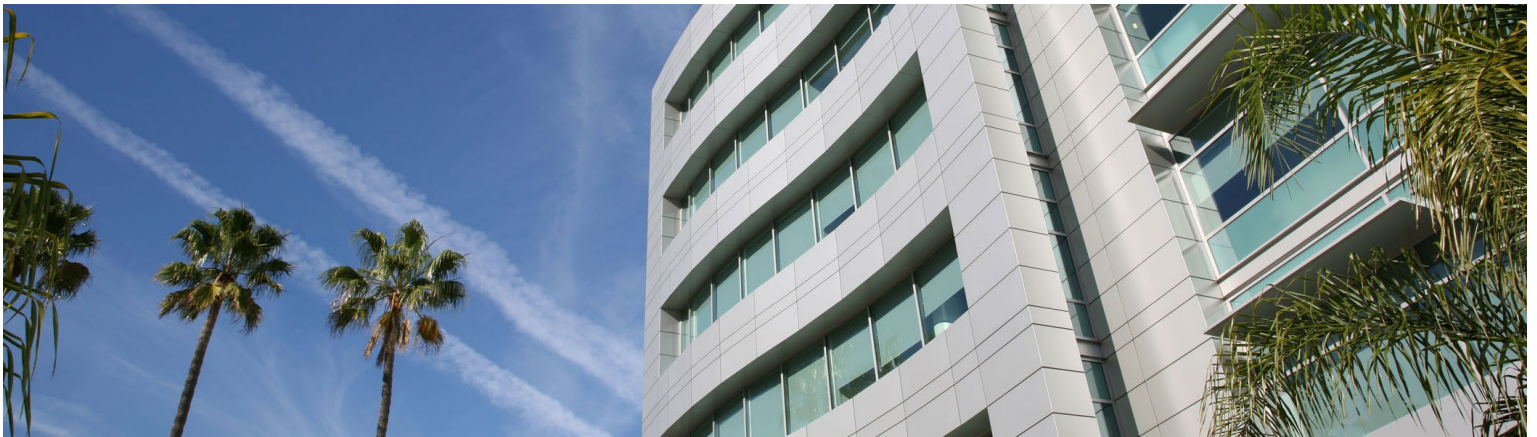




California State University

OWNER CONTROLLED INSURANCE PROGRAM (OCIP)

OCIP 3 MASTER INSURANCE MANUAL



Term: 12/31/2022 – 12/31/2027
September 26, 2023, Version 1
This Manual is a Contract Document

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1.0 INTRODUCTION

1.1 Overview

SECTION

1

The California State University (Owner or also known as Sponsor) has elected to use an Owner Controlled Insurance Program (OCIP) for the Project identified on the cover of this Manual and in Section 2. Under such a program, the Owner purchases certain insurance policies for protection of some (but not all) of the insurable risks that exist on a construction project. The insurance purchased by the Owner will be endorsed to extend coverage of the policy to any enrolled Prime Contractors, Subcontractors, or Sub-Subcontractors. All Contractors, Subcontractors, and Sub-Subcontractors on the Project should carefully consider the OCIP and its implications to their company before executing a Contract requiring their participation in the OCIP.

The OCIP provides the following insurance for all Contractors, regardless of tier, that are approved for participation in the insurance program:

- Commercial General/ Excess Liability
- Workers' Compensation

Certain Contractors, Subcontractors, and Sub-Subcontractors are ineligible for this program. These parties are identified in the Definitions, Section 3.0 of this manual.

The Owner will pay all insurance premiums for the OCIP coverage listed above. You should notify your insurer(s) to delete from your insurance program charges and coverage for the on-site activities of this Project that are covered under the OCIP.

The Owner has elected to implement a **Net Bid Program**. Each Contractor, Subcontractor, and Sub-Subcontractor is required to exclude from its bid price its normal cost for insurance coverage.

Alliant, the OCIP Program Manager, will be administering the program on the behalf of the Owner. It will be primary insurance for the benefit of insured parties of this Project.

Insurance coverage and limits provided under the OCIP are limited in scope and specific to this Project only. Your insurance representative should review this information. Any additional coverage you may wish to purchase will be at your own expense.

[This manual is intended to be used as a general overview of the OCIP Program.](#)

If there is any conflict between this document and the Contract with the California State University, the Contract will govern. If there is any inconsistency or misunderstanding with the OCIP Manual and the actual OCIP policies, the OCIP policies will govern.

1.2 About this Manual

This OCIP Manual was prepared by Alliant Insurance Services (Alliant) and California State University. Alliant is the insurance broker and OCIP Administrator for this program. This manual is designed to identify, define, and assign responsibilities for the administration of the OCIP. The guidelines in this manual are to be used for informational purposes only. Specific questions about the OCIP, its administration, or the coverage provided should be referred to the OCIP Program Manager identified in the Project Directory section immediately following this introduction.

This OCIP Manual:	This OCIP Manual does not:
Generally describes the OCIP	Provide coverage interpretations
Identifies responsibilities of the various parties involved in the Project	Provide complete information about coverage
Provides a <i>basic</i> description of OCIP operation	Provide answers to specific claims questions
Describes audit and administration procedures	Supersede any language set forth within the Contract
Provides answers to basic questions about the OCIP	
Will be updated throughout the course of the Project if necessary	

1.3 Responsibilities Concerning Loss Control & Claim Reporting

It will be the responsibility of all Contractors of any tier to exercise every reasonable action to prevent work related injuries, property, and equipment damage at the project site, as well as to minimize the exposure of risk to the public and third party property. All Contractors of any tier will conduct loss control prevention practices according to those requirements set by Federal, State and Local Laws, statutes, and specific project procedures developed for this Project.

In the event of an accident, it will be the obligation of the responsible Contractor of any tier to see that the injured workers or members of the public are given immediate medical treatment. Also, all appropriate medical and claim forms must be filed with the appropriate Authorities, the Primary OCIP Carrier, Site Safety Personnel, Alliant Site Safety Personnel, and the Alliant WC and/or GL Claims Advocate.

For more information on Claim Reporting, please refer to Section 7.

OCIP BROKER / ADMINISTRATOR

Alliant Insurance Services
 Construction Services Group
 333 S. Hope Street, STE 3750
 Los Angeles, CA 90071

SOUTHERN CALIFORNIA CAMPUSES
 Channel Islands, Dominguez Hills, Fullerton, Long Beach, Los Angeles,
 Northridge, Pomona, San Bernardino, San Diego, San Marcos

CENTRAL & NORTHERN CALIFORNIA CAMPUSES
 Bakersfield, Chico, East Bay, Fresno, Humboldt, Maritime, Monterey Bay,
 Sacramento, San Francisco, San Jose, San Luis Obispo, Sonoma, Stanislaus

OCIP PROGRAM MANAGER	OCIP PROGRAM MANAGER
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Please Direct All OCIP Coverage Questions and Project Inquiries to the OCIP Program Manager

PAMELA QUIROZ
 Phone: 213-443-2469
 Email: Pamela.Quiroz@alliant.com

TRAVIS CZAP
 Phone: 213-364-8699
 Email: Travis.Czap@alliant.com

OCIP PROGRAM ADMINISTRATOR	OCIP PROGRAM ADMINISTRATOR
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Please Direct all Enrollment and Payroll Reporting Questions to the OCIP Program Administrator

ETHAN GARCIA
 Phone: 424-902-3807
 Email: Ethan.Garcia@alliant.com

ROBERT RUEMKE
 Phone: 979-307-8500
 Email: Robert.Ruemke@alliant.com

OCIP PORTAL – ALLIANT WRAPX

ONLINE ENROLLMENT, PAYROLL REPORTING & DOCUMENT MANAGEMENT
 Website: <http://alliantwrapx.alliant.com/contractorportal>
 *Contact OCIP Program Administrator for User Access

OCIP CORPORATE SAFETY DIRECTOR

ELI MENDOZA
 Phone: (619) 694-7159
 Email: emendoza@alliant.com

OCIP Claims

Please Refer to Project Specific Claims Kit for Claim Reporting Instructions

Workers Compensation

Dedicated Toll-Free #:	855-276-2466
ORCIG Client Code:	004138
Client VDN:	2208692

OCIP WC CLAIMS ADVOCATE	OCIP GL CLAIMS ADVOCATE
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Please Direct all Claims Reporting Questions to the WC/GL Claims Specialist

Michael Quinn
 Phone: 559-374-3602
mquinn@alliant.com

Ty Von Hoetendorff
 Phone: 213-443-2448
tvon@alliant.com



3.0 DEFINITIONS

The following definitions apply to this project and to the descriptions of the Project Coverage used in this Manual:

SECTION 3

Approved Additional Sites:

Storage yards or staging areas used solely in connection with performing work at the Project Site. All locations must be approved by the insurer and scheduled.

Certificate of Insurance:

A Document providing evidence of the existence of coverage for a particular insurance policy or policies.

Contract:

A written agreement between the Owner and the Contractor for specific work.

Contract Document:

The Contract, as referenced above, including the Contract General Conditions.

Contractor:

The Contractor as identified in the Contract for performance on this specific Project.

Contractor Claims Obligation:

The amount that Contractors of every tier are responsible for paying as their contribution for settlement of an insured loss.

Employer:

Any individual, firm, or corporation that provides direct construction labor for work performed at the Project Site.

Enrolled:

Applies to those eligible Contractors, Subcontractors, and Sub-Subcontractors that have submitted all necessary enrollment forms and have been accepted into the OCIP as evidenced by a Certificate of Insurance. Also described in this manual as a Participating Contractor.

Excluded:

Applies to those ineligible Contractors, Subcontractors, and Sub-Subcontractors that do not qualify to participate in the OCIP Program and will need to procure insurance coverage outside of the OCIP. Scope of work may include, but is not limited to:

- Structural/Heavy Demolition
- Hazardous Material Contractors and Transporters
- Architects, Surveyors, Engineers
- Vendors, Suppliers, Off-Site Fabricators, Material Haulers, Truckers
- Those involved in loading, transporting, and unloading materials, personnel, parts, or equipment, or any other items to, from or within the Site.
- Cranes without a provided operator
- Subcontractors not performing actual construction labor at the jobsite
- Any EMR in excess of Policy or Contract thresholds; see below EMR Threshold Definition.
- Any other trade at Owner discretion

Experience Modification Rate (EMR) Threshold:

Contract has max EMR stipulations for Contractor, Subcontractor, and Sub-Subcontractor. Any EMR in excess of the EMR Threshold will need to be specifically approved by The Owner and/or OCIP Workers' Compensation Insurer:

- Contractor EMR Threshold: **1.0**
- Subcontractor and Sub-Subcontractor EMR Threshold: **1.25**

Insured:

The Owner, Participating Contractors, and any other party so named in the insurance policy.

Insurer:

The insurance company named on a policy or certificate of insurance that provided coverage for the OCIP.

Net Bid Program

Contractor, Subcontractor, and Sub-Subcontractors who ultimately will be enrolled in the OCIP are required to **exclude** the required insurance cost from their bid price, contract value and change orders.

Owner:

The California State University, specifically the campus named herein that holds the contracts for the Project.

OCIP Administrator:

Alliant Insurance Services, Inc. Also referred to in this manual as Program Manager.

Participating Contractor:

See Enrolled.

Project Site:

Project Site shall mean those areas designated in writing by Owner for performance of the Work and such additional areas as may be designated in writing by Owner for Contractors use in performance of the Work. Subject to notification and other requirements for off-site locations, the term Site shall also include (a) field office sites, (b) property used for bonded storage of material for the Project approved by Owner, (c) staging areas dedicated to the Project, and (d) areas where activities incidental to the Project are being performed by Contractor or Subcontractors covered by the workers' compensation policy included in the OCIP, but excluding any permanent locations of Contractor or such covered Subcontractors.

Subcontract:

An agreement between a Contractor and Subcontractor and Sub-Subcontractor.

Subcontractor/Sub-Subcontractor:

Those persons, firms, joint ventures, corporations, or other parties that enter into a Contract with the Contractor to perform Work relating to the Project. For purposes of this Manual, Sub-Subcontractors are included in this definition.

Work:

Operations as fully described in the Contract, performed at, or emanating directly from the Project Site. Also, the entire completed construction or the various separately identifiable parts required to be furnished under the Contract documents

4.0 INSURANCE COVERAGE & SUMMARY

4.1 Covered Parties

Participating Contractors of any tier must enroll in the OCIP before OCIP coverage is available to them for any loss. All insurance, underwriting, payroll, rating or loss history information (including evidence of other insurance required under Section 6 requested by the OCIP Administrator) must be provided to the OCIP Administrator by Participating Contractor of any tier within five (5) working days of the request. A Contractor, Subcontractor, or Sub-Subcontractor shall not be deemed to be a Participating Contractor and shall not be permitted to work on the Project until enrolled in the OCIP. Enrollment will be established only upon issuance of an OCIP Certificate of Insurance by the OCIP Administrator. Every Participating Contractor shall, at all times during and after the Project, cooperate with the Owner, the OCIP Administrator, and the OCIP insurers and adjusters concerning matters relating to the OCIP.

4.2 Parties Not Covered

The Owner and the Insurer have the exclusive right to exclude Contractors of any tier from participating in the OCIP (Excluded Contractors). Such Excluded Contractors, who will not be covered under the OCIP, will not be authorized to work on the Project until they have provided the OCIP Administrator (if directly hired by the Contractor), the Contractor or Subcontractor evidence of their compliance with the insurance requirements as outlined in the Contract. Please see Section 2 Definition of “Excluded”, for a list of Contractors of any tier who will not be included for participation in the OCIP.

4.3 Evidence of OCIP Coverage

Each Participating Contractor will be issued an individual Workers’ Compensation policy including Employer’s Liability coverage. The OCIP Administrator will also provide a Certificate of Insurance evidencing General Liability, and Excess Liability insurance to each Participating Contractor, each of whom will be a named insured on the policy. Other documentation including forms, posting notices, if any, will be furnished to each Participating Contractor. A complete redacted copy of the policy can be furnished to an authorized representative of each Participating Contractor upon written request.

4.4 OCIP Termination or Modification

The Owner reserves the right to terminate or modify the OCIP or any portion thereof. If the Owner exercises this right, Contractors will be provided notice as required by the terms of their individual contracts. At its option, Owner may procure alternate coverage or may require the Contractors to procure and maintain alternate insurance coverage.

4.5 Description of Insurance Coverages

The following coverage summaries are provided for informational purposes only. The actual terms and conditions of the coverage provided are contained in the insurance policies under the OCIP, and General Contractor and others shall not rely upon this summary in lieu of the policies themselves.

The following coverages are provided by the OCIP:

- Workers’ Compensation and Employer’s Liability
- Commercial General/ Excess Liability

INSURANCE COMPANIES	POLICIES
Old Republic Contractors Insurance Group	Workers’ Compensation
Old Republic Contractors Insurance Group	General Liability
Various	Excess Liability

**WORKERS' COMPENSATION AND
EMPLOYER'S LIABILITY**

Policy A1LWCB170000
Old Republic Contractors Insurance Group
December 31, 2022 – December 31, 2027 (Program Period)

Workers' Compensation:

Statutory Benefits Limits imposed by the Workers' Compensation and/or Occupational Disease statute of the State in which the work is performed and any other state or governmental authority having jurisdiction or if related to the work performed on the Project

Each Participating Contractor will be issued a specific Workers' Compensation policy for their employees.

Employer's Liability Limits

Bodily Injury (Each Accident):	\$1,000,000
Bodily Injury by Disease (Each Employee):	\$1,000,000
Bodily Injury by Disease (Policy Limit):	\$1,000,000

COMMERCIAL GENERAL LIABILITY

Policy A1LGCB170000
Old Republic Contractors Insurance Group
December 31, 2022 – December 31, 2027 (Program Period)

General Liability:

Limits for Bodily Injury, including death resulting there from Property Damage on a per Project basis

Master policies will be endorsed to include the Owner and any of their affiliates, or subsidiary companies or corporations, as well as the project's General Contractor and Subcontractors enrolled in the OCIP as a Named Insured.

Limits

Products & Completed Operations Aggregate:	\$4,000,000
General Aggregate:	\$4,000,000
Each Occurrence:	\$2,000,000
Personal Injury and Advertising Liability:	\$2,000,000
Fire Damage Legal:	\$300,000
Medical Expense (Any One Person):	\$10,000
Premium Payments	By Owner
Deductible	Any deductible will be paid by Owner
Contractor Claims Obligation	See below

If a General Liability claim results from any construction activity, the responsible Contractor, Subcontractor, and/or Sub-Subcontractor shall pay a deductible to the Owner, identified as the Contractor Claims Obligation, based on initial contract value. This payment shall be made to the Chancellor's Office. If unable to collect, the Trustees may issue a unilateral change order to recover this Contractor Claims Obligation. More information is available in the Contract General Conditions.

EXCESS LIABILITY

**Policy: Various
Carriers: Various**

December 31, 2022 – December 31, 2027 (Program Period)

Excess Liability:

Master policies will be endorsed to include the Owner and any of their affiliates, or subsidiary companies or corporations, as well as the project's General Contractor and Subcontractors enrolled in the OCIP as a Named Insured.

Limits

Each Occurrence	\$100,000,000
Annual General Aggregate	\$100,000,000

UNDERWRITTEN BY:		
CARRIER	POLICY NUMBER	LIMITS
Starr Surplus Lines Ins Co	1000588172221	\$10M XS Primary
American Guarantee and Liability Ins Co	AEC093280200	\$15M XS \$10M
ACE Property and Casualty Ins Co	XCQG47383821001	\$12.5 Part of \$25M XS \$25M
AXIS Surplus Ins Co	P00100103625201	\$12.5 Part of \$25M XS \$25M
Everest Indemnity Insurance Company	XC1EX00874221	\$15M Part of \$50M XS \$50M
Homesite Insurance Company	CPX01316000	\$10M Part of \$50M XS \$50M
Great American Security Insurance Co	EXC4455756	\$15M Part of \$50M XS \$50M
Crum & Forster Specialty Insurance Co	SEO122102	\$10M Part of \$50M XS \$50M

5.0 CONTRACTOR OCIP RESPONSIBILITIES

SECTION 5

Contractors of any tier are required to cooperate fully with the Owner and the OCIP Administrator in all aspects of OCIP operation and administration. All Contractors of any tier will be required to provide information necessary to bind coverage under the OCIP on a “per Contract” basis. Responsibilities of the Contractor and Subcontractor include:

- Handle insurance costs in your bid as outlined in the Contract as appropriate
- Submission of all OCIP enrollment information
- Including the OCIP provisions in all subcontracts as appropriate
- Notifying the OCIP Administrator of all Subcontracts awarded via Notice of Award in the Alliant WrapX Portal
- Assisting with enrollment of all subcontractors in OCIP, as required
- Maintaining and reporting monthly payroll records
- Cooperating with the OCIP Administrator’s requests for information
- Complying with insurance, claim, and safety procedures
- Paying Contractor Claims Obligation promptly as required
- Notifying the OCIP Administrator immediately of any insurance cancellation or non-renewal (contractor-required insurance)

5.1 Alliant WrapX Overview

Alliant WrapX (WrapX) is a proprietary Risk Management Information System (RMIS). All relevant OCIP information will be captured and stored online in a “paperless” format through WrapX. Information to be stored includes award notifications, enrollment information, OCIP payroll, and notice of work completions for all Contractors on a per Project basis. Alliant Insurance will provide all OCIP Eligible Contractors a project welcome letter detailing instructions for utilizing the WrapX contractor portal upon receipt of a Notice of Award for the awarded Contractor.

Submission of all Non-CIP Certificates of Insurance should be via uploading to WrapX, but Non-CIP Certificates can also be sent via e-mail to: alliantwrapx@alliantinsurance.com or to OCIP Program Administrator.

If you should have any questions or require additional information about this process or other matters related to the OCIP, please contact your OCIP Program Administrator or Program Manager identified in Section 2: Project Directory of this Manual.

5.2 Contractor Bids – Net of Insurance Costs

Contractor, Subcontractor, and Sub-Subcontractor’s bids shall **exclude** costs for insurance that the Owner will provide to all Enrolled Parties under the OCIP for work performed at the Project Site.

5.3 Enrollment

Enrollment into the OCIP is required but not automatic. Eligible Contractors must complete the online enrollment and participate in the enrollment process for the OCIP coverage to apply. Access to the Project Site will not be permitted until the enrollment is complete. **Contractors of any tier must be enrolled prior to start of Work.**

Each Contractor of any tier shall provide details about its subcontractors as necessary to enroll them in the OCIP. The Program Manager will need all the information requested on the Contractor Insurance Online Enrollment Form. This information must be completed and submitted to the OCIP Program Manager prior to mobilization to

obtain coverage under the OCIP. Separate Contractor Enrollment is required for each Contract which you are performing Work; however, only one Workers' Compensation policy will be issued for your firm.

When a Contractor of any tier is accepted into the OCIP, they will receive a Certificate of Insurance from Alliant acknowledging that they have been enrolled in the OCIP.

5.4 Assignment of Return Premiums

The Owner will pay the cost of the OCIP insurance coverage. The Owner will be the sole recipient of any return OCIP premiums or dividends. All Participating Contractors shall assign to the Owner all adjustments, refunds, premium discounts, dividends, credits, or any other monies due from the OCIP insurers.

5.5 Payroll Reports

Each Participating Contractor must submit Monthly OCIP Payroll Reports online identifying man-hours and payroll for all work performed at the Project Site on a "per contract" basis. This information is separate from any Certified Payroll Reporting Requirements and will be used to provide the insurance company or Owner with the information required to determine the premium for the OCIP.

The monthly man-hour reports should include supervisory and clerical personnel on site and shall certify all Work performed at or emanating directly from the Project Site. A Separate Monthly Payroll Report is required for each Contract for Work you are performing.

5.6 Insurance Company Payroll Audit

All Enrolled Parties are required to maintain payroll records for the Project Site in accordance with the Basic Manual of Rules, Classifications, and Experience Rating Plan for Workers' Compensation and Employers Liability Insurance. Such records shall allocate the payroll by Workers' Compensation Classification(s), including any cost pertaining to the value of work in place, and shall exclude the excess or premium paid for overtime (i.e., only the straight time rate shall apply to overtime hours worked). Furthermore, such records shall limit the payroll for the Owners and Executive Officers as stated in manual rules. The purpose of such audits is to determine post-annual Project premium costs for the OCIP.

Enrolled Parties are required to participate in any audit conducted by the insurers for the OCIP, and to cooperate with the auditor(s) conducting such audit.

5.7 Completion of Work

When a Participating Contractor has completed its work, each Participating Contractor shall complete a Notice of Work Completion online and submit it to the OCIP Program Administrator. The Owner will not release final payment until all necessary information has been submitted. It is the upper-tier Contractor's responsibility to assure that the lower-tier subcontractors complete the Notice of Completion online. A separate form must be completed for each Contract.

5.8 Off-Site Locations

The Contractor is responsible, on behalf of itself or its Subcontractors, for applying for approval to have off-site locations covered by the OCIP. The Contractor, prior to the use of the site, shall notify the OCIP Program Manager of the need and shall request approval of the site. The request should include the location address, description of the site, intended use, and the duration of the work to be performed at the site. The off-site location must be dedicated 100 % to the Project.

5.9 Safety Procedures

Contractors of any tier are required to establish a written safety program and to provide a full-time dedicated Safety Manager where applicable or designated competent safety representative who shall be onsite when any work is in progress. Non-compliance with Project Loss Control Requirements could be considered to be the same as non-compliance with another contractual condition. Minimum standards for contractor programs are outlined in the California State University OCIP Project Safety Manual.

The Owner or its loss control representatives will have the right to “Stop Work” when serious defective conditions, unsafe work activities, or life-threatening hazards are identified. In accordance with contract requirements, if deemed necessary, the Owner may remove any subcontractor and/or subcontractor employees that blatantly violate these requirements. The Owner, at its discretion, will designate an individual to act on its behalf, in all matters relating to work site safety and health.

5.10 Claims Reporting

Contractors of any tier shall follow the claims procedures outlined in section 7.0 of this manual, and as established by the Contractor. Contractors of any tier agree to assist and cooperate in every manner possible in connection with the adjustment of all claims and demands in which the OCIP Insurer is called upon to adjust or defend.

5.11 Change Order Procedures

Contractor, Subcontractor, and Sub-Subcontractor’s change orders shall **exclude** costs for insurance that the Owner will provide to all Enrolled Parties under the OCIP for work performed at the Project Site.

5.12 Close Out and Audit Procedures

When a Contractor and/or an associated Subcontractor has completed its Work at the Project and will no longer have on-site workers, the Contractor shall notify the OCIP Administrator by submitting the Notice of Work Completion online for the final reporting and audit of payroll and man-hours.

Any Contractor Claims Obligation that the Contractor or its Subcontractors of any tier are responsible for will be considered at the time of the Contract close-out unless the actual cost of the claim has been established and considered prior to close-out.

6.0 CONTRACTOR REQUIRED COVERAGE

Contractors of any tier are required to maintain insurance coverage that protects the Owner from liabilities arising from the Contractor of any tier's operations performed away from the Project site, for types of coverage not provided by the OCIP, and for operations performed in connection with excluded parties operating under your control or direction.

Verification of insurance shall be submitted in the form of a Certificate of Insurance on a standard ACORD Form 25-S. A sample of an acceptable Certificate of Insurance and other documentation is provided for your review in Section 8: Project Forms.

Contractors are responsible for monitoring their Subcontractors and Excluded Parties Certificates. The Owner reserves the right to disapprove the use of Subcontractors unable to meet the insurance requirements. Certificates evidencing compliance shall be submitted to Owner.

The limits of liability shown for the insurance required of the Contractor and Subcontractors are minimum limits only and are not intended to restrict the liability imposed on the Contractor and Subcontractors for Work performed under their Contract.

Contractors of any tier agree to obtain and maintain during the life of this contract the following minimum insurance requirements. Contractors of any tier shall pay the premiums for such insurance.

6.1 Business Auto Liability

All Participating Contractors will maintain at their own expense Automobile Liability Insurance covering the operations, maintenance, use and loading and unloading of all owned, non-owned, and hired vehicles. As such, all contractors of any tier shall furnish to OCIP Administrator (if directly hired by the Contractor) and Contractor a Certificate of Insurance showing such coverage.

6.2 General Liability

All Participating Contractors shall maintain at their own expense Commercial General Liability (CGL) Insurance applicable to all off-site operations.

Enrolled Parties shall provide evidence of General Liability insurance for "Off-Site" activities.

Excluded Parties shall provide evidence of General Liability insurance applicable to "On-Site" and "Off-Site" activities.

6.3 Workers' Compensation

All Participating Contractors shall maintain at their own expense Workers' Compensation Insurance applicable to all employees and Contractors hired by the Insured, who are not covered under the OCIP Workers' Compensation policy.

Enrolled Parties shall provide evidence of Workers' Compensation insurance for "Off-Site" activities.

Excluded Parties shall provide evidence of Workers' Compensation insurance applicable to "On-Site" and "Off-Site" activities.

6.4 Professional Liability Insurance (Errors & Omissions)

In the event any contract specifications require a Participating Contractor, including any professional service provider, to perform professional services, such as, but not limited to, architectural, engineering, construction management, surveying, design, etc., a Certificate of Insurance must be provided to the Owner prior to commencing Work. Change in limits, coverage, or loss of aggregate limit due to outstanding claims must be reported to the Owner within thirty (30) days of any such event. Please refer to the Contract's General Conditions to see if this is applicable to your Work.

6.5 Construction Equipment Insurance

Any policies maintained by the Participating Contractors on their owned and/or rented equipment and materials shall contain a provision requiring the insurance carriers to waive their rights of subrogation against the Owner and all other indemnities named in their Contract.

6.6 Aviation Liability

In the event any fixed aircraft or rotary aircraft (helicopters) of any kind or any Unmanned Aerial Vehicles (Drones) are used in the connection for Project Site and/or execution of the Work, then Contractor of any tier must maintain Aviation Liability covering all owned, non-owned, and hired aircraft used, operated, or hired by Contractor/Subcontractors in connection with the Project, including Bodily Injury, Property Damage, and Passenger Liability. The Owner, Contractor, and the respective Subcontractor must be named as an Additional Insured with Primary and Non-Contributory wording. In addition, the policy limits must be in accordance with the Owner's requirements. Such insurance requirements will be determined as the need arises. In addition, if any aircraft is to be used to perform lifts at the Project Site, a "slung cargo" endorsement must be included to cover the full replacement value of any equipment or material being lifted. All such lifts must be coordinated with the Owner and Contractor for approval prior to lift execution.

6.7 Watercraft Liability

In the event any watercraft of any kind are used in connection for Project Site and/or execution of the work, then Contractor/Subcontractors must maintain Watercraft Liability, covering all owned, non-owned, and hired watercraft used, operated, or hired by Contractor/Subcontractors in connection with the Project, including Bodily Injury. The Sponsor, Contractor and the respective Subcontractor must be named as an Additional Insured with Primary and Non-Contributory wording. In addition, the Policy Limits must be in accordance with the Owner's requirements. Such insurance requirements will be determined as the need arises.

6.8 Environmental and Asbestos Abatement Coverage

If this Agreement involves the removal of asbestos, the removal/replacement of underground tanks, or use of toxic chemicals and substances, the Subcontractor will be required to provide adequate coverage, not less than five million (\$5,000,000) per claim basis, for such exposures subject requirements and approval of Contractor. These requirements are identified in the General Conditions and Supplementary General Conditions.

6.9 Conditions of Understanding

The amount and types of insurance coverage required herein shall not be construed to be a limitation of the liability on the part of General Contractor, Participating Contractors, Nonparticipating Contractors, or any lower-tier Subcontractors. Any type of insurance, or any greater limits of liability than described above, which the Contractor or Subcontractor requires for their own protection or on account of statute, shall be the Contractor's or Subcontractor's own responsibility and at its own expense. The carrying of the insurance described shall in no way be interpreted as relieving a Contractor of any tier, whether Participating or Non-Participating, of any responsibility of liability under this Contract.

6.10 Other Insurance Required of All Subcontractors

Participating Contractor shall file certificates of such insurance with the Owner which shall be subject to the Owner's approval for adequacy of protection, including the satisfactory character of any Insurer. If requested by the Owner, a certified copy of the actual policy(s) with the appropriate endorsement(s) and other documents shall be provided to the Owner and Contractor.

Should any of the above-described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

In the event of failure of any tier to furnish and maintain said insurance and to furnish satisfactory evidence thereof, the Owner shall have the right to take out and maintain same coverage for all parties on behalf of the Contractor of any tier who also agrees to furnish all necessary information thereof and to pay the cost thereof to the Owner immediately upon presentation of a premium invoice.

7.0 CLAIMS PROCEDURES

This section describes the basic procedures for reporting various types of claims: workers' compensation, general liability, and damage to the project. A claim kit will be provided to all Participating Contractors. It will include details about claim reporting and is intended for use at the job site.

7.1 Workers' Compensation Claims

Claim Documents Made Available to All Participating Contractors	
Claims Kits	<ul style="list-style-type: none"> • Claims Kits will be made available to all Participating Contractors in WrapX and will include all the necessary claim forms and specific instructions for filing claims. • In the event you do not have access to WrapX or cannot locate a claims kit or form, please reach out to the WC/GL Claims Advocate and/or OCIP Program Manager.
MPN/List of Preferred Medical Providers	<ul style="list-style-type: none"> • A list of the preferred providers will be provided to all Participating Contractors. • A specific facility for treatment of all minor or non-life-threatening injuries will be agreed upon.

The Contractor will arrange with the local 911 emergency ambulance services for response to any serious traumatic life-threatening injuries. The main responsibility for any Contractor and Subcontractor is first to see that the injured worker receives immediate medical care. Next, you should notify the on-site Contractor's Safety Supervisor and Alliant WC Claims Advocate immediately in the event of a serious injury or accident.

ALLIANT WC CLAIM ADVOCATE: MICHAEL QUINN
EMAIL: MQUINN@ALLIANT.COM
PHONE: (559) 374-3602

Participating Contractors must designate a representative at the site to take injured employees to the medical center, and to report the claim. This individual should remain with the injured employee at the center while he/she is being treated. The treating physician should provide a written description of whether the injured worker can return to work, a list of restrictions, if any, and the estimated length of time he/she will stay on modified duty.

Documents to Complete in Event of Claim
• Employers First Report of Injury (Form 5020) must be completed/submitted to the on-site safety representative
• DWC-1 (Employee's Claim) must be completed and submitted to the on-site safety representative
• Supervisors Report of Injury Form must be completed and submitted to the on-site safety representative
• GB Treatment Authorization Form must be completed and submitted to the designated facility

RETURN TO WORK POLICY

All Enrolled Parties are required to comply with the Owner's Return-to-Work policy as outlined below. The purpose of the Return-to-Work program is to place employees in temporary job positions while recovering from on-the-job injuries. The Owner and the Insurer are committed to working together to promote safety, recovery, and successful return of injured employees to temporary, modified work following a work-related injury.

All Enrolled Parties shall cooperate with the Insurer to facilitate the return to work of any injured employee capable of modified work status.

Return-to-Work Procedures
<ul style="list-style-type: none"> The Insurer’s adjuster will communicate with the managed care clinic or treating physician to determine the injured employee’s temporary restrictions.
<ul style="list-style-type: none"> Once the employee is released to modified work, the Insurer’s adjuster will coordinate with the managed care nurse and/or treating physician and the employer to facilitate the injured employee’s return to work.
<ul style="list-style-type: none"> Upon being released to return to modified work, the injured employee will report to his/her employer for modified work assignment.
<ul style="list-style-type: none"> The employer will obtain from the employee (and provide copies to the Sponsor) the return-to-work status instructions from the treating physician.
<ul style="list-style-type: none"> The employer is required to accommodate the injured employee to the fullest extent and facilitate their return to work.

Follow Up/Communication with Insurer: It will be the responsibility of the Insurer’s adjuster to maintain communication with the treating physician and employer to facilitate the prompt return-to-work of an employee to full work status. Should the employee reach maximum medical improvement and still be precluded from returning to full work status, the Insurer’s adjuster will confer with the Sponsor, Contractor, and the employer regarding reassignment of the employee or next steps.

7.2 General Liability Claims

Accidents at or around the job site resulting in damage to property of others (other than the Work itself), or personal injury or death to a member of the public, must be reported immediately to the on-site Contractor’s Safety Supervisor. A General Liability Loss Notice (Accord Form 3, readily available online) shall be completed and delivered within 24 hours to the Alliant GL Claims Advocate (See Section 2.0: Project Directory for Contact Information).

Contractors and Subcontractors shall not voluntarily admit liability and shall cooperate with the Owner or insurer representatives, in an expeditious manner, in the accident investigation.

If your firm receives notice of a claim, or forthcoming lawsuit, or is served with a lawsuit arising out of your involvement with this project, please forward a copy of the documentation to the Alliant GL Claims Advocate (See Section 2.0: Project Directory for Contact Information).

ALLIANT GL CLAIM ADVOCATE: TY VON HOETZENDORFF

EMAIL: TVON@ALLIANT.COM

PHONE: (213) 443-2448

7.3 Property Claims

Immediately report any damages to your Work or the Work of any other Contractor/ Subcontractor to the on-site Contractor’s Safety Supervisor. In addition, complete the Property Loss Notice (Accord Form 1) and submit it to the OCIP Program Manager within five days of the occurrence.

The Contractor does not have permission to represent the Owner in a Property claim. Claims made after completion of the Project must be coordinated with the Owner and may not be successful otherwise.

Contractor and/or Subcontractor shall be held responsible for any applicable Contractor Claims Obligation.

7.4 Automobile Claims

No coverage is provided for automobile accidents under the OCIP. It is the sole responsibility of each Contractor and Subcontractor to report accidents involving their automobiles to their own insurers.

In addition to reporting the claim to own insurer, each Contractor and Subcontractor shall report all accidents occurring in or around the job site to the on-site Contractor's Safety Supervisor. These accidents will be investigated with regard to any liability arising out of the Project construction activities that could result in future claims. Each Contractor and Subcontractor shall cooperate in the investigation of all automobile accidents.

All Incidents occurring in or around the Project Site MUST be reported

8.0 APPENDIX

This Starter Packet contains instructions for the Alliant WrapX Contractor Portal that allows your company to enroll in the OCIP/CCIP, notify Alliant of subcontract awards, report monthly CIP payroll and run various reports.

SECTION

8

Requirements and/or Process may be subject to change dependent on Project Site Location.

- **Alliant WrapX Portal**
 - **Access contractor portal**
 - **Complete enrollment online**
 - **Add lower tier subcontractors**
 - **Enter payroll reports**

For assistance in getting access to the online system or with completing these forms, please contact:

Ethan Garcia
Alliant Insurance Services
Phone: (213) 406-1377
Ethan.Garcia@alliant.com

Robert Ruemke
Alliant Insurance Services
Phone: (979) 307-8500
Robert.Ruemke@alliant.com

Access Contractor Portal

An account will be created for all users upon submittal of Notice of Award (NOA). *If you are already registered, log in and proceed to Completing Enrollments on Page 3 below.* Open the Alliant WrapX Contractor Portal URL in a web browser: <https://alliantwrapx.alliant.com/ContractorPortal/>
The Alliant WrapX Contractor Portal login screen will be displayed.

How to Log In

Once at the WrapX home page:

- Contact the Alliant CIP Administrator to obtain a **Username**.
- Enter your unique **Username** and enter your **Password**.
- Click on the “**LOGIN**” button to gain access to the secure WrapX Contractor Portal.
- Please note that the first time you log on you will be requested to change your password.
- If you forgot your password or ID, click on “**Trouble logging in?**” and follow the instructions.

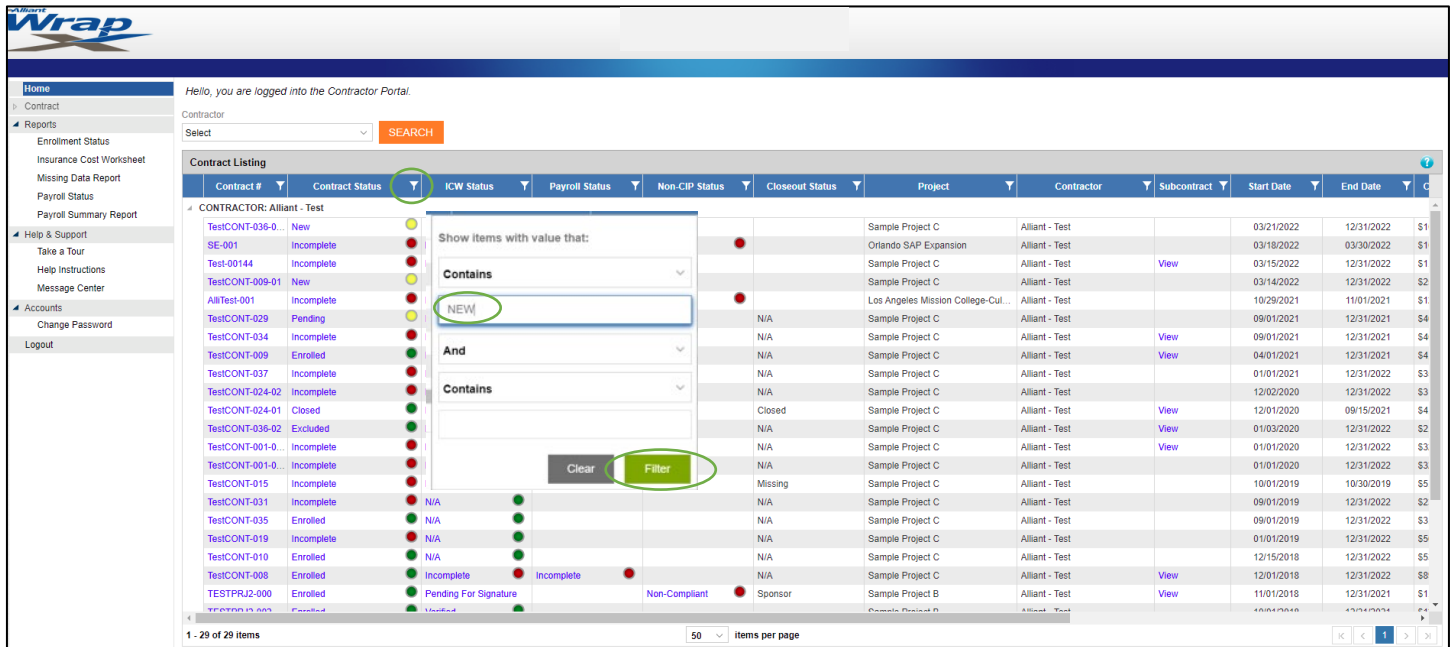
Forgot Username or Reset Password Screen

If you forgot your username or password, click on “[Trouble logging in?](#)” and follow system prompts.

Once all required information has been submitted (ex: email address and/or username), temporary credentials will be directly sent to contractor. If a temporary password is not received within a few minutes, please check your spam folder, or reach out to Alliant CIP Administrator.

Completing Enrollments

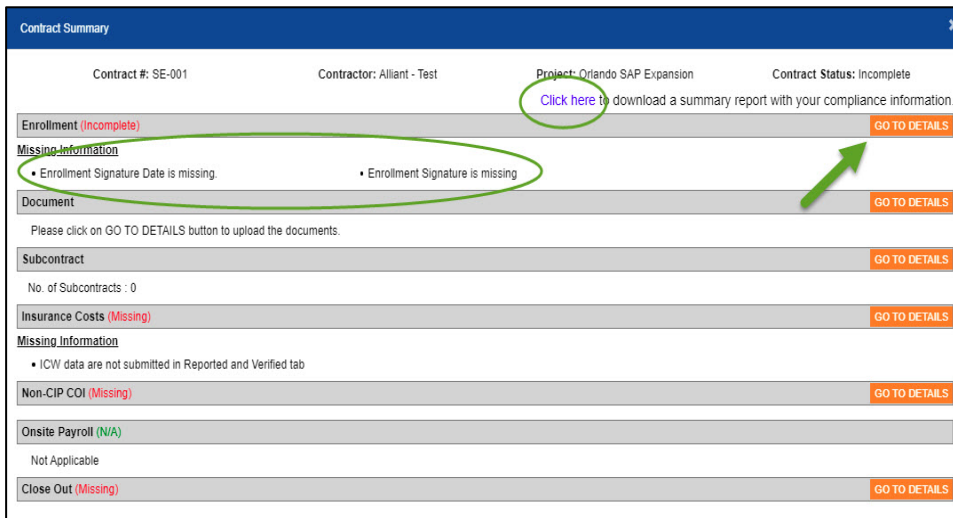
- To find your newly added contract(s), filter your contracts by **New**.
- Contracts that are in process for enrollment will show a status of **Incomplete** or **Pending**.



Contract Status Color Codes

- Click on the Contract Number of the contract you need to update, to begin the process. The enrollment wizard will start on the Review page. Any section that is not compliant will be listed in **RED**.
- Areas of concern can be identified by finding the Missing Information, as shown below.

#	Contract Status	Color
1	Incomplete	RED
2	Enrolled	BLUE
3	Pending	Green
4	Excluded	Black
5	New	Yellow
6	Closed	Brown



- If you wish to run a report summarizing all information required to complete the enrollment, choose "**Click here**" at the top of the screen, to run and download the report
- Choose "**GO TO DETAILS**" to begin updating the contract

- After clicking “[GO TO DETAILS](#)”, you will be directed to the Enrollment Process. Any sections with missing data are notated with a red **X**, as shown below.
- Click on “[EDIT](#)”, in the section(s) where the additional data is needed.
- To quickly move to the next section, you can choose an item shown as incomplete (with a red **X**)

Home Application For Enrollment

In order for your company to be considered enrolled and covered under the Wrap Up Insurance, you must complete the details below. Any missing information may result in your contract being Incomplete and could delay insurance coverage. You will receive notices for any missing details required to complete and process your application. If you do not qualify for Wrap Up coverage, we will notify you. If your company qualifies for coverage and once all enrollment details have been provided, you will receive a copy of your Welcome Letter and Certificate of Insurance evidencing coverage in the Wrap Up.

Contract # TestCONT-036-02-01 Project Sample Project C (SProjectC) Contract Status New Administrator's Review Pending Contractor Submission

Contract Information W

Click the link in the left menu to open Enrollment Wizard and add/update information for each respective section. If you have any questions please contact Wrap-Up Administrator

Company Information EDIT

Project: Sample Project C
Contractor Legal Name: Alliant - Test
Federal ID: 99-9932103
DBA:
Business Type: Corporation
License: Test

Contract Information EDIT

Any plans to Subcontract work on this contract? is required.

Estimated Contract Start Date: 03/21/2022
Parent Contractor Name: Alliant - Test
Estimated Contract Value: \$10,000.00
Self performed Value:
Description of Work: Stuff
Trade:
Any plans to Subcontract work on this contract?:

Address EDIT

- Please select Address Type.
- Please provide Street Address 1.
- Please provide City.
- Please provide State.
- Please provide Zip Code.

Enter the missing data and click “[NEXT](#)” to proceed to the next section

Updating Address

- If your address already exists in the system, you may choose “[Select Existing Address](#)”
Otherwise, enter the data as required
- To add a second address, Click on the Green Plus sign **+**
- Choose “[NEXT](#)” to proceed through the data entry

Please select an existing address record or add a new address by completing the fields below. If you wish to provide more than one address you can do so by clicking on the "Add" button. Note: You must select one address record as "Primary".

- Please select Address Type.
- Please provide Street Address 1.
- Please provide City.
- Please provide State.
- Please provide Zip Code.

Select Existing Address

Select Existing Address

Primary Contract | Y, Firoda, FL 43243

Address Type* Select

Street Address 1*

City*

Zip*

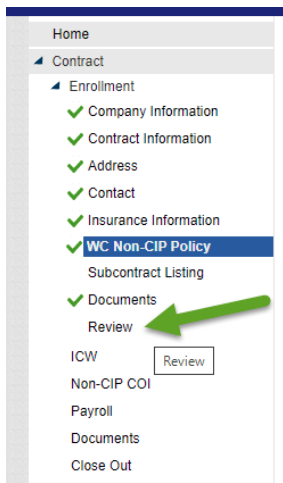
Primary

Street Address 2

State* Select Outside of US

PREVIOUS SAVE FOR LATER NEXT

Reviewing Enrollment



- Once all items have been properly added to the contract, Click on “[Review](#)”
- Scroll to the bottom of the screen
- Check the Electronic Signature box
- Enter your Name and Click Submit.

A screenshot of a review form. At the top, there is a checkbox with the text 'I agree that the statements in this application are true and accurate to the best of my knowledge.' Below this is a signature field with the placeholder text 'Signature (print your name)' and an 'Enrollment Date' field with the value '05/02/2022'. A green circle highlights the checkbox, and a green oval highlights the signature field. At the bottom right, there are three buttons: 'PRINT', 'SUBMIT', and 'SAVE FOR LATER'. A green arrow points to the 'SUBMIT' button.

If you have any questions while entering information, please use the [Help & Support](#) pop-out window to get on the spot help tailored to the section you are reviewing.



Help & Support

- Federal ID number (FEIN) should be in the format XX-XXXXXXX.
- FEIN of 99-999XXXX indicates a temporary number that should be corrected.

If you have any questions please contact Alliant Wrap-Up Administrator

Help & Support

- Payroll should be unburdened, straight-time pay. It should not include any fringe benefits, holiday pay, or sick time.
- Estimated payroll is required for a complete enrollment. Typically payroll totals 20% of contract value. (For GL Only Programs) Payroll should be entered only if GL costs are based on payroll.
- Class codes can be found on you WC or GL rate pages.
- Class codes must be valid in the state where the project is located.

If you have any questions please contact Alliant Wrap-Up Administrator

Information Required for Enrollment in the System

Usual Information Required for Enrollment	
Item	Help
1 Contractor FEIN – Federal ID Number	This is a 9 digit company number that is required for enrollment
2 Contract Description	Detailed Scope of work
3 Start Date at project site	Day physical work starts at jobsite
4 Contractor Address	Physical address of office. Any P.O. Box should be entered under Mailing address
5 Workers' Compensation Class Codes for onsite work	A four digit code that is state specific and can be located in your company WC rate pages
6 Estimated Man hours and Payroll	Entered For each class code
7 Experience Modifier (EMR)	Located in your company WC rate pages and entered as a decimal number (ex: 125% = 1.25 or 75% = 0.75)
8 WC Offsite Carrier/Policy #/Term	Corporate WC carrier name/policy number
9 Other basic information about the contract	Contract Value; contact information for Company and/or Payroll; etc.

Notice of Award (NOA)

Frequently Asked Questions

1. What is a Notice of Award?

- a. A Notice of Award (NOA) is the first step in setting up a contractor in the Alliant Wrap X System and notifies Alliant Insurance of a new contract to be working at a project site covered by the CIP. The NOA requires basic company information of the awarded subcontractor.

2. Who is required to submit a NOA?

- a. Any contractor subbing out work they plan on using at the project site is required to submit a NOA, regardless of CIP Enrollment or CIP Exclusion.

3. How can I submit a NOA?

- a. NOA's are submitted directly online through the Alliant WrapX Contractor Portal at: <https://alliantwrapx.alliant.com/ContractorPortal>
- b. Instructions on how to complete the NOA immediately follow this FAQ sheet.

4. What information is requested on a NOA?

- a. The NOA requires the following of the awarded subcontractor:
 - i. Subcontractor Name
 - ii. Subcontractor FEIN/Federal Tax ID Number (Mandatory – Obtain W9)
 - iii. Subcontractor Address
 - iv. Contract Value
 - v. Start Date
 - vi. Scope of Work
 - vii. Contact Person (Primary: Phone Number & Email Address)

5. What if my subcontractor does not need to be enrolled into the CIP and is just an excluded contractor?

- a. A NOA should be submitted for all contracts that are to be used at the project site, regardless of CIP Enrollment or CIP Exclusion. If a NOA is submitted for an excluded party, the only requested item will be a Certificate of Insurance (COI) evidencing primary onsite and offsite coverages where required by contract.

6. Does submitting an NOA get my subcontractor enrolled?

- a. No. The NOA is just a mechanism to notify Alliant of a new subcontractor. A separate enrollment process will be required to be submitted by the subcontractor needing to be enrolled.

7. Am I responsible for submitting a NOA AND enrolling my sub-tier?

- a. No. Once the NOA is submitted and the contract has been set up, the Alliant CIP Administrator will reach out to the awarded subcontractor via e-mail and send all enrollment information.

8. What if my 2nd tier sub also has another 3rd tier sub?

- a. Your 2nd tier sub will be responsible for submitting the NOA as they are in direct contractual relationship with the 3rd tier sub. However, it is to your company's discretion if you wish to assist with this process as well.

9. What if I'm having any issues with this process or need help with my login information?

- a. Please contact your Alliant CIP Administrator.

Alliant WrapX Notice of Award Process

- Notice of Award (NOA) is required to be submitted by a contractor subcontracting out any work at <https://alliantwrapx.alliant.com/ContractorPortal>
- **An NOA is required for any contractor whether the contractor is an Enrolled or Excluded Party.**
- Please contact the Alliant CIP Administrator if you have not been given a login ID and Password.
- After logging into the system, find your contract and Click on the contract number
- Find the Subcontract section and Click on **“GO TO DETAILS”**

TestCONT-029	Pending	●	N/A
TestCONT-034	Incomplete	●	Pending
TestCONT-009	Enrolled	●	Incomplete
TestCONT-037	Incomplete	●	N/A
TestCONT-024-02	Incomplete	●	Incomplete
TestCONT-024-01	Closed	●	Incomplete

Contract #: TestCONT-009 Contractor: Alliant - Test Project: Sample Project C Contract Status: Enrolled

[Click here](#) to download a summary report with your compliance information.

Enrollment (Enrolled) GO TO DETAILS

All Information Submitted

Document GO TO DETAILS

Please click on GO TO DETAILS button to upload the documents.

Subcontract GO TO DETAILS

No. of Subcontracts : 1

Insurance Costs (Incomplete) GO TO DETAILS

Missing Information

- Click **Add Subcontract** to add a new Subcontractor.

Contract #: TestCONT-009 Project: Sample Project C (SProject) Contract Status: Enrolled Administrator's Review: Pending Contractor Submission

Alliant - Test / TestCONT-009

Sub Contracts Add Subcontract | Edit Subcontract | Delete Subcontract

Contract #	Contract Status	ICW Status	Payroll Status	Non-CIP Status	Closeout Status	Project	Contractor	Start Date	End Date	Contract Value
<input type="checkbox"/> TestCONT-009-01	New	●				Sample Project C	Alliant - Test	03/14/2022	12/31/2022	\$25,000.00

- Click on the Magnifying Glass to search for subcontractor by name.
- *Utilizing the search feature will prefill other items such as Federal ID Number (FEIN) or Trade, and it will allow for quicker entry of contact and address information.

Contract #

Business Name*

Business Type

- Enter Subcontractor information, as well as contract information for each contract.

Lookup

Contractor Name/DBA: Federal ID:

Contractor Name	Federal ID	DBA
<input type="radio"/> A & F Electrical Testing	99-9997449	
<input type="radio"/> AB & A Test Company, Inc.	95-3997944	
<input type="radio"/> ABC Drywall - Test	99-0000003	We Do Plaster too
<input type="radio"/> ABC Plumbing Contractor - Test	99-0000002	
<input type="radio"/> ABC Testing Inc.	99-9990377	
<input type="radio"/> About Electrical - Test	99-9999887	123
<input checked="" type="radio"/> About Electrical - Test	99-9999887	456
<input type="radio"/> Absolute Testing Services, Inc.	99-9995600	

50 of 246 items 50 items per page

- **All Yellow fields are required for entry**
- Search by Company Name or by FEIN
- Click **“SEARCH”**
- Choose the correct Company
- Click **“SELECT”**
- Complete the entry for the NOA.

Click **“SUBMIT”** if this is the only NOA you need to submit.

Click **“SAVE & ADD NEW”** if there are additional Subcontractors to add.

- After NOA submission, Alliant CIP Administrator will reach out to your subcontractor for enrollment.

How to Report CIP Payroll

Payroll is reported via the Alliant WrapX Contractor Portal. Credentials are typically provided at the time of enrollment. If you are joining the project after enrollment, or are otherwise in need of a username and password, please contact the Alliant CIP Administrator.

- Log into the Contractor Portal
- Find the contract where you would like to enter payroll for the month.
- If any payroll is missing, you will see the Payroll Status as **Incomplete**
- Click on the Contract number to open the Contract Summary

Contract #	Contract Status	ICW Status	Payroll Status	Non-CIP
TestCONT-009	Enrolled	Incomplete	Incomplete	
TestCONT-037	Incomplete	N/A		
TestCONT-024-02	Incomplete	Incomplete	Incomplete	
TestCONT-024-01	Closed	Incomplete		
TestCONT-036-02	Excluded	N/A		
TestCONT-001-0...	Incomplete	Missing		
TestCONT-001-0...	Incomplete	Incomplete		
TestCONT-015	Incomplete	N/A		
TestCONT-031	Incomplete	N/A		
TestCONT-035	Enrolled	N/A		
TestCONT-019	Incomplete	N/A		
TestCONT-010	Enrolled	N/A		
TestCONT-008	Enrolled	Incomplete	Incomplete	
TESTPRJ2-000	Enrolled	Pending For Signature		Non-Con

Contract Summary

Contract #: TestCONT-001 Contractor: Alliant - Test Project: Sample Project C

Enrollment (Enrolled)

All Information Submitted

Document

Subcontract

No. of Subcontracts : 2

Insurance Costs (N/A)

Non-CIP COI (Compliant)

All Information Submitted

Onsite Payroll (Incomplete)

Missing payroll

Incomplete payroll

Close Out (N/A)

Applies upon completion of onsite work

- Find Onsite Payroll section
- Click on **“GO TO DETAILS”** to begin payroll entry process

If payroll is delinquent:

- System will default to the latest missing payroll
- The missing dates will be pre-filled
- For a New Entry, manually add the dates for the month
- Complete the payroll entry by entering Man hours and Payroll, (Straight time, unburdened payroll)
- Clicking on the **No Activity** box will prefill 0 (zero) for man hours and payroll for all lines for the month
- Clicking on the **Final Payroll** box will initiate the closeout of the contract. Payroll is still due until the closeout is accepted by the GC and completed by the Alliant CIP administrator
- Click Submit to complete the payroll entry
- Choose the Next month that should be entered, or click on Home to return to the main screen

Payroll

Please report your payroll details below. The payroll amounts should be reported for all employees working onsite and should only include the hours and dollar amounts for the time onsite. Refer to your Wrap Up Manual for details of how to report overtime, bonuses and other payroll exceptions. The records highlighted in red are missing monthly reports and should be reported immediately. If you have no work onsite during that period, please indicate this by check marking. "No activity on jobsite during this period". Please mark your last report as the "Final Payroll" to indicate once your work is complete.

Total % of Estimated Payroll: 1.87% Total limited payroll submitted till date is \$ 95.00

Contract #: TestCONT-001

Sample Project C (Project) Alliant - Test (99-9932193)

Report Date: 05/20/2022

Start Date: 06/10/2020 End Date: 06/30/2020

Signature: Title

No activity on this contract during this period

Is this final payroll for this contract?

Class Code	Man Hours	Gross Payroll (\$)	Reported Payroll (\$)
5146 - Fixtures or Furniture Installation			
5150 - Electrical Wiring			
9150B - Exec Supervisor or Exec Superintendent			

Intentionally under reporting payroll is a violation of the CCIP procedures and will constitute a breach of contract. Subcontractor submitted payroll will be audited by Alliant Insurance Services (CCIP Program Administrator). (CCIP Insurer) and, at its option Sample Sponsor.

PRINT SUBMIT

Certified Payroll is not considered the same as CIP Payroll. Please note that any Certified Payroll Reports submitted to Alliant WrapX will not satisfy the CIP Payroll Requirement.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Broker/Agent Name & Address	CONTACT NAME: Agent/Broker Contact Information	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Insurance Company A		
INSURER B: Insurance Company B		
INSURER C: Insurance Company C		
INSURER D: Insurance Company D		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PROJECT: [Insert Name of Project]
 [Insert Name of General Contractor, Construction Manager or Design Builder], The State of California, the Trustees of the California State University, The University, their officers, employees, representatives, volunteers, agents, and any other parties required by contract are added as additional insureds to the above liability policies on a primary and non-contributory basis following the terms of the contract. General Liability and Worker's Compensation are for off-site coverage only.

Waiver of subrogation applies per contract terms. [Attach relevant endorsements.]

CERTIFICATE HOLDER [INSERT NAME OF PROJECT] c/o Alliant Insurance Services, Inc. 333 S. Hope Street, Suite 3750 Los Angeles, CA 90071	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 Agent/Broker Signature



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Broker/Agent Name & Address	CONTACT NAME: Agent/Broker Contact Information	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Subcontractor Name & Address	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Insurance Company A	
	INSURER B: Insurance Company B	
	INSURER C: Insurance Company C	
	INSURER D: Insurance Company D	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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Waiver of subrogation applies per contract terms. [Attach relevant endorsements.]

CERTIFICATE HOLDER**CANCELLATION**

[INSERT NAME OF PROJECT] c/o Alliant Insurance Services, Inc. 333 S. Hope Street, Suite 3750 Los Angeles, CA 90071	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 Agent/Broker Signature