



*Pacific West Builders, Inc.*

CCIP PROCEDURES MANUAL  
For Subcontractors

*Pacific West Builders*

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CCIP PROCEDURES MANUAL

Pacific West Builders

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This manual was prepared by AIMS Insurance Program Managers. However, it is intended for informational purposes, not as legal or insurance advice. Users of this manual are strongly encouraged to seek advice from competent insurance and legal professionals regarding the CCIP. This manual is not intended to supplant the other insurance duties and obligations in your subcontract agreement. You may direct any questions you have regarding this manual to AIMS Insurance Program Managers. Unauthorized use by other than participants in the CCIP or reprinting of this manual without written consent is not permitted.

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# CCIP Overview

## *Introduction*

Pacific West Builders (PWB) has chosen to insure many of its projects under a Contractor Controlled Insurance Program, or CCIP, sometimes described as a “wrap up” program. PWB’s CCIP is a consolidated insurance program which provides workers’ compensation, general liability and umbrella/excess coverage for all **eligible and enrolled** subcontractors working on PWB’s jobsites. The CCIP differs from the “normal” approach wherein each construction participant is responsible for purchasing its own insurance for work performed onsite. Enrollment is necessary before you are entitled to receive insurance coverage under the program, but it is **not** automatic. Even if you have previously been involved in a Controlled Insurance Program, you will find that PWB’s CCIP is unique. Therefore, it is **very important** that you fully understand and fulfill your duties and obligations under this CCIP.

## **This Manual**

The intent of this manual is to provide you with guidance regarding the enrollment process and to help you understand your obligations under the CCIP. This manual does not provide coverage interpretations or answer specific claims questions and it is not intended to supplant or supersede the terms of your subcontract agreement, which may contain additional insurance requirements and procedural responsibilities. If, after reading this manual, you have additional questions about the CCIP and/or your participation in it, please contact the CCIP Program Administrator contact identified in Appendix A. For specific coverage information on this CCIP, refer to Appendix B or ask the CCIP Administrator for copies of the policies themselves.

## **Eligibility**

The Program is intended to cover all **eligible and enrolled** construction participants, regardless of tier, for labor performed on-site at the projects. Not all subcontractors will be eligible for coverage under the CCIP. Please review the list below to determine your eligibility. In general, the lists of excluded parties are:

- Subcontractors of any tier that do not perform any actual labor on the PWB work sites;
- Vendors, suppliers, fabricators, material dealers, truckers, haulers, drivers, and others who merely transport, pick up, deliver, or carry materials, personnel, parts, or equipment or any other items or persons to or from the PWB work sites;
- Hazardous materials remediation, removal and/or transport companies and their consultants;
- Architects, surveyors, engineers, and soil testing engineers, and their consultants, and;
- Any parties or entities excluded by PWB even if they are otherwise eligible.

If you have any question about your eligibility under the program, please contact the CCIP Program Administrator.

## Your Bid Submission

Please review the following instructions carefully. Incorrectly submitted bids could adversely impact your bid price compared with other bidders for the same scope of work. Your bid must **include** your costs for Workers' Compensation, Commercial General Liability and Umbrella/Excess Liability insurance as if you were providing these coverages on this project. Later, you will be required to provide supporting documentation from your policies' rate and declaration pages for your insurance costs (The process for doing so will be explained later). Next, your identified costs and documentation will be reviewed for accuracy by the CCIP Administrator and any corrections will be made. A deductive change order will be issued based on your verified insurance costs and your estimated payroll. **This amount will be deducted as a minimum premium towards your CCIP coverage.** At the end of your work, your estimated payroll will be compared to your actual payroll and any under-payments will be payable to PWB.

## Enrollment

**A**fter you have been awarded a contract for the project, and provided you are eligible for enrollment into the CCIP, you must complete the enrollment process. Enrollment is required but is not automatic. The entire process can be handled online through our Contractors' Admin Portal, which will be explained in the next section. You are responsible for ensuring that each of your sub-tier contractors also completes the enrollment process, if applicable. You will find detailed information on the enrollment process using our online risk management information system in the next section of this manual. To use our electronic system, you will need a computer with internet access and an email account. If you do not have these items, please contact the CCIP Program Administrator contact identified in Appendix A for further instructions.

# Contractors' Admin Portal (CAP)

The next sections of this manual will deal primarily with the online Contractors' Admin Portal (CAP), which will be used to manage your enrollment and payroll reporting for the CCIP. As soon as you are awarded your first contract, you will be sent an email providing you a Username and Password, as well as a link to the CAP login page. Keep this information in a secure but convenient location and make sure it is shared only with relevant parties within your company (See below). Your Username and Password will allow you access to CAP for this and all future contracts under the CCIP.

AIMS  
INSURANCE PROGRAM MANAGERS

Today's Date: October 26, 2010

Contractor Admin Portal (CAP)

Username:   
Password:   
Login  
Authorized Personnel Only

*Pacific West Builders, Inc.*

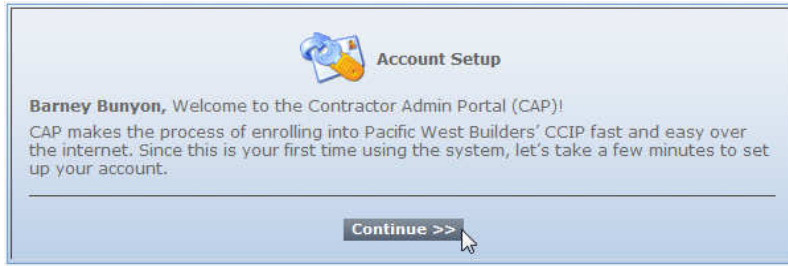
The Contractor Admin Portal (CAP) offers multi-party management of enrollment and payroll for the PWB CCIP. CCIPs can eliminate the need for multiple insurance carriers, which often causes project delays, budget shortfalls and unnecessary and costly litigation among construction participants. Generally, CCIPs provide greater limits and broader coverage than most subcontractors carry on their own. While CCIPs require increased oversight, the CAP system makes the process as simple as possible. Instructions on using CAP can be found in your CCIP Procedures Manual

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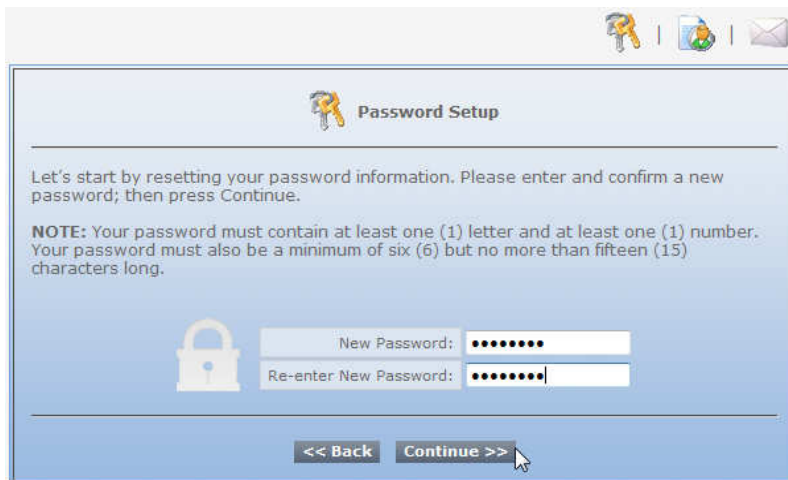
*Contractors' Admin Portal (CAP) Login Page*

If this is your first time logging in, you will need to set up your account. Simply follow the easy prompts (See below).



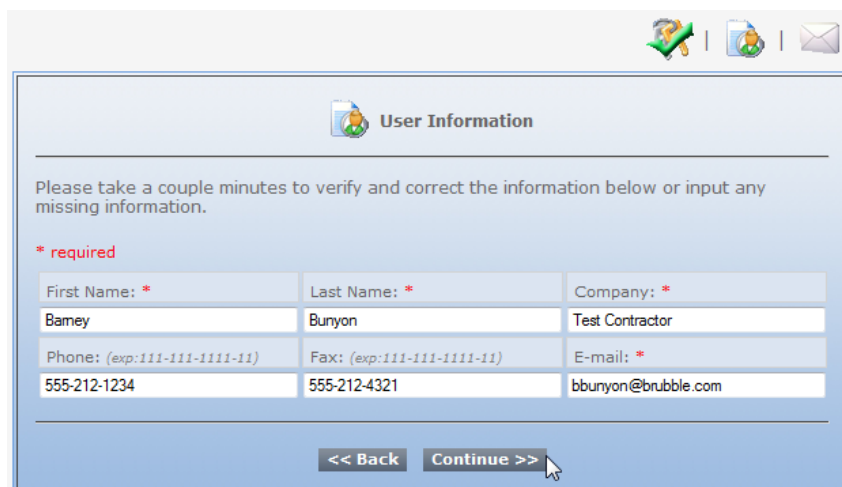
*Account Setup Page*

Step 1: You will need to create a new Password.



*Password Setup Page*

Step 2: You must confirm/complete your contact information.



*User Information Page*

Step 3: You must confirm/complete your address information. If your mailing address is the same as your physical address, click on the “same as physical address” button.

Finally, please verify and correct or input your company's Physical and Mailing address.

**Physical Address**

Address1: 2468 Stoney Way Address2:

City: Bedrock State: California Zip: 90000

**Mailing Address**

[ same as physical address ]

Address1: Address2:

City: State: California Zip:

<< Back Continue >>

*Address Page*

Step 4: Your account is now set up!

**Setup Complete**

**Barney**, your CAP account is now set up.

You can now login and administer your PWB CCIP projects.

- You can use the menu at the left of your screen to navigate through CAP.
- If you are working on more than one PWB CCIP jobsite, you can click on the tabs at the top of the page to switch between projects.
- Pay close attention to the Alerts panel at the top right of the home page. It will advise you of your tasks to be completed.
- To read the CAP Users Guide, click on the Help link near the bottom left of the page.
- If you need to get in touch with your CCIP Administrator, please click the Contact Us link.
- To submit any requests for technical support, click on the Support link near the bottom of the page.

<< Back Finish

*Setup Completion Page*

# CAP Home Page

The CAP Home page is divided into several sections or “panels”. Since this will be your starting point each time you log in, let’s take a quick look at how the Home page is organized (See below).



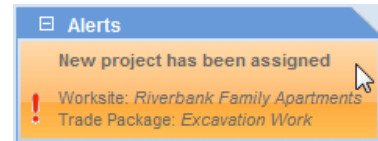
CAP Home Page

## Welcome

It may be difficult to see in the above screenshot, but in the middle of the page you will find the Welcome panel. It will explain each of the panels in case you do not have this manual handy when you log in.

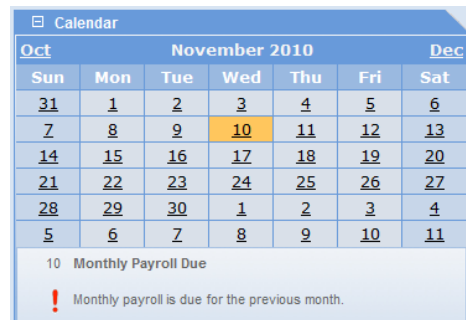
## Alerts

The first place you will probably want to look as soon as you log in is the Alerts panel to your upper right. You can think of this panel as your “To Do” list. It will alert you to routine actions that you need to take to manage your enrollment, payroll reporting and other duties. Just click on an Alert to jump to the page with that action item.



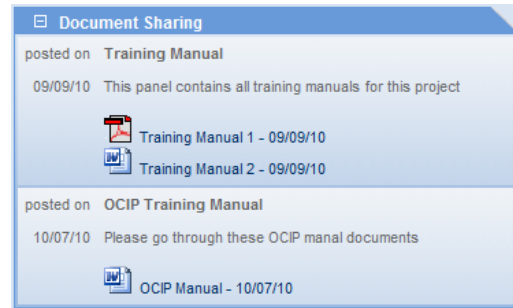
## Calendar

To your middle right is the Calendar panel on which you may see calendared events or milestones for the program, which may be relevant to you. Make sure to check here for events or deadlines.



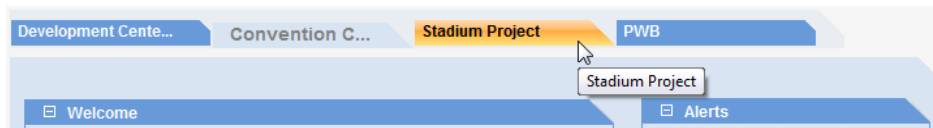
## Document Sharing

The Document Sharing panel can be found to the bottom right. In it, you will find downloadable documents related to your participation in the CCIP.



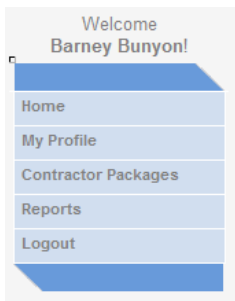
## Project Tabs

Note that, if you are enrolled into multiple projects, you can jump between these projects by clicking on the tabs directly above the Welcome panel.



*Project Tabs*

## Menu



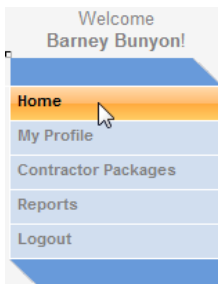
You will discover additional functions by clicking the Menu panel to your left. This interactive menu allows you to update your profile, manage your contracts, view reports, return to the Home page or log out of CAP. We will revisit this panel in greater detail in the following section.

We think that you will find CAP to be user-friendly but we have also provided detailed instructions on how to use CAP by clicking Help in the blue bar at the bottom left. If you have any questions or feedback on CAP, please feel free to contact a CCIP Administrator by clicking Contact Us also found in the blue bar at the bottom left.

## CAP Menu Panel

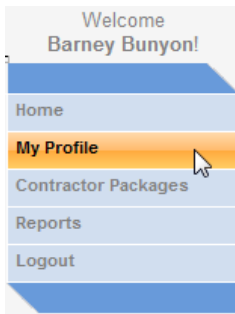
The CAP Menu panel provides you the ability to edit your contact information, manage your contracts, build reports and log out of the system. Let's take a closer look at the menu items.

## Home



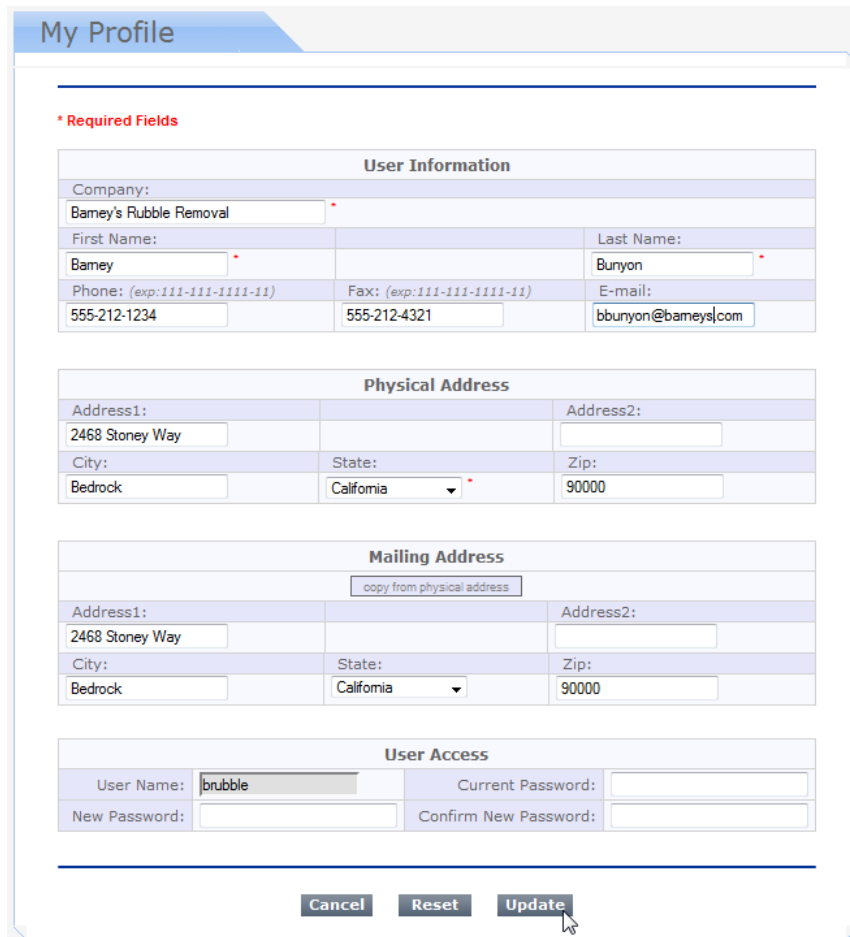
At any time, you can click on the Home link of the Menu panel to be returned to the CAP Home page.

## My Profile



If you change your address, phone number, email and/or any other contact information, you can always update your profile by clicking on the My Profile link of the Menu panel. You are also able to change your password on this screen.

Clicking on the My Profile link brings up the My Profile edit screen. Make any edits you need and then click the Update button on the bottom. It is very important that you keep your profile updated in the event PWB, the CCIP Administrator or the insurance carrier needs to send you important information.



The 'My Profile' edit screen is displayed. It features a header 'My Profile' and a section for '\* Required Fields'. The form is divided into several sections: 'User Information', 'Physical Address', 'Mailing Address', and 'User Access'. At the bottom, there are three buttons: 'Cancel', 'Reset', and 'Update'.

User Information		
Company: Barney's Rubble Removal *		
First Name: Barney *	Last Name: Bunyon *	
Phone: (exp:111-111-1111-11) 555-212-1234	Fax: (exp:111-111-1111-11) 555-212-4321	E-mail: bbunyon@bameys.com

Physical Address		
Address1: 2468 Stoney Way	Address2:	
City: Bedrock	State: California *	Zip: 90000

Mailing Address		
copy from physical address		
Address1: 2468 Stoney Way	Address2:	
City: Bedrock	State: California *	Zip: 90000

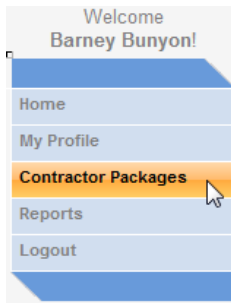
User Access	
User Name: brubble	Current Password:
New Password:	Confirm New Password:

Buttons: Cancel, Reset, Update

*My Profile Edit Screen*

A confirmation message will appear after you update your profile. Click Continue to proceed.

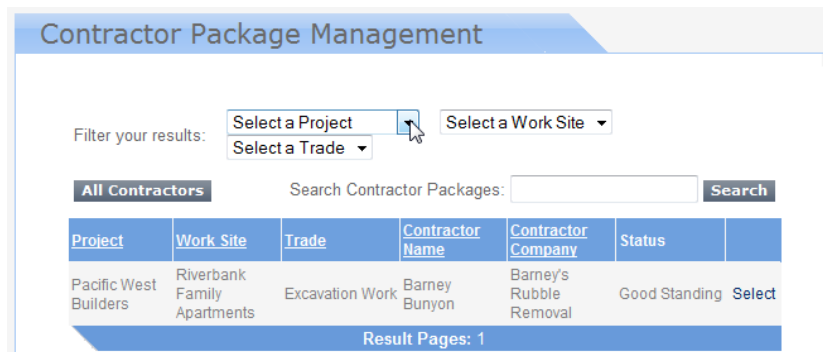
## Contractor Packages (Enrollment)



In CAP, each of your trade contracts is called a “contractor package”. If this is your first time accessing a contractor package (trade contract), you will be prompted to enroll for that trade contract following the steps explained below. In this section, we will cover the enrollment of a new contractor package (contract).

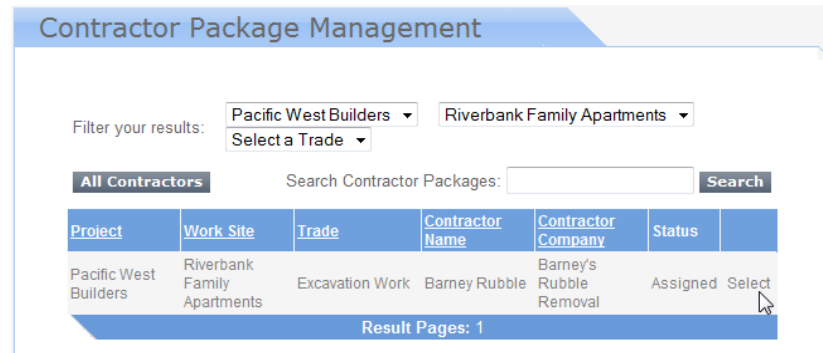
For information on managing an existing contractor package (contract), see page 22 of this manual.

If you click on the Contractor Packages link in the Menu panel, a list of your contract packages (contracts) will appear. If you have multiple trade contracts on the same or multiple job sites, you may have a long list but you can refine your search by filtering by Project, Work Site or Trade by clicking the appropriate drop down list. For this program, your Project will always be “Pacific West Builders”.



*Selecting a Project, Work site and Trade*

Click Select next to the Contractor Package (Contract) you want to manage.



*Selecting a Contractor Package (Contract)*

Note: Once you have enrolled in a contractor package (trade contract), a different page will appear than the one shown below, giving you options to update your insurance information, upload insurance documents, manage your claims, download Certificates of Insurance and manage your contracts, including monthly payroll reporting and contract closeout. Detailed instructions for managing your previously enrolled contractor packages will be explained later in this manual.

At the top of the Contractor Package Management page, you will see a light blue box displaying your selected contract and just below it you will see an amber progress bar with a series of milestone markers (See below). An amber arrow will indicate where you are in the process. This information will appear at the top of each screen as you go through the steps. You will notice that, as you complete each task, the amber progress bar will advance and you will be given access to the next step in the process.



*Contract Selection with Progress Bar*

### Step 1: CCIP Agreement

Your first action item is to read and agree to the terms of the CCIP.



*Contractor Agreement*

## Step 2: Insurance Information

To proceed past this point, you will need information regarding your own insurance coverages and insurance rates (Your insurance agent or broker should be able to provide you with the documentation you need). Complete the contact and insurance information below.

OCIP/CCIP AGREEMENT	INSURANCE ENROLLMENT	REQUIRED INS. DOCS.	CONTRACT DETAILS & WORKER'S COMP.	WORKER'S COMP. PREMIUM MODS.	GL & UMBRELLA COVERAGE	ENROLLMENT SUMMARY	ENROLLMENT CONFIRMATION
---------------------	----------------------	---------------------	-----------------------------------	------------------------------	------------------------	--------------------	-------------------------

### Insurance Enrollment

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#### Contractor Information

**\* Required Fields**

Contractor Name:  Person to Contact:

Address 1:  Contact Phone:

Address 2:  Contact E-mail:

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

OCIP/CCIP Policy Number:

Click here if you are a lower-tier Contractor/SubContractor

Click here if your company is a minority owned business (Certified DBE)

Click here if work involves handling, transporting or storing of any hazardous chemicals, toxins or waste

Click here if work involves removing asbestos materials

Comments or Notes:

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#### Insurance Information

	Worker's Compensation	General Liability	Umbrella / Excess	Automobile Liability
Company Name:	<input type="text" value="Travelers"/>	<input type="text" value="ACE"/>	<input type="text" value="Firemans' Fund"/>	<input type="text" value="Geico"/>
Policy Start Date:	<input type="text" value="9/1/2010"/>	<input type="text" value="10/1/2010"/>	<input type="text" value="7/1/2010"/>	<input type="text" value="5/1/2010"/>
Policy Expiration Date:	<input type="text" value="9/1/2011"/>	<input type="text" value="10/1/2011"/>	<input type="text" value="7/1/2011"/>	<input type="text" value="5/1/2011"/>
Policy Number:	<input type="text" value="WC452-671G"/>	<input type="text" value="GL2341-789"/>	<input type="text" value="UMB4520C"/>	<input type="text" value="CPL45-8297"/>
Broker/Agency Name:	<input type="text" value="Slate Agency"/>	<input type="text" value="Slate Agency"/>	<input type="text" value="Slate Agency"/>	<input type="text" value="Slate Agency"/>
Broker/Agency Contact Name:	<input type="text" value="Rocky"/>	<input type="text" value="Rocky"/>	<input type="text" value="Rocky"/>	<input type="text" value="Rocky"/>
Broker/Agency Contact Phone:	<input type="text" value="555-555-1234"/>	<input type="text" value="555-555-1234"/>	<input type="text" value="555-555-1234"/>	<input type="text" value="555-555-1234"/>
Experience Rating Date:	<input type="text" value="8/1/2010"/>			
Rating Board Number:	<input type="text" value="NCCI"/>			

*Insurance Enrollment*

**Please note:** Unless you are an employee of Pacific West Builders, all subcontractors are either a sub to PWB or a sub-tier of another subcontractor. Therefore, you **must** mark the "Click here if you are a lower-tier Contractor/SubContractor" box. You will then need to choose the contractor with

which you have a contract from the drop-down list. After you click the Submit button, a confirmation message will appear. Click Continue to proceed.

If you have questions about how to complete a particular screen, you will see a Comments field at the bottom of each screen within the Contractor Package Management system where you can type a question. Click on Send Comment to send your question or comments to the CCIP Administrator.

**Ask Administrator a Question**

Using the Comments Box:

Write a comment in the box below. Click the 'Submit Comment' button. The comment will be posted on this page. The comment will also be sent to the administrator in the form of an email. Within the email to the administrator will be a link. Clicking on that link will direct the administrator to this page to view the comment.

Comments:

*Comments and Questions*

### Step 3: Proof of Insurance

As previously mentioned, the CCIP provides coverage only for workers' compensation, general liability and umbrella/excess liability for work performed on site. You are still required by contract to maintain insurance coverage for offsite exposures. For detailed information on your offsite insurance obligations, please refer to your subcontract agreement and the sample Certificates of Insurance in Appendices C and D. Proof of this offsite coverage must be submitted as part of the enrollment process. You will also need to have the following items handy before you can finalize your enrollment:

- Workers compensation rating information page(s)
  - General liability rating information page(s)
  - Excess/Umbrella liability rating information page(s)
- (Again, your insurance agent or broker should be able to help you with the documentation you need). Clicking on the Add File button will take you to the next page for data upload.

OCIP/CCIP AGREEMENT    INSURANCE ENROLLMENT    **REQUIRED INS. DOCS.**    CONTRACT DETAILS & WORKER'S COMP.    WORKER'S COMP. PREMIUM MODS.    GL & UMBRELLA COVERAGE    ENROLLMENT SUMMARY    ENROLLMENT CONFIRMATION

**Required Insurance Documents**

Please upload electronic copies of your insurance documents by clicking below.

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

*Required Insurance Documents Intro*

After clicking the Add File button on the previous page, you will see another screen where you can choose the appropriate file from a drop down list (See below). You will need to choose both start and end dates for the file. Then, choose a name for the file and navigate through your computer's directories to find the file by clicking the Browse button. Note: Your file name cannot contain punctuation, such as apostrophes, colons or commas. Finally, click on the Add File button to upload the appropriate documents to CAP.



**Required Insurance Documents**

Please upload electronic copies of your insurance documents by clicking below.

**\* Required Fields**

Document Type \*      Document Start Date \*      Document Expire Date \*

Workers' Compensation rate/declaration page(s)      9/1/2010      9/1/2011

You must upload electronic copies of all documents appearing in the drop down list.

File Name \*  
Work Comp Rates

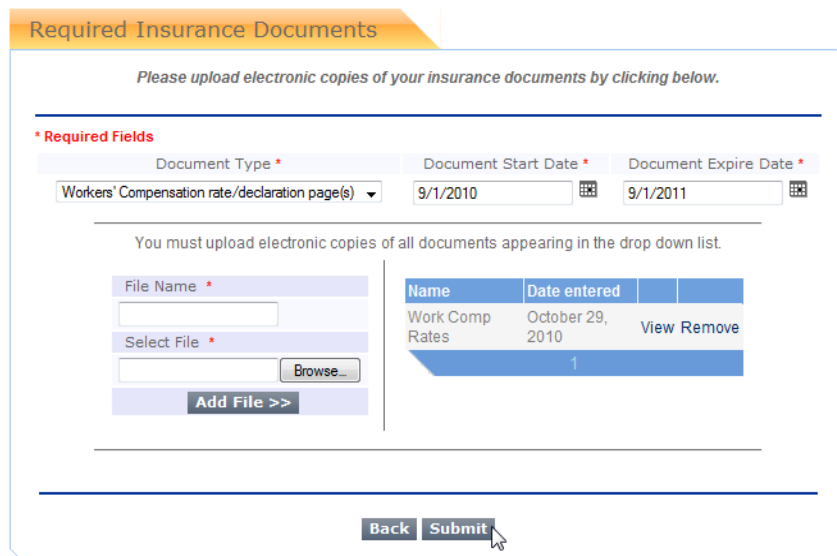
Select File \*  
D:\Excellon\Vendors\VT\      Browse...

Add File >>

Back      Submit

*Required Insurance Documents Upload Screen 1*

Upload all the documents on the drop down list until complete. If you do not have a document, you will be asked to submit it later. You may notice some documents have already been uploaded for you. You do not have to re-upload documents that have already been stored in CAP. When you are finished, click on the Submit button.



**Required Insurance Documents**

Please upload electronic copies of your insurance documents by clicking below.

**\* Required Fields**

Document Type \*      Document Start Date \*      Document Expire Date \*

Workers' Compensation rate/declaration page(s)      9/1/2010      9/1/2011

You must upload electronic copies of all documents appearing in the drop down list.

File Name \*  
Work Comp Rates

Select File \*  
Browse...

Add File >>

Name	Date entered	
Work Comp Rates	October 29, 2010	View Remove
1		

Back      Submit

*Required Insurance Documents Upload Screen 2*

## Step 4: Contract Details & Workers' Comp.

At the top of the page, you will need to provide some basic details of your contract, such as contract price, contract start date, estimated payroll, estimated labor hours, estimated contract end date and how much of your work is self-performed. Below that, you will need to choose the workers' compensation classification code ("class code") for your work performed on site. Step 1: Choose the appropriate class code from the drop down list.

Contractor:	Barney's Rubble Remove	General Contractor :	PWB
Contract Price:	\$1,000,000	Self-performed Contract Value:	\$1,000,000
Estimated Payroll:	\$200,000	Estimated Man-hours:	400
Contract Start Date:	10/18/2010	Estimated Completion Date:	12/28/2010

**Worker's Compensation - Work Classes**

In this section, you will identify all Work Classes for the contract and its Work Hours, Payroll, and WC Rate.

1. Start by Selecting Work Class

Select a Work Class

Back Cancel Next

*Contract Details & Workers' Comp. Classes Step 1*

Step 2: Clicking a class code will expand your page view and enable you to enter more data specific to your chosen code, such as estimated work hours, estimated payroll and your workers' compensation premium rate (usually expressed as a dollar amount per \$100 of payroll). Step 3: Add this information to your worksheet by clicking the amber "Click here to add to your Worksheet" button.

**Worker's Compensation - Work Classes**

In this section, you will identify all Work Classes for the contract and its Work Hours, Payroll, and WC Rate.

1. Start by Selecting Work Class

6218 - Excavation < \$24 hr

2. Fill in the hours, payroll, and WC rate

WC Classification;	Excavation < \$24 hr
WC Code:	6218
Work Hours:	400
Payroll:	\$400,000
WC Rate:	\$27.7200

3. Click here to add to your Worksheet

Back Cancel Next

*Workers' Comp. Classes, Steps 2 and 3*

If you have multiple contracts, you will need to complete this process for each scope of work. Please enter all class codes that apply to your contract(s) on this project. When finished, click Next.

**Worker's Compensation - Work Classes**

In this section, you will identify all Work Classes for the contract and its Work Hours, Payroll, and WC Rate.

**1. Start by Selecting Work Class**

Select a Work Class

↑

Please add all work classes that apply to your contract

Work Class	Work Class Code	Work Hours	Payroll	WC Rate	Premium Cost		
Excavation < \$24 hr	6218	400	\$400,000	\$27.72	\$110,880	Edit	Remove

Work Class Workers Compensation: **\$110,880**

[Back](#) [Cancel](#) [Next](#)

*Adding Multiple Class Codes (if applicable)*

### Step 5: Workers' Comp. Premium Mods.

Your workers' compensation premium rate will be adjusted upward or downward by various modifiers. Some subcontractors have more modifiers than others so they may not all apply to you. Review the rating page(s) of your workers' compensation policy to determine which of them apply to your situation. The first modifier is almost always the experience modifier, or ex-mod (sometimes EMR or X-Mod). Your ex-mod is based on a weighted average of the last three years of your workers' compensation claims history. It is usually a decimal value between 0.5 and 2.0. Most will be just below or just above 1.0. Complete the rest of the worksheet, inputting all applicable modifiers (credits and debits) and then click the Next button to continue.

OCIP/CCIP AGREEMENT
INSURANCE ENROLLMENT
REQUIRED INS. DOCS.
CONTRACT DETAILS & WORKER'S COMP.
WORKER'S COMP. PREMIUM MODS.
GL & UMBRELLA COVERAGE
ENROLLMENT SUMMARY
ENROLLMENT CONFIRMATION

#### Contractor Insurance Cost

*Worker's Compensation Premium Modifications*

**\* Required Fields**

#### Premium Modification Rates and Applicable Charges

In this section, you will be filling out the Worker's Compensation premium modification rates. Please fill out all possible fields to the best of your ability. If fields are left blank, a default value will be used to complete your form. Please insure that all fields have been filled and the "Total Workers Compensation Premium" field is populated before moving to the next screen.

<b>Work Class Workers Compensation:</b>		\$110,880
WC Experience Modification Factor:	0.93 *	Modified Premium: \$103,118
Waiver of Subrogation:	0.2	Amount: \$20,624 \$123,741
Increased limits charges factor:	0	Amount: \$0 \$123,741
Description: <input style="width: 100px;" type="text" value="Scheduled Credit"/>	<input type="radio"/> + Schedule Credit/Debits OR <input checked="" type="radio"/> - factor:	0.17 * Amount: \$21,036 \$102,706
Premium Discount factor:	0.092 *	Amount: \$9,449 \$93,258
Terrorism charges factor:	0.17	Amount: \$15,854 \$109,111
Description: <input style="width: 100px;" type="text"/>	Other charges factor:	0 Amount: \$0 \$109,111
<b>Total Workers Compensation Premium:</b>		<b>\$109,111</b>

Back
Cancel
Next

*Workers' Comp. Premium Modifiers*

## Step 6: GL & Umbrella Coverage

Your general liability premium is usually expressed as a rate per \$100 dollars of payroll or \$1,000 of total receipts or sales (contract price). Review the rating page(s) of your general liability policy to determine how your policy rate is determined. Your umbrella or excess liability coverage may also be determined in a similar manner but, more often than not, it is a flat premium rate. If it is a flat rate premium, click the appropriate button and input the flat premium amount. After you complete the worksheet on this page, click the Next button to continue.

OCIP/CCIP AGREEMENT	INSURANCE ENROLLMENT	REQUIRED INS. DOCS.	CONTRACT DETAILS & WORKER'S COMP.	WORKER'S COMP. PREMIUM MODS.	GL & UMBRELLA COVERAGE	ENROLLMENT SUMMARY	ENROLLMENT CONFIRMATION
---------------------	----------------------	---------------------	-----------------------------------	------------------------------	------------------------	--------------------	-------------------------

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### Contractor Insurance Cost

*General Liability and Umbrella Coverage*

**\* Required Fields**

Total Workers Compensation Premium: **\$109,111**

#### General Liability Umbrella

Coverage	Rate based on	Rate is per	Rate	Amount								
General Liability	<input type="radio"/> Payroll	<input type="radio"/> \$100										
	<input checked="" type="radio"/> Contract Price	<input checked="" type="radio"/> \$1000	\$3.57 *	\$3,570								
	<input type="radio"/> Flat Premium											
<table border="1"> <thead> <tr> <th>Secondary Base Amount</th> <th>Rate Per</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>					Secondary Base Amount	Rate Per	Rate	Amount				
Secondary Base Amount	Rate Per	Rate	Amount									
<b>Add Secondary GL</b>												
Umbrella	<input type="radio"/> Payroll	<input type="radio"/> \$100										
	<input type="radio"/> Contract Price	<input type="radio"/> \$1000		\$670								
	<input checked="" type="radio"/> Flat Premium											
Total Liability Premium Cost:				<b>\$4,240</b>								
Total Cost for Insurance (Work Comp & Liability):				<b>\$113,351</b>								

*General Liability and Umbrella/Excess Premium*

## Step 7: Enrollment Summary

Before you finalize your enrollment, take one last look at the information you have provided so far. If you need to edit any section, click on the appropriate Edit button. You can print the screen by clicking the Print button or, if everything is correct, click the Confirm button at the bottom of the page. A confirmation message will appear after you review and submit the form. Click Continue to proceed.

OCIP/CCIP AGREEMENT	INSURANCE ENROLLMENT	REQUIRED INS. DOCS.	CONTRACT DETAILS & WORKER'S COMP.	WORKER'S COMP. PREMIUM MODS.	GL & UMBRELLA COVERAGE	ENROLLMENT SUMMARY	ENROLLMENT CONFIRMATION
------------------------	-------------------------	------------------------	--------------------------------------	---------------------------------	---------------------------	-----------------------	----------------------------

### Enrollment Summary

There is one more step remaining. You've successfully completed filling out your OCIP/CCIP Enrollment forms. Please review the information that is been filled in the summary below and verify its accuracy. Your OCIP/CCIP enrollment paperwork will not be submitted for processing until you click the "Confirm" button at the bottom of the page.

Insurance Enrollment				<a href="#">Edit Insurance Enrollment</a>
<b>Barney's Rubble Removal</b>				
<b>Name:</b>	Barney Bunyon	<b>Phone:</b>	555-212-1234	
<b>Address1:</b>	2468 Stoney Way	<b>Fax:</b>	555-212-4321	
<b>Address2:</b>		<b>Email:</b>	bbunyon@brubble.com	
<b>City:</b>	Bedrock	<b>State:</b>	CA	<b>Zip:</b> 90000
<b>Federal Number:</b>	123-45-6789			
<b>Exp. Rating Date:</b>	8/1/2010	<b>Rating Board Number:</b>	NCCI	
<b>Notes:</b>				

**Worker's Compensation :**

<b>Company :</b>	Travelers	<b>Broker/Agency :</b>	Slate Agency	
<b>Agent :</b>	Rocky	<b>Phone :</b>	555-555-1234	
<b>Policy Start :</b>	9/1/2010	<b>Policy End :</b>	9/1/2011	

**General Liability :**

<b>Company :</b>	ACE	<b>Broker/Agency :</b>	Slate Agency	
<b>Agent :</b>	Rocky	<b>Phone :</b>	555-555-1234	
<b>Policy Start :</b>	10/1/2010	<b>Policy End :</b>	10/1/2011	

**Umbrella / Excess :**

<b>Company :</b>	Firemans' Fund	<b>Broker/Agency :</b>	Slate Agency	
<b>Agent :</b>	Rocky	<b>Phone :</b>	555-555-1234	
<b>Policy Start :</b>	7/1/2010	<b>Policy End :</b>	7/1/2011	

**Automobile Liability :**

<b>Company :</b>	Geico	<b>Broker/Agency :</b>	Slate Agency	
<b>Agent :</b>	Rocky	<b>Phone :</b>	555-555-1234	
<b>Policy Start :</b>	5/1/2010	<b>Policy End :</b>	5/1/2011	

[Edit Insurance Enrollment](#)

[Back to Top](#)

## Contractor Details & Work Class.

[Edit Contractor Details](#)

Contract Price	1,000,000	Self-Performed CP	1,000,000
Payroll	200,000	Man-Hours	400
Start Date	10/18/2010	Completion Date	12/28/2010

### Work Class Rating

Work Class	WC Code
Excavation < \$24 hr	6218
WC Rate	27.72
WC Hours	400
WC Payroll	400,000
WC Premium	110,880
<b>Premium</b>	<b>110,880</b>

[Edit Contractor Details](#)  
[Back to Top](#)

## Worker's Comp. Premium Mods.

[Edit Worker's Comp. Premium Mods.](#)

Premium		110,880
Factors		
NCCI WC Modifier	0.93	103,118
Waiver of Subrogation	0.2	123,742
Increased Limit	0	123,742
Schedule Credit/Debit	-0.17	102,706
Premium Discount	0.092	93,257
Terrorism	0.17	109,111
Other	0	109,111
<b>Total Workers Compensation Premium</b>		<b>109,111</b>

[Back to Top](#)

## GL & Umbrella Coverage

[Edit GL & Umbrella Coverage](#)

### General Liability Rating

Exposure Base	Receipts	1,000,000
Rate Per	1000	
GL Rate	3.57	3,570
<b>GL Premium</b>		<b>3,570</b>

### Umbrella Liability Rating

Exposure Base	Flat Premium	
Rate Per		
UL Rate		670
<b>Umbrella Premium</b>		<b>670</b>

**Total Liability Premium** 4,240

**TOTAL DEDUCT** 113,351

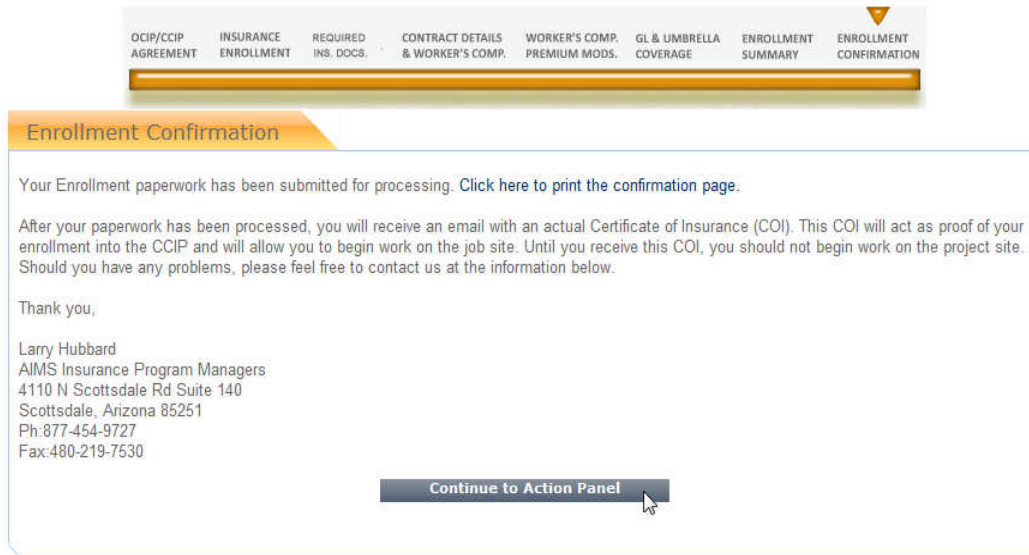
[Edit GL & Umbrella Coverage](#)

[Back to Top](#)

[Confirm](#) [Print](#)

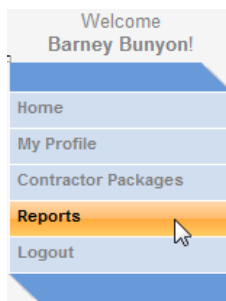
## Step 8: Enrollment Confirmation

You now have the option to print a confirmation of submitting your enrollment paperwork or continue to the CAP Action Panel. More information on the Action Panel can be found on page 22 of this manual. After the CCIP Administrator has processed your online data, you will be sent your Certificate of Insurance, evidencing coverage under the program. ALL eligible parties, regardless of tier, **must** be enrolled prior to starting work onsite. There are no exceptions. **You will not be provided coverage under this Program until you have fully completed the enrollment process and you must also be in receipt of a Certificate of Insurance from the CCIP Administrator before you can begin your onsite operations for the project(s).**



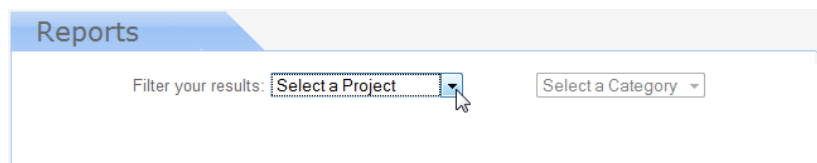
*Enrollment Confirmation*

## Reports



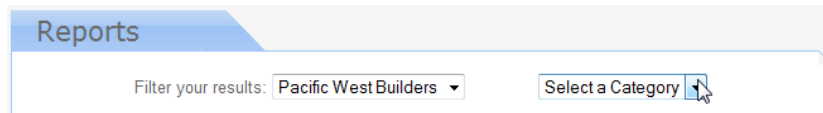
You are able to view and print reports on your contract and enrollment status by clicking on the Reports link of the Menu panel.

First, you will have to filter your report results by clicking on the drop down arrow next to Select a Project (The PWB CCIP program is called a “Project” in CAP). From the drop down list, click on “Pacific West Builders”.



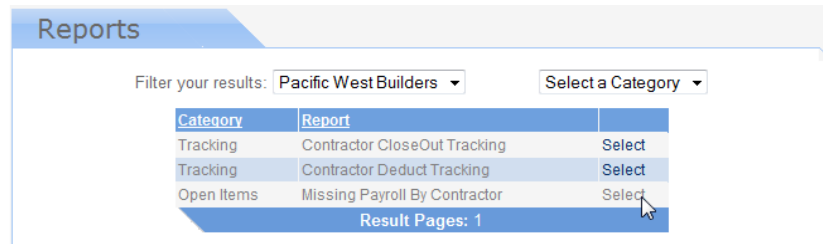
*Filter Reports Screen 1*

You can further filter the type of reports by clicking on the drop down arrow next to Select a Category.



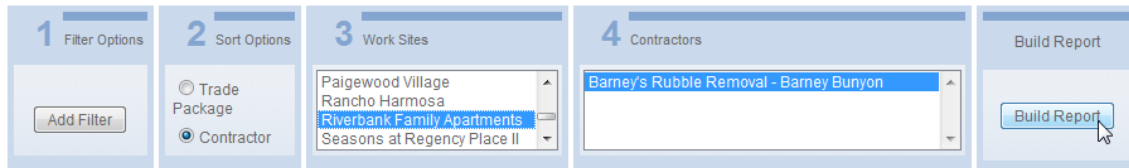
*Filter Reports Screen 2*

A list of reports will appear. Click Select next to the report you want to view.



*List of Reports*

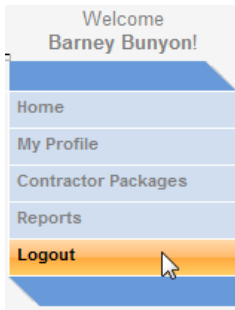
A new Build Reports screen will appear in which you can build a report based on criteria that you select, including custom filters, sorting and work sites (Note: Subcontractors will only have access to their own contract information).



*Build Reports Screen*

Once built, your report can be exported into a Microsoft Excel, Microsoft Word or Adobe PDF format and viewed, saved or printed.

## Logout

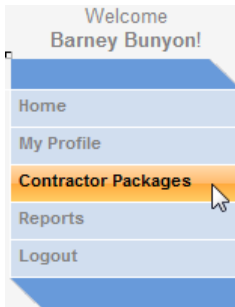


When you are finished working in CAP, click on the Logout link of the Menu panel to securely log out of the system. This ensures that unauthorized users do not access your computer and make changes without your knowledge.

## Post-Enrollment

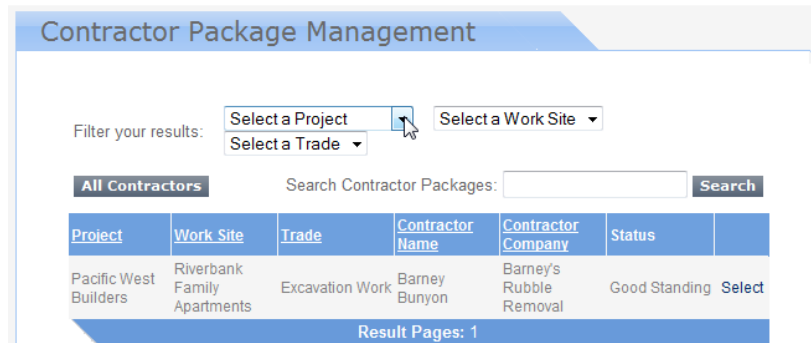
**A**fter you have completed your enrollment, you will need to report your payroll on a monthly basis, provide information on change orders (if relevant) and close out your contract at the end of your work. It is very important that these tasks be performed so that your CCIP coverage is properly recorded. You will be sent email reminders before you need to submit payroll or close out your contract. All of these actions can be performed using CAP. In the rest of this manual, we will examine how to complete these tasks in greater detail.

## CAP Action Panel



Now that your enrollment information has been submitted, you can access your contracts to make any updates, including payroll reporting and contract close-out via the Action Panel. The Action Panel is accessible through the Contractor Packages on the Menu panel to the left of the Welcome panel on the CAP Home page.

If you click on the Contractor Packages link in the Menu panel, a list of your contract packages (contracts) will appear. If you have multiple trade contracts on the same or multiple job sites, you may have a long list but you can refine your search by filtering by Project, Work Site or Trade by clicking the appropriate drop down list. For this program, your Project will always be "Pacific West Builders".



*Selecting a Project, Work Site and Trade*

Click Select next to the Contractor Package (Contract) you want to manage.

**Contractor Package Management**

Filter your results: Pacific West Builders | Riverbank Family Apartments | Select a Trade

All Contractors | Search Contractor Packages: [ ] Search

Project	Work Site	Trade	Contractor Name	Contractor Company	Status	
Pacific West Builders	Riverbank Family Apartments	Excavation Work	Barney Rubble	Barney's Rubble Removal	Assigned	Select

Result Pages: 1

*Selecting a Contractor Package (Contract)*

Provided your Contractor Package enrollment has been completed, you will see a list of possible action items to manage your contracts (See below). We will now cover each of these action buttons in more detail.

**Contractor Package Action Panel**

Project: Pacific West Builders | Work Site: Riverbank Family Apartments | Trade: Excavation Work  
Company: Barney's Rubble Removal | Contractor: Barney Bunyon

- Edit Insurance Enrollment
- Required Insurance Documents
- Edit Insurance Cost
- Monthly Payroll
- Completion Notice
- Certificates

Back

*Contractor Package Action Panel*

## Edit Insurance Enrollment

Until your enrollment has been finalized, you are able to edit the insurance sections of your enrollment paperwork by clicking on the Edit Insurance Enrollment button on the Action Panel menu. This will return you to the screen you saw when you were first enrolling. If your enrollment has already been processed, you will only be able to view the data. If you need to make any changes or updates, you will have to contact the CCIP Administrator.

## Required Insurance Documents

There may be a circumstance where you will need to submit additional insurance documentation even after you have completed the enrollment process. By clicking on the Required Insurance Documents button on the Action Panel menu, you are able to upload any missing insurance documents, such as COIs or

rate/declarations page(s) from your polic(ies). This will return you to the screen you saw when you were first enrolling.

## Edit Insurance Cost

Until your enrollment has been finalized, you are able to edit the insurance cost sections of your enrollment paperwork by clicking on the Edit Insurance Cost button on the Action Panel menu. This will return you to the screen you saw when you were first enrolling. If your enrollment has already been processed, you will only be able to view the data. If you need to make any changes or updates, you will have to contact the CCIP Administrator.

## Monthly Payroll

Each enrolled party is required to submit its payroll information on a monthly basis for all work performed onsite. Payroll and labor hours must be reported separately for each workers' compensation classification code and separately for each worksite under the CCIP. You can access the payroll reporting feature in CAP by clicking on Monthly Payroll from the Action Panel menu. Click on the Enter New Payroll button to begin or you can submit a note for the CCIP Administrator by typing in the Notes field and clicking on Submit Notes.

### Monthly Payrolls

Monthly payroll figures must be submitted until your contract closeout. These figures should allocate your payroll by Workers' Compensation class codes and should only include your "straight-time" payroll or "unburdened" payroll. This differs from "certified" payroll in that it excludes taxes, medical benefits, bonuses, vacation pay, etc. Likewise, overtime payroll should be reported only at the straight-time rate. It is important that you properly classify your payrolls, as these will be reported to the rating bureau for assessment of your experience modification rating (aka "X-Mod" or "EMR").

If you do not have any on-site payroll for the month, a payroll submission is still required but a zero dollar amount should be entered in the payroll field.

Select the "Enter New Payroll" button to submit payroll or choose "edit" from the table below to change an existing payroll (if present).

Year	Month	Confirmed		
Result Pages: 1				

Notes:

By checking the "Add to Report" check box, the notes entered in the "Notes" box will appear as a footnote on the "Contractor Payroll, Man-Hours, Labor Rate" report. The notes will appear after each individual contractor's summary.

Add to Report

---

*Monthly Payroll*

Your payroll must be reported excluding taxes, medical benefits, bonuses, vacation pay, etc. Treat any overtime pay at the straight time rate. And remember that, even if you have no payroll to report for a particular month, you must still log in and report zero (0) hours. This information must be submitted by the 10<sup>th</sup> of each month during the active construction phase of the project. The insurance carrier will conduct periodic audits of subcontractor payroll records both during and after the course of your work, so it is important that your payroll be reported accurately. Overstating or understating payroll can adversely impact PWB's premium to the insurance carrier. After you complete the labor hours and payroll for each class code, click the Submit button. If this will be your final payroll for your contract, check the Final Payroll box before you submit your payroll.

**Enter Monthly Payroll**

**Instructions:** All payroll should reflect only straight-time wages for work performed on site. Overtime wages should be calculated as regular time. Retain a copy of this form as proof to your insurance carrier in the event of audit.

Report payroll only for the WC Codes listed below. If you have payroll for a code not listed above, add that payroll to the most appropriate code or call the OCIP/CCIP administrator for instructions.

---

**Project:** Pacific West Builders    **Work Site:** Riverbank Family Apartments  
**Trade:** Excavation Work

**Company:** Barney's Rubble Removal    **Contractor:** Barney Bunyon

**Month and Year:** October, 2010

WCCode	WCDesc	Hours	Payroll
6218	Excavation < \$24 hr	<input style="width: 50px;" type="text" value="40"/>	<input style="width: 50px;" type="text" value="1,000"/>

Final Payroll

Cancel
Submit

*Labor Hours & Payroll*

**NOTE:** Failing to submit payroll reports may result in the suspension of progress payments until all missing information is received.

If there will be a substantial delay in your work performed onsite of more than one month, you can set beginning and end dates to suspend payroll reporting, by clicking the Add New Suspend Dates button at the bottom of the Monthly Payrolls page.

**Monthly Payroll Suspend**

The **Monthly Payroll Suspend** function will disable a contractor packages' monthly payroll between the dates set. No payrolls will be required during the suspended period and the contractor package will not show missing payrolls for months within the suspended period.

Start Date	End Date
Result Pages: 1	

Add New Suspend Dates

*Payroll Suspend*

Enter the start date for your work delay in the first field and the end date in the second field and click the Submit New Suspend Dates button. Your reminders to submit payroll will be deactivated until your new end date passes, at which time it will resume.

Monthly Payroll Suspend

The **Monthly Payroll Suspend** function will disable a contractor packages' monthly payroll between the dates set. No payrolls will be required during the suspended period and the contractor package will not show missing payrolls for months within the suspended period.

Start Date	End Date

Result Pages: 1

Add New Suspend Dates

Start Date: 11/9/2010 End Date: 1/20/2011

Submit New Suspend Dates

*Payroll Suspend*

## Completion Notice

When you have completed your onsite work for this project, click on the Completion Notice button on the Action Panel. A small window will appear where you can enter the final date of your work termination. Then, click the Submit button. Note: You will not be able to submit a work termination date until after that date has passed.

Contractor Package Action Panel

Project: Pacific West Builders Work Site: Riverbank Family Apartments Trade: Excavation Work  
Company: Barney's Rubble Removal Contractor: Barney Bunyon

Closeout Date :: OCIP/CCIP Management Portal :: Po...

https://pwb.wrap-up.us/ContractCloseout/CloseoutDate.asp

Enter the closeout date using the format (mm/dd/yyyy) or click on the calendar icon and select the date

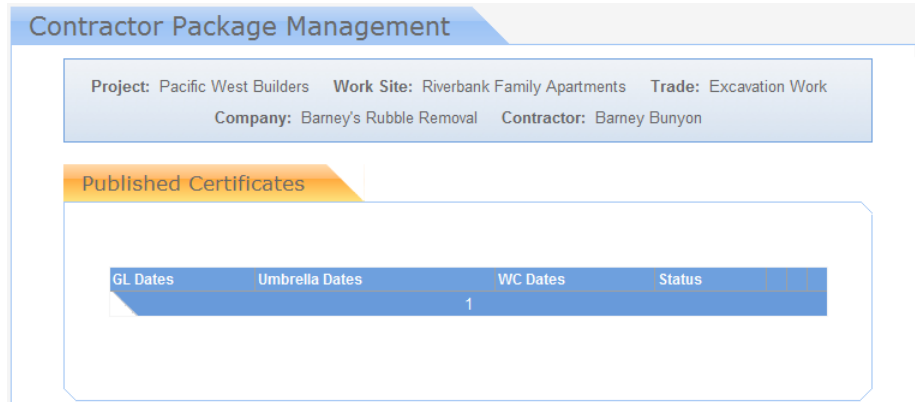
Closeout Date: 11/26/2010

Submit

*Completion Notice*

## Certificates

After you have received your Certificate of Insurance under the CCIP, you will be able to access, view and print your Certificate online by clicking the Certificates button on the Action Panel.



*Certificate of Insurance*

## Certificates of Insurance

**A**s mentioned previously, the CCIP provides coverage only to **eligible and enrolled** participants. There are other exposures which are not intended to be covered by the CCIP and for which you are contractually obligated to provide coverage to protect yourself and PWB. Please refer to the exact insurance requirements that apply to you, as expressed in your subcontract agreement. Your insurance obligation will depend on whether you are eligible for enrollment into the CCIP or excluded from enrollment.

**Eligible/Enrolled** Parties must provide evidence of the following:

- Workers' Compensation insurance for **off-site** activities
- CGL insurance for **off-site** activities
- Business Automobile insurance for **off-site and on-site** exposures
- Any other insurance coverages required by your contract

See Appendix C for a sample Eligible/Enrolled Parties' Certificate of Insurance for this Program.

**Excluded** Parties must provide evidence of the following:

- Workers' Compensation insurance for **off-site and on-site** activities
- CGL insurance for both **off-site and on-site** activities
- Business Automobile insurance for **off-site and on-site** exposures
- Any other insurance coverages required by your contract

See Appendix D for a sample Excluded Parties' Certificate of Insurance for this Program.

All evidence of insurance should be provided to the CCIP Administrator identified on Appendix A. Your requirements must be presented in the form of a Certificate of Insurance on a standard ACORD Form 25-S. The Certificate must include an Additional Insured Endorsement for each policy (except Worker's Comp) naming as a minimum all parties, as specified in Exhibit Q at the end of this manual. The Additional Insured Endorsement must state that the coverage provided to the additional insureds is primary and non-contributory with respect to any other insurance available to the additional insureds. The Certificate must also evidence that each carrier has provided waivers of subrogation in favor of the Pacific West Builders and all other required parties, as specified in your contract. Please also note the requirement for thirty (30) days notice of cancellation, modification or material change.

The limits of liability, as stated in your contracts, are minimum limits only and are not intended to restrict the liability imposed on you for work performed under your contracts, or otherwise. If a construction participant is unable to meet its contractual insurance obligations, PWB reserves the right to disallow the participant from working onsite.

## **Sub-tier Contractors**

All construction participants that use sub-tier contractors are responsible for ensuring that their sub-tier contractors maintain all required insurance coverages specified above. Your responsibility exists regardless of whether your sub tier contractor is eligible and enrolled in the CCIP or excluded from the program. Please refer to the exact insurance requirements that apply to your sub tier contractors, as expressed in your subcontract agreement.

## **Renewals**

If any one of your required insurance coverages expires during your active work on the project site(s), you must submit a Certificate of Insurance evidencing that coverage and limits have been renewed and satisfy all insurance requirements, as specified in your contract. This should be performed thirty (30) days prior to renewal or thirty (30) days prior to any change or replacement of coverage. If you fail to submit proper evidence of coverage, you will be notified of exactly what coverages are non-compliant.

**NOTE:** Failure to submit complete evidence of coverage as required may result in the withholding of progress payments until required documentation is received.

## **Claims**

**I**t is very important that claims are properly documented at the time of their occurrence. You will be receiving a claims kit by mail, if you have not already, from the CCIP Administrator. In it you will find information on claims, as well as claim forms to report any onsite injuries/incidents. You can also order a claims kit by contacting the CCIP Administrator. Obviously, there is no way to list every type of claim that could possibly occur but, generally speaking, claims will consist of injuries to workers and/or third-party non-workers and/or damage to third-party property. Contact your Site Superintendent if a jobsite injury/incident occurs and if necessary, call 911.

## Contact Information

**OWNER**

Company: The Pacific Companies  
Primary Contact: Zack Deboi  
Address: 430 E. State St.  
Eagle, ID 83616  
Phone: 208-461-0022 ext. 3018  
Fax: 208-461-0033  
E-mail: zackd@tphousing.com

**BROKER**

Company: AIMS Insurance Program Managers  
Primary Contact: Kim Ottinger  
Address: 4110 N. Scottsdale Rd., Suite 140  
Scottsdale, AZ 85251  
Phone: 877-454-9727  
Fax: 480-991-0634  
E-mail: pwb@aimsinsurance.com

**WRAP-UP ADMINISTRATOR**

Company: AIMS Insurance Program Managers  
Primary Contact: Larry Hubbard  
Address: 4110 N. Scottsdale Rd., Suite 140  
Scottsdale, AZ 85251  
Phone: 877-454-WRAP (9727)  
Fax: 480-991-0634  
E-mail: pwb@aimsinsurance.com

**GENERAL CONTRACTOR**

Company: Pacific West Builders  
Primary Contact: Zack Deboi  
Address: 430 E. State St.  
Eagle, ID 83616  
Phone: 208-461-0022 ext. 3018  
Fax: 208-461-0033  
E-mail: zackd@tphousing.com

**WORK. COMP. CLAIMS MANAGER**

Company: Chartis Insurance, Inc.  
Primary Contact: Elia Juarez  
Address: \_\_\_\_\_  
Phone: 800-910-2667  
Fax: 866-739-6981  
E-mail: westernwcnewloss@aig.com

**CONTRACTS MANAGER**

Company: Pacific West Builders  
Primary Contact: Danielle Waldron  
Address: 430 E. State St.  
Eagle, ID 83616  
Phone: 208-461-0022  
Fax: 208-461-0033  
E-mail: daniellew@tphousing.com

# Program Coverage

## WORKERS' COMPENSATION & EMPLOYER'S LIABILITY INSURANCE

### A. Coverage A – Statutory Benefits

Liability imposed by the Workers' Compensation and/or Occupational Disease statute of the State of CA and any other state or governmental authority having jurisdiction related to the work performed on the Project.

### B. Coverage B – Employer's Liability

**Limits of Liability:**      \$ 1,000,000 Bodily Injury Each Accident  
                                      \$ 1,000,000 Bodily Injury by Disease/Each Employee  
                                      \$ 1,000,000 Policy Limit for Bodily Injury by Disease

## COMMERCIAL GENERAL LIABILITY & UMBRELLA/EXCESS LIABILITY INSURANCE

**A. Limits of Liability:**      \$ 1,000,000 Each Occurrence Combined Single Limit  
                                      \$ 1,000,000 Personal/Advertising Injury Limit  
                                      \$ 2,000,000 General Aggregate Limit – Applies  
  Per location/Per project  
                                      \$ 1,000,000 Products/Completed Operations Aggregate Limit  
  Per Project  
                                      \$ 8,000,000 Program General Aggregate Limit  
                                      \$ 4,000,000 Program Products-Completed Operations  
                                      \$ 100,000 Damage to Premises Rented to You  
                                      \$ 5,000 Medical Expense Limit (any one person)  
                                      10 Years Completed Operations Extension Period

\*The Products/Completed Operations Aggregate will apply to the construction period of the Project and is extended for the duration of any applicable statute of limitations or repose. Coverage is also extended to cover bodily injury or property damage occurring; (a) during the products/completed operations extension and (b) from the service or repair of your work or your product (warranty work).

**B. Policy Form:** ISO "Occurrence" form CG0001 (10/01 edition)

**C. Following Form Excess Limits:** \$4,000,000/8,000,000 Each Occurrence/Aggregate

**D. Notable Amendments of Coverage**

- CA Insurance Guarantee Association Fund
- Service of Suit
- Amendment of Duties in the Event of Occurrence
- Incidental Medical Malpractice Liability Coverage
- Bodily Injury Definition Extension
- Amendment of Other Insurance
- Composite Rate Plan Endorsement
- Deductible Endorsement – Form A – if applicable
- Unintentional Errors & Omissions Endorsement
- Completed Operation Extension (Non-residential Only)
- Fellow Employee Exclusion Amendment
- Amendment of Expected or Intended Injury Exclusion
- Property Damage To Insureds Work
- Consent to Transfer of Your Rights & Duties Endorsement
- LRRP Long Form Endorsement
- Additional Definitions Endorsement
- Amendment of Limits of Insurance
- Eminent Domain Condemnation, Proceeding
- Amendatory Endorsement – Coverage Territory
- Primary Coverage for Specified Persons or Organizations Names as Additional Insureds
  - Ongoing Operations and Completed Operations
- Condominium Exclusion – Products/Complete Operations
- Additional Insured – Owners, Lessee or Contractors
- Earlier Notice of Cancellation Provided By Us
- Additional Insured – Mortgagee, Assignee or Receiver
- Limitation of Coverage to Designated Premises
- Amendment of Liquor Liability Exclusion
- Waiver of Our Rights to Recover From Others Endorsement
- Contractual Liability - Railroads
- Amendment of Contractual Liability Exclusion for Personal Injury
- California Changes – Cancellation & Non-Renewal

**E. Notable Exclusions of Coverage**

- Lead Liability Exclusion
- Radioactive Matter Exclusion
- ERISA Exclusion
- Securities & Financial Interest Exclusion
- Exclusion for Montrose Continuing or Progressive Endorsement
- Fungus Exclusion
- Asbestos & Silicosis Exclusion Endorsement
- Exclusion – Injuries or Damages Due To Water Seepage, Leakage or Intrusion from Exterior Wall Applications
- Exclusion – Violation of Statutes in Connection with Sending, Transmitting or Communicating Any Material or Information (CAN-SPAM Act)
- Damage to Property Exclusion (Builder's Risk Exclusion)
- Employment Related Practices Exclusion
- Total Pollution Exclusion with a Hostile Fire Exception
- Exclusion Contractor - Professional Liability
- Nuclear Energy Liability Exclusion Endorsement (Broad Form)

## ELIGIBLE/ENROLLED PARTIES

ACORD®		CERTIFICATE OF INSURANCE			ISSUE DATE: CURRENT DATE	
<b>PRODUCER</b> Insurance Agent's Name And Address  <b>TELEPHONE #</b>		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW				
<b>INSURED</b>  Contractor or Subcontractor's Name and Address  Sample Certificate for <u>Enrolled Parties</u>  Required Insurance		<b>COMPANIES AFFORDING COVERAGE</b>				
		COMPANY A INSURANCE CARRIER LETTER				
		COMPANY B LETTER				
		COMPANY C LETTER				
		COMPANY D LETTER				
<b>COVERAGES</b>						
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.						
CO LTR	TYPE OF INSURANCE	POLICY NO.	POLICY EFF. DATE MM/DD/YY	POLICY EXP. DATE MM/DD/YY	ALL LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GEN. LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input checked="" type="checkbox"/> <u>PER PROJECT AGGREGATE ENDORSEMENT</u>	Policy Number			GENERAL AGGREGATE PRODUCTS-COMP/OPS AGGREGATE PERSONAL & ADVERTISING INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MEDICAL EXPENSE (Any one person)	\$2,000,000 \$2,000,000  \$1,000,000  \$1,000,000 \$50,000 \$5,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Policy Number			COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	\$1,000,000
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA <input type="checkbox"/> OTHER THAN UMBRELLA FORM	Policy Number			EACH OCCURRENCE AGGREGATE	\$1,000,000 \$1,000,000
A	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY	Policy Number			STATUTORY LIMITS <input checked="" type="checkbox"/> CA _____ (Each accident) (Disease-policy limit) (Disease-each employee)	\$1,000,000 \$1,000,000 \$1,000,000
A	OTHER: EQUIPMENT FLOATER	Policy Number			Owned, Leased, or Borrowed Equipment Limit = Total Value	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS: Certificate Holders are Additional Insureds on a Primary and Non-contributing basis for General Liability, Automobile and Umbrella coverage. Waiver of Subrogation in favor of Certificate Holders and all Contractors applies to all policies. General Liability and Workers' Compensation apply off-site.						
<b>CERTIFICATE HOLDER</b>  Pacific West Builders, Inc. dba Idaho Pacific West Builders, Inc. 430 East State St., Suite 100 Eagle, ID 83616			<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <b>30</b> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
			<b>AUTHORIZED REPRESENTATIVE</b> By: <i>original signature</i>			
<b>ACORD 25-S (3/93)</b>					<b>© ACORD CORPORATION 1993</b>	

**EXCLUDED PARTIES**

ACORD®		<b>CERTIFICATE OF INSURANCE</b>			ISSUE DATE: CURRENT DATE	
<b>PRODUCER</b> Insurance Agent's Name And Address  <b>TELEPHONE #</b>		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW				
<b>INSURED</b>  Contractor or Subcontractor's Name and Address  Sample Certificate for <u>Excluded Contractors</u>  Required Insurance		<b>COMPANIES AFFORDING COVERAGE</b>				
		COMPANY A INSURANCE CARRIER LETTER				
		COMPANY B LETTER				
		COMPANY C LETTER				
		COMPANY D LETTER				
<b>COVERAGES</b>						
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.						
CO LTR	TYPE OF INSURANCE	POLICY NO.	POLICY EFF. DATE MM/DD/YY	POLICY EXP. DATE MM/DD/YY	ALL LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GEN. LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input checked="" type="checkbox"/> <u>PER PROJECT AGGREGATE ENDORSEMENT</u>	Policy Number			GENERAL AGGREGATE PRODUCTS-COMP/OPS AGGREGATE PERSONAL & ADVERTISING INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MEDICAL EXPENSE (Any one person)	\$2,000,000 \$2,000,000 \$1,000,000 \$1,000,000 \$50,000 \$5,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Policy Number			COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	\$1,000,000
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA <input type="checkbox"/> OTHER THAN UMBRELLA FORM	Policy Number			EACH OCCURRENCE	\$1,000,000
A	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY	Policy Number			STATUTORY LIMITS <input checked="" type="checkbox"/> CA _____ (Each accident) (Disease-policy limit) (Disease-each employee)	\$1,000,000 \$1,000,000 \$1,000,000
A	OTHER: EQUIPMENT FLOATER	Policy Number			Owned, Leased, or Borrowed Equipment Limit = Total Value	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS: Certificate Holders are Additional Insureds on a Primary and Non-contributing basis on the General Liability, Automobile and Excess/Umbrella Liability policies per attached CG 20 10 (10-93) endorsement. Waiver of Subrogation in favor of Certificate Holders applies to all policies. GL and WC coverage apply off-site.						
<b>CERTIFICATE HOLDER</b>  Pacific West Builders, Inc. dba Idaho Pacific West Builders, Inc. 430 East State St., Suite 100 Eagle, ID 83616			<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <b>30</b> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
			<b>AUTHORIZED REPRESENTATIVE</b> <b>By:</b> <i>original signature</i>			
<b>ACORD 25-S (3/93)</b>			<b>© ACORD CORPORATION 1993</b>			

**REQUIRED ADDITIONAL NAMED INSUREDS**

All Certificates of Insurance from either **enrolled** or **excluded** parties must at least list the following as additional insureds:

Pacific West Architecture

Pacific West Builders

Pacific West Communities, Inc.

The Pacific Companies dba TPC Real Estate Development Services, Inc.



# CCIP Enrollment Form

## General Contact Information

Enrollee Name	FEIN/SSN
Enrollee Address (P.O. Boxes not permitted)	Enrollee Organization Structure (Corp, LLC, Sole Prop.)
Phone #	Fax #
Primary Contact Name	Email

## Contract Information

Worksite/Project Name	Role/Status (contractor, subcontractor, sub-tier)
Description of Work	Contract Award Date
Work Start Date	Work End Date (estimated)
Contract Price	Self-Performed Contract Price
Contracted With?	

## Workers' Compensation Classification Codes (Complete for each Class Code)

Class Code	Class Description	Reportable Payroll (estimated)
Class Code	Class Description	Reportable Payroll (estimated)
Class Code	Class Description	Reportable Payroll (estimated)

## Workers' Compensation Insurance Information

Workers' Comp Carrier Name	Policy #	
Effective Date	Expiration Date	
Experience Modifier	Risk ID	Bureau Name
Agent/Broker Name	Agency/Brokerage Name	Agency/Brokerage Phone #



**General Liability Insurance Information**

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General Liability Carrier Name		Policy #
Effective Date		Expiration Date
Agent/Broker Name	Agency/Brokerage Name	Agency/Brokerage Phone #

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**Umbrella/Excess Liability Insurance Information**

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Umbrella/Excess Liability Carrier Name		Policy #
Effective Date		Expiration Date
Agent/Broker Name	Agency/Brokerage Name	Agency/Brokerage Phone #

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**Automobile Insurance Information**

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Automobile Carrier Name		Policy #
Effective Date		Expiration Date
Agent/Broker Name	Agency/Brokerage Name	Agency/Brokerage Phone #

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By typing or writing my name in the signature block below, I certify that the information on this form is true and correct to the best of my knowledge.

---

Signature	Title	Date
Print Name		

---

After you have completed **and** signed this form, you **must** submit it to the CCIP Administrator at the contact address below.

Your insurance agent or broker should be able to help you with the information you need.

Please submit either via:

Mail: AIMS, 4110 N. Scottsdale Rd., Suite 140, Scottsdale, AZ 85251

Or Fax #: 480-991-0634

For questions on how to complete this form, please contact the CCIP Administrator at 877-454-9727.