



707 Wilshire Blvd., Ste. 2600, Los Angeles, CA 90017 Tel. 877.222.4777 Fax. 866.377.2211

## FORM B

### The Pacific Companies CCIP Insurance Deduct Worksheet

Federal ID or Soc. Sec. # \_\_\_\_\_

**SECTION A      Business Information      Contact Information**

Construction Participant Name:		
Address:		
City, State, Zip Code:		
Telephone:		
Fax:		
Contact Person:		

**SECTION B – Subcontract/Bid Information**

Bid Package / Contract No.:			
Description of Work:			
Proposed Contract Price \$:	1		Are you submitting a bid to the GC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of Self-Performed Work \$:			If No, identify to whom: _____

**SECTION C – Workers’ Compensation: (Calculate your Workers’ Compensation Insurance Premium)**

State	WC Class Code	WC Trade Classification Description	Current WC Rate	Estimated On-Site Labor Hrs	Estimated On-Site Payroll	Premium= (Est. Payroll X WC Rate / 100)	
<b>Totals</b>				1		2	
Identify the Amount of Your Claim Retention: _____						3	
Your Company’s Workers’ Compensation Experience Modifier: _____						4	
Modified Premium (C2 x C3):						4	
5	Employer’s Liability: _____				Employer’s Liability Premium (C4 x C5):		6
Modification & Discount Premium Factors			Rate	7	Amount		
Mod 1:	_____	+ or -	_____	_____	_____		
Mod 2:	_____	+ or -	_____	_____	_____		
Mod 3:	_____	+ or -	_____	_____	_____		
Mod 4:	_____	+ or -	_____	_____	_____		
Mod 5:	_____	+ or -	_____	_____	_____		
<b>Total Modification Amount (Total of all amounts entered in column C7 above):</b>						8	
<b>Total Workers’ Compensation Premium (C4 + C6 + C8):</b>						9	

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**SECTION D – Insurance Premiums** *(Calculate your Liability Insurance Premiums)*

1	<b>Current General Liability Rate</b>	Based on: <input type="checkbox"/> Total Payroll (C1) <input type="checkbox"/> Total Receipts (B1) <input type="checkbox"/> Other _____	Rate Factor: <input type="checkbox"/> per \$100 <input type="checkbox"/> per \$1,000	Identify the Amount of Your Claim Retention: _____	<b>Premium</b>
	2	3	General Liability Premium (D1 x D2 ÷ D3):		4
5	<b>Current Excess/Umbrella Rate</b>	Based on: <input type="checkbox"/> Total Payroll (C1) <input type="checkbox"/> Total Receipts (B1) <input type="checkbox"/> Flat Rate <input type="checkbox"/> Other _____	Rate Factor: <input type="checkbox"/> per \$100 <input type="checkbox"/> per \$1,000	Identify the Amount of Your Claim Retention: _____	<b>Premium</b>
	6	7	Excess/Umbrella Premium (D5 x D6 ÷ D7):		8
9	<b>Other Premium</b>	Based on: <input type="checkbox"/> Total Payroll (C1) <input type="checkbox"/> Total Receipts (B1) <input type="checkbox"/> Flat Rate <input type="checkbox"/> Other _____	Rate Factor: <input type="checkbox"/> per \$100 <input type="checkbox"/> per \$1,000	Identify the Amount of Your Claim Retention: _____	<b>Premium</b>
	10	11	Other Insurance Premium (D9 x D10 ÷ D11):		12

**SECTION E – Totals**

Total of All Insurance Premiums (C9 + D4 + D8 + D12):			1	
Overhead & Profit on Insurance Prem. %:	2	<b>15%</b>	Overhead & Profit Amount (E1 x E2):	3
Total Insurance Deduct (Total of E1 + E3):			4	
Contractor's Insurance Cost Rate (Line E4 divided by total payroll in line C1 x 100):			5	

**\*\*\*\*Please provide Declarations, Rate Pages and SIR/Deductible Endorsements (if applicable) for your Workers' Compensation, General Liability, and Excess/Umbrella Liability Insurance policies\*\*\*\***

I hereby warrant that this worksheet reflects the projected insurance cost that would apply in the event that my regular insurance program was in force for work at this location. I also recognize that the Program Sponsor or the Administrator may request complete copies of my actual policies to confirm these costs and/or information provided in this worksheet.

**SECTION F – Signature Block:** *(I verify the information presented above is correct)*

Name:		Date:	
(Please Print)			
Title:		Signature:	

Please fax this form to: Wrapid Specialty, Inc.  
866.377.2211  
Should you have any questions, please call us at 877.222.4777.