



**METROPOLITAN WASHINGTON
AIRPORTS AUTHORITY**

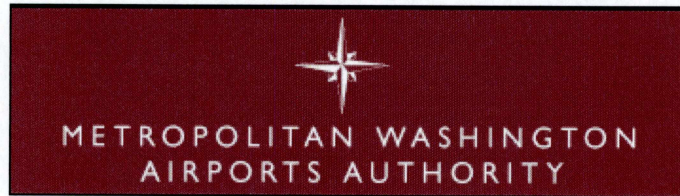
DULLES CORRIDOR METRORAIL PHASE 2 OWNER CONTROLLED INSURANCE PROGRAM MANUAL

June 2013 EDITION



RISK MANAGEMENT DEPARTMENT


This manual is a contract document



Rail Owner Controlled Insurance Program Manual

(June 2013 Edition)

This manual is intended to provide only a general overview of the Owner Controlled Insurance Program for the [Dulles Corridor Metrorail Phase 2 Construction Project](#) 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 Rail 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.



Steven C. Baker
Vice President of Business Administration

6/5/13

Date

Changes to the RAIL OCIP Insurance Manual

Change Number	Date of Change	Page(s) Changed	Description of Change
1	10/15/2013	This page	Added Changes to the RAIL OCIP Insurance Manual page for tracking of changes to the manual.
1	10/15/2013	TOC	Updated the Table of Contents to reflect changes in page numbering as a result of the 09/24/2013 updates to the manual.
1	10/15/2013	Pg 4	Updated RAIL OCIP Safety Consultant contact name, phone numbers, and email. Updated email for Senior Claims Consultant.
1	10/15/2013	Pg 20	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	10/15/2013	Pgs 21-29	Replaced Web Based Enrollment Instructions to reflect changes to the web portal as a result of collaboration with Contractor and added additional screen shots for clarity.
1	10/15/2013	Pg 33	Added RAIL OCIP Form – 4GL – General Liability Loss Report to Liability Claims section.
1	10/15/2013	Pgs 42-43	Updated RAIL OCIP Form – 4GL – General Liability Loss Report.
1	10/15/2013	Pgs 44-45	Revised Certificate Holder Zip Code on the two Sample Certificates of Insurance.

TABLE OF CONTENTS

Section 1	OVERVIEW	1
	Discontinuation of RAIL OCIP	2
	Modification of RAIL OCIP.....	2
	General Liability Obligation.....	3
Section 2	RAIL OCIP DIRECTORY.....	4
Section 3	RAIL OCIP DEFINITIONS	5
Section 4	RAIL OCIP INSURANCE COVERAGE	8
	Enrolled Parties	8
	Excluded Parties.....	8
	Evidence of Coverage	8
	Summary Description of RAIL OCIP Coverage.....	9
	<i>General Liability</i>	10
	<i>Excess Liability</i>	10
	<i>Contractors' Pollution Liability</i>	10
	<i>Railroad Protective</i>	11
Section 5	ENROLLED AND EXCLUDED CONTRACTOR REQUIRED COVERAGE	12
	Contractor Maintained Coverages.....	12
	<i>Automobile Liability (Enrolled & Excluded)</i>	12
	<i>Workers' Compensation and Employer's Liability (Enrolled & Excluded)</i>	12
	<i>Commercial General Liability (Enrolled & Excluded)</i>	13
	<i>Umbrella Liability (Enrolled)</i>	13
	<i>Umbrella Liability (Excluded)</i>	13
	<i>Aviation and/or Watercraft Liability and/or Marine Cargo (Enrolled & Excluded)</i> .	14
	<i>Equipment Insurance (Enrolled & Excluded)</i>	14
	<i>Professional Liability for Contractors Only (Enrolled & Excluded)</i>	14
	<i>Builder's Risk (Enrolled & Excluded)</i>	14
	Verification of Required Coverages.....	16
	<i>Enrolled Parties</i>	17
	<i>Excluded Parties</i>	17
	<i>Contractor's Monitoring Responsibility</i>	17
	Additional Insured Endorsement	17
	Waivers of Subrogation	18
Section 6	CONTRACTOR RESPONSIBILITIES	19
	Contractor Bids – Excluded Insurance Costs	20
	Enrollment – Enrolled & Excluded Contractors	20
	Web Based Enrollment Instructions	21
	<i>Subcontractor Enrollment</i>	21
	<i>Contractor/Subcontractor Log on Setup – First time Log On</i>	21
	<i>Enrollment Steps</i>	23
	Safety Guidelines	30
	RAIL OCIP Safety Class.....	30
	Assignment of Return Premiums.....	30
	Change Order Procedures	30
	Close-Out and Audit Procedures.....	30
	Contract Termination and Cessation of RAIL OCIP Coverage.....	31
Section 7	RAIL OCIP CLAIM PROCEDURES.....	32
	Incident Reporting	32
	Investigation Assistance	32
	Liability Claims.....	33
	General Liability Obligation.....	33
	Pollution Claims.....	34

TABLE OF CONTENTS

RAIL OCIP FORMS	35
RAIL OCIP Form - 1GL - Enrollment Application	36
RAIL OCIP Form - 2GL – Notice of Work Completion.....	39
RAIL OCIP Form - 3GL - Pre-Enrollment	41
RAIL OCIP Form - 4GL – General Liability Loss Report	42
Sample Certificate to be supplied by Enrolled Contractors ONLY	44
Sample Certificate to be supplied by Excluded Contractors ONLY	45

Overview

Welcome to the Metropolitan Washington Airports Authority (the Airports Authority) Owner Controlled Insurance Program for Dulles Rail Phase 2 Construction (RAIL OCIP)

The Airports Authority has arranged for the Dulles Corridor Metrorail Phase 2 construction project to be insured under an Owner Controlled Insurance Program (RAIL OCIP). The RAIL 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 On-Site. Certain Contractors and subcontractors are **excluded** from this RAIL OCIP. These parties are identified in the Contract Documents and Section 3 (Definitions) of this manual.

The Airports Authority has implemented the RAIL OCIP to provide certain insurance coverage for Contractors and subcontractors of all tiers performing construction work on the Dulles Corridor Metrorail Phase 2 construction project (collectively referred to as “On-Site”). All such Contractors, subcontractors, sub-subcontractors of any tier (sometimes may be collectively referred to as “Contractors”, “Enrolled Parties”, or “Contractors and subcontractors”) must enroll in the RAIL OCIP if they are performing Work On-Site.

Coverage under the RAIL OCIP includes:

- General Liability, including terrorism
- Excess Liability insurance, including terrorism
- Contractor’s Pollution Liability
- Railroad Protective Liability insurance

All RAIL OCIP policies will be provided by carriers with a rating of not less than “A-VII” according to AM Best’s Insurance Reports Key Rating Guide. The Airports Authority will maintain a property insurance policy providing coverage for damage to Airports Authority existing property.

The Airports Authority will pay insurance premiums for the RAIL OCIP coverage described in this manual. You should notify your insurer(s) to endorse your coverage to be excess and contingent over the RAIL

OCIP coverage provided under this RAIL 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 RAIL OCIP and must submit certificates of insurance as required by their contract.

NOTE:

Insurance coverages and limits provided under the RAIL 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 On-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 RAIL OCIP

The Airports Authority reserves the right to discontinue the RAIL OCIP or request that Contractor or any Subcontractor withdraw from the RAIL OCIP upon sixty (60) days notice. Upon such notice, Contractor and/or Subcontractors, as specified in such notice, shall obtain and maintain at Airports Authority expense during the performance of the Work, all (or a portion thereof as specified by Airports Authority) of the RAIL OCIP Coverages specified in Section 4 (RAIL OCIP Insurance Coverage) of this manual and Exhibit 22.1.1(a) Section 1.5 of the Dulles Corridor Metrorail Project Phase 2, Package A, Design-Build Contract Number 8-13-C001. 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 RAIL OCIP, where reasonably commercially available, and shall be subject to the provisions of Exhibit 22.1.1(a) Section 1.8, paragraphs (a) through (f). 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 RAIL OCIP

The Airports Authority reserves the right to modify the RAIL OCIP Coverages upon sixty (60) days written notice. Any such modifications will be reflected in the renewal certificates.

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

General Liability Obligation

Safety On-Site is important to the Airports Authority. To encourage adherence to safe practices by all Parties, the 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 RAIL OCIP General Liability Policy ("General Liability Obligation"). The General Liability Obligation shall remain uninsured by Contractor and will not be covered by the RAIL OCIP Coverages.

NOTE:

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

RAIL OCIP Directory

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

RAIL OCIP Definitions

TERM	DEFINITION
RAIL OCIP Administrator	The representative of the Risk Management Department who administers enrollments for the RAIL OCIP.
RAIL 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 under the Dulles Corridor Metrorail Phase 2. Advises On-Site personnel of safety training and compliance issues to control losses and assists in the processing of RAIL OCIP claims.
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.
Contractor	A Contractor is a party that holds a contract with the Airports Authority.
Eligible Parties	Parties performing labor or services On-Site are eligible to enroll in the RAIL OCIP unless an Excluded Party.
Enrolled Parties also called: Enrolled Contractors Enrolled Subcontractors	<p>Enrolled Parties are: Owner, the Airports Authority RAIL OCIP Administrator, Contractor and eligible Subcontractors who enroll in the RAIL OCIP, and such other Persons and/or Entities as Owner in its sole discretion may designate (each such party who is insured under the RAIL OCIP is collectively referred to as an "Enrolled Party").</p> <p>Enrolled Parties shall obtain and maintain, and shall require each of its subcontractors to obtain and maintain, the insurance coverage specified in Exhibit 22.1.1(a) Section 1.8 ("<u>Additional Insurance Required From Enrolled Parties and Excluded Parties</u>") and the RAIL OCIP Insurance Manual.</p>

TERM	DEFINITION		
<p>Excluded Parties</p> <p>also called: Excluded Contractors Excluded Subcontractors</p>	<p>Certain work is excluded from the RAIL OCIP. Excluded Parties and parties no longer enrolled in or covered by the RAIL OCIP shall obtain and maintain, and shall require each of its subcontractors to obtain and maintain, the insurance coverage specified in Section 1.8 (<u>“Additional Insurance Required From Enrolled Parties and Excluded Parties”</u>) and the RAIL OCIP Insurance Manual.</p> <p>The following Excluded Parties are ineligible for RAIL OCIP Coverages:</p> <ul style="list-style-type: none"> (a) Hazardous Substances remediation, removal and/or transport companies and their consultants (this exclusion does not apply to OCIP Contractor's Pollution Liability (“CPL”)); (b) Architects, surveyors, engineers, and soil testing engineers, and their consultants (this exclusion does not apply to OCIP CPL for contracting activities On-Site); (c) 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 Site (this exclusion does not apply to OCIP CPL); (d) Any Persons and/or Entities who do not perform labor or services at the Site; and (e) Any Persons and/or Entities not specifically identified in this Exhibit 22.1.1(a) or excluded by Owner in its sole discretion, even if otherwise eligible. <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>		
Exhibit 22.1.1(a)	Refers to the Insurance Requirements of the Dulles Corridor Metrorail Project, Phase 2, Package A, Design-Build Contract Number 8-13-C001.		
Insurance Administrator:	<table border="1"> <tr> <td data-bbox="542 1472 992 1656">Wells Fargo Insurance Services USA, Inc. 1401 H St, NW Suite 750 Washington, DC 20005</td><td data-bbox="992 1472 1490 1656">Wells Fargo Insurance Services of NY, Inc. 330 Madison Avenue, 7th Floor New York, NY 10017</td></tr> </table>	Wells Fargo Insurance Services USA, Inc. 1401 H St, NW Suite 750 Washington, DC 20005	Wells Fargo Insurance Services of NY, Inc. 330 Madison Avenue, 7th Floor New York, NY 10017
Wells Fargo Insurance Services USA, Inc. 1401 H St, NW Suite 750 Washington, DC 20005	Wells Fargo Insurance Services of NY, Inc. 330 Madison Avenue, 7th Floor New York, NY 10017		
On-Site:	See the Term and Definition for: Site.		
Program Management Support Services Consultant:	Jacobs Engineering Group, Inc. is the consultant employed by the Airports Authority under contractual agreement to provide program management support services for the Dulles Corridor Metrorail Phase 2 Project, including planning, design, construction and related services.		

TERM	DEFINITION
Rail	"Rail" refers to construction of Dulles Corridor Metrorail Phase 2 construction project.
RAIL OCIP	"Owner Controlled Insurance Program" - A coordinated insurance program providing certain coverages, as defined herein, for Enrolled Parties performing Work On-Site.
Site and On-Site:	Means the location of the permanent Work, including the Project Right-of-Way and those areas that the Airports Authority has designated or may, from time to time, designate for Contractor's use in performance of the Work. The Site may also be referred to as "On-Site". For a more precise definition of the Site refer to the Contract.
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.

RAIL OCIP Insurance Coverage

This chapter provides a brief description of the RAIL 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 RAIL OCIP Administrator or the Insurance Administrator before beginning any work On-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 RAIL OCIP Administrator or the Insurance Administrator before beginning any work at the Job Site.

Evidence of Coverage

The Airports Authority RAIL OCIP Administrator will provide a Certificate of Insurance evidencing general liability, and excess liability insurance to each Enrolled Party. In addition, the Airports Authority RAIL OCIP Administrator will deliver certificates to Enrolled Parties 30 days prior to the renewal of any of the RAIL OCIP policies. Copies of RAIL OCIP insurance policies will be available upon written request to the Airports Authority Risk Manager.

Note:

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

Summary Description of RAIL OCIP Coverage

The Airports Authority will purchase the following coverages for the benefit of all Enrolled Parties performing Work On-Site. The RAIL OCIP Coverages shall apply only to those operations of each Enrolled Party performed On-Site in connection with the Work and only to Enrolled Parties that are eligible for the RAIL OCIP.

RAIL OCIP Coverages shall not apply to Excluded Parties, even if erroneously enrolled in the RAIL OCIP.

The RAIL OCIP will initiate at Notice to Proceed and expire at Final Acceptance with the exception of Warranty/Callback premises coverage and Completed Operations coverage. All RAIL OCIP Coverages will be Project specific.

The term “On-Site” shall mean Work performed at the Site, Work performed on property of the Owner, Work performed adjacent to the Site, local offices dedicated to the Project, laydown areas, storage yards and other facilities dedicated to the Project and Work incidental to the Site.

All locations to be included in the RAIL OCIP as “On-Site” must be disclosed to Owner and Airports Authority RAIL OCIP Administrator and will be subject to underwriter approval. An Enrolled Party’s operations away from the Site, including product manufacturing, assembling, or otherwise, shall only be covered if such “off-site” operations are identified in writing to Owner and Airports Authority RAIL OCIP Administrator and are dedicated solely to the Project. RAIL OCIP Coverages shall not cover “off-site” operations until receipt by Contractor of written acknowledgment of such coverage from the Airports Authority RAIL OCIP Administrator.

The RAIL OCIP shall provide only the following insurance to eligible Enrolled Parties, with the following being a summary only:

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

General Liability

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

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 RAIL OCIP General Liability Coverage.

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

- This Insurance applies to the operations of all Enrolled Parties performing work On-Site.
- 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 is primary non-contributing for Enrolled Parties for all occurrences at the Site.
- The policy will provide Warranty/Callback premises coverage for a period of three (3) years.
- The policy will contain a CG 2280 endorsement if commercially available.
- The RAIL OCIP General Liability policy will not provide coverage for damage to the Project during the course of construction which is covered by the Builders Risk policy provided by the Contractor. In addition, the RAIL OCIP General Liability policy will not provide coverage for damage to the Owner's existing property.

Excess Liability

	Limits of Liability Shared by All Enrolled Parties
Combined Single Limit	\$298,000,000
General Aggregate Limit	\$298,000,000
Products & Completed Operations Aggregate Limit	\$298,000,000

- This policy follows form (provisions, coverage, exclusions, etc.) of underlying Commercial General Liability insurance.

Contractors' Pollution Liability

	Limits of Liability Shared by All Enrolled Parties
Each Occurrence Limit	\$25,000,000
Annual General Aggregate Limit	\$25,000,000

- This policy will cover Contractor and Subcontractors.
- The policy will include an exclusion for claims arising from the failure to render professional services with a modification for the exclusion to not apply to claims caused by pollution conditions arising as a result of covered contracting operations that are conducted On-Site. In addition, the exclusion will not apply to claims alleging liability on the basis of improper supervision of Subcontractors performing covered operations or claims

alleging liability on the basis of selection of construction means, methods and techniques in connection with covered operations.

Railroad Protective

	<u>Limits of Liability</u>
Each Occurrence Limit	\$ 5,000,000
Aggregate Limit:	\$10,000,000

- Provided when the Work is on or within 50 feet of a railroad or affects any railroad property.

Enrolled and Excluded Contractor Required Coverage

Contractors and all subcontractors are required to obtain and maintain insurance coverage to protect against losses that occur off-site or are otherwise not covered under the RAIL OCIP.

Contractors and subcontractors are required to obtain and maintain 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 off-site, from coverages not provided by the RAIL OCIP, or from operations performed by Excluded Parties. The insurance limits may be provided through a combination of primary and excess policies, including the umbrella form of policy. The RAIL OCIP places Contractors and subcontractors into one of two main categories: Enrolled Parties or Excluded Parties.

Contractor Maintained Coverages

Automobile Liability (Enrolled & Excluded)

Combined Single Limit

Bodily Injury and Property Damage

Limits of Liability

\$ 1,000,000

- Commercial Business Auto Policy covering all owned, non-owned and hired automobiles, trucks, and trailers.
- Coverage will apply for **both** *On-Site* and *off-site* activities.

Workers' Compensation and Employer's Liability (Enrolled & Excluded)

Part One –

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

Part Two –

Annual Limits

Employer's Liability Limits

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

See Section 8
for samples of
Certificates of
Insurance.

Commercial General Liability (Enrolled & Excluded)

	<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	\$ 1,000,000
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)

	<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 RAIL OCIP Coverages.
- Umbrella policies must schedule Employers Liability and Commercial Automobile Liability as underlying policies.

Umbrella Liability (Excluded)

TIER 1 – For contracts with total values up to \$1,000,000 – 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 in excess of \$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 Subcontractors.

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

Exceptions will be at the discretion of Owner, but in no event will a limit less than \$2,000,000 be considered or accepted.

The following limits apply to Contractor only:

	<u>Limits of Liability</u>
Each Occurrence Limit	\$ 50,000,000
General Aggregate	\$ 50,000,000
Products/Completed Operations Aggregate	\$ 50,000,000

Aviation and/or Watercraft Liability and/or Marine Cargo (Enrolled & Excluded)

- If required by Owner, Aviation and/or Watercraft Liability and/or Marine Cargo Insurance, in form and with limits of liability and from an insuring entity reasonably satisfactory to the Owner.
- If this Insurance is required by Owner, premiums will be a reimbursable cost to Contractor subject to Owner's approval of an itemized cost breakdown.

Equipment Insurance (Enrolled & Excluded)

- Contractors and subcontractors must provide their own insurance covering all risk of physical damage to equipment provided for use at the Site by the Contractor and Subcontractor.
- Contractor and Subcontractor agree to waive and do hereby waive their rights of recovery against Owner, Contractor and other Subcontractors as to any damage or loss which may occur to its equipment. Subcontractor will have its insurance company specifically agree to this waiver.
- Self-insurance may be allowed subject to the approval of Owner.

Professional Liability for Contractors Only (Enrolled & Excluded)

	<u>Limit of Liability</u>
Limit	\$ 25,000,000

- In the case where Contractor is not performing design Work, this coverage can be fully provided by the subcontracted lead Design Professional, or, in the alternative, this coverage can be provided through the combination of a professional liability policy provided by the subcontracted lead Design Professional and a Contractor's Protective Professional Indemnity (or similar) policy provided by Contractor.
- Coverage can be provided either on a Project-specific basis or with a practice policy and must contain a 5 year extended reporting period to the extent commercially available.

Builder's Risk (Enrolled & Excluded)

The Contractor shall provide a Builders' Risk Insurance policy from the Notice to Proceed until the Owner delivers the Final Acceptance Certificate covering all risk of direct physical loss or damage to property

The RAIL OCIP **does not** provide coverage for Contractors' and subcontractors' personal property.

of every kind and description intended to become a permanent part of, or consumed in, the fabrication, assembly, installation, erection or alteration of the Project. The coverage limit shall be the Probable Maximum Loss (PML) that the Contractor determines for the Project, including the value of any Equipment and Materials, including Equipment and Materials that may be in storage (on or off the Site) or via inland transit (on any one conveyance). Such policy shall cover the value of the Work performed, as well as the value of any Equipment and Materials that may be in storage (on or off the site) or in transit (on any one conveyance). The policy shall cover the cost of removing debris, including demolition, as may be legally necessary by the operation of any law, ordinance or regulation, and for loss or damage to any owned, borrowed, leased or rented structures used to facilitate the Work and property of the Owner held in its care, custody and/or control. Such policy shall provide that, upon achievement of Substantial Completion, the Occupancy Clause in such policy is deleted and a Permission to Occupy endorsement is added. Such policy will cover the Contractor, as named insured, Owner, Owner Indemnitees and all Subcontractors performing On-Site Work and other eligible parties as additional named insureds as respects their On-Site activities. In addition, the Builders' Risk policy shall contain coverage provisions or endorsements that provide for the following:

- Earthquake, Flood and Windstorm, with a sub-limit equal to the greater of \$100,000,000 or the PML, but not to exceed \$750,000,000;
- Pollutant Clean-up with a minimum sub-limit of \$5,000,000;
- Expediting Expenses with a minimum sub-limit of \$5,000,000;
- Professional Fees with a minimum sub-limit of \$1,000,000;
- Debris removal sub-limit shall be a minimum of \$25,000,000 or 20% of the PML, whichever is higher;
- The Owner and the Contractor shall be named as loss payee for the Work in order of precedence as their interest may appear;
- In the event the loss occurs at an occupied facility, the policy shall permit occupancy without the consent of the Insurance Company;
- Testing, Commissioning and Start-up;
- Waiver of Subrogation against all insureds;
- Coverage for resulting damage from error in design, defect in material or faulty workmanship equivalent to LEG 3;
- Contractor is responsible for payment of any deductible or self-insured retention until Substantial Completion;
- Owner will reimburse Contractor for any deductible, not to exceed \$100,000 per occurrence, required to be paid under the Builder's Risk policy following Substantial Completion, provided any such claim is not due to the negligence of a Contractor-Related Party;

- DSU may be required at a limit to be determined by Owner; and premium will be reimbursed to Contractor; and
- Terrorism is to be included.

Contractor is to provide copies of quotations with premiums redacted and any applicable specimen policy forms to Owner thirty (30) days prior to Notice to Proceed and prior to policy being bound. Owner has the right to request amendments. If amendments result in additional premiums, they will be reimbursed to Contractor.

Verification of Required Coverages

All Contractors shall provide a valid and properly executed certificate of insurance citing the coverage required for Enrolled Contractors and Excluded Contractors to the Airports Authority RAIL OCIP Administrator prior to mobilization and not less than thirty (30) days prior to expiration date of each insurance policy. Certificates of insurance shall also be provided within five (5) business days of Airports Authority's or the Airports Authority RAIL OCIP Administrator's request.

A sample of an acceptable certificate of insurance is provided in Section 8 (Forms). Please note that required insurance coverages must include additional insured and waivers of subrogation as noted herein and in Exhibit 22.1.1(a).

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 Owner), or of recognized financial responsibility and otherwise agreed by the parties and approved in writing by Owner.

The Contracting Officer, Contracting Officer's Technical Representative, Risk Management Department staff, and RAIL OCIP Safety Consultant have the right to stop work or prevent any non-enrolled Contractor or subcontractor of any tier from entering the Site until the Contractor's certificate has been filed. Denial of Site access for this reason will not be accepted as the basis for a delay claim.

Note the contractual requirement that all Enrolled and Excluded Parties' policies cannot be cancelled, suspended or lapsed without 30 day prior written notice provided to Airports Authority by registered or certified mail.

The limits of liability shown for the insurance required of the Contractors are minimum limits only and are not intended to restrict the

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.

liability imposed on the Contractors for work performed under their Contract.

If a Contractor is terminated under the RAIL OCIP after Substantial Completion, but remains On-Site for non-RAIL OCIP site work, the Contractor will be considered “Excluded” and must provide the tiered coverage enumerated herein for Excluded Parties. Any exceptions will be at the sole discretion of the Airports Authority’s Risk Manager.

See Section 8
for samples of
Certificates of
Insurance.

Enrolled Parties

Enrolled Parties are to provide evidence as per the insurance specifications in Exhibit 22.1.1(a) Sections 1.7 (“Contractor’s OCIP Obligations”) and 1.8 (“Additional Insurance Required From Enrolled Parties and Excluded Parties”):

- General Liability and Excess/Umbrella Liability insurance for only *off-site activities*;
- Automobile Liability insurance for **both** *On-Site* and *off-site* activities; and
- Workers’ Compensation & Employers Liability for **both** *On-Site* and *off-site* activities.

Excluded Parties

Excluded Parties are to provide to the Rail OCIP Administrator evidence of Workers’ Compensation & Employers Liability, General Liability, Excess/Umbrella Liability and Automobile Liability insurance for all activities including **both** *On-Site* and *off-site* activities as per the insurance specifications in Exhibit 22.1.1(a) Section 1.8 (“Additional Insurance Required From Enrolled Parties and Excluded Parties”).

Contractor’s Monitoring Responsibility

Subcontractors are obligated to maintain coverage as required by contract, and are required to submit evidence of coverage to the RAIL 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.

Additional Insured Endorsement

Each policy required by Enrolled and Excluded Parties, except Workers’ Compensation policy and Professional Liability policy, shall name Owner, Owner Indemnitees, their respective officers, agents and employees, and any additional entities as Owner may request as additional insureds. The additional insured endorsement shall state that the coverage provided to the additional insureds is primary and

non-contributing with respect to any other insurance available to the additional insureds. Additional Insured wording for General Liability is to be provided via form CG 2010 11/85 or the equivalent forms (CG 2033 07 04 & CG 2037 07 04) which provide Completed Operations coverage.

Waivers of Subrogation

Where permitted by Laws, Regulations and Ordinances, Contractor hereby waives all rights of recovery by subrogation because of deductible clauses, inadequacy of limits of any insurance policy, limitations or exclusions of coverage, or any other reason against Owner, the RAIL OCIP Administrator, the Owner Indemnitees, its or their officers, agents, or employees, and any other Person and/or Entity performing Work or rendering services on behalf of Owner in connection with the planning, development and construction of the Project. All Contractor maintained insurance coverages related to the Work must waive all rights of recovery by subrogation against Contractor and the parties referenced immediately above. Where permitted by Laws, Regulations and Ordinances, Contractor shall require similar written express waivers and insurance clauses from each of its Subcontractors. A waiver of subrogation shall be effective as to any Person and/or Entity even if such Person and/or Entity: (a) would otherwise have a duty of indemnification, contractual or otherwise; (b) did not pay the insurance premium directly or indirectly; and (c) has an insurable interest in the property damaged. In addition, Owner hereby waives all rights of subrogation against Contractor with respect to General Liability provided under the RAIL OCIP with the exception of Safety Obligations to be imposed on Contractor. Owner also waives all rights of subrogation against Contractor from damage to the Owner's property.

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.

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

- Complying with the provisions of the RAIL OCIP Manual and cooperating in the administration and operation of the RAIL OCIP;
- Removing from your bid the cost of RAIL OCIP-provided insurance;
- Providing each subcontractor with a copy of the RAIL OCIP Insurance Manual and the Airports Authority Construction Safety Manual;
- Enrolling in the RAIL OCIP and assuring all subcontractors promptly enroll in the RAIL OCIP prior to the start of any work;
- Including RAIL OCIP provisions (Exhibit 22.1.1(a) Section 1.7) in all subcontracts as appropriate;
- Providing timely evidence of insurance to the RAIL OCIP Administrator;
- Notifying the RAIL OCIP Administrator of all subcontracts awarded;
- Cooperating with the RAIL OCIP Administrator and Insurance Administrator's requests for information;
- Complying with insurance, claim and safety procedures;
- Paying the General Liability Obligations promptly as required by the Contract;
- Reporting claims promptly and cooperating with all follow-up requests;

- Notifying the RAIL OCIP Administrator immediately of any insurance cancellation or non-renewal of Contractor-required insurance; and
- 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 as described in this manual for all eligible Enrolled Parties under the RAIL OCIP for Work performed On-Site.

Each Contractor and subcontractor of any tier is required to **exclude** the cost of RAIL 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 RAIL OCIP-provided insurance coverage. Contractors are solely responsible for ensuring that their subcontractors of all tiers also deduct the cost of RAIL OCIP-provided insurance coverage from their bids and any requests for payment.

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

Enrollment – Enrolled & Excluded Contractors

See Section 8 for sample RAIL OCIP forms.

Enrolled Contractors - All Contractors and their subcontractors of all tiers working on designated projects must enroll in the RAIL OCIP **before** entering the 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 Site.

Each Contractor shall provide details about its subcontractors as necessary for RAIL OCIP enrollment. The Airports Authority will need all of the information requested on the **Enrollment Application** form (RAIL OCIP Form - 1GL) in Section 8. This form must be completed and uploaded into the web based enrollment portal prior to mobilization to obtain coverage under the RAIL OCIP.

Contractors must enroll separately for each contract awarded.

A separate **Enrollment Application** form (RAIL OCIP Form - 1GL) is required for each eligible Contractor and/or subcontractor of any tier that performs Work On-Site.

Contractor shall submit RAIL OCIP Form - 1GL within five (5) business days of execution of the Contract and maintain enrollment in the RAIL OCIP, and assure that all eligible Contractor-Related Parties submit RAIL OCIP Form - 1GL and maintain enrollment in the RAIL 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 Site.

The RAIL OCIP Administrator will issue to each Enrolled Party a Confirmation Letter and RAIL OCIP Certificate of Insurance acknowledging acceptance of the applicant into the Airports Authority's RAIL OCIP for the enrolled contract. In addition, the RAIL OCIP Administrator will deliver certificates to Enrolled Parties 30 days prior to the renewal of any of the RAIL OCIP policies.

Web Based Enrollment Instructions

The RAIL OCIP enrollment webpage can be reached at: <https://my.ocip.us/MainFrame.aspx>.

Subcontractor Enrollment

The RAIL OCIP Administrator will send RAIL OCIP Form - 3GL – Pre-Enrollment to the Contractor that the Contractor will complete and return to the RAIL OCIP Administrator. This form provides information on the subcontractors that need to be enrolled under the project. The RAIL 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.

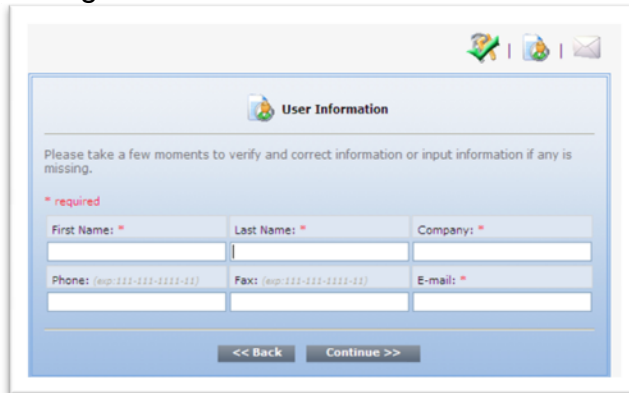
NOTE: RAIL OCIP Form – 3GL – Pre-Enrollment is required for every subcontract awarded.

Contractor/Subcontractor Log on Setup – First time Log On

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

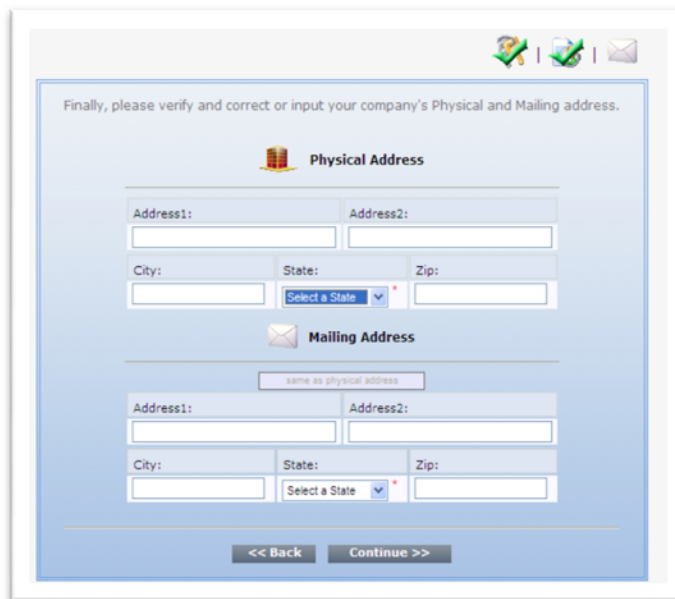


Step Two: User information must be confirmed. Verify and correct information or input information if any is missing and then click the Continue button.



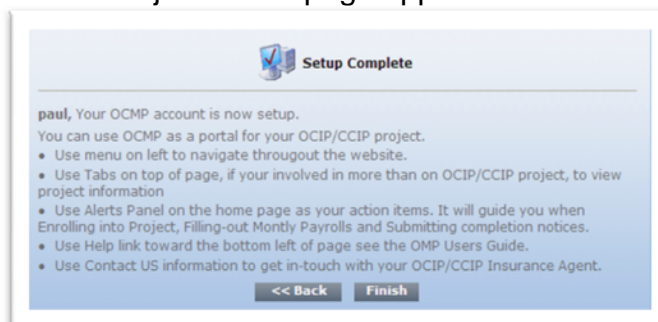
The screenshot shows a web form titled "User Information". At the top, there are three icons: a green checkmark, a person, and an envelope. Below the title, a message says: "Please take a few moments to verify and correct information or input information if any is missing." A red asterisk indicates required fields. The form contains six input fields arranged in two rows: First Name, Last Name, and Company in the first row; Phone, Fax, and E-mail in the second row. Each field has a red asterisk next to its label. At the bottom, there are two buttons: "<< Back" and "Continue >>".

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



The screenshot shows a web form titled "Physical Address". At the top, there are three icons: a green checkmark, a person, and an envelope. Below the title, a message says: "Finally, please verify and correct or input your company's Physical and Mailing address." The form is divided into two sections: "Physical Address" and "Mailing Address". The "Physical Address" section has input fields for Address1, Address2, City, State (a dropdown menu with "Select a State" text), and Zip. The "Mailing Address" section has a checkbox labeled "same as physical address". If not checked, it has input fields for Address1, Address2, City, State (a dropdown menu with "Select a State" text), and Zip. At the bottom, there are two buttons: "<< Back" and "Continue >>".

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



The screenshot shows a web form titled "Setup Complete". At the top, there are three icons: a green checkmark, a person, and an envelope. Below the title, a message says: "paul, Your OCMP account is now setup. You can use OCMP as a portal for your OCIP/CCIP project." Below this message is a list of four bullet points: "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 Monthly Payrolls and Submitting completion notices.", and "Use Help link toward the bottom left of page see the OMP Users Guide." At the bottom, there are two buttons: "<< Back" and "Finish".

Enrollment Steps

Step One: Sign into the RAIL OCIP Portal with the username and password that was provided via email from the RAIL OCIP Administrator. The Project Home page appears once logged in.

Step Two: Click Contractor Packages in the left side menu.

Step Three: 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
Contractor Packages
Missing Payroll Letter
Manage Claims

Contractor Package Management						
Create New Contractor Package						
Filter your results: NourTek Offices Select a Work Site 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	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.

Step Four: After clicking on Select, the Contractor Package Action page will appear.

Step Five: Click the Edit Insurance Enrollment button.

The screenshot shows a web interface titled "Contractor Package Action Panel". At the top, it displays project information: "Project: ABC", "Work Site: Work Site 2", "Trade: Test", "Company: XYZ", and "Contractor: Joe Smith". Below this information are three buttons: "Edit Insurance Enrollment", "Insurance Documents", and "Fill Insurance Cost". At the bottom of the panel is a "Back" button.

Step Six: After clicking the Edit Insurance Enrollment button, the Contractor Agreement page will appear.

Step Seven: 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 "OCIP/CCIP AGREEMENT" tab is selected. Below the navigation bar, the title "Contractor Agreement to Participate in OCIP/CCIP" is displayed. 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 are two buttons: "Decline" and "Agree and Continue".

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

Step Nine:

Complete all required information on the Insurance Enrollment page and then click the Next button. Information that is required before the next step:

- Federal ID Number;
- Awarding contractor (if direct contract with owner select N/A);
- Workers Compensation policy information;
- General Liability policy information;
- 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 the 'Insurance Enrollment' page with a progress bar at the top indicating the current step. The 'Contractor Information' section includes fields for Contractor Name, Address, Federal ID Number, and Location Code. The 'Insurance Info' section features a dropdown menu for 'Select Upper-Tier Contractor Name' with a list of contractors and their associated projects. A blue arrow points from the text box on the left to the dropdown menu.

Step Ten:

A confirmation page displays.

Step Eleven:

Click the Continue button and the Insurance Documents/OCIP Enrollment Docs page displays. This is the page where all required RAIL OCIP enrollment documents are uploaded into the system.

- **All RAIL OCIP enrollment documents must be uploaded to complete the RAIL OCIP enrollment.**
- All required enrollment documents will be listed.
- Excluded Contractors are required to upload RAIL OCIP Certificates of Insurance per Contract requirements.

OCIP/CCIP AGREEMENT INSURANCE ENROLLMENT OCIP/CCIP DOCUMENTS CONTRACT DETAILS 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 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

- Click the Add Document button to upload documents.
- All unsubmitted required documents will be in red text. One document can be associated with more than one requirement.
- 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.**

Contractor Package Management

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	View	Remove
worksheet and rate pages	July 22, 2013	View	Remove

- 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.

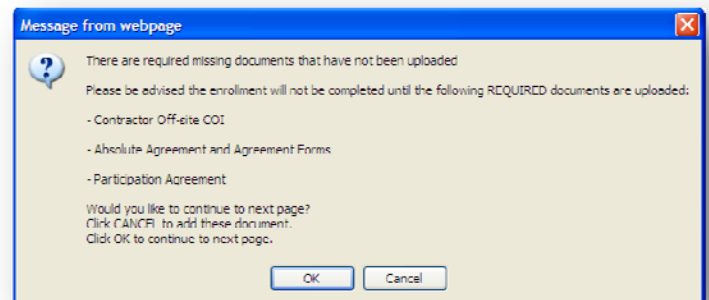
- ☐ Contractor Off-site COI (Remaining to be uploaded) + Add Document
- ☒ Insurance Cost Worksheet + Add Document
- ☒ Insurance Enrollment Application + Add Document
- ☒ Insurance Rate Pages - General Liability + Add Document
- ☒ Insurance Rate Pages - Excess Liability + Add Document
- ☒ Insurance Rate 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

- ALL REQUIRED DOCUMENTS MUST BE UPLOADED FOR ENROLLEMENT 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.

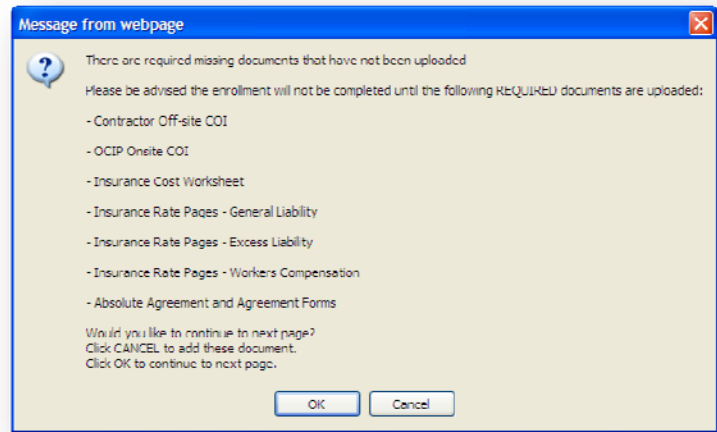
Step Twelve: The Contract Details & Workers Compensation page displays.

Step Thirteen: 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.

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

Step Fifteen: 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.

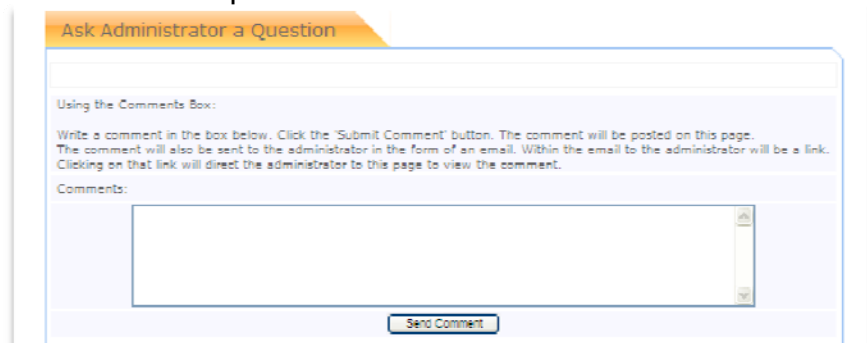
Step Sixteen: If all required documents are submitted, the Enrollment Summary page will appear. If documents are still missing, the following message will appear outlining the documents that are outstanding.



Step Seventeen: 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.

Step Eighteen: Once submitted, the Airports Authority RAIL 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 section to ask the RAIL OCIP Administrator a question.



Contractor is not enrolled in the RAIL OCIP until the RAIL OCIP Administrator has approved the information submitted via the RAIL 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.

RAIL OCIP Safety Class

Enrolled Parties are required to send all full-time and part-time safety personnel, along with any other On-Site employees responsible for safety, to any RAIL OCIP Safety classes as scheduled.

It is the responsibility of the Contractor's safety personnel attending the RAIL OCIP Safety classes to train ALL Contractor and subcontractor employees working on the Dulles Corridor Metrorail Phase 2 Project.

Assignment of Return Premiums

The Airports Authority pays the cost of the RAIL OCIP insurance coverage. The Airports Authority will be the sole recipient of any return RAIL 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 RAIL OCIP insurer(s). Contractors will assure that each enrolled subcontractor has executed such an assignment. The **Enrollment Application** form (RAIL 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 RAIL OCIP-provided insurances.

Close-Out and Audit Procedures

When a Contractor and/or an associated subcontractor has completed its Work at the Site and no longer has On-Site workers, it must submit the **Notice of Work Completion** form (RAIL OCIP Form - 2GL). A copy of the **Notice of Work Completion** form, (RAIL 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 RAIL OCIP Administrator and/or Insurance Administrator. The Contractor is responsible for any missing documentation of its subcontractors.

Contractor agrees that Owner, the Airports Authority RAIL OCIP Administrator, and/or any RAIL OCIP Insurer may audit Contractor's or any of its Subcontractor's books and records, insurance coverages, insurance cost information, or any other information that Contractor

provides to Owner, the Airports Authority RAIL OCIP Administrator, or the RAIL OCIP Insurers to confirm their accuracy.

Contract Termination and Cessation of RAIL OCIP Coverage

In the event a contract is terminated for any reason by the Airports Authority, coverage under the RAIL 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.

RAIL 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 Enrolled and Excluded Parties to report **all** incidents involving injuries and/or property damage to the RAIL OCIP Safety Consultant within 24 hours.

Report **all** incidents involving injuries and/or property damage to the RAIL OCIP Safety Consultant.

Note:

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

Investigation Assistance

All Enrolled and Excluded Parties will assist in the investigation, analysis and defense of any accident, occurrence or insured loss. All Enrolled and Excluded Parties 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 RAIL OCIP Safety Consultant. Any inquiries or correspondence received regarding an incident occurrence or insurance loss shall be forwarded to the RAIL OCIP Safety Consultant.

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

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

1. **IMMEDIATELY NOTIFY** your Project Manager, and the RAIL OCIP Safety Consultant of the document. Failure to do so may result in denial of a covered claim.

2. **SEND** a copy of the document as soon as possible, but no later than two (2) business days, to the RAIL 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 and subcontractors must immediately report all accidents at the Site involving death, injury, or damage to property of non-employee personnel (the public, tenants, and visitors) to the RAIL OCIP Safety Consultant.

Report all liability claims to the RAIL OCIP Safety Consultant.

Note:

Any notification of claims or incidents to any parties other than the RAIL 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** (RAIL OCIP Form – 4GL) to the RAIL OCIP Safety Consultant within 24 hours of the incident.
3. Immediately send all subsequent inquiries or correspondence about an insured loss or claim, including a summons or other legal documents, to the RAIL OCIP Safety Consultant. If served with a summons or other legal document relating to a covered claim under the RAIL OCIP, notify the RAIL OCIP Safety Consultant immediately.

Contractor shall pay to the Airports Authority the first \$5,000 of each occurrence. The Contractor will also be assessed this Obligation as a result of the actions of its subcontractors.

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

General Liability Obligation

The Contractor will 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 RAIL OCIP General Liability Policy. This General Liability Obligation shall remain uninsured by Contractor and will not be covered by the RAIL OCIP Coverages. The Contractor will pay this

General Liability Obligation, irrespective of its individual subcontractor who may have caused the action.

Pollution Claims

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

RAIL OCIP Forms

This section contains the following forms:

RAIL OCIP Form - 1GL	Enrollment Application
RAIL OCIP Form - 2GL	Notice of Work Completion
RAIL OCIP Form - 3GL	Pre-Enrollment
RAIL 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

RAIL OCIP Form - 1GL - Enrollment Application

Metropolitan Washington
Airports Authority

Page 2 of 3

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*.

1. I will pay the cost of premium(s) for non-RAIL OCIP Program insurance coverage, specified in the Contract Documents.
2. I authorized the release of all claim information for all insurance policies under the RAIL OCIP.
3. It is my responsibility to notify my insurance carrier(s) that I am enrolling in the RAIL OCIP.
4. I have omitted from my bid the insurance costs for the coverage provided by *Metropolitan Washington Airports Authority*.
5. 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

RAIL 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 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 RAIL 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 RAIL OCIP Administrator identified on page 2.

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

RAIL OCIP Form - 2GL – Notice of Work Completion

Metropolitan Washington
Airports Authority

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 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 RAIL 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.

1. Contractor's Representative's Signature

Print Name		Date	
Title		Signature	

2. Prime Contractor's Representative's Signature

Print Name		Date	
Title		Signature	

Email to:

Nick Morgan, Program Administrator
Wells Fargo Insurance Services, Inc.
1401 H St, NW Suite 750
Washington, DC 20005

Phone: 202-772-4244

Cell: 202-815-4303

Fax: 877-827-0725

Email: nick.morgan@wellsfargo.com

RAIL OCIP Form - 2GL – Notice of Work Completion**Metropolitan Washington
Airports Authority****Page 2 of 2**

This form must be completed and returned to the Airports Authority RAIL 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.

RAIL OCIP Form - 3GL - Pre-Enrollment

**Wells Fargo
Insurance**



GL OCIP Pre-Enrollment Web-Portal Form
(See Rail OCIP Manual page 20 for instructions)

MWAA RAIL 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



RAIL OCIP Form - 4GL – General Liability Loss Report

**Metropolitan Washington Airports Authority
 Rail Owner Controlled Insurance Program
 RAIL 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 ☐ FemaleDescription 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:

Sample Certificate to be supplied by Enrolled Contractors ONLY



Sample Certificate to be supplied by Enrolled 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. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER NAME AND ADDRESS OF AGENT	CONTACT NAME: PHONE: (A/C, No, Ext):		FAX: (A/C, No):
	E-MAIL ADDRESS:		
INSURED NAME AND ADDRESS OF INSURED SAMPLE CERTIFICATE FOR ENROLLED CONTRACTORS	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION INSURER WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	DAMAGE TO RENTED PREMISES (Ea occurrence)
						MED EXP (Any one person)
						PERSONAL & ADV INJURY \$1,000,000
						GENERAL AGGREGATE \$2,000,000
	GEN. AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY					
	<input checked="" type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
	<input checked="" type="checkbox"/> UMBRELLA LIAB					
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR				EACH OCCURRENCE \$1,000,000
		<input type="checkbox"/> CLAIMS-MADE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	AGGREGATE Prime to provide \$50,000,000
	DED. RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A <input checked="" type="checkbox"/>	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	E.L. EACH ACCIDENT \$1,000,000
						E.L. DISEASE - EA EMPLOYEE \$1,000,000
						E.L. DISEASE - POLICY LIMIT \$1,000,000

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 Dulles Corridor Metrorail Phase II Project(s). Certificate Holders are Additional Insureds on the listed General Liability, Automobile and Excess/Umbrella Liability (if applicable) Policies. Waiver of Subrogation in favor of Certificate Holders applies to all policies. General Liability coverage applies off-site. Workers Comp & Employers Liability coverage applies on- and off-site. Auto coverage applies on- and off-site. Umbrella coverage schedules General Liability (off-site), Employers Liability and Auto Liability (on- and off-site) as underlying 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 RAIL 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



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. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER NAME AND ADDRESS OF AGENT	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A:	
INSURED NAME AND ADDRESS OF INSURED SAMPLE CERTIFICATE FOR EXCLUDED CONTRACTORS	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	GENERAL LIABILITY	X X	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	EACH OCCURRENCE \$1,000,000
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)
	AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/>					PERSONAL & ADV INJURY \$1,000,000
						GENERAL AGGREGATE \$2,000,000
						PRODUCTS - COMP/OP AGG \$2,000,000
X	AUTOMOBILE LIABILITY	X X	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	ANY AUTO ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
X	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/>	X X	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	EACH OCCURRENCE See Tier Schedule based upon contract value.
	CLAIMS-MADE <input type="checkbox"/>					AGGREGATE \$1,000,000 or \$5,000,000
	DED \$ RETENTION \$					
X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A X	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$1,000,000
						E.L. DISEASE - EA EMPLOYEE \$1,000,000
						E.L. DISEASE - POLICY LIMIT \$1,000,000

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 Dulles Corridor Metrorail Phase II Project(s). Certificate Holders are Additional Insureds on the listed General Liability, Automobile and Excess/Umbrella Liability (if applicable) Policies. Waiver of Subrogation in favor of Certificate Holders applies to all policies. ALL LISTED COVERAGES APPLY ON- AND OFF-SITE. Umbrella coverage schedules General Liability, Employers Liability and Auto Liability as underlying policies.

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The Metropolitan Washington Airports Authority MA-450
c/o Wells Fargo Insurance Services, Inc.
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Washington, DC 20005

ATTENTION RAIL OCIP ADMINISTRATOR

CANCELLATION

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AUTHORIZED REPRESENTATIVE