



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
 Contact Name & Title: _____
 Address: _____
 City, State Zip Code: _____
 Telephone/Fax: _____
 E-mail Address: _____

3

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>																				
<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 _____	Employer's Liability Premium: <u>8</u>		
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. |