



Portland Public Schools OCIP 2 - Enrollment Forms – Submission Guidelines

To: **Construction Participant**

From: Builders Protection Group LLC

You have been designated as a recipient of a construction contract on a project included in the **Portland Public Schools OCIP** program (OCIP Program). The Commercial General Liability and Contractors Pollution Liability for this project is administered through an OCIP (Owner Controlled Insurance Policy), commonly called a “Wrap” or “Wrap-Up” Program. Builders Protection Group LLC has been retained as the Wrap Administrator for the OCIP Program. It is our job to assist you in understanding the OCIP Program and your obligations under it. Your participation begins with the completion of this OCIP enrollment packet. Included in this packet are the following documents:

- √ Explanation of Requirements
- √ OCIP/Wrap-Up Enrollment Form (Form 1-A)
- √ Subcontractor Schedule (Form 1-B)
- √ Insurance Credit Worksheet (Form 1-C)

If any of the above-listed documents are not included with this packet, please notify the Wrap Administrator immediately by calling 310-356-4840 (phone) or e-mail at christina@buildersprotect.com

To enroll in the OCIP and have permission to begin work on the project, it is your responsibility to provide the following to Builders Protection Group LLC:

- **Completed OCIP Wrap-Up Enrollment Form 1-A.**
- **Complete OCIP Wrap-Up Enrollment Form 1-B. Please include all information on any and all Subcontractors of any tier. This form must be completed no less than ten (10) days prior to any Subcontractor(s) beginning onsite work on the project.**
- **Completed Insurance Credit Worksheet Form 1-C.**
- **Evidence/Certificates of insurance for Automobile Liability, Workers’ Compensation, and Commercial General Liability activities outside/away from the project Site/location.**
- **Certificate Holder will be the General Contractor or Portland Public Schools**
- **Additionally Insured Endorsement for General Liability is required.**
- **Declarations/Rate pages from your current CGL insurance policy.**



Builders Protection Group LLC
Wrap Administration Services

Please ensure the information on the form is complete in its entirety. Personnel from a company that has not been completely documented (including the above-listed documents) will not be allowed onto the project jobsite.

After faxing/e-mailing the OCIP Wrap-Up Enrollment Form 2-A, Subcontractor Form 2-B (if applicable), Insurance Cost Worksheet 2-C, requested Certificates of Insurance **and** Declarations/Rate pages, please retain original copies for your files.

Please direct all questions regarding the above and immediately submit via fax or e-mail all completed forms and documents named in their entirety to:

Builders Protection Group LLC
310.356.4840 (phone)
310.220-2374 (fax)
christina@buildersprotect.com

Please direct all questions with regards to the Wrap insurance *policy* and corresponding *coverage* to:

Craig Payne
Brown & Brown Northwest
503.219.3267
cpayne@bbnw.com

Respectfully,

Christina Vigil
Wrap Administrator
Builders Protection Group LLC



Explanation of Requirements

Evidence/Certificates of Insurance Needed for OCIP Wrap Enrollment

In order to be successfully enrolled in this project's OCIP insurance Program, we need to collect copies of a few key documents. From time to time, we get questions as to why the insurance carrier requires these items. Below is a quick explanation for each required document. If you would like to go over these items with us further, please feel free to contact Builders Protection Group LLC at 310.356.4840.

General Liability – Please provide Builders Protection Group LLC with evidence of Commercial General Liability (CGL) insurance for any of your activities performed outside/away from this project site/location.

Why this is needed for Wrap Enrollment: To show evidence/proof of CGL coverage for all other projects outside of this project. This evidence/proof will help protect the Wrap Insurance Policy against exposures arising from work done outside/away from this Project Site/Location.

Workers' Comp – Please provide Builders Protection Group LLC with evidence/proof of Workers' Compensation insurance for your own employees. If your company is exempt from Workers' Compensation requirements, please provide us with proof/letter on your letterhead stating you have no employees working for your company and that you are exempt from Workers' Compensation insurance.

Why this is needed for Wrap Enrollment: To show evidence/proof that your employees are protected/covered for workplace accidents that could happen to one of them while working on this or any other projects for your company.

Auto Liability – Please provide Builders Protection Group LLC with evidence/proof of Automobile Liability insurance for any/all automobiles driving to and from the project site/location.

Why this is needed for Wrap Enrollment: To show evidence/proof that any/all automobiles are covered in case an accident should occur while driving to and/or from the project site/location and/or onto the premises of the Project Site/Location.

NOTE: Depending on the scope of your work, there may be additional insurance requirements including, but not limited to, specific ACORD Form #'s, minimum AM Best ratings, Umbrella/Excess Liability, Additional Insured Endorsements, Waivers of Subrogation, and/or Professional Liability. **Please review your contract for specifics on additional insurance requirements beyond those described above.**



Explanation of Requirements

CGL Insurance Declarations/Rate Pages Needed for OCIP Wrap Enrollment

In order to be successfully enrolled in this project's OCIP insurance Program, we need to collect copies of a few other key documents as well. Oftentimes, we get questions as to why the Sponsor requires these items. Below is a quick explanation for each required document. If you would like to go over these items with us further, please feel free to contact Builders Protection Group LLC at 310.356.4840.

Because the insurance program that covers this project is an OCIP Wrap Program, this project may not be reflected on your existing Commercial General Liability (CGL) insurance policy(ies). As such, when you are being audited by your existing CGL carrier you may decide to exclude this project from your own coverage so you may receive a premium credit. The OCIP policy premium for this project has been paid by the Portland Public School District, but in order for the District to measure the overall "avoided" insurance cost if it had not chosen to purchase an OCIP Wrap Program, it will be necessary to calculate each enrolled participant's Insurance Credit.

As an enrolled participant, your Insurance Credit will be calculated by Builders Protection Group LLC. This cost savings is determined based on your scope of work and total contract value or estimated payroll, depending on how you are charged by your current CGL carrier, as found on your Declarations and Rate page(s) in effect at the time of your enrollment. In order for Builders Protection Group LLC to calculate an accurate cost savings, it will be necessary to review the rates you are being charged under your existing CGL policy.

Declarations Page – Please provide Builders Protection Group LLC with documentation/verification of your current Commercial General Liability (CGL) Declarations page. This is usually the first page(s) of your CGL policy.

Why this is needed for Wrap Enrollment: Generally speaking, this is to verify that the First Named Insured is your company name, that your policy term is currently active, and that your policy number matches the policy number on the accompanying Rate page document required below. This documentation assists us to fairly and accurately determine the appropriate rate to calculate your OCIP Insurance Credit.

Rate Page(s) – Please provide Builders Protection Group LLC with documentation/verification of your current Commercial General Liability (CGL) Rate page(s). This page will usually state a rate based on either Revenue or Payroll per \$100 or per \$1,000.

Why this is needed for Wrap Enrollment: This is to identify your existing CGL policy premium rate for your scope of work performed on this Project and to verify that your policy number matches the policy number on the accompanying Declarations document required above. This documentation assists us to fairly and accurately determine the appropriate rate to calculate your OCIP Insurance Credit.



Explanation of Credit Calculations

Methodology Used to Determine OCIP Credits

The OCIP cost savings will be determined by examining the rating method your existing CGL insurance carrier uses to charge you for your premium. There are three main methods that CGL carriers utilize. Below is a quick explanation of each of the three methods. If you would like more details on this process, please feel free to contact Builders Protection Group LLC at 310.356.3840.

Receipts – The rates for some Commercial General Liability (CGL) policies are based on the contractor's gross receipts (sales). This is the total amount of your contract value for work performed on the project. Usually, the gross amount is then divided by 1,000 and then multiplied by a numerical rate assigned for your scope of work, also called a "classification code". If you normally perform multiple scopes of work, your policy may assign a different rate depending on the relative risk assessment of each "class code" or type of work. As one might expect, work that is riskier will generally be charged a higher rate than work that is less hazardous to perform and/or less prone to become a hazard later on.

Let's look at an example: Goode Werks has a CGL policy rate based on gross receipts (sales). Goode Werks' total receipts for the OCIP project are \$75,000 (found in its contract). Goode Werks' CGL rate is \$12.36 per \$1,000 of sales (found on its CGL policy Rate page(s)).

\$75,000 divided by \$1,000 multiplied by \$12.36 = \$927 (the amount of Goode Werks' OCIP credit)

Payroll – The rates for some Commercial General Liability (CGL) policies are based on the contractor's payroll. This is the gross amount of your total payroll for work performed on the project. Usually, the gross amount is then divided by 100 and then multiplied by a numerical rate assigned for your scope of work, also called a "classification code". If you normally perform multiple scopes of work, your policy may assign a different rate depending on the relative risk assessment of each "class code" or type of work. As one might expect, work that is riskier will generally be charged a higher rate than work that is less hazardous to perform and/or less prone to become a hazard later on.

Let's look at an example: Goode Werks has a CGL policy rate based on its payroll. Goode Werks' total payroll for the OCIP project is \$35,000 (found in its contract amount). Goode Werks' CGL rate is \$2.62 per \$100 of payroll (found on its CGL policy Rate page(s)).

\$35,000 divided by \$100 multiplied by \$2.62 = \$917 (the amount of Goode Werks' OCIP credit)

Other – The rates for some Commercial General Liability (CGL) policies are based on some method other than either total gross receipts (sales) or payroll. This could be a rate based on square footage, work hours, # of employees, a composite rate or some other factor. Since it may be difficult to determine a numerical "rate" for your work, Builder Protection Group LLC may assess a fair credit based on current comparable rates for similar trades, records of which are maintained in our extensive database.

Let's look at an example: Goode Werks has a CGL policy rate based on a non-standard method. The rate usually charged for trades similar to Goode Werks is 0.12% of contract value (found in our database). Goode Werks' total contract amount for the OCIP project is \$75,000 (found in its contract).

\$75,000 multiplied by 0.012 = \$900 (the amount of Goode Werks' OCIP credit)



**OCIP WRAP-UP
SUBCONTRACTOR ENROLLMENT FORM (FORM 1-A)
PORTLAND PUBLIC SCHOOLS OCIP 2**

PROJECT INFORMATION

Project Name Portland Public Schools OCIP 2
General Contractor _____
Type of Work to be Done _____
Est. Start Date _____ Est. End Date _____

SUBCONTRACTOR INFORMATION

Company Name _____ License # _____
LLC Ptshp Corp Other _____ Federal ID # _____
Company Address _____ Suite _____
City _____ State _____ ZIP _____
Office Contact _____ Phone _____ Fax _____
E-Mail _____
Site Contact _____ Phone _____ Fax _____
E-Mail _____

SUBCONTRACTOR INSURANCE INFORMATION

General Liability Carrier _____ CGL Policy # _____
Workers' Comp. Carrier _____ WC Policy # _____
Business Auto. Carrier _____ Policy # _____

Fill out the **Sub- tier contractor Form 1-B** (provided with your enrollment documents) with the appropriate information on all **Sub- tier contractors** intended to provide services on the project. This form must be completed and submitted **ten (10) days** prior to any Subcontractors performing any onsite work. If you have employed any Subcontractors, it is the task of your organization to recover any insurance deducts from that Subcontractor. Fill out the Insurance Credit Worksheet Form 1-C (provided with your enrollment documents).



Builders Protection Group LLC
Wrap Administration Services

NOTE: The **following** information must also be submitted with this application:

- Copy of **Certificate of Insurance for Workers Compensation, Auto and General** liability, with **Your General Contractors or Portland Public Schools** name as the certificate holder
- Either a blanket Additional Insured endorsement** for your **General Liability** with your GL policy number on it or one naming the **following**:
 - **Portland Public Schools** 501 N. Dixon Street Portland, OR 97227
 - Your **General Contractors** Name.
- Copy of **Declarations and Rate pages** from your current CGL policy

I hereby certify to the best of my knowledge that all of the above information is true and accurate in all respects and I am requesting to be enrolled in the OCIP referenced in this document.

Signed on this _____ day of _____, 20____

Authorized Representative Signature: _____

Printed Name: _____

Title: _____

Send this form and/or direct any questions to the Wrap Administrator:

Christina Vigil
Builders Protection Group LLC
1852 Lomita Blvd. Suite 210
Lomita, CA 90717
310.356.4840 (Phone)
310.220.2374 (fax)
christina@buildersprotect.com



SUB CONTRACTOR SCHEDULE (FORM 1-B)

Fill out the table below with the appropriate information on all **Sub tier contractors (construction participants with which you have a direct contract)** to be used on the project. We understand that you may not have a complete list of all Subcontractors at this time. **If you are certain you will not be hiring any Subcontractors, please mark the fields below as N/A or None.** Include this Form with your OCIP Wrap-Up Enrollment Form 1-A. Please inform Builders Protection Group LLC if additional forms are required.

Send this form in with the other enrollment forms to your BPG Wrap Administrator:

Via FAX: **310.220.2374**

Via E-MAIL: christina@buildersprotect.com

Via MAIL: Attention: Christina Vigil (Portland Public Schools OCIP)
 Builders Protection Group LLC
 1852 Lomita Blvd. Suite 210
 Lomita, CA 90717

Sub tier contractor #1

Company Name	_____	Address #1	_____
Contact Name	_____	Address #2	_____
Phone Number	_____	City, State, ZIP	_____
Fax Number	_____	Contract Amount	\$ _____
E-Mail Address	_____	CCB#	_____
Scope of Work	_____		

Sub tier contractor #2

Company Name	_____	Address #1	_____
Contact Name	_____	Address #2	_____
Phone Number	_____	City, State, ZIP	_____
Fax Number	_____	Contract Amount	\$ _____
E-Mail Address	_____	CCB#	_____
Scope of Work	_____		

Sub tier contractor #3

Company Name	_____	Address #1	_____
Contact Name	_____	Address #2	_____
Phone Number	_____	City, State, ZIP	_____
Fax Number	_____	Contract Amount	\$ _____
E-Mail Address	_____	CCB#	_____
Scope of Work	_____		



Subcontractor Form 2-B

Sub tier contractor #4

Company Name	_____	Address #1	_____
Contact Name	_____	Address #2	_____
Phone Number	_____	City, State, ZIP	_____
Fax Number	_____	Contract Amount	\$ _____
E-Mail Address	_____	CCB#	_____
Scope of Work	_____		

Sub tier contractor #5

Company Name	_____	Address #1	_____
Contact Name	_____	Address #2	_____
Phone Number	_____	City, State, ZIP	_____
Fax Number	_____	Contract Amount	\$ _____
E-Mail Address	_____	CCB#	_____
Scope of Work	_____		

Sub tier contractor #6

Company Name	_____	Address #1	_____
Contact Name	_____	Address #2	_____
Phone Number	_____	City, State, ZIP	_____
Fax Number	_____	Contract Amount	\$ _____
E-Mail Address	_____	CCB#	_____
Scope of Work	_____		

Sub tier contractor #7

Company Name	_____	Address #1	_____
Contact Name	_____	Address #2	_____
Phone Number	_____	City, State, ZIP	_____
Fax Number	_____	Contract Amount	\$ _____
E-Mail Address	_____	CCB#	_____
Scope of Work	_____		

