

McCarthy Building Companies, Inc.

**Contractor Controlled Insurance Program (“CCIP”)
Workers’ Compensation/General Liability (WC/GL)**

4370 Duncan – Research Building and Garage
4370 Duncan Avenue, St Louis, MO 63110



Insurance Manual WC & GL Net Add Alt

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Project Definitions (as used in this Manual)

Additional Insured(s)	McCarthy Building Companies, Inc., and The Washington University and its affiliates and each of their respective officers, trustees, representatives, agents and employees.
CCIP:	Contractor Controlled Insurance Program - A coordinated insurance program providing certain insurance coverage, as described herein, for McCarthy Building Companies, Inc. and Enrolled Subcontractors, along with their employees performing work at the Project Site.
CCIP Administrator	Aon Risk Solutions 4 Overlook Point Lincolnshire, IL 60069
On-Site Certificate of Insurance:	Document provided by the CCIP Administrator evidencing CCIP coverages.
Confirmation Letter:	A letter issued by the CCIP Administrator, accompanied by a Certificate of Insurance, which confirms acceptance of the applicant into the McCarthy Building Companies, Inc. CCIP.
Contractor:	McCarthy Building Companies, Inc.
Eligible Party	Parties performing labor or services at the project who are not an Excluded Party.
Enrolled Party or Enrolled Parties:	Those eligible Subcontractors of all tiers, who have submitted all necessary enrollment forms and have been accepted into the CCIP as evidenced by a Confirmation Letter and On-Site Certificate of Insurance.
Excluded Party or Excluded Parties:	Subcontractors of all tiers described as: <ol style="list-style-type: none"> (1) any person or organization that solely fabricates or manufactures products, materials, supplies away from the project site and has no on-site installation scope; (2) any architect, engineer, surveyor, soil testing engineer and their consultants except when approved by McCarthy Building Companies, Inc.; (3) truckers, material dealers, vendors, suppliers, and Owner/Operators (independent contractors) whose operations or employees are engaged solely in loading, hauling, unloading, or some combination of the same, of materials, supplies or equipment to or from the Project Site; (4) any employee of an Enrolled or non-Enrolled Subcontractor, including any employee of truckers, material dealers, suppliers, and Owner/Operators (independent contractors), who are engaged solely in the loading, hauling, unloading, or some combination of the same, of material supplies or equipment to or from the Project Site; (5) demolition or hazardous waste removal and/or transport companies; (6) any employee of an Enrolled Subcontractor, who does not work or generate payroll at the Project Site; (7) any employees of an enrolled Subcontractor who occasionally visits the Project Site to make deliveries, pick-up supplies or personnel, to perform supervisory or progress inspection, or for any other reason; or (8) Security firms/watchmen services;

	<p>(9) Elevator Suppliers and Installers;</p> <p>(10) On-site medical contracted services;</p> <p>(11) any prime tier contract under \$25,000.00;</p> <p>(12) Any other party as defined in Section 3 - Parties Not Covered - "Excluded Parties";</p> <p>(13) Any other party that McCarthy Building Companies, Inc. decides, in their sole discretion, to exclude from the CCIP.</p>
Insureds:	McCarthy Building Companies, Inc., Enrolled Subcontractors and their employees, and any other party named in the insurance policies.
Project:	The specific project name and site location as defined in the Bid Documents.
Project Site:	Certain properties described in the contract documents. This may include areas adjacent to or nearby the job site, including designated off-site locations for the McCarthy Building Companies, Inc. field office operations. The Project Site excludes the permanent locations of any insured party. Address: 4370 Duncan Avenue, St. Louis, MO 63110
Subcontract or Subcontract Agreement:	A written contract between McCarthy Building Companies, Inc. and a Subcontractor for described Work; Subcontract Terms & Conditions, or portion thereof, or; may refer to the agreement between a Subcontractor and a Sub-Subcontractor for specific Work.
Reportable Payroll:	Reportable Payroll is unburdened payroll and does not include employer payroll taxes, employer paid benefits, paid union benefits, overtime excess pay (the increase above the regular hourly wage), severance pay, subsistence, travel pay, or hiring or relocation bonuses.
Subcontractor:	The person, firm, joint venture, corporation, or other party that has entered into a Subcontract Agreement with McCarthy Building Companies, Inc. to perform the Work at the Project Site and any of these Subcontractor's lower tier subcontractors of any tier.
Verified Blended Payroll Rate:	This rate is established for each enrollment. As an Enrolled Subcontractor, the verified insurance deduction identified on the Form 1 (Insurance Cost Worksheet) is converted into a rate per \$100 of estimated payroll. This rate is used to reconcile the Subcontractors' final insurance deduction based on actual payroll expended on-site.
Verified Insurance Credit:	This is the total insurance deduction amount that is verified on the Form 1 (Insurance Cost Worksheet). Insurance rate pages are required by the Subcontractor to support each insurance rate and rate basis to determine the appropriate amount.
Work:	Operations, as described in the Subcontract, performed at or emanating directly from the Project Site.

Section 1 - Overview

Welcome to the McCarthy Building Companies, Inc. Contractor Controlled Insurance Program (CCIP).

McCarthy Building Companies, Inc. has arranged for the Project to be insured under a Contractor Controlled Insurance Program (CCIP). A CCIP is a single insurance program that provides certain insurance coverage for McCarthy Building Companies, Inc. and Enrolled Parties for Work performed at the Project Site.

Coverage is provided for Enrolled Parties under the CCIP and includes Workers' Compensation, Employer's Liability, General Liability, and Excess Liability insurance. You should notify your insurance carrier(s) of your enrollment into the CCIP.

Eligible/Enrolled Parties shall EXCLUDE from their bid the cost of insurance provided by the CCIP. Costs removed must include Workers' Compensation, General Liability, Excess/Umbrella, and 15% overhead and profit. Eligible/Enrolled Parties are required to identify as an "add alternate", their insurance cost, without the benefit of a CCIP, associated with their bid. Enrolled Parties will identify these costs using the Aon Form 1 - Insurance Cost Worksheet (Form 1) found in Section 7: Forms. If your Excess premium is flat rated, a formula to determine a cost is explained in Section 5: Subcontractor Responsibilities. The Form 1 will be verified by Aon.

A Verified Blended Payroll Rate will also be established upon enrollment and maintained to reconcile the final CCIP cost, if necessary, should a subcontractor exceed their payroll as identified in its original enrollment. The Verified Blended Payroll Rate will be based off of the respective estimated payroll amount on the Form 1. See Section 5: Subcontractor Responsibilities for details.

Your insurance professional should review this information and the coverage provided by the CCIP. Any additional coverage you may wish to purchase will be at your option and expense.

About This Manual

This Insurance Manual was prepared by the CCIP Administrator and McCarthy Building Companies, Inc. The manual is designed to identify, define, and assign responsibilities for the administration of the CCIP for this Project.

OVERVIEW

What This Manual Does

This Manual:

- Generally describes the structure of the CCIP
- Identifies responsibilities of the various parties involved in the Project
- Provides a basic description of the CCIP coverage
- Explains insurance deductions and procedures
- Describes audit and administrative procedures
- Provides answers to basic questions about the CCIP

What this Manual Does NOT Do

This Manual does not:

- Provide coverage interpretations
- Provide complete information about insurance coverage and exclusions
- Provide answers to specific claims questions

Specific questions about the CCIP, its administration, or the coverage provided should be referred to the CCIP Administrator.

DISCLAIMER:

The information in this manual is intended to outline the CCIP Program. If any conflict exists between this Manual and the CCIP insurance policies and/or Subcontracts between McCarthy Building Companies, Inc. and the Subcontractor, the policies or Subcontracts will govern.



Section 2 - CCIP Administration Directory

The following list includes personnel involved in the administration of the CCIP.

Aon Risk Solutions

4 Overlook Point
Lincolnshire, IL 60069

Sr. Program Specialist – Andy Tavegia
Primary Contact

(800) 364-0495 x 7 office
(800) 363-6695 fax
acs.construction@aon.com

Program Specialist – Catherine Kohl
Secondary Contact

(866) 243-8266 x 8 office
(800) 363-6695 fax
acs.construction@aon.com

McCarthy Building Companies, Inc.
Risk Manger – Tim Dart

(314) 919-2216
tdart@mccarthy.com

CLAIMS REPORTING

Refer to the Project Specific Safety and Health Program. Report all claims to McCarthy Building Companies, Inc. Safety staff immediately as outlined in Section 6 - Claim Procedures

Section 3 - CCIP Insurance Coverage

You should refer to the actual insurance policies for details concerning coverage, exclusions, and limitations.

Covered Parties

Parties covered as named insureds include McCarthy Building Companies, Inc. and all Enrolled Parties. Parties included as Additional Insureds are any other parties McCarthy Building Companies, Inc. requires by contract to be added as Additional Insureds. All Eligible Parties are reminded that they are not covered **until** they are enrolled and receive a Confirmation Letter.

If the CCIP Administrator receives the Form 3 - Enrollment Application (Form 3) after the Eligible Party starts work at the Project Site, coverage may not backdate to the start date and insurance coverage may apply from the date the Form 3 is received.

Parties Not Covered - “Excluded Parties”

Excluded Parties are not granted any insurance coverage under the CCIP. Excluded Parties must meet the insurance requirements established in Section 4 – Subcontractor Required Coverage and provide evidence of coverage to McCarthy Building Companies, Inc..

Note: Please refer to definition of Excluded Parties under Project Definitions section in this manual.

McCarthy Building Companies, Inc. reserves the right, in their sole discretion, to include or exclude any Subcontractor or lower tiered Subcontractor from the CCIP.

Evidence of Coverage

Each Enrolled Party will be issued an individual Workers’ Compensation policy for operations performed at the Project Site. The CCIP Administrator will provide a Certificate of Insurance evidencing insurance coverage provided to each Enrolled Party, as applicable, each of whom will be a named insured on the insurance policies. **Coverage under the CCIP only applies to those operations of Enrolled Parties at the Project Site.** Other documentation including claim forms, posting notices, etc., will be furnished to each Enrolled Party as appropriate.

Description of CCIP Coverage

The following section summarizes the coverage provided by the CCIP. Please refer to Exhibit 3 for the schedule of forms and endorsements. Please refer to the actual policies for terms and conditions. To request a copy of the policy, please contact the CCIP Administrator.

Workers' Compensation and Employer's Liability:

Carrier – Arch

Coverage – Statutory limits required by Worker's Compensation laws of the applicable jurisdiction excluding monopolistic states, with Employer's Liability.

Part One - Workers' Compensation:Statutory Limit

Part Two - Employer's Liability:.....	<u>Annual Limits Per Insured</u>
Bodily Injury by Accident, each Accident	\$1,000,000
Bodily Injury by Disease, each employee	\$1,000,000
Bodily Injury by Disease, policy limit	\$1,000,000

- Alternate Employer Endorsement
- Voluntary Compensation & Employers Liability Endorsement
- Designated Work Place Endorsement
- Additional Definitions Endorsement
- USL&H Endorsement

Commercial General Liability

Carrier – Arch

	<u>Limits of Liability Shared by All Insureds</u>
General Aggregate (applies per project and reinstates annually)	\$4,000,000
Products/Completed Operations Aggregate *	\$4,000,000
Personal/Advertising Injury (each person or organization)	\$2,000,000
Bodily Injury and Property Damage (each occurrence).....	\$2,000,000
Damage to Premises Rented to You	\$1,000,000
Medical Expense (any one person)	\$10,000

- * The Products/Completed Operations Aggregate Limit applies per project for the term of construction plus the extended Completed Operations period and does not reinstate.
- Broad Named Insured
- Limitation of Coverage to Designated Premises or Project
- Products/Completed Operations Extension (single, non-reinstated aggregate limit applies to extension period) for lesser of 10 years or statute of repose.
- Waiver of Transfer of Rights to Recover against Others where required by an "Insured Contract" and as evidenced by a Certificate of Insurance on file with the CCIP Administrator

CCIP INSURANCE COVERAGES

- Knowledge of Occurrence; Unintentional Errors & Omissions
- Contains exclusions, some of which are: Professional Liability, Employment Related Practices, Asbestos, Pollution Liability, Nuclear Energy Liability, Lead, Fungus, Silica
- Policy will maintain Premises Operations coverage from Substantial Completion through the Contractual Warranty Period, not to exceed 24 months.

Excess Liability

Carriers – Berkshire, Chubb & Sampo/Liberty	Limits of Liability	<u>Shared by All Insureds</u>
Each Occurrence Per Project		\$50,000,000
Policy Aggregate Per Project.....		\$50,000,000
Products/Completed Operations Policy Aggregate		\$50,000,000

The Excess Liability policy will follow all terms, conditions and exclusions of the underlying General Liability and Workers’ Compensation/Employer’s Liability policies. Please refer to the actual policies for terms and conditions.

Coverage Extension to Off-Site Locations

Enrolled Parties are responsible for applying for approval to have off-site locations covered. The Enrolled Party shall notify the CCIP Administrator of the need and shall request approval of the site. The request should include the following items:

- Location address and description of the Site (i.e. warehouse, open area, etc., include site security measures)
- Whether or not the entire Site is utilized. If not, identify the amount dedicated for this Project
- Description of materials and the intent of the Site being used
- Duration of the work to be performed at this Site. The off-site location must be dedicated to the Project.

Submission of this information does not constitute an extension of coverage. Enrolled Parties will be notified by McCarthy Building Companies, Inc. if coverage is extended to such additional off-site locations.

CCIP Termination or Modification

McCarthy Building Companies, Inc. reserves the right to terminate or modify the CCIP or any portion thereof. If McCarthy Building Companies, Inc. exercises this right, the Enrolled Parties will be provided notice as required by the terms of their individual Subcontracts. At its option, McCarthy Building Companies, Inc. may procure alternate coverage or may require the Enrolled Party to procure and maintain insurance coverage in accordance with the terms of the applicable Subcontract.

Section 4 - Subcontractor Required Coverage

Subcontractors are required to maintain coverage to protect against losses that occur away from the Site or that are not covered under the CCIP.

Subcontractors are required to maintain insurance coverage that protects McCarthy Building Companies, Inc. and themselves, from liabilities arising from operations performed away from the Project Site or services performed for others, and for exposures not covered by the McCarthy Building Companies, Inc. CCIP.

Enrolled Parties shall provide evidence of General Liability, Workers' Compensation, Employer's Liability and Excess Liability insurance to McCarthy Building Companies, Inc. for activities away from the Project Site, as well as Automobile Liability insurance and if required, Pollution Liability, Professional Liability and Aircraft Liability covering activities on-site and off-site, in accordance with the insurance specifications in the Subcontract and as a condition of payment. Enrolled Parties should refer to Article 5 and Exhibit 6 in their Subcontract with McCarthy Building Companies, Inc. for exact insurance requirements and responsibilities.

McCarthy Building Companies, Inc. reserves the right to withhold payment for failure to comply with the requirements.

Excluded Parties must provide evidence of General Liability, Workers' Compensation, Employer's Liability and Automobile Liability insurance, and, if required, Pollution Liability, Professional Liability, Protection & Indemnity and Aircraft Liability to McCarthy Building Companies, Inc. for activities that are **both at the Project Site and away from the Project Site** in accordance with the insurance specifications in the Subcontract and as a condition of payment. Excluded Parties should refer to Article 5 and Exhibit 6 in their Subcontract with McCarthy Building Companies, Inc. for exact insurance requirements and responsibilities.

All Enrolled Parties and Excluded Parties are responsible for monitoring their lower tier Subcontractors Certificates of Insurance, regardless of the enrollment status (enrolled or excluded) of the lower tier subcontractor. McCarthy Building Companies, Inc. reserves the right to prohibit the use of subcontracted parties that are unable to meet the insurance requirements. Certificates evidencing compliance shall be available to McCarthy Building Companies, Inc., its representatives, or the CCIP Administrator upon request.

NOTE: Prior to mobilization, and prior to any renewal, change, or replacement of coverage, Subcontractors shall submit to the McCarthy Building Companies, Inc. project team, a **Certificate of Insurance Acord 25** evidencing the coverage and limits as specified in this section.

SUBCONTRACTOR REQUIRED COVERAGE

The limits of liability required of Subcontractors are minimum limits only and are not intended to restrict the liability imposed on the Subcontractors for work performed under their Contract, or otherwise.

Subcontractor Maintained Coverage

In addition to the coverage provided by the CCIP, Subcontractors are required to maintain insurance coverage for operations performed away from the Project Site and for activities not covered by the CCIP. Excluded Parties must maintain the coverage below for both on-site and off-site activities. The insurance requirements are as described in Article 5 and Exhibit 6 of their Subcontract and below.

Subcontractors shall be solely responsible for any loss or damage to their personal property including, without limitation, property or materials created or provided under this Subcontract until installed at the Project Site, Subcontractor tools and equipment, scaffolding and temporary structures, whether owned, used, leased, or rented by Subcontractor.

Excluded Parties shall provide evidence of both on-site & off-site Workers' Compensation / Employers Liability.

Enrolled Parties shall provide evidence of off-site Workers' Compensation / Employers Liability.

Workers' Compensation and Employer's Liability:

Part One - Workers' Compensation: Statutory Limit

Part Two - Employer's Liability: Annual Limits
Bodily Injury by Accident - Each Accident: \$1,000,000
Bodily Injury by Disease - Each employee: \$1,000,000
Bodily Injury by Disease - Policy limit: \$1,000,000

Where allowable by law, Subcontractors must provide a waiver of subrogation on the Workers' Compensation policy in favor of all Additional Insured entities.

Commercial General Liability/Umbrella:

Subcontractors shall procure and maintain in force Commercial General Liability Insurance. Coverage shall be in a form providing coverage not less than the standard ISO Commercial General Liability insurance policy ("Occurrence Form").

Subcontractors will be required to provide Commercial General Liability limits of:

General Aggregate \$2,000,000
Products/Completed Operations Aggregate \$2,000,000
Personal/Advertising Injury Occurrence \$1,000,000
Each Occurrence Limit \$1,000,000

OR

Enrolled Parties shall provide evidence of General Liability Insurance for off-site exposures.

SUBCONTRACTOR REQUIRED COVERAGE

Excluded Parties shall provide evidence of General Liability Insurance for on-site and off-site exposures.

General Aggregate	\$5,000,000
Products/Completed Operations Aggregate.....	\$5,000,000
Personal/Advertising Injury Occurrence	\$5,000,000
Each Occurrence Limit.....	\$5,000,000

Subcontractors must refer to Exhibit 6 of their Subcontract Agreement to determine which set of General Liability limits they are required to provide for the project.

Subcontractors must provide Commercial General Liability additional insured endorsements CG 20 10 07 04 and CG 20 37 07 04, or equivalent endorsements to the extent allowable by law, as determined and approved by McCarthy Building Companies, Inc., and a copy of such endorsement shall be attached to the required certificate of insurance. Such Additional Insured coverage, whether purchased as primary, excess, umbrella or contingent coverage, shall be primary to any other insurance maintained by McCarthy Building Companies, Inc and The Washington University.

Subcontractors must provide a waiver of subrogation on the General Liability policy in favor of the Additional Insured entities for the project.

Automobile Liability:

Commercial Business Auto Policy covering all owned, hired and non-owned automobiles, trucks and trailers with coverage limits not less than \$1,000,000 Combined Single Limit for each accident for Bodily Injury and Property Damage. Coverage shall apply both on and away from the Project Site.

Note: Subcontractors are advised to arrange their own insurance for owned and leased automobiles, tools and equipment. The CCIP will not cover automobiles or any of Subcontractors' property.

Enrolled & Excluded Parties shall provide evidence of both on & off-site Automobile Liability. The CCIP does not cover Automobile Liability.

Professional Liability (Errors & Omissions):

Subcontractors who are responsible for design, engineering, or testing services are required to evidence \$3,000,000 of Professional Liability Insurance. Assignment of this requirement to lower tier subcontractors will not relieve Subcontractor of its obligation to provide Professional Liability coverage.

Subcontractors must refer to Exhibit 6 of their Subcontract Agreement to determine if they are required to provide Professional Liability Insurance for the project.

Pollution Liability:

Subcontractors must review Exhibit 6 of their Subcontract Agreement to determine if they are required to provide Pollution Liability Insurance for the project. Subcontractors whose work involves remediating hazardous materials are required to provide Pollution Liability Insurance with limits of:

Per Accident	\$3,000,000
Aggregate	\$3,000,000

SUBCONTRACTOR REQUIRED COVERAGE

All other subcontractors required by Exhibit 6 to provide Pollution Liability Insurance must provide limits of:

Per Accident	\$2,000,000
Aggregate	\$2,000,000

The Pollution Liability policy must provide additional insured status and a waiver of subrogation in favor of the Additional Insured entities. If subcontractor's scope of Work includes the potential for water intrusion, leak, condensation or the like, or if Subcontractor's Work includes work on the building envelope, policy will include coverage for microbial matter, mold, fungi and other similar substances. Coverage afforded to the Additional Insured entities will be primary to and non-contributory with any other insurance available to the Additional Insureds.

Property Insurance:

All Enrolled Parties and Excluded Parties are advised to arrange their own insurance for owned and leased tools and equipment, whether such tools and equipment are located at a Project Site or "in transit".

Enrolled Parties and Excluded Parties shall be solely responsible for any loss or damage to their personal property including, without limitation, their tools and equipment, scaffolding and temporary structures, whether owned, used, leased, borrowed or rented by them.

Additional Insured Provision & Other Provisions:

With respect to all of the insurance policies required under Section 4, except for Workers' Compensation, Professional Liability (if so required in the contract documents), and Property, to the fullest extent permitted by law, Subcontractors shall name the following parties as additional insureds by endorsement forms no less broad than ISO form CG 20 10 07 04 and CG 20 37 07 04, or equivalent endorsements to the extent allowable by law: McCarthy Building Companies, Inc., and The Washington University and its affiliates and each of their respective officers, trustees, representatives, agents and employees.



Section 5 - Subcontractor Responsibilities

Throughout the course of the Project, Subcontractors will be responsible for reporting and maintaining certain records as outlined in this section.

The Subcontractors are required to cooperate with McCarthy Building Companies, Inc., its representatives, and its CCIP Administrator in all aspects of CCIP operation and administration. Responsibilities of the subcontractors include:

- Identifying the cost of CCIP provided insurance and submit with bids as an “add alternate”;
- Providing each tier Subcontractor with a copy of the Insurance Manual and the Project Safety Manual;
- Utilizing CCIP contract provisions in all subcontracts of lower tier Subcontractors as appropriate;
- Completing the CCIP enrollment process;
- Providing timely evidence of other insurance or contractor required insurance to the McCarthy Building Companies, Inc. project team as requested;
- Notifying the CCIP Administrator of all subcontracts awarded;
- Maintaining and timely reporting of monthly payroll;
- Cooperating with the CCIP Administrator’s requests for information;
- Complying with insurance, claim, and safety procedures;
- Paying obligations promptly as required;
- Notifying the McCarthy Building Companies, Inc. project team immediately of any insurance cancellation, modification, material change or non-renewal of Contractor required insurance.
- Comply with the CCIP Administrator’s instructions to electronically enroll and report payroll on the AonWrap web-site.

Subcontractor Bids

The section below, “Identifying Subcontractor Insurance Costs,” describes the procedures for bidding and further describes how Subcontractor insurance costs are determined.

Section 7 of this Manual contains the necessary worksheets and instructions to help determine the Subcontractor Insurance Costs. For assistance, please contact the CCIP Administrator.

Identifying Eligible Parties Insurance Costs

Each Eligible Party is required to **exclude** from its bid the cost for insurance coverage provided under the CCIP. All Eligible Parties will identify their insurance costs as an “add alternate” using the Aon Form 1 – Insurance Cost Worksheet (Form 1) and submit with their bid. **Costs removed must include costs for Workers’ Compensation (WC), General Liability (GL), Excess/Umbrella and an overhead & profit percentage of 15% at a minimum.**

A separate Form 1 is required for the Subcontractor’s self-performed work, Sub-subcontractors (of all tiers) known at the time of bid, and an estimate of each unidentified Sub-subcontractor (of all tiers) at the time of the bid.

The Form 1 details the insurance costs for each Eligible Parties own insurance program, the estimated unburdened payroll (payroll without benefits and overtime), and projected subcontract amount. This information, along with the insurance documentation outlined below, is used by the CCIP Administrator to verify the adequacy of the submitted subcontractor insurance cost and establish the Verified Blended Payroll Rate.

Every Eligible Party is required to submit with its bid a completed Form 1 and copies of the following:

- Workers’ Compensation rate page
- General Liability rate page
- Umbrella or Excess rate page
- Experience Modification worksheet

The WC insurance costs will be calculated according to the rating pages on the policy based on the payroll incurred on the jobsite. All factors such as experience modifiers, credits, debits, taxes, surcharges, terrorism, and premium discount will be taken into account. **(Please note that deductible credits will not be applied, as the CCIP provides first dollar coverage.)** The GL insurance costs will be calculated according to your rates illustrated on the policy rating pages plus a loss rate (explained below) if your GL is on a large deductible program.

Composite Rated, Retro, SIR or Other Retention Programs (Loss-Sensitive Programs)

The Verified Insurance Credit will be calculated by applying your fixed expense rates against the exposure base of payroll, receipts or standard premium on the jobsite. A loss rate will also be calculated that will become a part of the Verified Insurance Credit. This will be calculated by taking five (5) years of your loss history and dividing it by the exposure basis during the five (5) year period. The losses should be capped at your current deductible, loss limit or retention. You must

SUBCONTRACTOR RESPONSIBILITIES

provide us with your first dollar losses so we can verify that the loss rate has been calculated correctly.

To calculate the Excess insurance costs, multiply the fixed Excess rate on the policy by the exposure on the jobsite (payroll or receipts). If your Excess policy premium is not adjustable (flat premium), divide your Excess policy premium by the total exposure on your GL policy (payroll or receipts). Multiply this rate by the same exposure on the job site to determine the Excess insurance costs. Any other applicable taxes, surcharges and assessments should be applied as well.

$$\text{EXAMPLE: } \frac{\text{Excess Policy Premium}}{\text{GL Exposure (PR or Receipts)}} \times \text{Project Exposure (PR or Receipts)}$$

When the Form 1 is completed incorrectly, or if scope has changed considerably after enrollment, the Enrolled Party will be asked to submit revised forms.

The Eligible Party's Verified Blended Payroll Rate shall be computed on the Form 1. Where allowable by law or regulations, McCarthy Building Companies, Inc. may make adjustments in payments to the Subcontractor, as described below.

The Verified Blended Payroll Rate is determined by dividing the Subcontractor's Total Verified Insurance Credit by the Subcontractor's estimated payroll.

Example:

Verified insurance cost - WC	+ \$ 140,497
Verified insurance cost - GL	+ \$ 66,603
Verified insurance cost - Excess/Umbrella	+ \$ 2,788
Profit & Overhead amount	+ <u>\$ 31,483</u>
Total Verified Insurance Credit	= \$ 241,372
Divided by Estimated Payroll	÷ <u>\$1,689,580</u>
Total	= \$ 0.1429
Multiplied by 100 (each \$100 of payroll rate)	x <u>100</u>
Verified Blended Payroll Rate	= \$ 14.29

SUBCONTRACTOR RESPONSIBILITIES

Once established, the Verified Blended Payroll Rate shall be in effect for all Work performed by the Subcontractor. Every Enrolled Party will develop an individual Verified Blended Payroll Rate. Subcontractors are solely responsible for documenting and recovering insurance costs from their lower tier subcontractors.

A final deductive change order may be executed at the Project close-out should Enrolled Party over-run their projected original enrolled payroll, taking into account payroll amounts added to the original enrollment payroll via approved change orders. The amount of the final deductive change order, if necessary, will be determined by McCarthy Building Companies, Inc. by applying the Enrolled Party's Verified Blended Payroll Rate to any payroll overages. McCarthy Building Companies, Inc., at its option, may choose to perform an interim deductive change order should the Enrolled Party's reported payroll exceed the estimated payroll for the Subcontract.

NOTE: Failure to submit necessary insurance forms to the CCIP Administrator, as required, may result in the withholding of payments by McCarthy Building Companies, Inc. until the required documentation is received.

Change Order Procedures

Enrolled Subcontractors are to price change orders **excluding** the cost of CCIP provided insurance coverages. In pricing any change order for the project, enrolled Subcontractors must provide McCarthy Building Companies, Inc. with the unburdened/reportable payroll amount and man-hours for the work priced within each change order pricing request. This is required so Aon and McCarthy Building Companies, Inc. can accurately reconcile the final CCIP insurance cost at close-out. Should a subcontractor over-run their projected original enrolled payroll, including any payroll amounts added to the original enrollment payroll via approved change orders, McCarthy Building Companies, Inc. may apply the Subcontractor's Verified Blended Payroll Rate to any payroll overages.

Enrollment

Each Eligible Party must submit a completed Form 3 - Enrollment Application (Form 3) to the CCIP Administrator (refer to Section 7). The CCIP Administrator will need all of the information requested on the Form 3. This form must be completed and submitted prior to mobilization to obtain coverage under the CCIP. A separate Form 3 is required from each Eligible Party working on-site. If the Form 3 is received after the Eligible Party starts work at the Project Site, coverage may not back-date to the start date.

Excluded Parties as defined in this Manual are not eligible for enrollment into the CCIP.

A separate Form 3 is required for each Subcontract under which you are performing work or services. However, only one Workers' Compensation policy will be issued to each firm along with any respective renewal policy.

Each Enrolled Party will receive a Certificate of Insurance from the CCIP Administrator and a Confirmation Letter acknowledging that they have been enrolled into the CCIP. Subcontractors will also be notified, through a Confirmation Letter, when their lower tier Subcontractors have successfully enrolled.

Note: Enrollment is not automatic. Enrollment into the CCIP is required, but not automatic. All Eligible Parties must complete the Form 3 and participate in the enrollment process in order for CCIP coverage to apply.

Payroll Reports

Upon successful enrollment, the CCIP Administrator will provide directions for the Subcontractor to electronically submit the Payroll Report (Form 4) on the AonWrap web-site at www.aonwrap.aon.com. Each Enrolled Subcontractor will receive a login & password to grant access to the web-site.

By the 10th day of each month, every Enrolled Subcontractor must submit on-line the Payroll Report (Form 4) identifying on-site man-hours and on-site Reportable Payroll for all Work performed at the Project Site. The Payroll Report (Form 4) should include only on-site Reportable Payroll for Workers' Compensation purposes for all CCIP qualified employees, including on-site supervisors and on-site personnel. The Workers' Compensation Insurance Classification codes used for monthly payroll reporting should match those included on the Subcontractors' CCIP Enrollment Application (Form 3). A monthly payroll report must be submitted for each month, including zero (0) payroll for those months where no on-site labor was expended, until completion of the work under each Contract. For those Subcontractors performing Work under multiple Contracts, a separate Form 4 is required for each Contract.

Reportable Payroll is unburdened payroll and does not include employer payroll taxes, employer paid benefits, paid union benefits, overtime excess pay (the increase above the regular hourly wage), severance pay, subsistence, travel pay, or hiring or relocation bonuses. Reportable Payroll is different from Gross Payroll, Certified Payroll and Davis Bacon Wages. (If necessary, discuss the differences with your Workers' Compensation insurance carrier.

Reportable Payroll Example: John Smith works 50 hours a week, and has an unburdened payroll rate of \$20.00 per hour. John has Reportable Payroll of \$1,000. (50 hours x \$20.00 = \$1,000)

Insurance Company Payroll Audit

Each Enrolled Party is required to maintain separate reportable payroll records for the CCIP. Such records shall allocate the reportable payroll by Workers' Compensation classification(s) and shall exclude the excess or premium paid for overtime (i.e., only the straight time rate shall apply to overtime hours worked). Such records shall limit the reportable payroll for Executive Officers and Partners/Sole Proprietors to the limitations as stated in the state Workers' Compensation manual rules.

It is important that you properly classify payrolls, as these will be reported to the State for promulgation of future Experience Modifiers for your firm. All Enrolled Parties shall make available their books, vouchers, contracts, documents, and records, of any and all kinds, to the auditors of the CCIP insurance carriers, McCarthy Building Companies, Inc.'s representatives at any reasonable time during the policy period, any extension, or during a final audit period as required by the insurance policies.

Note: Failure to submit the required payroll reports may result in the withholding of payments until required documentation is received.

Safety Requirements and Responsibilities

Each Subcontractor (and lower tier Subcontractor with on-site activities) is required to establish a written site specific safety program and to provide a designated safety representative who will be on site when any work is in progress. In addition, there must be a 'Return to Work' or modified duty action plan within the safety program.

Each Subcontractor shall comply with all applicable provisions of Federal, State, Local laws, ordinances, codes and regulations affecting Safety and Health, including but not limited to the OSH Act and OSHA Standards (Code of Federal Regulations, Title 29), the Subcontractors' own Site Specific Safety Program and the McCarthy Building Companies, Inc. Project Specific Safety and Health Program. Should there be a discrepancy between a policy or regulation, the most stringent regulation or policy shall be followed. Each Subcontractor shall be responsible for initiating, maintaining, supervising, and enforcing all safety precautions and programs in connection with the performance of their contract for the safety and health of its employees, Subcontractors, the public and the work site in general.

Subcontractors are reminded that McCarthy Building Companies, Inc. supports a drug-free workplace, and has a "zero tolerance" policy for its Project Site. All Subcontractors with on-site activity must have a Fitness For Duty (drug testing) program that meets or exceeds McCarthy Building Companies, Inc.'s policy. This includes provisions for pre-employment, post-accident/incident & reasonable suspicion testing. On-site drug testing may be available for these purposes and may be required should McCarthy Building Companies, Inc. decide to provide on-site services.

Subcontractors should refer to the on-site Project Specific Safety and Health Program for additional information and requirements.

Closeout and Audit Procedures

Upon completion of Work by an Enrolled Party, notification must be sent by the Enrolled Party to the CCIP Administrator. This is done by submitting on-line the Form 5 - Notice of Work Completion (Form 5). Instructions on the proper method for completion of the Form 5 are found in Section 7.

Once submitted, the CCIP Administrator will notify the Enrolled Party of any outstanding CCIP administration delinquencies prior to processing the Form 5. All lower tier Enrolled Parties must be compliant with the CCIP requirements prior to the prime-tier Subcontractor's Form 5 processing by the CCIP Administrator.

Final payment and/or retentions will not be released by McCarthy Building Companies, Inc. until all necessary forms have been submitted to the CCIP Administrator.

Section 6 - Claim Procedures

This section describes basic procedures for reporting various types of claims: Workers' Compensation, Liability, and Damage to the project.

Workers' Compensation Claims

The main responsibility for any Subcontractor is first to see that any injured worker receives immediate medical care for any serious injuries. In the event of any injury or accident, notify the McCarthy Building Companies, Inc. Safety Manager and/or designated McCarthy Building Companies, Inc. Superintendent immediately. A McCarthy Building Companies, Inc. Safety Manager, or their designee, and the Subcontractors' supervisor or designated representative must accompany the injured worker to the medical provider. Subcontractors must designate a representative at the Project Site to take injured employees to the medical center accompanied by McCarthy Building Companies, Inc..

For all serious or life threatening incidents, call 911 and follow the Emergency Action Plan. The CCIP insurer has arrangements with a preferred medical provider for treatment of all minor or non-life threatening injuries which all Parties shall utilize.

The treating physician will provide a written description of whether or not the injured employee can return to work, a list of restrictions if any, and the estimated length of time he/she will stay on modified duty. This project supports transitional modified work to keep injured workers gainfully employed during recovery.

All Subcontractors must make every reasonable effort to make Light Duty work available as required for any of their injured employees and work with McCarthy Building Companies, Inc.'s personnel to provide Return to Work opportunities as needed.

A \$3,000 penalty may be assessed by the project team each week for Subcontractors who do not provide Light Duty work accommodations for an injured employee.

General Liability Claims

Accidents at or around the Project Site resulting in damage to property of others, including your own work product, or personal injury or death to a member of the public, must be immediately reported to the McCarthy Building Companies, Inc. Safety Director and Superintendent. **All accidents and incidents must be reported to McCarthy Building Companies, Inc..**

Subcontractors shall not voluntarily admit liability and shall cooperate with McCarthy Building Companies, Inc. and the CCIP insurer representatives with any accident investigation.

CLAIM PROCEDURES

No coverage is provided for a Subcontractor's property, including any tools and equipment owned, leased, rented or borrowed by Subcontractor. It is the sole responsibility of each Subcontractor and lower tier Subcontractor to insure and report accidents/claims involving their property to their own insurers.

Automobile Claims

No coverage is provided for automobile accidents/claims under the CCIP. It is the sole responsibility of each Subcontractor and lower tier Subcontractor to insure and report accidents/claims involving their automobiles to their own insurers.

However, all automobile accidents occurring in or around the job site must be reported to the McCarthy Building Companies, Inc. Safety Manager. These accidents will be investigated with regard to any liability arising out of the Project construction activities that could result in future claims. Each Subcontractor and lower tiered Subcontractor shall cooperate in the investigation of all automobile accidents.

Loss Runs

Respective loss runs are available upon request from the enrolled Subcontractors. A request for a Subcontractor loss run must be sent to: christine.green@aon.com.

Section 7 – Forms and Exhibits

This section contains the forms needed for enrollment, reporting payroll and other administration of the CCIP.

This section contains the following forms:

Aon Form 1:	Insurance Cost Worksheet
Aon Form 3:	CCIP Enrollment Application Form
Aon Form 4:	CCIP Payroll Reporting - Web Instructions
Aon Form 5:	Notice of Work Completion – Web Instructions
Exhibit 1:	Sample Certificate of Insurance – Enrolled Subs
Exhibit 2:	Sample Certificate of Insurance – Excluded Subs

NOTE:

For assistance with these forms, please contact the CCIP Administrator:

Andy Tavegia
Phone: (800) 364-0495 x 7
Fax: (800) 363-6695
E-mail: acs.construction@aon.com

NOTE: Please show the client/project name and client number in the subject line first of any emails that are sent to the service center at acs.construction@aon.com and then any other information as needed.

Example: McCarthy Building Companies, Inc. – 10236154 / Project Name / Roberts Roofing / Enrollment



INSURANCE COST WORKSHEET
(Instructions for Fixed Price Type Subcontracts)

4370 Duncan – Research Building and Garage
Page 1 of 2

A. Subcontractor Information:

Federal ID # / Soc. Sec. #: 1

▼ **Business Information (headquarters)**

▼ **Contact Information (address questions to)**

Company Name & d.b.a.: 2

3

Contact Name & Title: _____

Address: _____

City, State Zip Code: _____

Telephone/Fax: _____

E-mail Address: _____

B. Bid Information:

Bid Package No.: 1

Description of Work: 2

Proposed Subcontract Price \$: 3

Amount of Self Performed Work \$: 4

Are you Submitting a bid to [McCarthy Building Companies, Inc.](#): Yes No

If No, identify to whom: 6

C. Workers' Compensation Insurance Information for Work Described Above: ⁽¹⁾ (attach a separate sheet if necessary)

A State	b Class Code	c Description	d Rate (per \$100 payroll)	e Man-hours	f Reportable Payroll	G WC Premium (Payroll * Rate / 100)																		
<u>1</u>																								
Totals				<u>2</u>	<u>3</u>	<u>4</u>																		
Identify the Amount of Your Claim Retention: _____				Your Company's Workers' Compensation Experience Modifier: <u>5</u>																				
Employer's Liability Rate: <u>7</u>				Modified Premium (line C4 x C5): <u>6</u>																				
				Employer's Liability Premium: <u>8</u>																				
<table border="1"> <tr> <th>9 Modification Premium Factors</th> <th>10 Rate</th> <th>11 Amount</th> </tr> <tr> <td>Modifier 1: _____</td> <td>_____</td> <td><input type="checkbox"/> Add <input type="checkbox"/> Subtract</td> </tr> <tr> <td>Modifier 2: _____</td> <td>_____</td> <td><input type="checkbox"/> Add <input type="checkbox"/> Subtract</td> </tr> <tr> <td>Modifier 3: _____</td> <td>_____</td> <td><input type="checkbox"/> Add <input type="checkbox"/> Subtract</td> </tr> <tr> <td>Modifier 4: _____</td> <td>_____</td> <td><input type="checkbox"/> Add <input type="checkbox"/> Subtract</td> </tr> <tr> <td>Modifier 5: _____</td> <td>_____</td> <td><input type="checkbox"/> Add <input type="checkbox"/> Subtract</td> </tr> </table>				9 Modification Premium Factors	10 Rate	11 Amount	Modifier 1: _____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Subtract	Modifier 2: _____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Subtract	Modifier 3: _____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Subtract	Modifier 4: _____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Subtract	Modifier 5: _____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Subtract			
9 Modification Premium Factors	10 Rate	11 Amount																						
Modifier 1: _____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Subtract																						
Modifier 2: _____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Subtract																						
Modifier 3: _____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Subtract																						
Modifier 4: _____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Subtract																						
Modifier 5: _____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Subtract																						
Total Modification Amount (Total of all amounts entered in column C11):				<u>12</u>																				
Total Workers' Compensation Costs (line C6 + C8 - C12):				<u>13</u>																				

D. General Liability: ⁽¹⁾

Rate: 1

1

2 Based On:
 Total Payroll (C3)
 Subcontract Price (B3)
 Other _____

3 Rate factor:
 Per 100
 Per 1,000

Identify the Amount of Your Claim Retention: _____

GL Cost
(D2 x D1 + D3):

Excess/Umbrella Liability: ⁽¹⁾

Rate: 5

5

6 Based On:
 Total Payroll (C3)
 Subcontract Price (B3)
 Other _____

7 Rate factor:
 Per 100
 Per 1,000

Excess/Umbrella Cost
(D6 x D5 + D7):

E. Builder's Risk/Installation Floater: ⁽¹⁾

Rate: 1

1

2 Rate factor Per 100
 Per 1,000

Builder's Risk/Installation Floater Premium (B3 x E1 + E2):

N/A

F. Other Insurance Premiums: ⁽¹⁾ (Enter total premium costs identified on page 2) [Please identify]

1

G. Totals

Total of all Insurance Costs (Total of lines C13 + D4 + D8 + E3 + F1): 1

Overhead & Profit on Insurance Prem. %: 2

2

O/H & Profit Amount (G1 x G2): 3

Total Initial Verified Insurance Credit (Total of lines G1 + G3): 4

Subcontractor's Blended Payroll Rate (Line G4 divided by total payroll in line C3 x 100): 5

H. Signature Block : verify the information presented above and attachments are correct:

Name: _____

Date: _____

Title: _____

Signature: _____

Completion of this form is a required part of your bid and must accompany your bid documents. Complete a separate form for each contractor, known subcontractor(s) and trades not currently awarded to a subcontractor. Duplicate this form as needed. **Provide insurance information as detailed in the instructions to support your insurance costs.** Copies of WC, GL and Umbrella rates are some of the required documents for verification of the Initial Insurance Cost. Please see instructions for further details.

Complete a separate form for each Subcontractor, known sub-subcontractor and trade not currently awarded to a subcontractor. Duplicate this form as needed. **Completion of this form is a required part of your bid and must accompany your bid documents.**

A. Subcontractor Information

- 1 Enter your company's Federal ID number. This number can be found on filings made to the federal government such as your tax return.
- 2 Enter your company's name, mailing address and phone/fax number for your company's headquarters in the space provided below.
- 3 Enter the name of the person Aon should contact if questions arise. Include the mailing address, phone/fax and E-mail address in the space provided below.

B. Bid Information

- 1 Enter the Bid Package Number or Purchase Order Number that was included in originating documentation.
- 2 Provide a brief description of the work you will be performing at the Project site.
- 3 Identify the total amount bid.
- 4 Identify the percentage of work that you anticipate will be self-performed.
- 5 Check the appropriate box that identifies your Subcontract.
- 6 If you are a Subcontractor, identify the entity you are under Subcontract with.

C. Workers' Compensation Insurance Information *(Duplicate or attach additional sheets if necessary. You may create an electronic version of this document if all requested information is included):*

- 1
 - a Enter the 2-digit abbreviation for the state in which the work will be performed.
 - b Enter the 4 digit Workers' Compensation class code that applies to the work identified in B2.
 - c Enter the Workers' Compensation class code description that applies to the work identified in C1c.
 - d Enter the Workers' Compensation rate that applies to the class code.
 - e Enter the estimated Man-hours required to complete the described work for each Workers' Compensation class code.
 - f Enter the estimated Reportable Payroll required to complete the described work for each Workers' Compensation class code. Use only unburdened payroll and exclude the premium portion of any over-time pay.
- 2 Calculate the WC Premium by multiplying the Payroll (C1f) by the Rate (C1d) and dividing the result by 100. Repeat this calculation for each WC class code.
- 3 Total all estimated Man-hours for each class code. Be sure to include information from additional pages if used.
- 4 Total all estimated Payroll for each class code. Be sure to include information from additional pages if used.
- 5 Total all Workers' Compensation Premium for each class code. Be sure to include information from additional pages if used.
- 6 Enter Subcontractor's WC Experience Modifier. This information can be located on your Workers' Compensation policy or on your NCCI Bureau Rating Sheet.
- 7 Calculate the Modified Premium by multiplying the WC Premium (C4) by the Experience Modifier (C5).
- 8 Enter your Employer's Liability Insurance Rate. This information can be found in your Workers' Compensation policy.
- 9 Calculate your Employer's Liability Premium by multiplying the Modified Premium (C6) by the Employer's Liability Rate (C7).
- 10 Identify the Modifier's that apply to your Workers' Compensation Premium. This information can be located on your Workers' Compensation Policy.
- 11 Enter the Rate for each identified Modifier. The information can be located on your Workers' Compensation Policy
- 12 Calculate the Modified Premium Factor Amount by multiplying the Modified Premium (C6) by the Modified Premium Rate (C9) and dividing by 100. Be sure to identify if the Modification factor is an addition or reduction to your premium.
- 13 Total the Modified Premium Amounts by adding the numbers in column C11.
- 14 Calculate the Total Workers' Compensation Cost by adding the Modified Premium (C6) to the Employer's Liability Premium (C8) and Subtracting the Premium Modifications (C12).

D. General Liability & Umbrella/Excess Liability Insurance

- 1 Enter the General Liability Rate. This number can be found on your General Liability Policy
- 2 Identify the base the General Liability Rate applies to. If the base is other than Payroll or Revenue, enter the amount and the base in the space provided.
- 3 Identify the General Liability Rate factor by marking the box.
- 4 Calculate the General Liability Premium by multiplying the Bases (C3 or B3 or Other) by the Rate (D1) and dividing by the factor (100 or 1,000).
- 5 Enter the Excess/Umbrella Liability Rate. This number can be found on your Excess/Umbrella Liability Policy
- 6 Identify the base the Excess/Umbrella Liability Rate applies to. If the base is other than Payroll or Revenue, enter the amount and the base in the space provided.
- 7 Identify the Excess/Umbrella Liability Rate factor by marking the box.
- 8 Calculate the Excess/Umbrella Liability Cost by multiplying the Bases (C3 or B3 or Other) by the Rate (D5) and dividing by the factor (100 or 1,000).

E. Builder's Risk/Installation Floater

- 1 Enter the Builder's Risk/Installation Floater Rate and Identify the base factor that it applies to (100 or 1,000). Locate this information on your Property policy or Builder's Risk/Installation Floater Policy.
- 2 Identify the base the Builder's Risk/Installation Floater factor by marking the box
- 3 Calculate the Premium by multiplying the Proposed Subcontract Price (B3) by the Rate (E1) and dividing it by the factor (E2).

F. Other Insurance Premiums

- 1 For each of the Insurance Lines of Coverage identified below, Identify the Rate, Base and Factor. Calculate the Premium by multiplying the Base x Rate ÷ Factor. Total the Other Insurance Premiums in the space provided and carry that amount to the front page.

G. Totals

- 1 Calculate the Total Insurance Premium by adding Workers' Compensation (C13), General Liability (D4), Excess/Umbrella Liability (D8), Builder's Risk/Installation Floater (E3), and Other Insurance Premiums (F1).
- 2 Identify the Overhead & Profit Percentage that was applied to this Project during the tabulation of the Proposed Subcontract Price.
- 3 Calculate the Overhead & Profit Amount by Multiplying the Total Insurance Costs (G1) by the Overhead & Profit Percentage (G2).
- 4 Calculate the Total Insurance Cost by adding the Overhead & Profit Amount (G3) with the Total Insurance Premium (G1)
- 5 Calculate Subcontractor's Initial Insurance Cost Rate by Dividing the Total Insurance Cost (G4) by the Estimated Payroll (C3) and multiplying by 100.

H. Signature Block: This form must be signed by a representative of your company with the authority to Verify the information is correct.

- (1) **Please provide copies of the following documents to support your insurance cost calculations:**
- | | |
|--|---|
| <input checked="" type="checkbox"/> Schedule of Values | <input checked="" type="checkbox"/> General Liability declaration and rate pages |
| <input checked="" type="checkbox"/> Workers' Compensation declaration and rate pages | <input checked="" type="checkbox"/> Umbrella/Excess Liability declaration and rate pages |
| <input checked="" type="checkbox"/> Experience Modification worksheet | <input checked="" type="checkbox"/> 5 years-actual loss experience for each line of coverage in which Subcontractor retains more the \$5,000. |

Examine your current Workers' Compensation and General Liability Policies or contact your Insurance Agent to assist you with completing this form. ***** NOTICE ***** Enrollment is not automatic and requires the satisfactory completion of the Aon Form 1 and Form 3. In addition, submit a Certificate of Insurance providing evidence of your *off-site* coverage. Please refer to the Insurance Manual for coverage requirements.

A. Subcontractor Information: Federal ID # / Soc. Sec. #: 1

▼ Business Information (headquarters)	▼ Contact Information (address questions to..)
---------------------------------------	--

Company Name & d.b.a.: 2 Contact Name & Title: 3

Address: _____

City, State Zip Code: _____

Telephone: _____

Fax: _____

E-mail Address: _____

Indicate your Organization's Structure: 4 Corporation Partnership S-Corporation
 Joint Venture Sole Proprietor Other _____

B. Bid Information: Subcontract No.: 1

Description of Work: 2

Subcontract Amount \$: 3 Amount of Self Performed Work \$: 4

5 Are you Under Subcontract with **McCarthy Building Companies, Inc.:** Yes If No, 6 identify under Subcontract with: _____
 No

7 Start Date: _____ Actual Estimated 8 Completion Date: _____ Actual Estimated

C. Workers' Compensation Insurance Information for Work Described Above: (attach a separate sheet if necessary)

a State	b Class Code	c Description	d Man-hours	e Reportable Payroll
<u>1</u>				
Totals			<u>2</u>	<u>3</u>

D. Provide your current Off-Site Workers' Compensation Information:

Applicable State	Anniversary Rating Date:	Experience Modification:	Bureau File Number:
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>

Your WC Insurance Carrier: 5

Policy #: 6 Effective Date: 7 Expiration Date: 8

E. Contacts: (Complete if Applicable)

Position	1 Name & Title	2 Phone	3 Fax	4 E-mail address
Project Manger:				
Safety Rep:				
Subcontract Admin:				
Claims:				
Payroll:				

Provide Location of payroll records if different than Corporate address: 5

Address: _____

City, State Zip Code: _____

F. Subcontract Information: List all subcontractors that will be working for you on this Project (complete the information in the following table). Use additional paper if necessary:

1 Subcontractor	2 Subcontract \$	3 Contact Person	4 Address	5 Phone Number	6 Estimated Start Date

G. Enrollment Questions: Answer each question. Use additional paper if necessary.

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

- 2 Please check if: Any aircraft used on this Project Any watercraft used on this Project
- 3 Please indicate if labor from the following sources will be used: Employee Leasing Firm Temporary Labor Agency

H. WARRANTY APPLICABLE TO PROGRAM INSURANCE COVERAGE

- 1 Premiums for this Program are the responsibility of [McCarthy Building Companies, Inc.](#) and I agree any and all return of premium, dividends, discounts, or other adjustments to any Program policy(ies) is assigned, transferred and set over absolutely to [McCarthy Building Companies, Inc.](#). This assignment applies to the Program policy(ies) as now written or as subsequently modified, rewritten or replaced. Rights of Cancellation for all Program insurance policy(ies) arranged by are assigned to [McCarthy Building Companies, Inc.](#)
- 2 I will pay the cost of premium(s) for non-Program insurance coverage, specified in the Subcontract Documents.
- 3 I authorized the release of all claim information for all insurance policies under this Program.
- 4 It is my responsibility to notify my insurance carrier(s) that I am enrolling in this Program.
- 5 I have excluded in my bid the insurance costs for the coverage provided by [McCarthy Building Companies, Inc.](#) I further agree to the Verified Blended Payroll Rate as described in the Insurance Manual.
- 6 The statements in this insurance application are true to the best of my knowledge.

I. Signature Block :

I verify the information presented above and attachments are correct:

Name: _____ Date: _____
(please print)

Title: _____ Signature: _____

Note: Information must be submitted on-line at www.aonwrap.aon.com. Please contact your Administration Staff to obtain a user ID and Password.

E-Mail or Fax to: **Andy Tavegia - CCIP Administrator**
Attn: Construction Wrap-up Group

Phone: 800.364.0495 x 7
Fax: 800.363.6695
Email: acs.construction@aon.com

This form must be completed and submitted by each successful Subcontractor of any tier prior to Site mobilization **for each Subcontract awarded**. The Subcontractor will submit the completed form to Aon Risk Solutions. Upon receipt of this form, Aon will issue, to the Subcontractor, a Certificate of Insurance evidencing coverage in the McCarthy Building Companies, Inc. Contractor Controlled Insurance Program. The completed Certificate of Insurance and Workers' Compensation insurance policy will be mailed to the Enrolled Party.

A. Subcontractor Information

- 1 Enter your company's Federal ID number. This number can be found on filings made to the federal government such as your tax return.
- 2 Enter your company's name, mailing address and phone/fax number for your company's headquarters in the space provided below.
- 3 Enter the name of the person Aon should contact if questions arise. Include mailing address, phone/fax and E-mail address in the space provided below.
- 4 Identify your company's legal structure by checking the box that applies. If the correct legal structure is not specifically listed, please check the "Other" box and specify in the space provided.

B. Bid Information

- 1 Enter the Bid Package Number or Purchase Order Number that was included in originating documentation.
- 2 Provide a brief description of the work you will be performing at the Project site.
- 3 Identify the total amount of your bid.
- 4 Identify the percentage of work that you anticipate will be self-performed.
- 5 Check the appropriate box that identifies if you Subcontract directly with McCarthy Building Companies, Inc. or are a sub-subcontractor.
- 6 If you are a Subcontractor, identify the entity you are under Subcontract with.
- 7 Enter the Date you anticipate starting work and then mark whether the date provided is actual or estimated
- 8 Enter the Date you anticipate completing the described work and then mark whether the date provided is actual or estimated.

C. Workers' Compensation Insurance Information *(Duplicate or attach additional sheets if necessary. You may create an electronic version of this document if all requested information is included):*

- 1
 - a Enter the 2-digit abbreviation for the state in which the work will be performed.
 - b Enter the 4 digit Workers' Compensation class code that applies to the work identified in B2.
 - c Enter the Workers' Compensation class code description that applies to the work identified in C1c.
 - d Enter the estimated Man-hours required to complete the described work for each Workers' Compensation class code.
 - e Enter the estimated Reportable Payroll required to complete the described work for each Workers' Compensation class code. Use only unburdened reportable payroll and exclude the premium portion of any over-time pay.
- 2 Total all estimated Man-hours for each class code. Be sure to include information from additional pages if used.
- 3 Total all estimated Reportable Payroll for each class code. Be sure to include information from additional pages if used.

D. Current Off-Site Workers' Compensation Information *(This information relates to your corporate or existing coverage copy this form if more than one modification factor applies to your work)*

- 1 Enter the State that the Modification Information applies to.
- 2 Provide your Company's Anniversary Rating Date. Information can be located on your bureau's WC Experience Modification worksheets.
- 3 Enter your current WC Experience Modification Factor.
- 4 Enter your Bureau File Number also referred to as your Risk Identification Number. This number can also be found on your Modification worksheets.
- 5 Identify your insurance carrier for Workers' Compensation Coverage.
- 6 Provide your Workers' Compensation Policy Number.
- 7 Provide the effective date of your Workers' Compensation policy.
- 8 Provide the expiration date of your Workers' Compensation policy.

E. Contacts *(Requested Contact information is for specific functions. It is possible to have a single person fulfill multiple responsibilities)*

- 1 Identify the name of the person and their title for each function. These individuals should be located, if at all possible, on-site.
- 2 Provide the phone number for each person identified above.
- 3 Provide the fax number for each person identified above.
- 4 Provide the E-mail address for each person identified above, if applicable.
- 5 Identify the physical location of where your payroll records are retained. Provide the Address, City, State, Zip Code, Telephone, Fax Number and E-mail Address of the person responsible for maintaining the payroll information.

F. Subcontractor Information *(Provide the following information for each Subcontractor that will be performing work at the Project site. Use additional sheets of paper if necessary.)*

- 1 Identify the name of the Subcontracting firm
- 2 Provide the estimated value of the subcontracted activity.
- 3 Provide a contact name, preferably the Project manager, for the subcontractor.
- 4 Provide the mailing address for the Subcontractor.
- 5 Provide the phone number for the Subcontractor.
- 6 Provide the date the Subcontractor is scheduled to begin work.

G. Enrollment Questions

- 1 Determine if you will have any locations, off-site, that will be 100% dedicated to this Project. Include material/supply storage as a possible location. Mark the appropriate box (yes/no). If you answer yes – provide the address of each location you identified as 100% dedicated.
- 2 Mark the box or boxes that apply. Contemplate only work performed under this Subcontract.
- 3 Mark the box or boxes that apply. Employee Leasing Firm are those firms that supply the labor force for your company *(You direct the activities of the Leasing Company's employees)* Temporary Labor Firms supplement your labor force.

H. Warranty Statements:

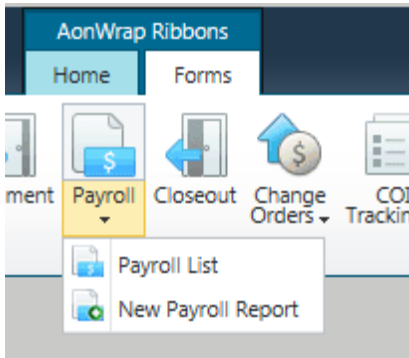
- 1-6 Read each Warranty statement thoroughly. If you have questions regarding any of these statements, contact the Aon administrator identified on page 2.

I. Signature Block: a representative of your company knowledgeable of its accuracy must sign this form.

Note: Information must be submitted on-line at www.aonwrap.aon.com. Please contact your Administration Staff to obtain a user ID and Password.

How to Report Payroll

- From your contract, click on the Forms ribbon “Payroll” button and select “Payroll List”



- Open “Details” for the payroll you want to report.

1 2 3 4 5 6 7 8 9 10 ... >|

Period Start Date	Period End Date	Received Date	Man Hours	Gross Payroll (USD)	Reportable Payroll (USD)	Delinquent	Status	
10/01/2015	10/31/2015		0	0	0		Missing	Detail
09/01/2015	09/30/2015		0	0	0		Missing	Detail

A. Report Identification

Payroll Period Beginning:* Payroll Period Ending:*

Contractor:

Under Contract With:

Contract Number:

How to Report Payroll

- Enter information for your onsite activity for the reporting period
 - Please refer to you Insurance Manual for the proper calculation of Reportable Payroll

Country	State	WC Code	Class Description	Man Hours	Gross Payroll (USD)	Reportable Payroll (USD)
USA	FL	5606	Executive Supervisor	10.00	\$ 200.00	\$ 200.00
Totals				10.00	\$ 200.00	\$ 200.00
\$/hr						20.00

[Add Activity](#)

- Enter your signature information – Fields with “*” are required fields
If this is your “last payroll report” for the contract, please check the box

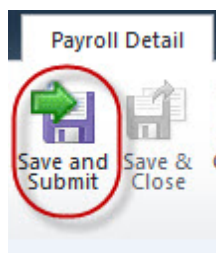
D. Signature

I verify the information presented above and attachments are correct.

Date:*	<input type="text"/>	Form Status:	Missing
Signature:*	<input type="text"/>	Form Completion Date:	<input type="text"/>
Received Date:*	<input type="text"/>	Form Control:	<input type="checkbox"/> Lock Web
Last Update:	<input type="text"/>		<input type="checkbox"/> Acknowledge

Check if this is your last payroll report. Complete an Aon Form-5 "Notice of Work Completion" and include with this payroll report.

- When you have completed the entry of all your information, click on “Save and Submit” on your Payroll Detail Ribbon at the top of the form.



How to Submit a Notice of Work Completion (Aon Form 5)

1. Navigate to the contract and Click on the [Closeout – Form 5](#) option located in the *Forms Tab*.
2. Enter your name and date the form in the signature block.
3. Request the sponsor or entity you contract with to approve the form. Your company cannot complete the approval.
4. Once you have completed everything and checked through your work:
 - When your information is ready to be processed, click the “Save and Submit” icon.

Exhibit 1- Sample Certificate of Insurance- Enrolled Subcontractors

<h2 style="margin: 0;">CERTIFICATE OF LIABILITY INSURANCE</h2>							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 have ADDITIONAL INSURED provision or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER Insurance Agent's Name & Address				Contact Name: Phone (A/C, No, Ext)		FAX (A/C, No)			
				E-Mail Address					
				Producer Customer ID #:					
				INSURER (S) AFFORDING COVERAGE		NAIC #			
INSURED Contractor or Subcontractor's Name & Address				INSURER A: INSURANCE CARRIER NAME					
				INSURER B: INSURANCE CARRIER NAME					
				INSURER C: INSURANCE CARRIER NAME					
				INSURER 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 INSRD	SUBR WVD	POLICY NO.	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GEN. LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	X	For Off-Site Exposure Only Refer to Exhibit 6 of Subcontract for Limits Cert must evidence GL deductible or SIR amount.			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea Occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS – COMP/OP AGG	REFER TO EXHIBIT 6 OF SUBCONTRACT AGREEMENT	
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	X	X	For On & Off-Site Exposures			COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$1,000,000 \$ \$ \$	
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	X	X	For Off-Site Exposures If used to meet GL/Auto/EL limits			EACH OCCURRENCE AGGREGATE	\$ \$ \$	
A	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (MANDATORY IN NH) IF YES, DESCRIBE UNDER DESCRIPTION OF OPERATIONS below		X	For Off-Site Exposures			<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	E.L. (Each accident) E.L. (Disease-policy limit) E.L. (Disease-each employee)	\$1,000,000 \$1,000,000 \$1000,000*
	OTHER: Pollution Liability Professional Liability	x	x	For On & Off-Site Exposures If Required by Exhibit 6 of Subcontract			Refer to Exhibit 6 of Subcontract for limits Refer to Exhibit 6 of Subcontract for limits		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Project Name: 4370 Duncan – Research Building and Garage McCarthy Building Companies, Inc., and The Washington University and its affiliates and each of their respective officers, trustees, representatives, agents and employees are additional insureds with respects to General Liability, Excess Liability and Auto Liability. Coverage is primary and non-contributory. Waiver of subrogation applies by endorsement to all policies. Additional Insured Endorsement Form CG 2010 07/04 & 2037 07/04 or equivalent endorsement required.									
CERTIFICATE HOLDER McCarthy Building Companies, Inc. 1341 N. Rock Hill Rd St. Louis, Mo 63124				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
				AUTHORIZED REPRESENTATIVE By:					

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Exhibit 2- Sample Certificate of Insurance- Excluded Subcontractors

<h2 style="margin: 0;">CERTIFICATE OF LIABILITY INSURANCE</h2>	DATE (MM/DD/YYYY)
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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 have ADDITIONAL INSURED provision or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Agent's Name & Address	Contact Name: Phone (A/C, No, Ext) FAX (A/C, No) E-Mail Address Producer Customer ID #:														
INSURED Contractor or Subcontractor's Name & Address	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER (S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: INSURANCE CARRIER NAME</td> <td></td> </tr> <tr> <td>INSURER B: INSURANCE CARRIER NAME</td> <td></td> </tr> <tr> <td>INSURER C: INSURANCE CARRIER NAME</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER (S) AFFORDING COVERAGE	NAIC #	INSURER A: INSURANCE CARRIER NAME		INSURER B: INSURANCE CARRIER NAME		INSURER C: INSURANCE CARRIER NAME		INSURER D:		INSURER E:		INSURER F:	
INSURER (S) AFFORDING COVERAGE	NAIC #														
INSURER A: INSURANCE CARRIER NAME															
INSURER B: INSURANCE CARRIER NAME															
INSURER C: INSURANCE CARRIER NAME															
INSURER D:															
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COVERAGES	CERTIFICATE NUMBER	REVISION NUMBER
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INSR LTR	TYPE OF INSURANCE	ADDL INSRD	SUBR WVD	POLICY NO.	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GEN. LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> _____ <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: PROJECT <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	X	For On & Off-Site Exposures Refer to Exhibit 6 of Subcontract for Limits Cert must evidence GL deductible or SIR amount			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td>REFER TO</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea Occurrence)</td> <td>EXHIBIT 6</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td>OF</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td>SUBCONTRACT</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td>AGREEMENT</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td></td> </tr> </table>	EACH OCCURRENCE	REFER TO	DAMAGE TO RENTED PREMISES (Ea Occurrence)	EXHIBIT 6	MED EXP (Any one person)	OF	PERSONAL & ADV INJURY	SUBCONTRACT	GENERAL AGGREGATE	AGREEMENT	PRODUCTS - COMP/OP AGG					
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X	WC STATU-TORY LIMITS	OTH-ER																					
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	OTHER: Pollution Liability Professional Liability	X	X	For On & Off-Site Exposures If Required by Exhibit 6 of Subcontract			Refer to Exhibit 6 of Subcontract for limits Refer to Exhibit 6 of Subcontract for limits																

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Project Name: 4370 Duncan – Research Building and Garage
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