AVIATION
OWNER CONTROLLED
INSURANCE PROGRAM
MANUAL

NOVEMBER 2018 EDITION
RISK MANAGEMENT DEPARTMENT

This manual is a contract document
Aviation Owner Controlled Insurance Program Manual
(November 2018 Edition)

This manual is intended to provide only a general overview of the Aviation Owner Controlled Insurance Program for various 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.

Anthony J. Vegliante
Vice President of Human Resources and Administrative Services

November 2018
Date
This page reserved for future use.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview</td>
<td>1</td>
</tr>
<tr>
<td>Discontinuation of AVIATION OCIP</td>
<td>2</td>
</tr>
<tr>
<td>Modification of AVIATION OCIP</td>
<td>2</td>
</tr>
<tr>
<td>Safety Obligations</td>
<td>3</td>
</tr>
<tr>
<td>Contracts Awarded After 03/01/2016</td>
<td>4</td>
</tr>
<tr>
<td>Contracts Awarded Prior To 03/01/2016 (non-Terminal B/C Long-Term</td>
<td>5</td>
</tr>
<tr>
<td>Redevelopment</td>
<td></td>
</tr>
<tr>
<td>AVIATION OCIP Directory</td>
<td>6</td>
</tr>
<tr>
<td>AVIATION OCIP Definitions</td>
<td>7</td>
</tr>
<tr>
<td>AVIATION OCIP Insurance Coverage</td>
<td>10</td>
</tr>
<tr>
<td>Included Parties</td>
<td>10</td>
</tr>
<tr>
<td>Excluded Parties</td>
<td>10</td>
</tr>
<tr>
<td>Evidence of Coverage</td>
<td>10</td>
</tr>
<tr>
<td>Summary Description of AVIATION OCIP Coverage</td>
<td>11</td>
</tr>
<tr>
<td>Primary Commercial General Liability Coverage</td>
<td>11</td>
</tr>
<tr>
<td>Excess Liability</td>
<td>11</td>
</tr>
<tr>
<td>Contractor's Pollution Liability (Including Asbestos Abatement)</td>
<td>12</td>
</tr>
<tr>
<td>Builders Risk</td>
<td>12</td>
</tr>
<tr>
<td>Eligible Party Required Coverage</td>
<td>14</td>
</tr>
<tr>
<td>Eligible Party Maintained Coverages</td>
<td>14</td>
</tr>
<tr>
<td>Business Automobile Liability</td>
<td>14</td>
</tr>
<tr>
<td>Workers’ Compensation and Employer’s Liability</td>
<td>14</td>
</tr>
<tr>
<td>Commercial General Liability</td>
<td>15</td>
</tr>
<tr>
<td>Umbrella Liability (Included)</td>
<td>15</td>
</tr>
<tr>
<td>Umbrella Liability (Excluded)</td>
<td>15</td>
</tr>
<tr>
<td>Property Insurance</td>
<td>16</td>
</tr>
<tr>
<td>Watercraft and Aircraft Liability</td>
<td>16</td>
</tr>
<tr>
<td>Pollution Liability</td>
<td>17</td>
</tr>
<tr>
<td>Professional Liability</td>
<td>17</td>
</tr>
<tr>
<td>Verification of Required Coverages</td>
<td>18</td>
</tr>
<tr>
<td>Insurance Certificates</td>
<td>18</td>
</tr>
<tr>
<td>Eligible Parties’ Insurance Monitoring Responsibility</td>
<td>19</td>
</tr>
<tr>
<td>Additional Insured Endorsement</td>
<td>19</td>
</tr>
<tr>
<td>Waivers of Subrogation</td>
<td></td>
</tr>
<tr>
<td>Eligible Party Responsibilities</td>
<td>21</td>
</tr>
<tr>
<td>Bids – Excluded Insurance Costs</td>
<td>22</td>
</tr>
<tr>
<td>Enrollment Process</td>
<td>22</td>
</tr>
<tr>
<td>Web Based Enrollment Instructions</td>
<td>23</td>
</tr>
<tr>
<td>Eligible Subcontractor Enrollment</td>
<td>23</td>
</tr>
<tr>
<td>Eligible Party Log on Setup – First Time Log On</td>
<td>23</td>
</tr>
<tr>
<td>Enrollment Process Steps</td>
<td>25</td>
</tr>
<tr>
<td>Construction Safety Manual</td>
<td>32</td>
</tr>
<tr>
<td>AVIATION OCIP Risk Control Program Class</td>
<td>32</td>
</tr>
<tr>
<td>Assignment of Return Premiums</td>
<td>32</td>
</tr>
<tr>
<td>Change Order Procedures</td>
<td>33</td>
</tr>
<tr>
<td>Close-Out and Audit Procedures</td>
<td>33</td>
</tr>
<tr>
<td>Included Contract Progress Updates</td>
<td>33</td>
</tr>
<tr>
<td>Final Completion or Final Acceptance</td>
<td>33</td>
</tr>
<tr>
<td>Included Contract Termination/Cessation of AVIATION OCIP Coverage</td>
<td>33</td>
</tr>
<tr>
<td>AVIATION OCIP Incident Procedures</td>
<td>34</td>
</tr>
<tr>
<td>Incident/Accident Reporting</td>
<td>34</td>
</tr>
</tbody>
</table>
Incidents/Accidents Procedures.................................................................34
Pollution Incidents/Accidents .................................................................35
Investigation Assistance ........................................................................35
Safety Obligations..................................................................................36
AVIATION OCIP Forms ...........................................................................37
   AVIATION OCIP Form - 1GL - Enrollment Process Application ..........38
   AVIATION OCIP Form - 2GL - Notice of Work Completion .................41
   AVIATION OCIP Form - 3GL - Pre-Enrollment ....................................43
   AVIATION OCIP Form - 4GL – Incident Report ....................................44
Sample Certificate to be supplied by Included Parties ONLY .................46
Sample Certificate to be supplied by Excluded Parties ONLY ...............47
Overview

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

The Airports Authority has arranged for selected airport and toll road construction projects to be included and insured under an Owner Controlled Insurance Program (AVIATION OCIP). The AVIATION OCIP is an insurance program that insures the Airports Authority and Eligible Parties for Work performed at the Job Site. Certain Eligible Parties 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 Eligible Parties performing 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 Eligible Parties must complete the Enrollment Process if they are to perform work at the Job Site and before 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.

The coverages afforded under the AVIATION OCIP do not include all the insurance needed by Eligible Parties. For example, The AVIATION OCIP does not cover Eligible Parties’ 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 Eligible Parties Required Coverage.
The Airports Authority will pay insurance premiums for the AVIATION OCIP coverage described in this manual. The Eligible Parties should notify their insurer(s) to endorse their 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 Eligible Parties, 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. Eligible Parties 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 completion of the Enrollment Process into this program and limited to only work performed at the Job Site. The Eligible Parties’ insurance representative should review this information. Any additional coverage Eligible Parties may wish to purchase will be at Eligible Parties’ 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 Parties. Upon such notice, the Enrolled Parties 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 Eligible 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.

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 “Safety Obligations” shall include all associated costs, including, but not limited to, investigative fees and costs, court costs, and attorney’s fees and costs, to the extent the fees and costs are payable under the AVIATION OCIP Policies.

The Contractor will be assessed any Safety Obligations that are levied as a result of the actions of its Subcontractors.
**Contracts Awarded After 03/01/2016**
*(includes contracts for Terminal B/C Long-Term Redevelopment)*

<table>
<thead>
<tr>
<th>#</th>
<th>SAFETY OBLIGATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>General Liability Obligation.</strong> The Contractor is responsible to pay a sum of up to Twenty Five Thousand Dollars ($25,000) for each occurrence, including, but not limited to, investigative fees and costs, 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.</td>
</tr>
<tr>
<td>2.</td>
<td><strong>Pollution Liability Obligation.</strong> The Contractor is responsible to pay a sum of up to the first One Hundred Fifty Thousand Dollars ($150,000) for each occurrence to the extent losses are payable under the AVIATION OCIP Pollution Liability Policy.</td>
</tr>
<tr>
<td>3.</td>
<td><strong>Builders Risk Obligation.</strong> The Contractor is responsible to pay a sum of up to Fifty Thousand Dollars ($50,000) 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 One Hundred Thousand Dollars ($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 Two Hundred Fifty Thousand Dollars ($250,000) for each claim. NOTE: The cost of damaged or stolen non-covered property will not be included in the Builders Risk Obligation calculation.</td>
</tr>
<tr>
<td>4.</td>
<td><strong>Property Obligation.</strong> The Contractor is responsible to pay a sum of up to Fifty Thousand Dollars ($50,000) for any damages to Airports Authority property caused by the Contractor or its Subcontractors of any tier.</td>
</tr>
</tbody>
</table>

*The Contractor will be assessed any Safety Obligations that are levied as a result of the actions of its Subcontractors or Sub-subcontractors.*
### SAFETY OBLIGATIONS

#### General Liability Obligation.
- The Contractor is responsible to pay a sum of up to Five Thousand Dollars ($5,000) for each occurrence, including, but not limited to, investigative fees and costs, 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.

#### Pollution Liability Obligation.
- The Contractor is responsible to pay a sum of up to the first Fifteen Thousand Dollars ($15,000) for each occurrence to the extent losses are payable under the AVIATION OCIP Pollution Liability Policy.

#### Builders Risk Obligation.
- The Contractor is responsible to pay a sum of up to Five Thousand Dollars ($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 One Hundred Thousand Dollars ($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 Twenty Five Thousand Dollars ($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.

#### Property Obligation.
- The Contractor is responsible to pay a sum of up to Five Thousand Dollars ($5,000) for any damages to Airports Authority property caused by the Contractor or its Subcontractors of any tier.
## AVIATION OCIP Directory

<table>
<thead>
<tr>
<th>Insurance Administrator</th>
<th>Metropolitan Washington Airports Authority</th>
</tr>
</thead>
</table>
| USI Insurance Services National, Inc.  
601 13th Street NW 9th Floor North  
Washington, DC 20005 | 1 Aviation Circle  
ATTN: Risk Management Department  
Washington, DC 20001-6000 |

| AVIATION OCIP  
Risk Control Program Director |  
USI Insurance Services National, Inc.  
Gerry Boudreau, CRIS |
|-------------------------|---------------------------------------------|
| (703) 760-5711 (telephone)  
(571) 437-0735 (cell)  
gerry.boudreau@usi.com (E-Mail) |

| AVIATION OCIP  
Administrator  
Quest Insurance/USI Insurance Services National, Inc.  
Louise Bell |
|-------------------------|---------------------------------------------|
| (571) 367-7968 (telephone)  
louise@questinsurance.us (E-Mail) |

| USI National Construction Project Risk Practice Leader |  
USI Insurance Services National, Inc.  
Jamie L. Pincus |
|-------------------------|---------------------------------------------|
| (202) 424-2747 (telephone)  
(703) 217-1002 (cell)  
jamie.pincus@usi.com (E-Mail) |

| USI National Construction Project Risk Administration Leader |  
USI Insurance Services National, Inc.  
Nick Morgan |
|-------------------------|---------------------------------------------|
| (202) 424-2737 (telephone)  
(202) 845-7267 (cell)  
nick.morgan@usi.com (E-Mail) |

| USI Claims Consultant |  
USI Insurance Services National, Inc.  
Andy Tse |
|-------------------------|---------------------------------------------|
| (202) 424-2730 (telephone)  
(202) 577-4779 (cell)  
anby.tse@usi.com (E-Mail) |

| Airports Authority  
Claims Program Manager  
Tara Dahbi |
|-------------------------|---------------------------------------------|
| (703) 417-8654 (telephone)  
tara.dahbi@mwaa.com (E-Mail) |

| Airports Authority  
Risk Management Manager  
Frank J. Wojnar, Jr. ACE |
|-------------------------|---------------------------------------------|
| (703) 417-8653 (telephone)  
(703) 417-0882 (fax)  
frank.wojnare@mwaa.com (E-Mail) |
<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airports</td>
<td>“Airports” refers to either Ronald Reagan Washington National Airport or Washington Dulles International Airport or collectively both.</td>
</tr>
<tr>
<td>Airports Authority Claims Program Manager</td>
<td>The Airports Authority employee responsible for processing all claim reports and coordination of all claim-related communication.</td>
</tr>
<tr>
<td>Airports Authority Risk Management Manager</td>
<td>The Airports Authority employee responsible for the overall administration of insurance, safety, and claims programs.</td>
</tr>
<tr>
<td>AVIATION OCIP</td>
<td>“Owner Controlled Insurance Program” - A coordinated insurance program implemented by the Airports Authority to provide certain insurance coverages on Designated Projects for Included Parties performing work at the Job Site.</td>
</tr>
<tr>
<td>AVIATION OCIP Administrator</td>
<td>The representative of the Risk Management Department who administers the Enrollment Process for the AVIATION OCIP.</td>
</tr>
<tr>
<td>AVIATION OCIP Risk Control Program Director</td>
<td>The representative of the Airports Authority Risk Management Department who provides guidance and advice on safety-related matters, including safety training and compliance, to the Airports Authority and Eligible Parties to control risk of loss. The Risk Control Program Director is the primary point of contact for AVIATION OCIP insurance claims. All incidents, injuries, occupational-related illnesses, or property damage are to be reported within 24 hours to the Risk Control Program Director</td>
</tr>
<tr>
<td>Contractor</td>
<td>A Contractor is the party that holds a contract directly with the Airports Authority which is identified as an Included Contract.</td>
</tr>
<tr>
<td>Designated Project</td>
<td>A Designated Project is an Airports or Toll Road construction project identified by the Airports Authority’s Risk Management Department to be an Included Contract.</td>
</tr>
<tr>
<td>Eligible Parties</td>
<td>Eligible Parties are all Included and Excluded Parties that perform labor or services at the Job Site under an Included Contract and must complete the Enrollment Process before beginning any work at the Job Site.</td>
</tr>
</tbody>
</table>

Also called: Eligible Party
Eligible Contractor(s)
Eligible Subcontractor(s)
<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment Process also called: Enroll</td>
<td>The Enrollment Process applies to Eligible Parties and is the process of providing the required information to the AVIATION OCIP Administrator through the web based enrollment portal.</td>
</tr>
<tr>
<td>Enrollment</td>
<td></td>
</tr>
<tr>
<td>Excluded Parties also called: Excluded</td>
<td>Excluded Parties are those Eligible Parties performing work identified below that is excluded from the AVIATION OCIP provided insurance coverage and that have completed the Enrollment Process and the AVIATION OCIP Administrator confirms the Enrollment Process is completed as evidence by receipt of a confirmation that the Eligible Party is excluded from and shall not be considered “Enrolled” for the purposes of the AVIATION OCIP provided insurance coverage. Excluded Parties shall obtain and maintain, and shall require each of its Eligible Subcontractors to obtain and maintain the insurance coverage specified in Section 5 of the AVIATION OCIP Manual. The following Excluded Parties are ineligible for AVIATION OCIP Coverages:</td>
</tr>
<tr>
<td>Excluded Party</td>
<td></td>
</tr>
<tr>
<td>Excluded Contractor(s)</td>
<td>(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).</td>
</tr>
<tr>
<td>Excluded Subcontractor(s)</td>
<td>(2) No coverage will be provided for any work performed by any Eligible Party 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).</td>
</tr>
<tr>
<td></td>
<td>(3) Work performed off Airports Authority property or at another location not specifically included in the definition of the Job Site.</td>
</tr>
<tr>
<td></td>
<td>(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.</td>
</tr>
<tr>
<td></td>
<td>(5) Any Persons and/or Entities who do not perform labor or services at the Job Site.</td>
</tr>
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<td></td>
<td>(6) Contractors performing work for tenants, or if an Included Party, no coverage is provided for the Included Party when performing work outside of the Included Contract or for a tenant.</td>
</tr>
<tr>
<td></td>
<td>The Airports Authority Risk Management Department, at its sole discretion, may include or exclude any Eligible Party not specifically identified in this manual.</td>
</tr>
<tr>
<td>TERM</td>
<td>DEFINITION</td>
</tr>
<tr>
<td>-----------------------------</td>
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</tr>
<tr>
<td>Included Contract</td>
<td>An Included Contract is a Designated Project which is eligible for inclusion in the AVIATION OCIP.</td>
</tr>
<tr>
<td>Included Parties</td>
<td>Included Parties are those Eligible Parties that have completed the Enrollment Process and have been accepted into the AVIATION OCIP by the AVIATION OCIP Administrator as evidenced by receipt of a confirmation letter and certificate of insurance indicating that the Enrollment Process is completed and the Eligible Party is included in the AVIATION OCIP provided insurance coverage. Included Parties shall obtain and maintain, and shall require each of its Eligible Subcontractors to obtain and maintain, the insurance coverage specified in Section 5 of the AVIATION OCIP Manual.</td>
</tr>
<tr>
<td>also called:</td>
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<tr>
<td>Included Enrolled</td>
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<tr>
<td>Included Party</td>
<td></td>
</tr>
<tr>
<td>Enrolled Parties</td>
<td></td>
</tr>
<tr>
<td>Enrolled Party</td>
<td></td>
</tr>
<tr>
<td>Included Contractor(s)</td>
<td>USI Insurance Services National, Inc. 601 13th Street NW 9th Floor North Washington, DC 20005</td>
</tr>
<tr>
<td>Included Subcontractor(s)</td>
<td></td>
</tr>
<tr>
<td>Enrolled Subcontractor(s)</td>
<td></td>
</tr>
<tr>
<td>Included Subcontractor(s)</td>
<td></td>
</tr>
<tr>
<td>Insurance Administrator</td>
<td></td>
</tr>
<tr>
<td>Job Site</td>
<td>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.</td>
</tr>
<tr>
<td>Program Management</td>
<td>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.</td>
</tr>
<tr>
<td>Support Services Consultant</td>
<td></td>
</tr>
<tr>
<td>Subcontractor(s)</td>
<td>A Subcontractor is a party that holds a contract directly with a Contractor.</td>
</tr>
<tr>
<td>Sub-subcontractor(s)</td>
<td>A Sub-subcontractor is a party that holds a contract directly with a Subcontractor of any tier.</td>
</tr>
<tr>
<td>Toll Road</td>
<td>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.</td>
</tr>
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</table>
AVIATION OCIP Insurance Coverage

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

Included Parties
Included Parties must meet the insurance requirements established in Section 5 and must complete the Enrollment Process before beginning any work at the Job Site.

Excluded Parties
Excluded Parties must meet the insurance requirements established in Section 5 and must complete the Enrollment Process 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 Included Party. Copies of AVIATION OCIP insurance policies will be available upon written request to the Airports Authority’s Risk Management 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 Included Parties should refer to the AVIATION OCIP insurance policies for actual terms, conditions, exclusions and limitations.
Summary Description of AVIATION OCIP Coverage

The Airports Authority will purchase the following coverages for the benefit of all Included Parties performing work at the Job Site on an Included Contract. AVIATION OCIP coverages shall not apply to Excluded Parties, even if erroneously included 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 Included Parties performing work at the Job Site.

<table>
<thead>
<tr>
<th>Limits of Liability</th>
<th>Shared by All Included Parties</th>
</tr>
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<tbody>
<tr>
<td>Each Occurrence Limit</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>General Aggregate</td>
<td>$4,000,000</td>
</tr>
<tr>
<td>Products/Completed Operations Aggregate</td>
<td>$4,000,000</td>
</tr>
</tbody>
</table>

- 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 included 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 Included 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 Airports Authority’s existing property which is covered by the Airports Authority’s Property Insurance policy.

Excess Liability

<table>
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<tr>
<th>Limits of Liability</th>
<th>Shared by All Included Parties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined Single Limit</td>
<td>$400,000,000</td>
</tr>
<tr>
<td>General Aggregate Limit</td>
<td>$400,000,000</td>
</tr>
<tr>
<td>Products &amp; Completed Operations Aggregate Limit</td>
<td>$400,000,000</td>
</tr>
</tbody>
</table>

- Policy follows form (provisions, coverages, exclusions, etc.) of underlying Commercial General Liability insurance.
The AVIATION OCIP does not provide coverage for Contractors', Subcontractors', or Sub-subcontractors' personal property, tools, and equipment.

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

Contractor's Pollution Liability (Including Asbestos Abatement)
This policy applies to all Included Parties 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.

Limits of Liability
Shared by All Included Parties

- 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 Included Party 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.

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.

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 Included Parties. The policy limits and sub-limits are as listed below.
The Contractor will be assessed the Safety Obligation amount, irrespective of its individual Subcontractor who may have caused the action.

The Builders Risk coverage provides, but is not limited to:
$1,500,000,000 total limit of coverage, subject to sublimits of:
   a) $300,000,000 annual aggregate for earthquake
   b) $300,000,000 annual aggregate for flood
   c) $100,000,000 errors and omissions
   d) Blanket limit or 25% of direct physical loss or damage to all covered property, whichever is less, sub-limit for debris removal
   e) Ingress/Egress but not to exceed $25,000,000 for 45 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’s Claims Program Manager.

If an Included Contractor claims compensation for work performed to repair or mitigate damage caused by the Included Contractor, such work will only be reimbursed at cost.
Eligible Party Required Coverage

Eligible Parties 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.

Eligible Parties are required to procure and maintain at their expense insurance coverage for the duration of the Included Contract that protects the Airports Authority from liabilities. These liabilities may arise from the Eligible Parties’ 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 Eligible Parties into one of two main categories: Included Parties or Excluded Parties.

Eligible Party Maintained Coverages

Business Automobile Liability
(Included & Excluded (on- and off-site))

<table>
<thead>
<tr>
<th>Limits of Liability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined Single Limit</td>
</tr>
<tr>
<td>Bodily Injury and Property Damage</td>
</tr>
</tbody>
</table>

- 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.
- If hazardous materials are to be transported, coverage shall include hauling of hazardous cargo at least as broad as that provided under the ISO pollution liability CA 99-48, and the Motor Carrier Act endorsement (MCS 90).

Workers’ Compensation and Employer’s Liability
(Included & Excluded (on- and off-site))

Part One – Statutory Limit for the Commonwealth of Virginia with Virginia coverage added to item 3A of the policy including Federal Employers Liability Act & Maritime coverage, if appropriate.

Part Two – Bodily Injury by Accident, each Accident: $ 1,000,000

Employer’s Liability Limits
Bodily Injury by Disease, each employee: $1,000,000
Bodily Injury by Disease, policy limit: $1,000,000

**Commercial General Liability**
(Included off-site only & Excluded on- and off-site)

<table>
<thead>
<tr>
<th>Limits of Liability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each Occurrence Limit</td>
</tr>
<tr>
<td>General Aggregate</td>
</tr>
<tr>
<td>Products/Completed Operations Aggregate</td>
</tr>
<tr>
<td>Personal/Advertising Injury Aggregate</td>
</tr>
<tr>
<td>Products/Completed Operations Extension</td>
</tr>
</tbody>
</table>

- 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 (Included)**
(Included on- and off-site)

<table>
<thead>
<tr>
<th>Limits of Liability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each Occurrence Limit</td>
</tr>
<tr>
<td>General Aggregate</td>
</tr>
<tr>
<td>Products/Completed Operations Aggregate</td>
</tr>
</tbody>
</table>

- 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 Business 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:

<table>
<thead>
<tr>
<th>Limits of Liability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each Occurrence Limit</td>
</tr>
<tr>
<td>General Aggregate</td>
</tr>
<tr>
<td>Products/Completed Operations Aggregate</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Limits of Liability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each Occurrence Limit</td>
</tr>
</tbody>
</table>
ELIGIBLE PARTY REQUIRED COVERAGE

General Aggregate $5,000,000
Products/Completed Operations Aggregate $5,000,000

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

<table>
<thead>
<tr>
<th>Limits of Liability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each Occurrence Limit</td>
</tr>
<tr>
<td>$10,000,000</td>
</tr>
<tr>
<td>General Aggregate</td>
</tr>
<tr>
<td>$10,000,000</td>
</tr>
<tr>
<td>Products/Completed Operations Aggregate $10,000,000</td>
</tr>
</tbody>
</table>

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 and the Excluded Party shall notify the AVIATION OCIP Administrator and provide updated evidence of insurance.
- 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 Business Automobile Liability as underlying policies.
- Exceptions to the Tier 2 and Tier 3 requirements will be at the discretion of the Airports Authority’s Risk Management Manager, only upon written request, and acknowledged/approved in writing by the Airports Authority’s Risk Management Manager to the Contractor and Airports Authority Contracting Officer, but in no event will a limit of less than $4,000,000 be considered or accepted.

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

Watercraft and Aircraft Liability
(Included & Excluded)
The operator of any watercraft or aircraft of any kind used in the work must maintain liability insurance naming the Metropolitan Washington 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
Failure of any Eligible Party to file the required certificates of insurance will not relieve such party of its responsibility to carry and maintain such insurance.

need arises.

**Pollution Liability**

(Included & Excluded)

If required by the Included Contract, Eligible Parties 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 Included Contract.

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

- 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 Eligible Parties on a primary basis with a $5,000,000 limit of liability.

**Professional Liability**

(Included & Excluded)

Construction managers, 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.

**TIER 1 (non-Terminal B/C projects)** – For Included Contracts with an annual value up to $500,000; the following limits will be supplied:

- Per Claim $1,000,000
- General Aggregate $1,000,000

**TIER 2 (non-Terminal B/C projects)** – For Included Contracts with an annual value over $500,000; the following limits will be supplied:

- Per Claim $2,000,000
- General Aggregate $2,000,000

**Terminal B/C Long-Term Redevelopment** – The following limits will be supplied:

- Per Claim $25,000,000
- General Aggregate $25,000,000
Verification of Required Coverages
All Eligible Parties 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 required insurance coverages must include waivers of subrogation and additional insured statuses as noted herein and in the Included Contract. The Eligible Parties 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 Included and Excluded Parties are minimum limits only and are not intended to restrict the liability imposed on these Parties for work performed under their contract.

All policies must be issued by companies authorized to do business in the Commonwealth of Virginia and are financially sound possessing a rating of “A-VII” or higher from the A.M. Best Company or an equivalent rating service. For those companies not subject to A.M. Best’s ratings or equivalent, they shall have a nationally or internationally recognized reputation and responsibility and shall be approved by the AVIATION OCIP Administrator, in consultation with the Airports Authority’s Risk Management Department, with such approval not to be unreasonably withheld.

If an Eligible Party is terminated under the AVIATION OCIP after Substantial Completion, but remains on-site for non-AVIATION OCIP site work, the Eligible Party 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 Management Manager.

All Eligible Parties are responsible for monitoring their Eligible Subcontractors’ certificates of insurance to ensure compliance with their contract and this manual.

Copies of Eligible Parties’ insurance policies required by the Included Contract shall be supplied to the Airports Authority or its authorized representatives upon request.

Insurance Certificates
All Eligible Parties shall provide a valid and properly executed certificate of insurance citing the coverage required for Included Parties or Excluded Parties to the AVIATION OCIP Administrator before performing any work and within three (3) days of any renewal, change, or replacement of coverage.
Eligible Party Required Coverage

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.

The Contracting Officer, Contracting Officer’s Technical Representative, Risk Management Department staff, and AVIATION OCIP Risk Control Program Director have the right to stop work of or prevent any Eligible Party from entering the Job Site until the Eligible Party has completed the Enrollment Process. Denial of site access for this reason will not be accepted as the basis for a delay claim.

Eligible Parties’ Insurance Monitoring Responsibility
Eligible Parties 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 Subcontractor’s, of any tier, 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 the Included Contract should be supplied to the Airports Authority or its authorized representatives upon request. All Eligible Parties must complete the Enrollment Process before performing any work.

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 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
All Eligible Parties agree to waive all rights of subrogation against each other and the Metropolitan Washington 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 Eligible Parties for the project.
Eligible Parties 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 Included Parties as respects any insured loss covered under the AVIATION OCIP.
Eligible Party Responsibilities

Throughout the term of the Included Contract, as Eligible Parties, Contractors and Subcontractors are responsible for reporting and maintaining certain records as outlined in this section.

As Eligible Parties, the 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:

- Including AVIATION OCIP provisions in all subcontracts
- 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
- Completing the Enrollment Process and ensuring all Subcontractors promptly complete the Enrollment Process prior to the start of any work
- 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, safety, and claims procedures
- Promptly submitting payment of assessed Safety Obligations
- Promptly reporting incidents and claims and cooperating with all follow-up requests
- 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

**Bids – Excluded Insurance Costs**
The Airports Authority provides insurance for all Eligible and Included 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 Included 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.

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**Obtaining coverage under the AVIATION OCIP is not automatic.**

**The Enrollment Process must be completed by all Eligible Parties.**

If an Eligible Party is working on more than one Included Contract, then the Eligible Party MUST complete the Enrollment Process for each Included Contract the Eligible Party is working on.

Access to the Job Site may be denied until the Enrollment Process is completed.

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**Enrollment Process**

**Included Parties** - Must complete the Enrollment Process before entering the Job Site. The Enrollment Process must be completed separately for each Included Contract.

**Excluded Parties** - Must complete the Enrollment Process before entering the Job Site. The Enrollment Process must be completed separately for each Included Contract.

Each Eligible Party shall provide details about its Eligible Subcontractors as necessary to begin the Enrollment Process. The AVIATION OCIP Administrator needs all of the information requested on the Enrollment Process Application form (AVIATION OCIP Form - 1GL) in Section 8.
Eligible Parties must complete the Enrollment Process separately for each Included Contract they are working on.

This form must be completed and uploaded into the web based enrollment portal prior to mobilization, to obtain coverage under the AVIATION OCIP if eligible, and to complete the Enrollment Process.

A separate Enrollment Process Application form (AVIATION OCIP Form - 1GL) is required for each Eligible Party that performs work at the Job Site. All Eligible Parties are required to complete the Enrollment Process unless the Airports Authority’s Risk Management Manager specifically waives an Eligible Party from the process.

An Eligible Party shall submit AVIATION OCIP Form - 1GL within five (5) business days of execution of their contract and assure that all Eligible Subcontractors submit AVIATION OCIP Form - 1GL within five (5) days of executing a contract with other Eligible Subcontractors and so on. In all circumstances, this must occur prior to commencing work at the Job Site.

The AVIATION OCIP Administrator will issue to each Included Party a Confirmation Letter, an AVIATION OCIP Certificate of Insurance acknowledging acceptance of the Included Party into the Airports Authority’s AVIATION OCIP, that the Enrollment Process is complete, and the Included Party may begin work on the Job Site.

The AVIATION OCIP Administrator will issue to each Excluded Party an acknowledgement that the Excluded Party is excluded from the AVIATION OCIP provided insurance coverage, that the Enrollment Process is complete, and the Excluded Party may begin work on the Job Site.

Web Based Enrollment Instructions
The AVIATION OCIP enrollment webpage can be reached by typing into an internet web browser: https://getenrolled.us.

Eligible 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 Eligible Subcontractors that need to complete the Enrollment Process under the Included Contract. The AVIATION OCIP Administrator will then create an account for the Eligible 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.

Eligible Party 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.

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

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

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

NOTE: The Status section provides the status of the individual contractor’s enrollment in the process.
4. After clicking on Select, the Contractor Package Action page will appear.

5. Click the Edit Insurance Enrollment button.

6. After clicking the Fill Insurance Enrollment button, the Contractor Agreement page will appear.

7. Read the “Contractor Agreement to Participate in OCIP”.

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**Status Legend**

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assigned</td>
<td>Contractor has been added to the portal and issued username/password but has not entered any data.</td>
</tr>
<tr>
<td>Incomplete Paperwork</td>
<td>Contractor has entered in some information but has either not completed the process or information is incomplete/inaccurate.</td>
</tr>
<tr>
<td>Pending Review</td>
<td>Contractor has fully gone through the enrollment steps and information is pending administrative review.</td>
</tr>
<tr>
<td>Enrolled</td>
<td>Contractor has completed the enrollment process and administrator has approved the information.</td>
</tr>
<tr>
<td>Excluded</td>
<td>Contractor has completed the portal process and is excluded from coverage by the OCIP program, the contractor’s own insurance will cover the exposure on site.</td>
</tr>
</tbody>
</table>
8. Click the Agree and Continue button and then the **Insurance Enrollment** page will be displayed showing the contact information for the contractor.

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.

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 Enrollment Process.

b. All required documents will be listed. They typically include:
   i. Enrollment Process 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 Parties are required to upload Certificates of Insurance per Included Contract requirements.

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

h. ALL REQUIRED DOCUMENTS MUST BE UPLOADED FOR ENROLLMENT PROCESS TO BE SUBMITTED FOR REVIEW.
i. When uploading of documents is finished, click the Next button.

ii. If everything is complete, the Contract Details & Workers Compensation page displays. Proceed to Step Twelve.

iii. If you hit “Next” when documents are outstanding, the following message box pops up.

You can continue Enrollment Process by selecting “OK”, but package will not be submitted for review until all documents are uploaded.

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 Parties are not required to complete
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.

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.

Construction Safety Manual
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 Risk Control Program Class
Included 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 AVIATION OCIP Risk Control Program classes as scheduled.

It is the responsibility of the Contractor’s safety personnel attending the AVIATION OCIP Risk Control Program classes to train ALL Eligible Party employees working on Airports Authority’s Included Contracts.

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 Included 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). Included Parties will ensure that each Included Subcontractor has executed such an assignment. The Enrollment Process Application form (AVIATION OCIP Form - 1GL) supplied in Section 8 will be used for this purpose.

Contractor is not included in the AVIATION OCIP until the AVIATION OCIP Administrator has approved the information submitted via the AVIATION OCIP Web Portal and confirmed the Enrollment Process is complete.
Change Order Procedures
Change orders will be priced, by the Eligible Parties, to exclude their cost of AVIATION OCIP-provided insurance coverages.

Close-Out and Audit Procedures
When an Eligible Party 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.

Included Contract Progress Updates
The Contracting Officer (CO) will provide to the AVIATION OCIP Administrator quarterly updates on the progress of the Included Contract.

Final Completion or Final Acceptance
The Contracting Officer (CO) will provide to the AVIATION OCIP Administrator an acknowledgement of Final Completion or Final Acceptance of the Included Contract.

Included Contract Termination/Cessation of AVIATION OCIP Coverage
In the event an Included Contract is terminated for any reason by the Airports Authority, coverage under the AVIATION OCIP ceases at the date and time the Included Contract is terminated unless otherwise agreed to, in writing, by the Airports Authority’s Risk Management Manager.
AVIATION OCIP Incident Procedures

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

Incident/Accident Reporting

It is the responsibility of the Contractor to report all incidents, injuries, occupational-related illnesses or property damage to the AVIATION OCIP Risk Control Program Director within 24 hours. All Eligible Parties will instruct employees and other personnel to report, in writing within 24 hours all incidents/accidents and occurrences of any type to the AVIATION OCIP Risk Control Program Director.

Any notification of incidents/accidents or claims to any parties other than the AVIATION OCIP Risk Control Program Director does not constitute proper notification.

Incidents/Accidents Procedures

For General Liability insurance purposes, the Contractor shall immediately report all accidents/incidents at the Job Site involving death, injury, or damage to property of non-employee personnel (the public, tenants, and visitors) to the AVIATION OCIP Risk Control Program Director. For Builders Risk and Property insurance purposes, the Contractor shall immediately report any damage to the Job Site itself or to property owned by the Airports Authority to the AVIATION OCIP Risk Control Program Director.

As soon as the on-site personnel become aware of the accident/incident 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 Incident Report (AVIATION OCIP Form
The Contractor will be assessed the Safety Obligations as a result of the actions of its subcontractors.

- 4GL) to the AVIATION OCIP Risk Control Program Director 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 AVIATION OCIP Risk Control Program Director. If served with a summons or other legal document relating to a covered claim under the AVIATION OCIP, notify the AVIATION OCIP Risk Control Program Director immediately.

Do not voluntarily admit liability. Cooperate with the Airports Authority, AVIATION OCIP Risk Control Program Director, or the AVIATION OCIP insurer representatives in the accident investigation.

Pollution Incidents/Accidents

For Contractor’s Pollution Liability insurance purposes, the Contractor shall immediately report any known or suspected pollution incidents/accidents to the AVIATION OCIP Risk Control Program Director.

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

1. Take appropriate emergency measures to prevent additional damage or injury, including contacting police and fire authorities as required by law.
2. Complete and submit the Incident Report (AVIATION OCIP Form – 4GL) to the AVIATION OCIP Risk Control Program Director 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 AVIATION OCIP Risk Control Program Director. If served with a summons or other legal document relating to a covered claim under the AVIATION OCIP, notify the AVIATION OCIP Risk Control Program Director immediately.

Cooperate with the Airports Authority, AVIATION OCIP Risk Control Program Director, or the AVIATION OCIP insurer representatives in the accident investigation.

Investigation Assistance

All Eligible Parties will assist in the investigation, analysis, and defense of any incident, accident, occurrence, or insured loss. All Eligible Parties will cooperate with the companies involved in adjusting any claim by securing and providing 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 Risk Control Program Director. Any inquiries or
correspondence received regarding an incident, occurrence, or insurance loss shall be forwarded to the AVIATION OCIP Risk Control Program Director.

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

If any Eligible Party 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 Eligible Party should:

1. **IMMEDIATELY NOTIFY** the Airports Authority Project Manager and the AVIATION OCIP Risk Control Program Director 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 Risk Control Program Director by email, 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.

**Safety Obligations**
Refer to Section 1, Safety Obligations for information on the Contractor’s Safety Obligations.
AVIATION OCIP Forms

This section contains the following forms:

AVIATION OCIP Form - 1GL    Enrollment Process Application
AVIATION OCIP Form - 2GL    Notice of Work Completion
AVIATION OCIP Form - 3GL    Pre-Enrollment
AVIATION OCIP Form - 4GL    Incident Report
Exhibit 1    Included Sample Certificate of Insurance
Exhibit 2    Excluded Sample Certificate of Insurance

Note
For assistance in completing these forms, please contact:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louise Bell</td>
<td>OCIP Administrator</td>
</tr>
<tr>
<td>Quest Insurance/USI</td>
<td>Insurance Services National, Inc.</td>
</tr>
<tr>
<td>Phone:</td>
<td>571-367-7968</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:louise@questinsurance.us">louise@questinsurance.us</a></td>
</tr>
<tr>
<td>Nick Morgan</td>
<td>Project Risk Administration Leader</td>
</tr>
<tr>
<td>USI Insurance Services</td>
<td>Insurance Services National, Inc.</td>
</tr>
<tr>
<td>Phone:</td>
<td>202-424-2737</td>
</tr>
</tbody>
</table>
AVIATION OCIP Form - 1GL - Enrollment Process Application

*** NOTICE *** Enrollment is not automatic and requires the satisfactory completion of the AVIATION OCIP Form - 1GL and the Enrollment Process. 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.

### A. ELIGIBLE PARTY INFORMATION:

1. **Federal ID # or Soc. Sec. #**

2. **Business Information (headquarters)**
   - **Company Name & dba**
   - **Contact Name & Title**
   - **Address**
   - **City, State, Zip Code**
   - **Telephone**
   - **Fax**
   - **Email Address**

3. **Contact Information (address questions to...)**
   - **1. Your Organization’s Structure**
     - [ ] Corporation
     - [ ] Joint Venture
     - [ ] Partnership
     - [ ] Sole Proprietor
     - [ ] S-Corporation
     - [ ] Other
   - **LDBE Status**
     - [ ] Yes
     - [ ] No

### B. CONTRACT INFORMATION:

1. **Contract #**

2. **Work (Job Site) Location**
   - [ ] Dulles International Airport
   - [ ] Reagan National Airport
   - [ ] Dulles Toll Road

3. **Date Contract Awarded**

4. **Description of Work**

5. **Proposed Contract Price $**

6. **Amount of Self Performed Work $**

7. **Start Date**
   - [ ] Actual
   - [ ] Estimated

8. **Completion Date**
   - [ ] Actual
   - [ ] Estimated

### C. CONTACTS:

<table>
<thead>
<tr>
<th>Position</th>
<th>Name &amp; Title</th>
<th>Phone</th>
<th>Fax</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Project Manager</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Safety Rep</td>
<td></td>
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<tr>
<td>3. Insurance/Risk Mgmt</td>
<td></td>
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<tr>
<td>4. Claims</td>
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<tr>
<td>5. MWAA COTR</td>
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<tr>
<td>6. MWAA CO</td>
<td></td>
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</tbody>
</table>

### D. PROVIDE YOUR CURRENT WORKERS COMPENSATION INFORMATION:

(For each state you will perform work in)

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

<table>
<thead>
<tr>
<th>1. Subcontractor Name</th>
<th>2. Mailing Address</th>
<th>3. Trade &amp; NAICS</th>
<th>4. Estimated Value of Subcontract</th>
<th>5. Contact Person (Project Manager)</th>
<th>6. Phone, Fax, Email</th>
<th>7. Estimated Start Date</th>
</tr>
</thead>
<tbody>
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</table>

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

1. Will you have any off-site location(s) 100% dedicated to this project? [ ] Yes [ ] No
   If yes, please provide address:

2. Please check if:
   [ ] Any aircraft used on this project
   [ ] Any watercraft used on this project

3. Please indicate if labor from the following sources will be used:
   [ ] Employee Leasing Firm
   [ ] 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-AVIATION OCIP Program insurance coverage, specified in the Contract Documents.

2. I authorized the release of all claim information for all insurance policies under the AVIATION OCIP.

3. It is my responsibility to notify my insurance carrier(s) that I am enrolling in the AVIATION 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:

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Signature</td>
</tr>
</tbody>
</table>

Email to: Louise Bell, OCIP Administrator
          c/o USI Insurance Services National, Inc.
          601 13th Street NW 9th Floor North
          Washington DC  20005

Phone: 571-367-7968

Email: louise@questinsurance.us
AVIATION OCIP Form - 1GL - Enrollment Process Application
INSTRUCTIONS

This form must be completed and submitted by each successful Eligible Party of any tier prior to Job Site mobilization for each contract awarded. The Eligible Party will submit the completed form to USI Insurance Services National, Inc. (USI). Upon receipt of this form, USI will issue to the Included Party a Certificate of Insurance evidencing coverage in the AVIATION OCIP. The completed Certificate of Insurance will be mailed or emailed to the Included 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 USI 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 Process 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.
A. General Information

1. Eligible Party

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)

<table>
<thead>
<tr>
<th>1. Subcontractor's Name</th>
<th>2. Contract Number</th>
<th>3. Description of Work</th>
<th>4. Date Completed</th>
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<tbody>
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</table>

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.

1. Eligible Party’s Representative’s Signature

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Date</th>
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<td></td>
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</tr>
<tr>
<td>Title</td>
<td>Signature</td>
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</tbody>
</table>

2. Contractor’s Representative’s Signature

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Signature</td>
</tr>
</tbody>
</table>

Contact Information:

Louise Bell, OCIP Administrator  
c/o USI Insurance Services National, Inc.  
601 13th Street NW 9th Floor North  
Washington, DC 20005  
Email: louise@questinsurance.us  
Phone: 571-367-7968  
Email to: c/o USI Insurance Services National, Inc.
This form must be completed and returned to the AVIATION OCIP Administrator by the Eligible Party whenever work is completed for each Contract or Subcontract.

### A. General Information
1. Provide the name of the Eligible Party completing their work.
2. Provide the name of the Entity this Eligible Party 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 the Eligible Party verifying that the information is correct.
2. Have this form approved by the Contractor for the Project Site. This is the Contractor who has the contract directly with the Airports Authority.
# GL OCIP Pre-Enrollment Web-Portal Form

## MWAA AVIATION OCIP

### USER INFORMATION

<table>
<thead>
<tr>
<th>Awarding (Prime) Contractor</th>
<th>Subcontractor Name:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Contract Number:** ____________________________  **NAICS Code** __________

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

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Phone Number:</th>
<th>Email:</th>
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<tbody>
<tr>
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</table>

### Physical Address

<table>
<thead>
<tr>
<th>Street Address:</th>
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</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

### Mailing Address

**Same as Physical address:**

<table>
<thead>
<tr>
<th>Street Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
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<td></td>
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</tr>
</tbody>
</table>
AVIATION OCIP Form - 4GL – Incident Report

Metropolitan Washington Airports Authority
Aviation Owner Controlled Insurance Program
AVIATION OCIP FORM – 4GL
INCIDENT REPORT

Forward this form upon completion to: Aviation.OCIP@mwaa.com

<table>
<thead>
<tr>
<th>CONTRACTOR’S NAME:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SUBCONTRACTOR’S NAME (if applicable):</td>
<td></td>
</tr>
<tr>
<td>CONTRACT NUMBER:</td>
<td></td>
</tr>
<tr>
<td>DESCRIPTION OF WORK:</td>
<td></td>
</tr>
</tbody>
</table>

**INCIDENT INFORMATION**

| DATE OF INCIDENT: |  |
| TIME OF INCIDENT: |  |
| LOCATION OF INCIDENT: |  |
| DESCRIPTION OF INCIDENT: |  |

**PROPERTY DAMAGE**

| OWNER’S NAME: |  |
| MAILING ADDRESS: |  |
| CITY: | STATE: | ZIP CODE: |
| PROPERTY DESCRIPTION: |  |

**INJURED (if applicable)**

| INJURED’S NAME: |  |
| MAILING ADDRESS: |  |
| CITY: | STATE: | ZIP CODE: |
| PHONE: | EMAIL: |
| AGE: | MALE: | FEMALE: |
DESCRIPTION OF INJURY: ___________________________________________

FATALITY?: YES: ☐ NO: ☐

WHERE TAKEN?: ________________________________________________

WHAT WAS INJURED DOING?: ____________________________________

<table>
<thead>
<tr>
<th>WITNESS INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 NAME: ___________</td>
</tr>
<tr>
<td>MAILING ADDRESS: ______________</td>
</tr>
<tr>
<td>CITY: __________ STATE: _____ ZIP CODE: __________</td>
</tr>
<tr>
<td>PHONE: __________ PHONE: __________</td>
</tr>
<tr>
<td>#2 NAME: __________</td>
</tr>
<tr>
<td>MAILING ADDRESS: ______________</td>
</tr>
<tr>
<td>CITY: __________ STATE: _____ ZIP CODE: __________</td>
</tr>
<tr>
<td>PHONE: __________ PHONE: __________</td>
</tr>
</tbody>
</table>

REMARKS (include facts, conclusions, and corrective actions)

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

COMPLETED BY: _______________ DATE: _______________

CONTACT PHONE NUMBER AND EMAIL: _____________________________
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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 ISSUE INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy/ies must have ADDITIONAL INSURED provisions or 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/BROKER

CONTACT NAME: ____________________________
PHONE: (AIC No. & Ext.): ____________________
FAX: (AIC No.): ____________________________
E-MAIL ADDRESS: __________________________
INSURER(S) AFFORDING COVERAGE: ________
NAIC #: _________________________________

INSURED

NAME AND ADDRESS OF INSURED

SAMPLE CERTIFICATE FOR INCLUDED PARTIES

CERTIFICATE NUMBER: _______________________
REVISION NUMBER: ________________________

COVERS:

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.

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXPIRY (MM/DD/YYYY)</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMERCIAL GENERAL LIABILITY CLAIMS-MADE occurrence</td>
<td>$1,000,000</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>AUTOMOBILE LIABILITY OWNED AUTOS ONLY</td>
<td>$1,000,000</td>
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<td>UMBRELLA LIABILITY EXCESS LIABILITY CLAIMS-MADE</td>
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<td>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</td>
<td>$1,000,000</td>
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</tbody>
</table>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101). Additional Remarks Schedule, may be attached 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. 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

Metropolitan Washington Airports Authority
c/o USI Insurance Services National, Inc.
ATTN: Aviation OCIP Administrator
601 13th Street NW, 9th Floor North
Washington DC 20005

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

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METROPOLITAN WASHINGTON AIRPORTS AUTHORITY AVIATION OCIP Insurance Manual November 2018 Edition 46
# Sample Certificate to be supplied by Excluded Parties ONLY

## CERTIFICATE OF LIABILITY INSURANCE

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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 have ADDITIONAL INSURED provisions or 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/BROKER**

- NAME:
- PHONE:
- FAX:
- EMAIL:
- NAIC #:
- INSURER(S) AFFORDING COVERAGE:

### INSURED

**NAME AND ADDRESS OF INSURED**

- INSURER A:
- INSURER B:
- INSURER C:
- INSURER D:
- INSURER E:
- INSURER F:

### COVERAGES

<table>
<thead>
<tr>
<th>LTR</th>
<th>TYPE OF INSURANCE</th>
<th>LIMITS</th>
<th>COVERS</th>
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<tbody>
<tr>
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<td>COMMERCIAL GENERAL LIABILITY CLAIMS-MADE</td>
<td>1,000,000</td>
<td>EACH OCCURRENCE</td>
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<tr>
<td>X</td>
<td>OCCUR</td>
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<td>DAMAGE TO RENTED PREMISES (Each occurrence)</td>
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<td></td>
<td></td>
<td></td>
<td>MED EXP (Any one person)</td>
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<td></td>
<td></td>
<td>PERSONAL &amp; ADJ INJURY</td>
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<td></td>
<td></td>
<td>GENERAL AGGREGATE</td>
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<td>PRODUCTS - COMPROP AGG</td>
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### AUTOMOBILE LIABILITY

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<tr>
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<td>AUTO OWNEROWNED</td>
<td>1,000,000</td>
<td>COMBINED SINGLE LIMIT (Per accident)</td>
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<tr>
<td></td>
<td>AUTO HIREDD</td>
<td></td>
<td>BODY INJURY (Per person)</td>
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<tr>
<td></td>
<td>AUTO NON-OWNED</td>
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<td>BODY INJURY (Per accident)</td>
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<td>SCHEDULED AUTO</td>
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<td>PROPERTY DAMAGE (Per accident)</td>
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<td>NON-OWNED</td>
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### UMBRELLA LIABILITY

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<td>EACH OCCURRENCE</td>
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<td>CLAIMS-MADE</td>
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### WORKERS’ COMPENSATION AND EMPLOYERS’ LIABILITY

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<tr>
<td>X</td>
<td>PER EACH ACCIDENT</td>
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<td>E L EACH ACCIDENT</td>
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<td>E L DISEASE - EA EMPLOYEE</td>
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<tr>
<td></td>
<td>E L DISEASE - POLICY LIMIT</td>
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</tbody>
</table>

### DESCRIPTION OF OPERATIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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**AUTHORIZED REPRESENTATIVE**

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