing of AVIATION OCIP claims.
Contractor	A Contractor is a party that holds a contract with the Airports Authority.
Eligible Parties	Parties performing labor or services at the Job Site are eligible to enroll in the AVIATION OCIP unless an Excluded Party.
Enrolled Parties also called: Enrolled Contractors Enrolled Subcontractors	Those eligible Contractors and their Subcontractors and their Sub-subcontractors (all may also be referred to as Enrolled Parties) that have submitted all necessary enrollment information and have been accepted into the AVIATION OCIP as evidenced by receipt of a confirmation letter and certificate of insurance. Enrolled Parties shall obtain and maintain, and shall require each of its subcontractors to obtain and maintain, the insurance coverage specified in Section 5 of the AVIATION OCIP Manual.

**OCIP DEFINITIONS**

<b>TERM</b>	<b>DEFINITION</b>
<p>Excluded Parties</p> <p>also called: Excluded Contractors Excluded Subcontractors</p>	<p>Certain work is excluded from the AVIATION OCIP. Excluded Parties shall obtain and maintain, and shall require each of its subcontractors to obtain and maintain the insurance coverage specified in Section 5 of the AVIATION OCIP Manual.</p> <p>The following Excluded Parties are ineligible for AVIATION OCIP Coverages:</p> <ol style="list-style-type: none"> <li>(1) Professional services of architects, engineers, surveyors, and consultants (this exclusion does not apply to AVIATION OCIP Contractor’s Pollution Liability for contracting activities at the Job Site).</li> <li>(2) No coverage will be provided for any work performed by any Contractor engaged in the abatement of asbestos, asbestos products, asbestos-containing materials or products, including manufacturing, mining, use, sale, installation/removal or distribution activities (this exclusion does not apply to AVIATION OCIP Contractor’s Pollution Liability).</li> <li>(3) Work performed off Airports Authority property or at another location not specifically included in the definition of the Job Site.</li> <li>(4) Vendors, suppliers, fabricators, material dealers, truckers, haulers, drivers and others who merely transport, pick up, deliver, or carry Equipment and/or Materials, construction equipment and supplies, materials, personnel, parts or equipment or any other items or persons to or from the Job Site.</li> <li>(5) Any Persons and/or Entities who do not perform labor or services at the Job Site.</li> <li>(6) Contractors performing work for tenants, or if enrolled, no coverage is provided for the Contractor when performing work for a tenant.</li> </ol> <p>The Airports Authority may include or exclude any parties or entities not specifically identified in this manual at its sole discretion, even if otherwise eligible.</p>
Insurance Administrator	<p>Wells Fargo Insurance Services USA, Inc. 1401 H St, NW Suite 750 Washington, DC 20001</p>
Job Site	<p>Generally, the sites of contract work on the Airports Authority’s property at Ronald Reagan Washington National Airport, Washington Dulles International Airport, or Dulles Toll Road. For a more precise definition of the Job Site refer to the contract.</p>
Program Management Support Services Consultant	<p>The consultant employed by the Airports Authority under contractual agreement to provide program management support services for construction projects at the Airports and the Toll Road, including planning, design, construction and related services</p>

**OCIP DEFINITIONS**

<b>TERM</b>	<b>DEFINITION</b>
Subcontractor	A subcontractor is a party that holds a contract with a Contractor.
Sub-subcontractor	A sub-subcontractor is a party that holds a contract with a subcontractor of any tier.
Toll Road	Refers to the Dulles Toll Road which is operated by the Airports Authority for financing the construction of the Dulles Corridor Metrorail Project using Toll Road revenue to support the sale of bonds.

## AVIATION OCIP Insurance Coverage

*This chapter provides a brief description of AVIATION OCIP Coverage. Contractor should refer to the actual policies for details concerning coverage, exclusions and limitations.*

### Enrolled Parties

Enrolled Parties must meet the insurance requirements established in Section 5 and must provide evidence of coverage to the Airports Authority's AVIATION OCIP Administrator or the Insurance Administrator before beginning any work at the Job Site.

### Excluded Parties

Excluded Parties must meet the insurance requirements established in Section 5 and must provide evidence of coverage to the Airports Authority's AVIATION OCIP Administrator or the Insurance Administrator before beginning any work at the Job Site.

### Evidence of Coverage

The AVIATION OCIP Administrator will provide a Certificate of Insurance evidencing general liability, excess liability insurance, and Builder's Risk coverage to each Enrolled Party. Copies of AVIATION OCIP insurance policies will be available upon written request to the Airports Authority Risk Manager.

***The summary descriptions on these pages are not intended to be complete or to alter or amend any provision of the actual AVIATION OCIP Coverages. In the event any provision of the summary below conflicts with the AVIATION OCIP insurance policies, the provision of the actual AVIATION OCIP insurance policies shall govern. This is a summary of insurance coverages ONLY. All Enrolled Parties, Enrolled Contractors and Enrolled Subcontractors should refer to the AVIATION OCIP insurance policies for actual terms, conditions, exclusions and limitations.***

## Summary Description of AVIATION OCIP Coverage

*A single general liability policy will be issued for all Enrolled Parties.*

The Airports Authority will purchase the following coverages for the benefit of all Enrolled Parties performing Work at the Job Site. AVIATION OCIP Coverages shall not apply to Excluded Parties, even if erroneously enrolled in the AVIATION OCIP. AVIATION OCIP Coverage shall not cover “off-site” operations.

### Primary Commercial General Liability Coverage

This Insurance applies to the operations of all Enrolled Contractors performing work at the Job Site.

*Contractor shall pay to the Airports Authority a sum of up to \$5,000 of each occurrence, including court costs, attorney’s fees and costs of defense for bodily injury or property damage to the extent losses are payable under the AVIATION OCIP General Liability Coverage.*

	Limits of Liability <u>Shared by All Enrolled Parties</u>
Each Occurrence Limit	\$ 2,000,000
General Aggregate	\$ 4,000,000
Products/Completed Operations Aggregate	\$ 4,000,000

- Commonwealth of Virginia statute of repose and limitation for Completed Operations Extension beyond final acceptance of the entire project with a single non-reinstated aggregate limit.
- This insurance will **NOT** provide coverage for products liability to any enrolled party, vendor, supplier, off-site fabricator, material dealer or other party for any product manufactured, assembled or otherwise worked upon away from the Job Site.
- This insurance is primary and non-contributing for Enrolled Parties for all occurrences at the Job Site. The policy will provide Warranty/Callback premises coverage as per the Contractor’s expressed warranty period.
- Amendment to Insured Contract – Removal of Railroad Restrictions.
- The AVIATION OCIP General Liability policy will not provide coverage for damage to the Project during the course of construction which is covered by the Airports Authority provided Builders Risk policy. In addition, the AVIATION OCIP General Liability policy will not provide coverage for damage to the Owner’s existing property.

### Excess Liability

*A single excess liability policy will be issued for all Enrolled Parties.*

	Limits of Liability <u>Shared by All Enrolled Parties</u>
Combined Single Limit	\$400,000,000
General Aggregate Limit	\$400,000,000
Products & Completed Operations Aggregate Limit	\$400,000,000

- Policy follows form (provisions, coverages, exclusions, etc.) of underlying Commercial General Liability insurance.

*The AVIATION OCIP does not provide coverage for Contractors' and subcontractors' personal property, tool and equipment.*

**Contractors and subcontractors are advised to arrange their own insurance for Contractor or subcontractor rented, owned, leased or borrowed equipment and materials not intended for inclusion in the project. The AVIATION OCIP will not cover Contractor or subcontractor property, tools and equipment.**

**Contractor's Pollution Liability (Including Asbestos Abatement)**

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

*Contractor shall pay to the Airports Authority the first \$15,000 of each occurrence.*

	Limits of Liability <u>Shared by All Enrolled Parties</u>
Each Occurrence Limit	\$20,000,000
General Aggregate Limit	\$20,000,000

- 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.
- Completed operations coverage will apply following completion of covered operations on a project subject to the Airports Authority maintaining coverage through consecutive renewal years.
- The policy does not cover liabilities arising from any preexisting contamination or events that occurred prior to commencement of covered operations.

*The Contractor will be assessed any obligations that are levied as a result of the actions of its subcontractors.*

**Builders Risk**

Builders Risk coverage pays for direct losses to buildings or other property during construction (repair or replacement of property) arising out of a covered loss. The policy applies to:

1. All work at the Job Site including labor and materials to be incorporated into the work.
2. Materials adequately protected and stored at the Job Site that will be incorporated into the work.

*The Contractor will be assessed the safety obligation amount, irrespective of its individual subcontractor who may have caused the action.*

A blanket policy limit provides "All Risk" of direct physical loss or damage, including terrorism coverage, subject to policy exclusions, on each occurrence. Limits of liability are shared by all Enrolled Parties. The policy limits and sub-limits are as listed below.

## OCIP INSURANCE COVERAGE

The Builders Risk coverage provides, but is not limited to:  
\$1,000,000,000 total limit of coverage, subject to sublimits of:

- a) \$250,000,000 annual aggregate for earthquake
- b) \$250,000,000 annual aggregate for flood
- c) \$100,000,000 errors and omissions
- d) Blanket limit or 25% of the loss, whichever is greater, sub-limit for debris removal
- e) Ingress/Egress but not to exceed \$25,000,000 for 30 days
- f) \$10,000,000 limit for property while in transit within the continental United States.

This policy does not cover Contractor's interests for:

- a) Owned or leased tools, machinery, or equipment or trailers and other property not intended to become a permanent part of the completed building(s) or structure(s).
- b) Damage or theft of above is not covered.
- c) Loss of market or loss of use.
- d) Indirect losses (business interruption, extra expense and any other time element losses per the terms and conditions of the policy).
- e) Faulty workmanship, material, construction or design from any cause, although coverage would apply for resulting physical damage not otherwise excluded.
- f) Loss or damage or deterioration arising from any delay.

Material or equipment upgrades, unrelated equipment, or system changes will not be covered without prior approval from the Airports Authority Claims Program Manager.

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.



Section  
**5**

## Enrolled and Excluded Contractor Required Coverage

*Contractors and all subcontractors are required to procure and maintain at their expense insurance coverage to protect against losses that occur on and off the Job Site or are otherwise not covered under the AVIATION OCIP.*

**C**ontractors and subcontractors are required to procure and maintain at their expense insurance coverage for the duration of the Contract that protects the Airports Authority from liabilities. These liabilities may arise from the Contractor’s and subcontractor’s operations performed on-site and off-site, from coverages not provided by the AVIATION OCIP, or from operations performed by Excluded Parties. The AVIATION OCIP places Contractors and subcontractors into one of two main categories: Enrolled Contractors or Excluded Contractors.

See Section 8 for sample Certificates of Insurance.

### Contractor Maintained Coverages

#### Automobile Liability

(Enrolled & Excluded (on and off site))

Combined Single Limit

Bodily Injury and Property Damage

Limits of Liability  
\$ 1,000,000

- Commercial Business Auto Policy covering all owned, hired, and non-owned automobiles, trucks, and trailers.
- Coverage will apply **both** on and off the Job Site.

#### Workers’ Compensation and Employer’s Liability

(Enrolled & Excluded (on and off site))

**Part One –**

Statutory Limit for the Commonwealth of Virginia Including Federal Employers Liability Act & Maritime coverage, if appropriate.

**Part Two –**

	<u>Employer's Liability Limits</u>
Bodily Injury by Accident, each Accident:	\$ 1,000,000
Bodily Injury by Disease, each employee:	\$ 1,000,000
Bodily Injury by Disease, policy limit:	\$ 1,000,000

## CONTRACTOR REQUIRED COVERAGE

### Commercial General Liability

(Enrolled off site only & Excluded on and off site)

	<u>Limits of Liability</u>
Each Occurrence Limit	\$ 1,000,000
General Aggregate	\$ 2,000,000
Products/Completed Operations Aggregate	\$ 2,000,000
Personal/Advertising Injury Aggregate	\$ 2,000,000
Products/Completed Operations Extension	To the applicable statute of limitations

- Coverage must be in a form providing coverage not less than the standard ISO Commercial General Liability insurance policy "Occurrence Form" and applies to bodily injury and property damage for operations (including explosion, collapse and underground coverage), independent contractors, products and completed operations.
- General Aggregate will reinstate annually and defense expenses are in addition to the limits of liability.

### Umbrella Liability (Enrolled)

(Enrolled on and off site)

	<u>Limits of Liability</u>
Each Occurrence Limit	\$ 1,000,000
General Aggregate	\$ 1,000,000
Products/Completed Operations Aggregate	\$ 1,000,000

- Coverage must be on an Occurrence form and applies to bodily injury and property damage for operations (including explosion, collapse and underground coverage), independent contractors, products and completed operations for off-site activities or operations not insured under AVIATION OCIP Coverages.
- Umbrella policies must schedule Employers Liability and Commercial Automobile Liability as underlying policies.

### Umbrella Liability (Excluded)

(Excluded on and off site)

**TIER 1** – For contracts with total values up to \$100,000 – including all change orders, the following limits will be supplied:

	<u>Limits of Liability</u>
Each Occurrence Limit	\$ 1,000,000
General Aggregate	\$ 1,000,000
Products/Completed Operations Aggregate	\$ 1,000,000

**TIER 2** – For contracts with total values from \$100,001 to \$1,000,000 – including all change orders, the following limits will be supplied:

	<u>Limits of Liability</u>
Each Occurrence Limit	\$ 5,000,000
General Aggregate	\$ 5,000,000
Products/Completed Operations Aggregate	\$ 5,000,000

Once the total contract value falls into a higher tier due to change orders, the higher tier requirements will automatically apply to the Contractor.

## CONTRACTOR REQUIRED COVERAGE

**TIER 3** – For contracts with total values in excess of \$1,000,000 – including all change orders, the following limits will be supplied:

	Limits of Liability
Each Occurrence Limit	\$ 10,000,000
General Aggregate	\$ 10,000,000
Products/Completed Operations Aggregate	\$ 10,000,000

Coverages for all tiers:

- Once the total contract value falls into a higher tier due to change orders, the higher tier requirements will automatically apply.
- Coverage must be on an Occurrence form and applies to bodily injury and property damage for operations (including explosion, collapse and underground coverage), independent contractors, products and completed operations for off-site activities or operations not insured under AVIATION OCIP Coverages. Umbrella policies must schedule Employers Liability and Commercial Automobile Liability as underlying policies.
- Exceptions to the Tier 2 and Tier 3 requirements will be at the discretion of the Airports Authority Risk Manager, upon written request, and acknowledged/approved in writing by the Airports Authority Risk Manager to the Contractor, but in no event will a limit of less than \$2,000,000 be considered or accepted.

### Property Insurance

(Enrolled & Excluded)

Contractors and subcontractors must provide their own insurance for owned, leased, rented and borrowed equipment, whether such equipment is located at a Job Site or “in transit.” Contractors and subcontractors are solely responsible for any loss or damage to their personal property including, without limitation, property or materials created or provided under the Contract until installed at the Job Site, Contractor tools and equipment, scaffolding and temporary structures.

### Watercraft and Aircraft Liability

(Enrolled & Excluded)

The operator of any watercraft or aircraft of any kind used in the Work must maintain liability insurance naming the Airports Authority and the respective Contractor and/or subcontractor as an additional insured with primary and non-contributory wording. In addition, the limit of liability must be satisfactory to the Airports Authority. Such insurance requirements will be determined as the need arises.

### Pollution Liability

(Enrolled & Excluded)

If required by contract, Contractors and subcontractors with Work involved in the removal or treatment of hazardous materials must provide and maintain Contractors' Pollution Liability insurance. Such coverage will specifically schedule the type of work defined in the Contract.

*The AVIATION OCIP  
does not provide  
coverage for  
Contractors' and  
subcontractors'  
personal property,  
tools, or equipment.*

## CONTRACTOR REQUIRED COVERAGE

Limits of liability for Contractor's Pollution Liability Insurance for Parties involved in abatement work:

	<u>Limits of Liability</u>
Combined Single Limit per Occurrence	\$2,000,000
General Annual Aggregate	\$2,000,000
MCS-90 Endorsement (see below)	\$5,000,000

If transporting hazardous waste/materials to/from the Job Site, appropriate MCS-90 Endorsement must be attached and supplied by Contractor on a primary basis with a \$5,000,000 limit of liability.

### **Professional Liability** (Enrolled & Excluded)

**TIER 1** – For contracts with an annual value up to \$500,000, the following limits will be supplied:

	<u>Limits of Liability</u>
Per Claim	\$ 1,000,000
General Aggregate	\$ 1,000,000

**TIER 2** – For contracts with an annual value over \$500,000, the following limits will be supplied:

	<u>Limits of Liability</u>
Per Claim	\$ 2,000,000
General Aggregate	\$ 2,000,000

If required by the contract, architects, engineers, surveyors, planners, consultants and other related professionals must provide Professional Liability coverage. There shall be an extended reporting period provision of not less than two years.

### **Verification of Required Coverages**

All Enrolled and Excluded Contractors and Subcontractors shall provide verification of insurance to the AVIATION OCIP Administrator prior to mobilization and within three (3) days of any renewal, change or replacement of coverage. A sample of an acceptable certificate of insurance is provided in Section 8 (Forms). Please note that all Enrolled and Excluded Contractors' and subcontractors' required insurance coverages must include waivers of subrogation and additional insured statuses as noted herein and in the contract. Note the contractual requirement that the Contractor must provide the Airports Authority advance written notice of at least 30 days in case of cancellation, material change in policy terms or coverage non-renewal.

The limits of liability shown for the insurance required of all Enrolled and Excluded Contractors and Subcontractors are minimum limits only and

*Failure of any Enrolled Contractor or any Excluded Contractor to file the required certificates of insurance will not relieve such party of its responsibility to carry and maintain such insurance.*

## CONTRACTOR REQUIRED COVERAGE

are not intended to restrict the liability imposed on the Contractors for work performed under their Contract.

All policies must be issued by companies authorized to do business in the Commonwealth of Virginia and having a current policyholder's management and financial size category rating of not less than "A- VII" according to AM Best's Insurance Reports Key Rating Guide (except for policies issued by Lloyds of London and approved foreign companies acceptable to the Commonwealth of Virginia and approved in writing by the Airports Authority), or of recognized financial responsibility and otherwise agreed by the parties and approved in writing by the Airports Authority.

### **Required Waivers and Additional Insured Wording**

Contractor's Workers' Compensation & Employers Liability, General Liability, Automobile Liability, Umbrella /Excess Liability and Property insurers shall provide Waivers of Subrogation in favor of the Airports Authority and other designated Parties.

Contractor's Automobile Liability, General Liability and Excess/Umbrella Liability Policies will name the Airports Authority, its officials, employees and agents and any wholly owned subsidiaries or parent organizations and Parsons Management Consultants as additional insureds and will state that coverage is afforded on a primary and non-contributory basis.

*See Section 8 (Forms) for sample certificates of insurance.*

If a Contractor is terminated under the AVIATION OCIP after Substantial Completion, but remains on-site for non-AVIATION OCIP site work, the Contractor will be considered "Excluded" and must provide the tiered coverage enumerated herein for Excluded Contractors. Any exceptions will be at the sole discretion of the Risk Management Department.

All Contractors are responsible for monitoring their subcontractors' certificates of insurance to ensure compliance with their contract and this manual.

Copies of Contractor or subcontractor insurance policies required by contract shall be supplied to the Airports Authority or its authorized representatives upon request.

### **Insurance Certificates**

All Contractors and subcontractors shall provide a valid and properly executed certificate of insurance citing the coverage required for Enrolled Contractors and Excluded Contractors to the AVIATION OCIP Administrator before performing any work and within three (3) days of any renewal, change, or replacement of coverage.

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. Note the contractual requirement that the Contractor must provide the Airports Authority advance written notice of at least 30 days in case of cancellation, material change in policy terms or coverage non-renewal.

***Contractor's Automobile Liability, General Liability and Excess/Umbrella Liability Policies must name the Airports Authority, its officials, employees and agents and any wholly owned subsidiaries or parent organizations as additional insureds and must state that coverage is afforded on a primary and non-contributory basis.***

## **CONTRACTOR REQUIRED COVERAGE**

The Contracting Officer, Contracting Officer's Technical Representative, Risk Management Department staff, and AVIATION OCIP Safety Consultant 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 evidence of insurance has been filed. Denial of site access for this reason will not be accepted as the basis for a delay claim.

### **Contractor's Monitoring Responsibility**

Subcontractors are obligated to maintain coverage as required by contract, and are required to submit evidence of coverage to the AVIATION OCIP Administrator. Contractors are responsible for monitoring their Enrolled subcontractors' and Excluded subcontractor's certificates of insurance. Copies of all its subcontractors' certificates of insurance should be maintained by the Contractor, and upon request, be supplied to the Airports Authority or its authorized representatives. Copies of Contractor or subcontractor insurance policies required by contract should be supplied to the Airports Authority or its authorized representatives upon request. All subcontractors, whether considered Enrolled or Excluded, must submit their certificates of insurance via the web portal.

### **Additional Insured Endorsement**

Each policy, except Workers Compensation and Professional Liability, shall name the Metropolitan Washington Airports Authority, their respective officers, agents and employees as additional insureds. The additional insured endorsement shall state that the coverage provide the additional insureds is primary and non-contributing with respect to any other insurance available to the additional insureds.

### **Waivers of Subrogation**

All Contractors and subcontractors of any tier agree to waive all rights of subrogation against each other and the Airports Authority, its officers, agents, employees and any of its insurers regarding any insured loss, whether the insurance is provided by the AVIATION OCIP or purchased by the Contractor for the project.

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.

The Airports Authority shall waive all rights of subrogation against the Enrolled Contractors and subcontractors of any tier as respects any insured loss covered under the AVIATION OCIP.

## Contractor Responsibilities

*Throughout the course of the Project, Contractors and subcontractors will be responsible for reporting and maintaining certain records as outlined in this section.*

**T**he Contractor and its subcontractors of all tiers are required to cooperate with the Airports Authority and its AVIATION OCIP Administrator and the Insurance Administrator in all aspects of AVIATION OCIP operation and administration. The responsibilities include, but are not limited to:

- Complying with the provisions of the AVIATION OCIP Manual and cooperating in the administration and operation of the AVIATION OCIP
- Identifying and removing from your bid the cost of AVIATION OCIP-provided insurance
- Providing each subcontractor with a copy of the AVIATION OCIP Insurance Manual and the Airports Authority Construction Safety Manual
- Enrolling in the AVIATION OCIP through the web based portal and ensuring all subcontractors promptly enroll in the AVIATION OCIP through the web based portal prior to the start of any work
- Including AVIATION OCIP provisions in all subcontracts as appropriate
- Providing timely evidence of insurance to the AVIATION OCIP Administrator
- Notifying the AVIATION OCIP Administrator of all subcontracts awarded
- Cooperating with the AVIATION OCIP Administrator and Insurance Administrator's requests for information
- Complying with insurance, claim and safety procedures
- Prompting payment of Safety Obligations as required by the Contract
- Reporting claims promptly and cooperating with all follow-up requests



## CONTRACTOR RESPONSIBILITIES

- Notifying the AVIATION OCIP Administrator immediately of any insurance cancellation or non-renewal of Contractor-required insurance
- Complying with the Airports Authority's Construction Safety Manual and all other contractual safety and loss control requirements

### Contractor Bids – Excluded Insurance Costs

The Airports Authority provides insurance for all Eligible and Enrolled Parties under the AVIATION OCIP for Work performed at the Job Site.

Each Contractor and subcontractor of any tier is required to **exclude** the cost of AVIATION OCIP-provided insurance in its bid price for the proposed scope of work.

Change orders will be similarly priced for Enrolled Parties to exclude the cost of AVIATION OCIP-provided insurance coverage. Contractors are solely responsible for ensuring that their subcontractors of all tiers also deduct the cost of AVIATION OCIP-provided insurance coverage from their bids and any requests for payment.

***Enrollment is not automatic. Enrollment into the AVIATION OCIP is required, but not automatic. Eligible Contractors and subcontractors MUST complete the enrollment forms and participate in the enrollment process for AVIATION OCIP coverage to apply separately to each contract. Access to the Job Site will not be permitted until enrollment is complete.***

### Enrollment – Enrolled & Excluded Contractors

*See Section 8 for AVIATION OCIP forms and sample Certificates of Insurance.*

**Enrolled Contractors** - All Contractors and their subcontractors of all tiers working on designated projects must enroll in the AVIATION OCIP **before** entering the Job Site. Contractors must also enroll **separately** for any additional contracts they are awarded.

**Excluded Contractors** - All Contractors and their subcontractors of all tiers working on designated projects must still enter their company information and Certificate of Insurance into the portal **before** entering the Job Site.

Each Contractor shall provide details about its subcontractors as necessary for AVIATION OCIP enrollment. The Airports Authority will need all of the information requested on the **Enrollment Application** form (*AVIATION OCIP Form - 1GL*) in Section 8. This form must be



## CONTRACTOR RESPONSIBILITIES

Contractors must enroll separately for each contract awarded.

completed and uploaded into the web based enrollment portal prior to mobilization to obtain coverage under the AVIATION OCIP.

A separate **Enrollment Application** form (*AVIATION OCIP Form - 1GL*) is required for each eligible Contractor and/or subcontractor of any tier that performs Work at the Job Site. All contractors of any tier are required to enroll into the AVIATION OCIP unless specifically waived from the process.

Contractor shall submit *AVIATION OCIP Form - 1GL* within five (5) business days of execution of the Contract and maintain enrollment in the AVIATION OCIP, and assure that all eligible Contractor-Related Parties submit *AVIATION OCIP Form - 1GL* and maintain enrollment in the AVIATION OCIP within five (5) days of executing a contract with Contractor and, in all circumstances, prior to such Contractor-Related Party commencing Work at the Job Site.

The AVIATION OCIP Administrator will issue to each Enrolled Party a Confirmation Letter and AVIATION OCIP Certificate of Insurance acknowledging acceptance of the applicant into the Airports Authority's AVIATION OCIP.

### Web Based Enrollment Instructions

The AVIATION OCIP enrollment webpage can be reached by typing into an internet web browser: <https://my.ocip.us/MainFrame.aspx>.

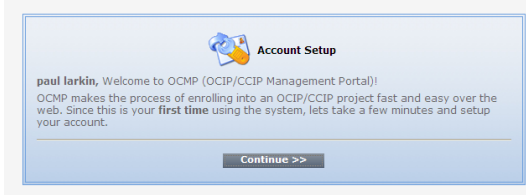
#### Subcontractor Enrollment

The AVIATION OCIP Administrator will send *AVIATION OCIP Form - 3GL – Pre-Enrollment* to the Contractor that the Contractor will complete and return to the AVIATION OCIP Administrator. This form provides information on the subcontractors that need to be enrolled under the project. The AVIATION OCIP Administrator will then create an account for the Subcontractor on the web based enrollment portal. The form is available to the Contractor on the web based enrollment portal and the forms section of this manual.

**NOTE:** *AVIATION OCIP Form - 3GL - Pre-Enrollment* is required for every subcontract awarded.

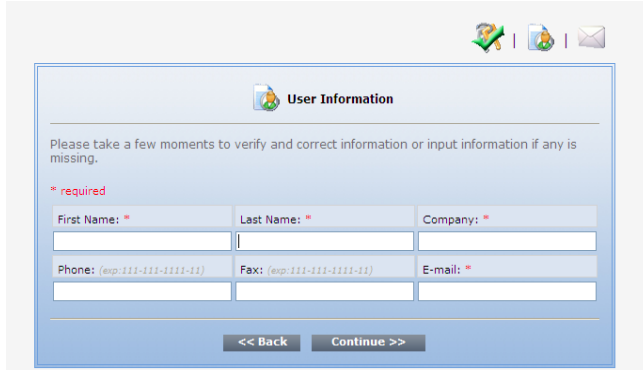
#### Contractor/Subcontractor Log on Setup – First time Log On

Step 1: Sign into the AVIATION OCIP Portal with the username and password that was provided via email from the AVIATION OCIP Administrator. The Account Setup window will appear. Click Continue button.



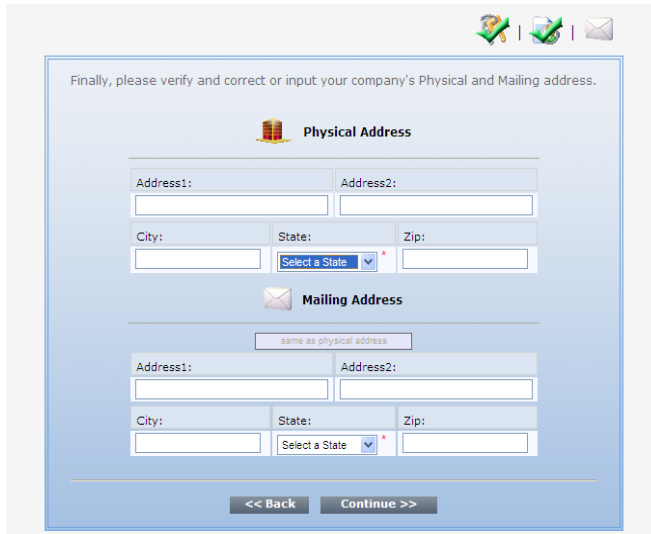
## CONTRACTOR RESPONSIBILITIES

Step 2: User information must be confirmed. Verify and correct information or input information if any is missing and then click the Continue button.



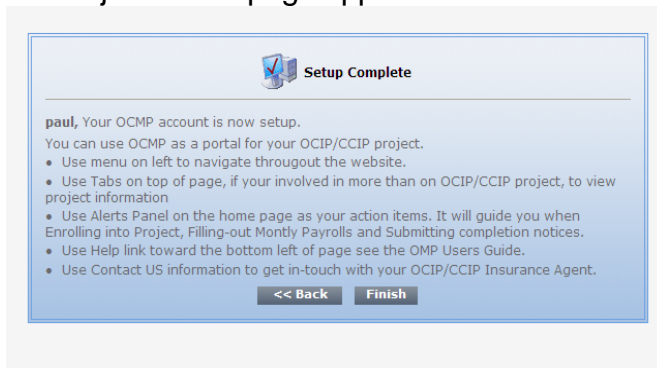
The screenshot shows a web form titled "User Information". At the top right, there are three icons: a green checkmark, a document, and an envelope. Below the title, a message reads: "Please take a few moments to verify and correct information or input information if any is missing." A red asterisk indicates that fields marked with an asterisk are required. The form contains six input fields arranged in two rows of three: "First Name: \*", "Last Name: \*", "Company: \*", "Phone: (exp: 111-111-1111-11)", "Fax: (exp: 111-111-1111-11)", and "E-mail: \*". At the bottom, there are two buttons: "<< Back" and "Continue >>".

Step 3: Confirm Physical Address. Verify and correct information or input information if any is missing and then click the Continue button.



The screenshot shows two sections of a web form. The top section is titled "Physical Address" and contains input fields for "Address1:", "Address2:", "City:", "State:" (with a dropdown menu labeled "Select a State"), and "Zip:". The bottom section is titled "Mailing Address" and has a radio button labeled "same as physical address". Below this, it has input fields for "Address1:", "Address2:", "City:", "State:" (with a dropdown menu labeled "Select a State"), and "Zip:". At the bottom, there are two buttons: "<< Back" and "Continue >>".

Step 4: Setup Complete screen appears. Click Finish button and the Project Home page appears.



The screenshot shows a "Setup Complete" screen. At the top, there is a checkmark icon and the text "Setup Complete". Below this, a message reads: "paul, Your OCMP account is now setup." This is followed by a paragraph: "You can use OCMP as a portal for your OCIP/CCIP project." and a bulleted list of instructions: "Use menu on left to navigate throughout the website.", "Use Tabs on top of page, if your involved in more than on OCIP/CCIP project, to view project information", "Use Alerts Panel on the home page as your action items. It will guide you when Enrolling into Project, Filling-out Montly Payrolls and Submitting completion notices.", "Use Help link toward the bottom left of page see the OMP Users Guide.", and "Use Contact US information to get in-touch with your OCIP/CCIP Insurance Agent." At the bottom, there are two buttons: "<< Back" and "Finish".

## CONTRACTOR RESPONSIBILITIES

### Enrollment Steps

1. Sign into the AVIATION OCIP Portal with the username and password that was provided via email from the AVIATION OCIP Administrator. The Project Home page appears once logged in.
2. Click Contractor Packages in the left side menu.
3. The Contractor Package Management page displays.
  - The list of displayed Contractor Packages can be filtered using the Project, Work Site, and Trade dropdown lists.
  - Click the Select link in the last column of the grid for the Contractor Package to be edited.

Home
My Profile
Security Management
User Management
Home Page Management
Projects
Work Sites
Trades
Trade Packages
Work Class Management
<b>Contractor Packages</b>
Missing Payroll Letter
Manage Claims

Contractor Package Management						
<a href="#">Create New Contractor Package</a>						
Filter your results:						
	<input type="text" value="NourTek Offices"/>	<input type="text" value="Select a Work Site"/>	<input type="text" value="Select a Trade"/>			
Project	Work Site	Trade	Contractor Name	Contractor Company	Status	
NourTek Offices	Hyders Office	Heating	Bill Preston	Flight 567	Missing payroll	Select
NourTek Offices	Hyders Office	Heating	Soliman Frank	Hard Work	Missing payroll	Select
NourTek Offices	Hyders Office	Air-Conditioning	Joanna Nichols	Big D	Missing payroll	Select
NourTek Offices	Hyders Office	Air-Conditioning	Soliman Frank	Hard Work	Missing payroll	Select
NourTek Offices	Hyders Office	Air-Conditioning	Testing Ehab Testing Ehab	Insala	Incomplete Paperwork	Select
NourTek Offices	Hyders Office	Highway and Street Construction	Joanna Nichols	Big D	Incomplete Paperwork	Select
NourTek Offices	Hyders Office	Highway and Street Construction	Joanna Nichols	Big D	Incomplete Paperwork	Select
1						

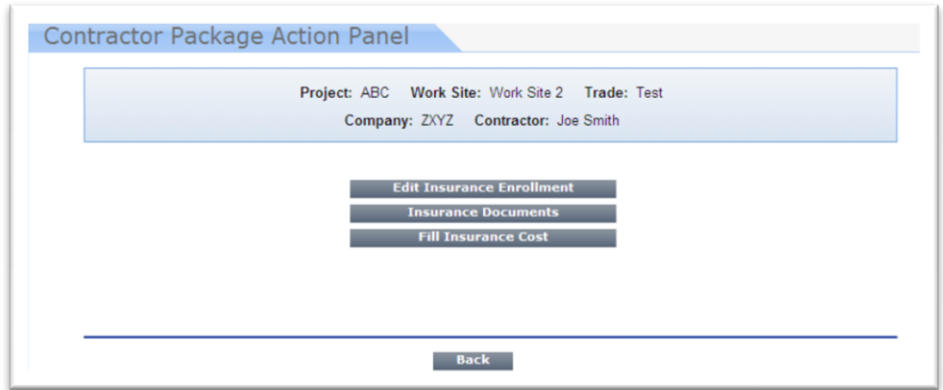
NOTE: The Status section provides the status of the individual contractor's enrollment in the process.

Status Legend	
Assigned	Contractor has been added to the portal and issued a username/ password but has not entered any data.
Incomplete Paperwork	Contractor has entered in some information but has either not completed the process or information is incomplete/ inaccurate.
Pending Review	Contractor has fully gone through the enrollment steps and information is pending administrative review.
Enrolled	Contractor has completed the enrollment process and administrator has approved the information.
Excluded	Contractor has completed the portal process and is excluded from coverage by the OCIP program, the contractors own insurance will cover the exposure onsite.

4. After clicking on Select, the Contractor Package Action page will appear.

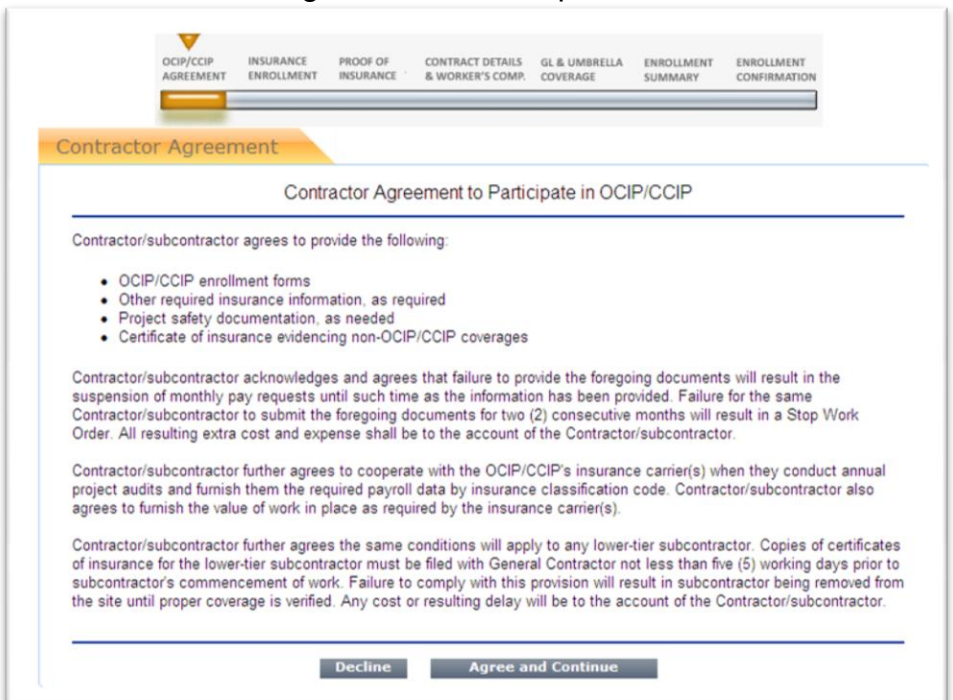
## CONTRACTOR RESPONSIBILITIES

- Click the Edit Insurance Enrollment button.



The screenshot shows a web interface titled "Contractor Package Action Panel". At the top, there is a header bar with the title. Below it, a light blue box contains project information: "Project: ABC", "Work Site: Work Site 2", "Trade: Test", "Company: XYZ", and "Contractor: Joe Smith". In the center, there are three stacked buttons: "Edit Insurance Enrollment", "Insurance Documents", and "Fill Insurance Cost". At the bottom center, there is a "Back" button.

- After clicking the Fill Insurance Enrollment button, the Contractor Agreement page will appear.
- Read the "Contractor Agreement to Participate in OCIP".



The screenshot shows the "Contractor Agreement" page. At the top, there is a navigation bar with tabs: "OCIP/CCIP AGREEMENT", "INSURANCE ENROLLMENT", "PROOF OF INSURANCE", "CONTRACT DETAILS & WORKER'S COMP.", "GL & UMBRELLA COVERAGE", "ENROLLMENT SUMMARY", and "ENROLLMENT CONFIRMATION". The "INSURANCE ENROLLMENT" tab is selected. Below the navigation bar, the page title is "Contractor Agreement to Participate in OCIP/CCIP". The main content area contains the following text:

Contractor/subcontractor agrees to provide the following:

- OCIP/CCIP enrollment forms
- Other required insurance information, as required
- Project safety documentation, as needed
- Certificate of insurance evidencing non-OCIP/CCIP coverages

Contractor/subcontractor acknowledges and agrees that failure to provide the foregoing documents will result in the suspension of monthly pay requests until such time as the information has been provided. Failure for the same Contractor/subcontractor to submit the foregoing documents for two (2) consecutive months will result in a Stop Work Order. All resulting extra cost and expense shall be to the account of the Contractor/subcontractor.

Contractor/subcontractor further agrees to cooperate with the OCIP/CCIP's insurance carrier(s) when they conduct annual project audits and furnish them the required payroll data by insurance classification code. Contractor/subcontractor also agrees to furnish the value of work in place as required by the insurance carrier(s).

Contractor/subcontractor further agrees the same conditions will apply to any lower-tier subcontractor. Copies of certificates of insurance for the lower-tier subcontractor must be filed with General Contractor not less than five (5) working days prior to subcontractor's commencement of work. Failure to comply with this provision will result in subcontractor being removed from the site until proper coverage is verified. Any cost or resulting delay will be to the account of the Contractor/subcontractor.

At the bottom of the page, there are two buttons: "Decline" and "Agree and Continue".

- Click the Agree and Continue button and then the **Insurance Enrollment** page will be displayed showing the contact information for the contractor.



The screenshot shows the "Insurance Enrollment" page. At the top, there is a navigation bar with tabs: "OCIP/CCIP AGREEMENT", "INSURANCE ENROLLMENT", "OCIP/CCIP DOCUMENTS", "CONTRACT DETAILS", "GL & UMBRELLA COVERAGE", "ENROLLMENT SUMMARY", and "ENROLLMENT CONFIRMATION". The "INSURANCE ENROLLMENT" tab is selected. Below the navigation bar, the page title is "Insurance Enrollment". The main content area contains the following text:

**Contractor Information**

\* Required Fields

Contractor Name:  Person to Contact:

Address 1:  Contact Phone:

Address 2:  Contact E-mail:

Federal ID Number:  \* To modify the above information, please update your User Profile.

## CONTRACTOR RESPONSIBILITIES

9. Complete all required information on the Insurance Enrollment page and then click the Next button. Information that is required before the next step:
  - a. Federal ID Number;
  - b. Awarding contractor (if direct contract with owner select N/A);
  - c. Workers Compensation policy information;
  - d. General Liability policy information; and
  - e. Automobile Liability policy information.

You must select who you have your contract with.

If it is with MWAA, then select N/A.

The screenshot shows a web application interface for 'Insurance Enrollment'. At the top, a progress bar indicates the current step is 'INSURANCE ENROLLMENT'. Below this, the 'Contractor Information' section contains several input fields: Contractor Name (Larkin Inc.), Person to Contact (Paul Larkin), Address 1 (1401 H Street), Contact Phone (202 772 4199), Address 2, Contact E-mail (paul.larkin@wellsfargo.c), Federal ID Number (marked as a required field), and Location Code. A note states: 'To modify the above information, please update your User Profile.' Below these fields is a checkbox for 'Select Upper-Tier Contractor Name (Select NA if you are a General Contractor)'. A dropdown menu is open, showing a list of contractors with checkboxes next to them. The list includes 'NA' and various contractors such as 'A&A Transfer, Inc.', 'A&B Welding and Iron Work', 'Abel Fence LLC', 'Accokeek Fence Company', 'Adcock's Systems, LLC', 'ADJ Sheet Metal, Inc.', 'Advanced Fire Protection Systems, Inc.', 'Advanced Specialty Contractors LLC', 'Aero Electric, LLC', 'All Star Carpet, Inc.', 'Alliance Construction Services, LLC', and 'Alliance Construction Solutions, LLC'. The 'Insurance Info' section is partially visible at the bottom.

10. A confirmation page displays.
11. Click the Continue button and the Insurance Documents/OCIP Enrollment Docs page displays. This is the page where all required AVIATION OCIP enrollment documents are uploaded into the system.
  - a. **All AVIATION OCIP enrollment documents must be uploaded to complete the AVIATION OCIP enrollment.**
  - b. All required documents will be listed. They typically include:
    - i. Enrollment Application, *AVIATION OCIP Form - 1GL*
    - ii. Insurance rate pages to General Liability and Umbrella Liability policies.
    - iii. Certificates of Insurance to meet the requirements of Section 5 of this manual.
  - c. Excluded Contractors are required to upload AVIATION OCIP Certificates of Insurance per Contract requirements.

*Excluded Contractors are required to use the portal to upload their Certificates of Insurance.*



**CONTRACTOR RESPONSIBILITIES**

The following documents are **REQUIRED** to be uploaded before your OCIP enrollment is completed.

- Contractor Off-site COI *(Remaining to be uploaded)* + Add Document
- Insurance Rate Pages – General Liability *(Remaining to be uploaded)* + Add Document
- Insurance Rate Pages – Excess Liability *(Remaining to be uploaded)* + Add Document
- Absolute Agreement and Agreement Forms *(Remaining to be uploaded)* + Add Document
- Participation Agreement *(Remaining to be uploaded)* + Add Document

**Add Document**

Insurance Type	Document Start Date	Document Expire Date	Uploaded Date	Status	Documents
					1

**Back** **Cancel** **Next**

- d. Click the Add Document button to upload documents.
- e. All unsubmitted required documents will be in red text. One document can be associated with more than one requirement.
- f. To add a file: Provide required fields, use “Browse” for file search, Select “Add File”, and once document has uploaded push “Submit”. **Wait for files to upload before clicking Submit button.**

Project: DEMOTEST - GL Only Work Site: OFFICE 1 Trade: Parking Lots/Driveways  
Company: Paul Larkin Concrete Contractor: Paul Larkin

**Proof of Insurance**  
Attach digital copies of Insurance Forms

(\*) Required Fields - Documents in Red Color are Required Documents

Select the type of document you are uploading:

- Contractor Off-site COI
- OCIP Onsite COI
- Insurance Cost Worksheet
- Insurance Enrollment Application
- Insurance Rate Pages – General Liability
- Insurance Rate Pages – Excess Liability
- Insurance Rate Pages – Workers Compensation
- Absolute Agreement and Agreement Forms
- Participation Agreement
- Other

Document Start Date: 7/1/2013  
Document Expire Date: 7/1/2014

Use the section below to upload insurance policy documents:

Name the File:   
Select File:  **Browse...**  
**Add File >>**

Name	Date entered		
worksheet and rate pages	July 22, 2013	View	Remove

## CONTRACTOR RESPONSIBILITIES

- g. All requirements associated with a document will show a green check.

Contractor Package Management

Project: DEMOTEST - GL Only Work Site: OFFICE 1 Trade: Parking Lots/Driveways  
Company: Paul Larkin Concrete Contractor: Paul Larkin

OCIP/CCIP AGREEMENT INSURANCE ENROLLMENT PROOF OF INSURANCE CONTRACT DETAILS & WORKER'S COMP. GL & UMBRELLA COVERAGE ENROLLMENT SUMMARY ENROLLMENT CONFIRMATION

Insurance Documents / OCIP Enrollment Docs

The following documents are **REQUIRED** to be uploaded before your OCIP enrollment is completed.

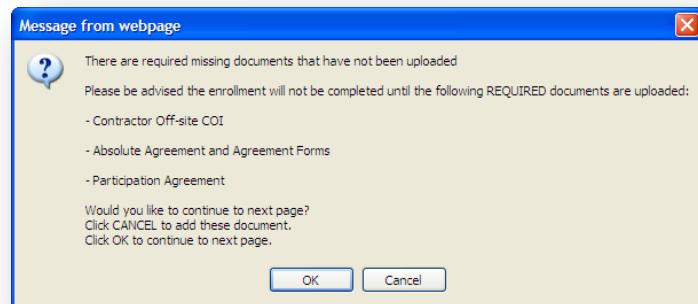
- Contractor Off-site COI (remaining to be uploaded) + Add Document
- Insurance Cost Worksheet + Add Document
- Insurance Enrollment Application + Add Document
- Insurance Rate Pages – General Liability + Add Document
- Insurance Rate Pages – Excess Liability + Add Document
- Insurance Rate Pages – Workers Compensation + Add Document
- Absolute Agreement and Agreement Forms (remaining to be uploaded) + Add Document
- Participation Agreement (remaining to be uploaded) + Add Document

Add Document

Insurance Type	Document Start Date	Document Expire Date	Uploaded Date	Status	Documents
Workers Compensation	July 01, 2013	July 01, 2014	July 22, 2013	Active & Confirmed	worksheet and rate pages Select

Back Cancel Next

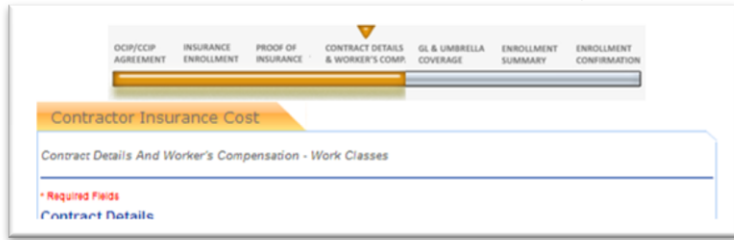
- h. ALL REQUIRED DOCUMENTS MUST BE UPLOADED FOR ENROLLMENT TO BE COMPLETE AND SUBMITTED FOR REVIEW.
- When uploading of documents is finished, click the Next button.
  - If everything is complete, the Contract Details & Workers Compensation page displays. Proceed to Step Twelve.
  - If Contractor hits “Next” when documents are outstanding, the following message box pops up.



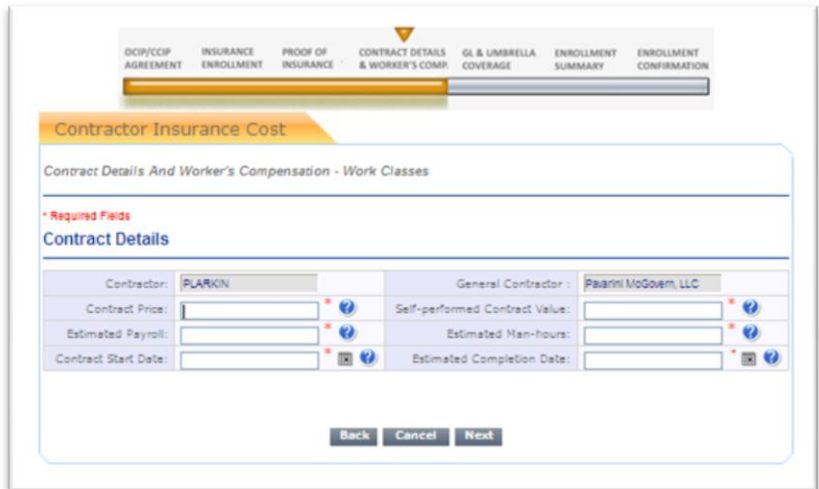
Contractor can continue enrollment process by selecting “OK”, but package will not be submitted for review until all documents are uploaded.

**CONTRACTOR RESPONSIBILITIES**

12. The Contract Details & Workers Compensation page displays.

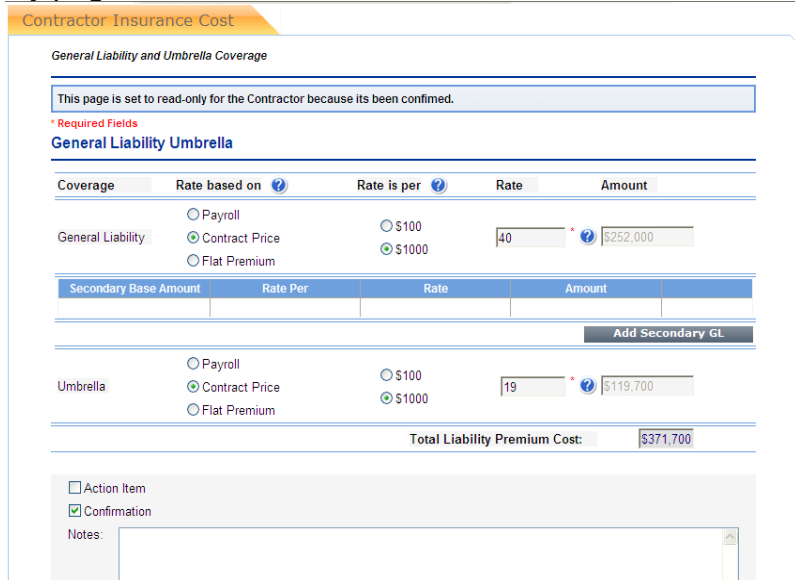


13. Complete the top section of the Contractor Insurance Cost worksheet with the Contract Details (contract specific information). This is a General Liability only OCIP, Workers Compensation information is not required.



14. Click the Next button to display the General Liability & Umbrella Coverage page. Excluded Contractors are not required to complete this section.

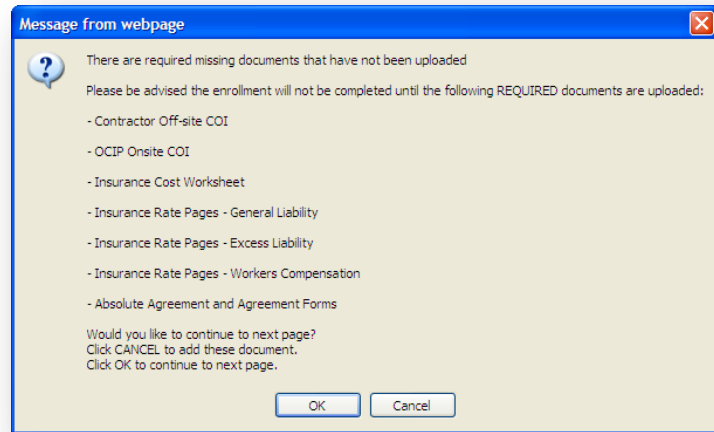
15. Complete the remainder of the Contractor Insurance Cost worksheet – General Liability and Umbrella Liability sections and then click on the Next button to proceed to the Enrollment Summary page.





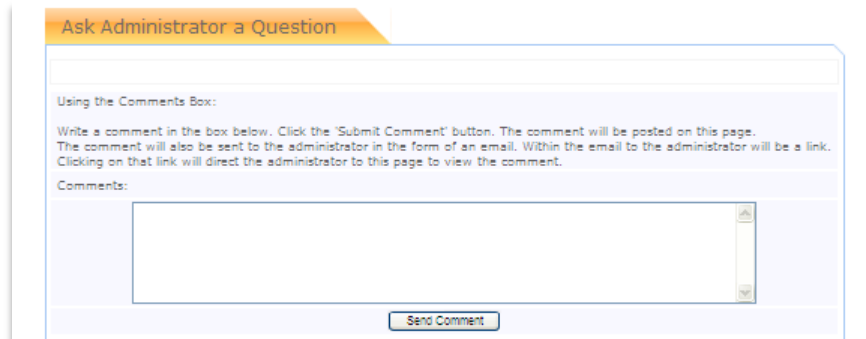
## CONTRACTOR RESPONSIBILITIES

16. If all required documents are submitted, the Enrollment Summary page will appear. If documents are still missing, the following message will appear outlining the documents that are outstanding.



17. Review the information on the Enrollment Summary page and once all is confirmed click on the Confirm button to submit the enrollment package for enrollment processing.
18. Once submitted, the AVIATION OCIP Administrator reviews the enrollment information and either confirms the enrollment or requests additional information necessary to complete the enrollment.

**NOTE:** At the bottom of every page on the web portal is a section to ask the AVIATION OCIP Administrator a question.



**Contractor is not enrolled in the AVIATION OCIP until the AVIATION OCIP Administrator has approved the information submitted via the AVIATION OCIP Web Portal and confirmed the enrollment is complete.**

## Safety Guidelines

Each Contractor is required to establish a written safety program and to provide a designated safety representative who is on site when **ANY work is in progress**. Minimum standards for Contractor programs are outlined in the Airports Authority's Construction Safety Manual.

## AVIATION OCIP Safety Class

Enrolled Contractors are required to send all full-time and part-time safety personnel, along with any other on-site employees responsible for safety, to any AVIATION OCIP Safety classes as scheduled.

It is the responsibility of the Contractor's safety personnel attending the AVIATION OCIP Safety classes to train ALL Contractor and subcontractor employees working on the Airports Authority's projects.

## Assignment of Return Premiums

The Airports Authority pays the cost of the AVIATION OCIP insurance coverage. The Airports Authority will be the sole recipient of any return AVIATION OCIP premiums or dividends. All Enrolled Parties will assign, to the Airports Authority, all adjustments, refunds, premium discounts, dividends, costs or any other monies due from the AVIATION OCIP insurer(s). Enrolled Contractors will ensure that each Enrolled Subcontractor has executed such an assignment. The **Enrollment Application** form (*AVIATION OCIP Form - 1GL*) supplied in Section 8 will be used for this purpose.

## Change Order Procedures

Change orders will be priced, by the Contractor and its subcontractors, to **exclude** their cost of AVIATION OCIP-provided insurances.

## Close-Out and Audit Procedures

When a Contractor and/or an associated subcontractor has completed its Work at the Job Site and no longer has on-site workers, it must submit the **Notice of Work Completion** form (*AVIATION OCIP Form - 2GL*). A copy of the **Notice of Work Completion** form, (*AVIATION OCIP Form - 2GL*) with instructions on the proper method for completion, is found in Section 8.

The Airports Authority will not release final payment until all necessary forms have been submitted to the AVIATION OCIP Administrator and/or Insurance Administrator. The Contractor is responsible for any missing documentation of its subcontractors.

## Certificate of Substantial Completion

Substantial completion, as described herein for the purposes of the AVIATION OCIP coverage only and does not change the definition of substantial completion within the Airports Authority's contract, shall be

## CONTRACTOR RESPONSIBILITIES

defined as the date when the work product (i.e. building, facility, pavement, etc.) completed under the contract is put to its intended use. Each Enrolled Contractor must submit a *Certificate of Substantial Completion* to the AVIATION OCIP Administrator with a copy to the Contracting Officer's Technical Representative (COTR) whenever the Enrolled Contractor or any of its Enrolled subcontractors concludes its site work. Projects will not be considered substantially complete until a Certificate of Substantial Completion is signed by the Contracting Officer (CO), COTR and Contractor's representative.

Punch list work performed after substantial completion, as well as warranty work, *may* continue to be covered under the AVIATION OCIP, at the sole discretion of the Risk Management Department. If the AVIATION OCIP continues, the level of safety oversight required of the Contractor after substantial completion, and the final AVIATION OCIP termination date, will be at the sole discretion of the Risk Management Department. Any additional safety oversight required of the Contractor will be at the sole cost and expense of the Contractor.

### **Contract Termination/Cessation of AVIATION OCIP Coverage**

In the event a contract is terminated for any reason by the Airports Authority, coverage under the AVIATION OCIP ceases at the date and time the contract is terminated unless otherwise agreed to by the Airports Authority's Risk Manager or his authorized representative in writing.

## AVIATION OCIP Claim Procedures

*This section describes basic procedures for reporting various types of claims: liability and damage to the project.*

### Incident Reporting

It is the responsibility of the Contractor to report **all** incidents, injuries, occupational-related illnesses or property damage to the AVIATION OCIP Safety Consultant within 24 hours. All Enrolled Parties will instruct employees and other personnel to report, in writing within 24 hours **all** accidents and occurrences of any type to the AVIATION OCIP Safety Consultant.

***Any notification of claims or incidents to any parties other than the AVIATION OCIP Safety Consultant does not constitute proper notification.***

### Investigation Assistance

All Contractors and subcontractors will assist in the investigation, analysis and defense of any accident, occurrence or insured loss. All Contractors and subcontractors will cooperate with the companies involved in adjusting any claim by securing and giving evidence and obtaining the participation and attendance of witnesses required for the investigation and defense of any claim or suit. Any questions concerning a loss should be directed to the AVIATION OCIP Safety Consultant. Any inquiries or correspondence received regarding an incident occurrence or insurance loss shall be forwarded to the AVIATION OCIP Safety Consultant.

The Risk Management Department will negotiate AVIATION OCIP claims. Unless and until the Airports Authority Claims Program Manager determines that a loss is not insured by the AVIATION OCIP, Enrolled Parties **WILL NOT** attempt to adjust or settle any claims.

If any Contractor or subcontractor is served with a summons, subpoena, notice of deposition, or suit papers related to an AVIATION OCIP claim or coverage provided under the AVIATION OCIP, the Enrolled Party should:

1. **IMMEDIATELY NOTIFY** your Project Manager, and the AVIATION OCIP Safety Consultant of the document. Failure to do so may result in denial of coverage for a claim.
2. **SEND** a copy of the document as soon as possible, but no later than two working days, to the AVIATION OCIP Safety Consultant by fax or regular mail.
3. Be sure to note (and send with the document):
  - a. the date the document was served (received);
  - b. how the document was served (hand delivery, mail, fax, etc.); and
  - c. the person on whom the document was served.

## Liability Claims

Contractors must immediately report all accidents at the Job Site involving death, injury, or damage to property of non-employee personnel (the public, tenants, and visitors) to the AVIATION OCIP Safety Consultant.

*Report all liability claims to the AVIATION OCIP Safety Consultant.*

***Any notification of claims or incidents to any parties other than the AVIATION OCIP Safety Consultant does not constitute proper notification.***

As soon as the on-site personnel become aware of the accident or occurrence, they must:

1. Take appropriate emergency measures to prevent additional injury or damage, including contacting police and fire authorities as required by law.
2. Complete and submit the **General Liability Loss Report (AVIATION OCIP Form – 4GL)** to the AVIATION OCIP Safety Consultant within 24 hours of the incident.
3. Immediately send all subsequent inquires or correspondence about an insured loss or claim, including a summons or other legal documents, to the AVIATION OCIP Safety Consultant. If served with a summons or other legal document relating to a covered claim under the AVIATION OCIP, notify the AVIATION OCIP Safety Consultant immediately.

*Contractor shall pay to the Airports Authority the Safety Obligations as detailed in Section 1.*

Do *not* voluntarily admit liability. Cooperate with the Airports Authority or the AVIATION OCIP insurer representatives in the accident investigation.

## Safety Obligations

Refer to Section 1, Safety Obligations for information on the Contractor's Safety Obligations.

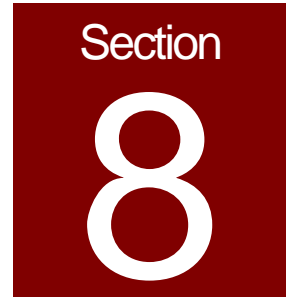
*The Contractor will be assessed the Safety Obligations as a result of the actions of its subcontractors.*

## Pollution Claims

Report claims by immediately notifying the AVIATION OCIP Safety Consultant of any known or suspected pollution incidents.

*Contractor shall pay to the Airports Authority the each occurrence Safety Obligation for any claim as noted.*

Refer to Section 1, Safety Obligations for details on the Contractor's Pollution Liability Obligation.



## AVIATION OCIP Forms

This section contains the following forms:

AVIATION OCIP Form - 1GL	Enrollment Application
AVIATION OCIP Form - 2GL	Notice of Work Completion
AVIATION OCIP Form - 3GL	Pre-Enrollment
AVIATION OCIP Form - 4GL	General Liability Loss Report
Exhibit 1	Enrolled Sample Certificate of Insurance
Exhibit 2	Excluded Sample Certificate of Insurance

**Note**

For assistance in completing these forms, please contact:

Nick Morgan, Program Administrator  
Wells Fargo Insurance Services  
Phone 202-772-4244

Cell 202-815-4303

**AVIATION OCIP Form - 1GL - Enrollment Application**

**Metropolitan Washington  
Airports Authority**

Page 1 of 3

**\*\*\* NOTICE \*\*\*** Enrollment is not automatic and requires the satisfactory completion of the AVIATION OCIP Form - 1GL. Examine your current General Liability Policies or contact your Insurance Agent to assist you with completing this form. In addition, submit a Certificate of Insurance providing evidence of your *on-site* and *off-site* coverages. Please refer to the Insurance Manual for coverage requirements. See page 3 of this form for instructions

<b>A. CONTRACTOR INFORMATION:</b>		1. Federal ID # or Soc. Sec. #	
2. <b>Business Information</b> ( <i>headquarters</i> )		3. <b>Contact Information</b> ( <i>address questions to...</i> )	
Company Name & dba Contact Name & Title			
Address			
City, State Zip Code			
Telephone			
Fax			
Email Address			
1. Your Organization's Structure	<input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> S-Corporation <input type="checkbox"/> Other _____
LD BE Status	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>B. CONTRACT INFORMATION:</b>		1. Contract #	
2. Work (Job Site) Location	<input type="checkbox"/> Dulles International Airport <input type="checkbox"/> Reagan National Airport <input type="checkbox"/> Dulles Toll Road		
3. Date Contract Awarded			
4. Description of Work			
5. Proposed Contract Price \$		5a. Are you Submitting a bid to the Airports Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Amount of Self Performed Work \$		5b. If No, identify who with.	
7. Start Date	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated	8. Completion Date	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated
<b>C. CONTACTS:</b>			
<b>Position</b>	<b>Name &amp; Title</b>	<b>Phone</b>	<b>Fax</b>
<b>Email Address</b>			
1. Project Manager			
2. Safety Rep			
3. Insurance/Risk Mgmt			
4. Claims			
5. MWAA COTR			
6. MWAA CO			
<b>D. PROVIDE YOUR CURRENT WORKERS COMPENSATION INFORMATION:</b> ( <i>for each state you will perform work in</i> )			
1. Applicable State	2. Risk ID Number	3. Rating Bureau	4. Anniversary Rating Date
5. Your WC Insurance Carrier			
6. Policy #:	7. Effective Date:	8. Expiration Date:	



**AVIATION OCIP Form - 1GL - Enrollment Application**

**Metropolitan Washington  
Airports Authority**

**E. SUBCONTRACT INFORMATION:** Provide information on all Subcontractors that will be working for you on this project. Please use additional paper, if necessary.

1. Subcontractor Name	2. Mailing Address	3. Trade & NAICS	4. Estimated Value of Subcontract	5. Contact Person (Project Manager)	6. Phone, Fax, Email	7. Estimated Start Date
			\$			
			\$			
			\$			
			\$			

**F. ENROLLMENT QUESTIONS:** Answer each question. Use additional paper if necessary.

1. Will you have any off-site location(s) 100% dedicated to this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide address:
2. Please check if: <input type="checkbox"/> Any aircraft used on this project <input type="checkbox"/> Any watercraft used on this project	
3. Please indicate if labor from the following sources will be used:	<input type="checkbox"/> Employee Leasing Firm <input type="checkbox"/> Temporary Labor Agency
4. What is your Virginia Contractor's License Number?	
5. What is your License Class A, B or C?	

**G. WARRANTY APPLICABLE TO PROGRAM INSURANCE COVERAGE**

Premiums for this Program are the responsibility of the *Metropolitan Washington Airports Authority* and I agree that any and all return of premium, dividends, discounts, or other adjustments to any Program policy(ies) is assigned, transferred, and set over absolutely to the *Metropolitan Washington Airports Authority*. This assignment applies to the Program policy(ies) as now written or as subsequently modified, rewritten, or replaced. Rights of Cancellation for all Program insurance policy(ies) arranged by the *Metropolitan Washington Airports Authority* are assigned to the *Metropolitan Washington Airports Authority*.

- I will pay the cost of premium(s) for non-AVIATION OCIP Program insurance coverage, specified in the Contract Documents.
- I authorized the release of all claim information for all insurance policies under the AVIATION OCIP.
- It is my responsibility to notify my insurance carrier(s) that I am enrolling in the AVIATION OCIP.
- I have omitted from my bid the insurance costs for the coverage provided by *Metropolitan Washington Airports Authority*.
- The statements in this insurance application are true to the best of my knowledge.

**H. Signature Block : I verify the information presented above and attachments are correct:**

Print Name		Date	
Title		Signature	

**Email to:** **Nick Morgan, Program Administrator**  
Wells Fargo Insurance Services, Inc.  
1401 H Street, NW Suite 750  
Washington DC 20005

**Phone:** 202-772-4244  
**Cell:** 202-815-4303  
**Fax:** 877-827-0725  
**Email:** [nick.morgan@wellsfargo.com](mailto:nick.morgan@wellsfargo.com)

**AVIATION OCIP Form - 1GL - Enrollment Application  
INSTRUCTIONS**

**Metropolitan Washington  
Airports Authority**

Page 3 of 3

This form must be completed and submitted by each successful Contractor and Subcontractor of any tier prior to Job Site mobilization for each contract awarded. The Contractor and Subcontractor will submit the completed form to Wells Fargo Insurance Services (WFIS). Upon receipt of this form, WFIS will issue to the Contractor or Subcontractor a Certificate of Insurance evidencing coverage in the AVIATION OCIP. The completed Certificate of Insurance will be mailed to the Enrolled party.

**A. Contractor Information**

- 1 Enter your company's Federal ID number. This number can be found on filings made to the federal government such as your tax return.
- 2 Enter your company's business information including name, mailing address, phone/fax number, and email address for your company's primary office location.
- 3 Enter the name of the person Wells Fargo should contact if questions arise. Include mailing address, phone/fax and email address, if different than A2.
- 4 Identify your company's legal structure and LDBE Status by checking the boxes that apply. If the correct legal structure is not specifically listed, please check the "Other" box and specify in the space provided.

**B. Contract Information**

- 1 Enter the Contract Number or Purchase Order Number that was included in the Metropolitan Washington Airports Authority's originating documentation.
- 2 Check the Job Site Location.
- 3 Enter the Date the Contract was awarded to your organization.
- 4 Provide a brief description of the work you will be performing at the project site.
- 5 Identify the total dollar amount of your contract.
- 5a Check the appropriate box that identifies if you contract directly with Metropolitan Washington Airports Authority or are a Subcontractor.
- 5b If you are a Subcontractor, identify the entity with who you are under contract.
- 6 Identify the amount of work that you anticipate will be self-performed.
- 7 Enter the Date you anticipate starting work and then mark whether the date provided is actual or estimated.
- 8 Enter the Date you anticipate completing the described work and then mark whether the date provided is actual or estimated.

**C. Contacts** *(Requested Contact information is for specific functions. It is possible to have a single person fulfill multiple responsibilities. These individuals should be located, if at all possible, on-site.)*

- 1 Identify your Project Manager for this Contract.
- 2 Identify your Safety Representative for this Contract.
- 3 Identify your Insurance/Risk Management Representative for this Contract.
- 4 Identify your Claims Representative for this Contract.
- 5 If applicable, identify the Metropolitan Washington Airports Authority Contracting Officer Technical Representative for your Contract.
- 6 If applicable, identify the Metropolitan Washington Airports Authority Contracting Officer for your Contract.

**D. Current on-site and off-site Workers Compensation Information**

*(Information relates to your corporation's existing coverage; identify each modification factor that applies.)*

- 1 Enter the State that the Modification Information applies to.
- 2 Enter your Bureau File Number also referred to as your Risk Identification Number. This number can also be found on your Modification worksheets.
- 3 Enter the Bureau Rating Agency. In most states this is NCCI.
- 4 Provide your Company's Anniversary Rating Date. Information can be located on your bureau's WC Experience Modification worksheets.
- 5 Identify your insurance carrier for Workers Compensation coverage.
- 6 Provide your Workers Compensation Policy Number.
- 7 Provide the effective date of your Workers Compensation policy.
- 8 Provide the expiration date of your Workers Compensation policy.

**E. Subcontractor Information**

*(Provide the following information for each Subcontractor that will be performing work at the project site. Use additional sheets, if necessary.)*

- 1 Identify the name of the Subcontracting firm.
- 2 Provide the mailing address for the Subcontractor.
- 3 Provide the Trade name and NAICS for the Subcontractor.
- 4 Provide the estimated value of the subcontracted activity.
- 5 Provide a contact name, preferably the project manager, for the Subcontractor.
- 6 Provide the phone number, fax number, and email address for the Subcontractor.
- 7 Provide the date the Subcontractor is scheduled to begin work.

**F. Enrollment Questions**

- 1 Determine if you will have any locations, off-site, that will be 100% dedicated to this project. Include material/supply storage as a possible location. Mark the appropriate box (yes/no). If you answer yes – provide the address of each location you identified as 100% dedicated.
- 2 Mark the boxes that apply. Contemplate only work performed under this contract.
- 3 Mark the boxes that apply. Employee Leasing Firm are those firms that supply the labor force for your company (You direct the activities of the Leasing Company's employees). Temporary Labor Firms supplement your labor force.
- 4 Enter your Virginia Contractor's License Number.
- 5 Enter whether your Virginia Contractor's License is Class A, B, or C.

**G. Warranty Statements:**

- 1-6 Read each Warranty statement thoroughly. If you have questions regarding any of these statements, contact the AVIATION OCIP Administrator identified on page 2.

**H. Signature Block:** This form must be signed by a representative of your company knowledgeable of its accuracy.

<b>AVIATION OCIP Form - 2GL - Notice of Work Completion</b>	<b style="color: red;">Metropolitan Washington Airports Authority</b> Page 1 of 2
-------------------------------------------------------------	------------------------------------------------------------------------------------------

**A. General Information**

1. Contractor	
2. Under Contract with	
3. Contract #	
4. Description of Work Performed	
5. Date Work Completed	
6. Date this Contract Completed	
7. Final Contract Value	\$

**B. Work Completion**

The following Subcontractors have completed their Work at the Job Site:  
*(Add attachment if more space is needed)*

1. Subcontractor's Name	2. Contract Number	3. Description of Work	4. Date Completed

**C. Signature Block**

The undersigned acknowledges request for termination of Coverage under the AVIATION OCIP as of the date indicated above for the specified Contract. Should we return to the work Site, we will be working under our own insurance program and must provide *Metropolitan Washington Airports Authority* with a Certificate of Insurance showing our own Coverage as detailed in our contract.

<b>1. Contractor's Representative's Signature</b>			
Print Name		Date	
Title		Signature	
<b>2. Prime Contractor's Representative's Signature</b>			
Print Name		Date	
Title		Signature	

<b>Email to:</b>	<b>Nick Morgan, Program Administrator</b> <b>Wells Fargo Insurance Services, Inc.</b> <b>1401 H St, NW Suite 750</b> <b>Washington, DC 20005</b>	<b>Phone: 202-772-4244</b> <b>Cell: 202-815-4303</b> <b>Fax: 877-827-0725</b> <b>Email: <a href="mailto:nick.morgan@wellsfargo.com">nick.morgan@wellsfargo.com</a></b>
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<p align="center"><b>AVIATION OCIP Form - 2GL - Notice of Work Completion INSTRUCTIONS</b></p>	<p><b>Metropolitan Washington Airports Authority</b> Page 2 of 2</p>
----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

This form must be completed and returned to the AVIATION OCIP Administrator by the Contractor or Subcontractor whenever work is completed for each Contract or Subcontract.

**A. General Information**

1	Provide the name of the Contractor completing their work.
2	Provide the name of the Entity this Contractor has a contract with.
3	Enter the contract number for the work being completed.
4	Provide a brief description of the work being completed.
5	Provide the Date the Work was completed.
6	Provide the Date the Contract was completed, if other than the work completion date.
7	Provide the Final Contract Value.

**B. Work Completion**

1	Enter the name of each Subcontractor that performed work for you that has also completed their work.
2	Enter Subcontractors Contract Number.
3	Provide a brief description of their work.
4	Provide the Date they completed their work.

**C. Signature Block**

1	This form must be signed by a representative of your company with the Airports Authority to Verify that the information is correct.
2	Have this form approved by the Prime Contractor for the Project Site.

AVIATION OCIP Form - 3GL - Pre-Enrollment

**Wells Fargo Insurance**



**GL OCIP Pre-Enrollment Web-Portal Form**

**MWAA AVIATION OCIP**

**USER INFORMATION**

Awarding (Prime) Contractor \_\_\_\_\_

Subcontractor Name: \_\_\_\_\_

Contract Number: \_\_\_\_\_ NAICS Code \_\_\_\_\_

Contact person for GL OCIP Administration: Policy information, OCIP Forms, COI, etc

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Physical Address**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mailing Address**

Same as Physical address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Wells Fargo Contact:**

Nick Morgan

M: 202 815 4303

[Nick.Morgan@wellsfargo.com](mailto:Nick.Morgan@wellsfargo.com)



AVIATION OCIP Form - 4GL - General Liability Loss Report

Metropolitan Washington Airports Authority  
 Aviation Owner Controlled Insurance Program  
 AVIATION OCIP FORM - 4GL  
 GENERAL LIABILITY LOSS REPORT

Send By Email

Contractor's Name: \_\_\_\_\_

Subcontractor's name (if applicable): \_\_\_\_\_

Contract Number: \_\_\_\_\_

Description of Work: \_\_\_\_\_

**LOSS INFORMATION**

Date of Loss: \_\_\_\_\_

Time of Loss: \_\_\_\_\_  A.M.  P.M.

Location of Loss: \_\_\_\_\_

Description of Loss: \_\_\_\_\_  
 \_\_\_\_\_

**INJURED**

Injured's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_  Male  Female

Description of Injuries: \_\_\_\_\_  
 \_\_\_\_\_

Fatality:?  Yes  No

Where Taken?: \_\_\_\_\_

What was Injured doing?: \_\_\_\_\_

**PROPERTY DAMAGE**

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Describe Property: \_\_\_\_\_  
\_\_\_\_\_

**WITNESSES INFORMATION**

**#1** Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**#2** Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**REMARKS**

\_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_



CERTIFICATE OF LIABILITY INSURANCE

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

Form with fields for PRODUCER (NAME AND ADDRESS OF AGENT), CONTACT (NAME, PHONE, FAX, E-MAIL ADDRESS), INSURER(S) AFFORDING COVERAGE, NAIC #, INSURED (NAME AND ADDRESS OF INSURED), and SAMPLE CERTIFICATE FOR ENROLLED CONTRACTORS.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Contract Number: for work performed at the Metropolitan Washington Airports Authority Project(s). Certificate Holders are Additional Insureds on the listed General Liability, Automobile and Excess/Umbrella Liability (if applicable) Policies.

CERTIFICATE HOLDER

The Metropolitan Washington Airports Authority MA-450
c/o Wells Fargo Insurance Services, Inc.
1401 H St, NW Suite 750
Washington, DC 20005

ATTENTION AVIATION OCIP ADMINISTRATOR

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE





Sample Certificate to be supplied by Excluded Contractors ONLY
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
CURRENT DATE

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

Form with fields for PRODUCER (NAME AND ADDRESS OF AGENT), CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #, INSURED (NAME AND ADDRESS OF INSURED), and SAMPLE CERTIFICATE FOR EXCLUDED CONTRACTORS.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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AUTHORIZED REPRESENTATIVE