



## **INVITATION FOR BID**

**UNIVERSITY LINK LIGHT RAIL  
TBM TUNNEL UWS TO CHS  
LINK CONTRACT U220**

**IFB NO. RTA/LR 001-09**

**VOLUME 5 of 8**

**OWNER CONTROLLED INSURANCE PROGRAM  
(OCIP) MANUAL**

**DECEMBER 2008**

**THE PREPARATION OF THIS DOCUMENT HAS BEEN FINANCED IN PART THROUGH A GRANT FROM THE U.S. DEPARTMENT OF TRANSPORTATION FEDERAL TRANSIT ADMINISTRATION, UNDER THE URBAN MASS TRANSPORTATION ACT OF 1964, AS AMENDED, AND IN PART BY THE CENTRAL PUGET SOUND REGIONAL AUTHORITY (SOUND TRANSIT).**

**THIS PROCUREMENT MAY BE SUBJECT TO ONE OR MORE FINANCIAL ASSISTANCE CONTRACTS BETWEEN SOUND TRANSIT AND THE U.S. DEPARTMENT OF TRANSPORTATION, WHICH INCORPORATE THE CURRENT FTA MASTER AGREEMENT AND CIRCULAR 4220.1F AS AMENDED. U.S. DEPARTMENT OF TRANSPORTATION'S LEVEL OF FINANCIAL ASSISTANCE MAY BE BETWEEN ZERO AND EIGHTY PERCENT (0-80%).**

---

Owner Controlled Insurance Program  
University Link Light Rail Project (U-Link)



# Insurance Manual

**OWNER CONTROLLED INSURANCE PROGRAM**  
**Insurance Manual**

---

**Central Puget Sound Regional Transit Authority**  
**Seattle, Washington**

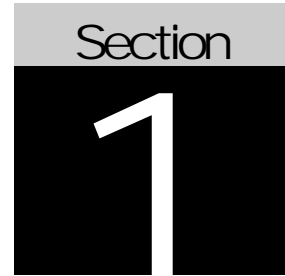
# Table of Contents

<b>OVERVIEW .....</b>	<b>1</b>
<i>About this Manual</i>	
<i>What this Manual Does</i>	
<i>What this Manual Does Not Do</i>	
<i>Key Information</i>	
<b>OCIP PROJECT DIRECTORY .....</b>	<b>3</b>
<i>OCIP Administration</i>	
<i>Sponsor Management</i>	
<i>Construction Management</i>	
<b>PROJECT DEFINITIONS .....</b>	<b>5</b>
<b>OCIP INSURANCE COVERAGES .....</b>	<b>7</b>
<i>Covered Parties</i>	
<i>Parties Not Covered</i>	
<i>Evidence of Coverage</i>	
<i>Description of OCIP Coverages</i>	
Commercial General Liability ( <b>Off-site operations are excluded</b> )	
Contractors' Pollution Liability	
Limits of Liability	
Excess Liability	
Builder's Risk Coverage	
<i>OCIP Termination or Modification</i>	
<b>CONTRACTOR-PROVIDED COVERAGES.....</b>	<b>11</b>
<i>Automobile Liability.....</i>	<i>12</i>
<i>Workers' Compensation and Stop-Gap Employers Liability .....</i>	<i>13</i>
<i>Commercial General Liability and Excess/Umbrella Liability.....</i>	<i>13</i>
<i>Watercraft and Aircraft Liability .....</i>	<i>14</i>
<b>CONTRACTOR RESPONSIBILITIES .....</b>	<b>15</b>
<b>ENROLLMENT .....</b>	<b>16</b>
<b>ASSIGNMENT OF RETURN PREMIUMS.....</b>	<b>16</b>
<b>COMPLETION OF WORK.....</b>	<b>16</b>
<b>INCIDENT &amp; CLAIMS REPORTING.....</b>	<b>17</b>
<b>SAFETY PROCEDURES.....</b>	<b>18</b>
<b>OFF-SITE LOCATIONS.....</b>	<b>18</b>
<b>CHANGE ORDER PROCEDURES.....</b>	<b>18</b>
<b>CLOSE OUT AND AUDIT PROCEDURES .....</b>	<b>18</b>
<b>CLAIM PROCEDURES.....</b>	<b>19</b>
<b>DEDUCTIBLES .....</b>	<b>21</b>

---

<b>FORMS .....</b>	<b>22</b>
<i>Form 1 - Pre-award Insurance Worksheet &amp; Instructions.....</i>	<i>23</i>
<i>Form 2 - OCIP Insurance Application Form &amp; Instructions .....</i>	<i>25</i>
<i>Form 3 - Notice of Completion Form &amp; Instructions.....</i>	<i>29</i>
<i>Form 4 - Incident Report Form &amp; Instructions.....</i>	<i>31</i>
<i>Form 5 -Claim Report Form &amp; Instructions .....</i>	<i>35</i>
<i>Example 1 - General Contractor Sample Certificate of Insurance .....</i>	<i>39</i>
<i>Example 2 - Subcontractor Sample Certificate of Insurance .....</i>	<i>39</i>

---



## Overview

*Welcome to the Sound Transit Owner Controlled Insurance Program.*

Sound Transit has arranged insurance specifically for the University Link Light Rail project under an Owner Controlled Insurance Program (OCIP). An OCIP is a single insurance program that insures Sound Transit, the General Contractor, all Enrolled Contractors, Enrolled Subcontractors and other designated parties for Work performed at the Project Site and designated off site exposures (if any). Certain Contractors and Subcontractors are ineligible for this program. These parties are identified in the Definitions section of this manual.

Coverage under the OCIP includes General Liability, Stop-Gap Employers Liability Contractors' Pollution Liability, Excess Liability, and Builder's Risk insurance.

Sound Transit will pay the insurance premiums for the OCIP coverages described in this manual. You should notify your insurer(s) to delete from your practice insurance program charges and coverage for the on-site activities of this Project that are covered under the OCIP. Each bidder is required to EXCLUDE from its bid price its normal cost for the insurance coverages to be provided by Sound Transit, for work performed within the Project Site.

### Note

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

## About This Manual

Willis and Sound Transit prepared this manual. Willis is the OCIP Administrator for this project. The manual is designed to identify, define, and assign responsibilities for the administration of the OCIP for the University Link Light Rail Project (U-Link).

## O V E R V I E W

## What This Manual Does

This Manual:

- Generally describes the OCIP
- Identifies responsibilities of the various parties involved in the project
- Provides a basic description of the OCIP operation
- Describes audit and administrative procedures
- Provides answers to basic questions about the OCIP
- May be updated through the course of the Project if necessary

## What this Manual Does Not Do

This Manual does not:

- Provide coverage interpretations
- Provide complete information about coverages
- Provide answers to specific claims questions

Specific questions about the OCIP, its administration or the coverages provided, should be referred to the OCIP Administrator identified in the Project Directory section immediately following this introduction.

## Disclaimer

The information in this manual is intended to outline the OCIP Insurance Program. If any conflict exists between this manual and the OCIP insurance policies, the policies will govern.

## Key Information

This manual includes several important sections that provide quick reference information for Contractors and Subcontractors. Among these are:

- Project Directory: a listing of key contact people who can provide further information
- Definitions: a list of words and phrases used in the manual and their meanings
- Forms: copies of OCIP forms and instructions for their use

## OCIP Project Directory

*The following list includes key risk management, insurance, and construction management personnel involved in the project.*

### OCIP Administration

<b>Account Manager –</b>	Chet Mitrani Executive Vice President Willis of Texas, Inc. 13355 Noel Road #400 Dallas, TX 75240 Phone: 972-715-6230 Fax: 972-386-5561 Email: mitrani_ch@willis.com
<b>OCIP Manager –</b>	Bonnie Edwards Vice President Willis of Texas, Inc. 13355 Noel Road #400 Dallas, TX 75240 Phone: 972-715-6316 Fax: 972-386-5561 Email: edwards_bl@willis.com
<b>OCIP Administrator Representative –</b>	To Be Determined

OVERVIEW

## Sound Transit Management

<p><b>Risk Manager</b></p>	<p>David L. Grenier, MBA                  Risk Management Division                  Union Station                  401 S. Jackson Street                  Seattle, WA 98104                  Phone: 206- 398-5096                  Fax: 206- 398-5207                  E-Mail: <a href="mailto:david.grenier@soundtransit.org">david.grenier@soundtransit.org</a></p>
----------------------------	---

## Construction Management

<p>Construction Manager</p>	<p>Behrooz(Ben) Emam, AIA, PE, CFM                  Deputy Project Director – Construction                  University Link Project                  Sound Transit                  401 South Jackson Street                  Seattle, WA 98104-2826                  Phone: 206-947-4757                  Fax: 206-398-5218                  Email: <a href="mailto:emamb@soundtransit.org">emamb@soundtransit.org</a></p>
<p>Deputy Program Manager</p>	<p>Tom Horkan, PE                  University Link Project                  Sound Transit                  401 South Jackson Street                  Seattle, WA 98104-2826                  Phone: 206-947-4757                  Fax: 206-398-5218                  Email: <a href="mailto:tom.horkan@soundtransit.org">tom.horkan@soundtransit.org</a></p>
<p>Safety Manager</p>	<p>John Price                  University Link Project                  Sound Transit                  401 South Jackson Street                  Seattle, WA 98104-2826                  Phone: 206-370-5604                  Fax: 206-398-5218                  Email: <a href="mailto:john.price@soundtransit.org">john.price@soundtransit.org</a></p>

## Project Definitions

*The following definitions apply to this project and to the descriptions of the OCIP used in this manual.*

Certificate of Insurance:	A document providing evidence of the existence of coverage provided by a particular insurance policy or policies.
Contract:	A written agreement between the Sponsor and General Contractor for specific work. Also an agreement between the General Contractor and any tier of Subcontractor.
Contractor:	As respects the OCIP, “Contractor,” includes construction managers, prime contractors, general contractors, and subcontractors of all tiers that perform work on the project site.
Deductible:	The amount the Contractor or Subcontractor is responsible for paying as its contribution to settlement of an insured loss.
Enrolled:	Contractors, who have been awarded work, met the enrollment requirements and have been issued a Certificate of Insurance by the OCIP Administrator.
Excluded Parties:	Contractors or companies excluded from the OCIP: <ul style="list-style-type: none"> <li>• Contract haulers or truckers (or others merely making deliveries to, or pickups from, the project site);</li> <li>• Vendors, suppliers (who do not perform or subcontract installation), material dealers, manufacturing representatives, equipment rental companies who perform equipment maintenance (does not apply to those who provide operators);</li> <li>• Architects, surveyors, soil testing contractors and their consultants;</li> <li>• Asbestos abatement or other hazardous materials remediation contractors;</li> <li>• Contractors whose sole scope of work includes Exterior Insulation Finishing Systems;</li> <li>• Contractors whose sole scope of work includes blasting and/or demolition;</li> <li>• Guard services, janitorial services, food services and other temporary services;</li> <li>• The Owner, at its discretion, may exclude others from the OCIP.</li> </ul>

## PROJECT DEFINITIONS

Insured:	Owner, General Contractor, Enrolled Contractors and Subcontractors of all tiers, and any other party so named in the insurance policies.
Insurer:	The insurance companies named on a policy or Certificate of Insurance that provide coverage for the OCIP.
Owner Controlled Insurance Program (OCIP)	A coordinated master insurance, safety and claim management program, under which Commercial General Liability, Employers Stop-Gap Liability, Contractors' Pollution Liability, Excess Liability, and Builders Risk are procured and provided on a project basis for all Enrolled Contractors while performing operations at the Project Site.
OCIP Administrator:	The firm responsible for the brokering and administration of the OCIP. The administration team consists of personnel from the Willis Construction Practice.
OCIP Administrator Representative (OAR):	A representative of the OCIP Administrator present at the University Link Light Rail jobsite who is responsible for contractor enrollment, the intake of claim and incident reports, and general OCIP administration.
Owner:	Central Puget Sound Regional Transit Authority dba Sound Transit
Project Site / Activities:	University Link Light Rail Project – The premises, as designated by Sound Transit, including operations necessary or incidental to the Project Site. This does not include Contractor's regularly established workplace, plant, factory, office, shop, warehouse, permanent yards, or other off-site locations, even if such locations are for fabrication of materials to be used at the Project Site.
Work:	Operations as fully described in the Contract, performed at, or emanating directly from, the Project Site, specifically excluding transportation or trucking exposures.

## OCIP Insurance Coverage

*This chapter provides a brief description of OCIP Coverages. **The Contractor shall refer to the actual policies for details concerning coverage, exclusions, and limitations.***

*While the OCIP is intended to provide uniform coverages and reasonable limits, the OCIP is not intended to meet all the insurance needs of the Enrolled Contractors. **Contractor shall discuss the OCIP with its insurance agent or consultant to ensure that proper coverages are maintained. The Contractor's agent shall also be notified that the work performed on-site will be covered under the OCIP.***

*The intent of this notification is to inform the Contractor's standard program underwriters that the insurance coverages provided under the OCIP are primary on the project site and the Contractors practice policies can be endorsed to exclude the Work at the Project Site.*

### Covered Parties

Parties covered as named insureds include Sound Transit, the University of Washington, Enrolled General Contractor, Enrolled Contractors, Subcontractors, and Enrolled Construction Managers doing At-Risk work. Parties included as additional insureds include all those designated by Sound Transit and any other party that Sound Transit is required by contract to add as an additional insured. All insurance policies will be endorsed accordingly.

### Parties Not Covered

Parties excluded from coverage include vendors, suppliers, material dealers, and others, who merely transport, pick up, deliver, or carry materials, personnel, parts, equipment, or any other items to or from the Project Site. See the Definitions Section for a complete listing of Excluded Contractors.

## OCIP INSURANCE COVERAGES

## Evidence of Coverage

The OCIP Administrator will provide a Certificate of Insurance evidencing General Liability, Employers Stop-Gap Liability, Contractors' Pollution Liability, and Excess Liability to each Enrolled Contractor. Contractor agrees to be bound by the terms and conditions as contained in such insurance policies. The Builders Risk policy will be available for review. Copies of all other policies are available to Enrolled Contractors upon written request to the OCIP Administrator Representative.

## Description of OCIP Coverages

The following sections describe the policies that Sound Transit has arranged for this project.

### Commercial General Liability (**Off-site operations are excluded**)

	<u>Limits of Liability</u>
	Shared by all Enrolled Contractors
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Each Occurrence Limit	\$1,000,000
Personal and Advertising Injury	\$1,000,000
Fire Damage Legal Liability (any one fire)	\$100,000
Medical Expense Limit (any one person)	\$ 5,000
<ul style="list-style-type: none"> <li>▪ Insurance Services Office Occurrence Form 2004 or later</li> <li>▪ Named insured schedule</li> <li>▪ Amended bodily injury definition</li> <li>▪ Designated projects endorsement</li> <li>▪ Contractual liability limitation</li> <li>▪ Extended Completed Operations six (6) years</li> </ul>	

**Deductibles will apply in varying amounts. Contractors must refer to their individual Contracts to determine applicable deductibles.**

### Stop-Gap Employer's Liability

Part Two – Stop Gap Employer's Liability	<u>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

OCIP INSURANCE COVERAGES

Contractors' Pollution Liability

	Limits of Liability
Each Occurrence	\$50,000,000
Policy Aggregate	\$50,000,000

**Deductibles will apply in varying amounts. Contractors must refer to their individual Contracts to determine applicable deductibles.**

Excess Liability

	Limits of Liability <u>Shared by All Insureds per Project</u>
Each Occurrence Limit	\$100,000,000
Annual General Aggregate Limit	\$100,000,000
Products/Completed Operations Aggregate Limit	\$100,000,000

- Six (6) Year Products & Completed Operations Extension beyond completion of the project

Builder's Risk Coverage

	Limits of Liability <u>Shared by All Insureds</u>
Policy Limits:	\$400,000,000
Sublimit:	
Earthquake (per occurrence and annual aggregate)	\$50,000,000
Flood (per occurrence and annual aggregate)	\$50,000,000
Transit	\$10,000,000
Offsite Storage	\$10,000,000

Covers damage to materials, equipment, and fixtures to be permanently incorporated into the work. Coverage provides protection against physical loss or damage subject to normal policy conditions and exclusions.

**Deductibles will apply in varying amounts. Contractors must refer to their individual Contracts to determine applicable deductibles.**

Contractor and its subcontractors shall be solely responsible for any loss or damage to their personal property including, without limitation, property acquired or provided under this agreement until installed at the project site, Contractors' tools and equipment, scaffolding and temporary structures, whether owned, leased, or rented by contractor.

## OCIP INSURANCE COVERAGES

## Note

Contractors are advised to arrange their own insurance for contractor-owned equipment and materials not intended for inclusion in the project. The OCIP will not cover Contractor property.

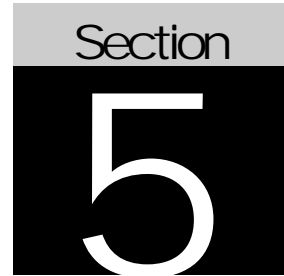
The listing of coverages above is only a summary. Refer to actual policies for complete details of coverage.

**ALLOCATION OF DEDUCTIBLE(S) TO RESPONSIBLE CONTRACTOR(S) WILL BE BASED UPON THE INSURANCE CARRIER'S INVESTIGATION OF THE FACTS AND APPORTIONMENT OF LIABILITY.**

## OCIP Termination or Modification

Sound Transit reserves the right to terminate or modify the OCIP, or any portion thereof. Sound Transit will provide thirty (30) days advance written notice of termination or material modification to the Enrolled Contractor(s) covered by the OCIP. In such event, the Enrolled Contractor(s) will promptly obtain appropriate replacement insurance coverage acceptable to the Sound Transit prior to the effective date of the termination or modification of the OCIP coverages.

**Any Contractor who has completed their work at the Project Site, and whose insurance provided by Sound Transit's OCIP has been terminated, and who returns to the site to perform warranty work, does so under its own insurance coverages and not under those provided by the Sound Transit's OCIP. Contractor shall remove the Designated Workplace Exclusion Endorsement from their policies when the OCIP coverage is terminated.**



## Contractor-Provided Coverage

*Contractors and subcontractors are required to maintain coverage to protect against losses that occur away from the Site or that are otherwise not covered under the OCIP.*

Contractor(s) are required to maintain insurance coverage that protects Sound Transit from liabilities arising from the Contractor's operations performed away from the Project site, for types of coverage not provided by the OCIP and for operations performed in connection with this Contract by Excluded Contractors.

Prior to commencement of Work on any Sound Transit Construction Project Sites, the Contractors and Subcontractors will provide Sound Transit with Certificates of Insurance evidencing insurance coverage as described below.

All required insurance coverage shall be written by insurance companies meeting Sound Transit's financial security requirements, (A.M. Best's Key Rating A-; VII or higher), which are approved by the Washington State Insurance Commissioner pursuant to Title 48 RCW and are licensed to do business in the State of Washington (or issued as a surplus line by a Washington Surplus lines broker).

Such Certificates shall reference the Contract number and title of the Contract and state that Contractors and Subcontractors will provide thirty (30) days advance written notice to Sound Transit in the event Contractors or Subcontractors insurance policies are cancelled, non-renewed, or materially reduced in coverage. Sound Transit may prevent any party from entering the Project Site until the Certificates are on file irrespective of whether a Notice to Proceed has been issued.

Certificates must conform to the following requirements:

- a. An ACORD certificate Form 25-S, or equivalent, showing the insuring company, policy effective dates, declaration page with limits of liability and the Schedule of Forms and endorsements.
- b. A copy of either: (a) the endorsement naming Sound Transit and any other required entities as Additional Insured(s) and stating that coverage is primary and noncontributing, showing the policy number, and signed by an authorized representative of the insurance company on ISO Form CG 2010 or equivalent; or, (b) the blanket additional insured policy provision.

CONTRACTOR-PROVIDED COVERAGES

- c. The Certificate(s) shall not contain the following or similar wording regarding cancellation notification to Sound Transit: “Failure to mail such Notice shall impose no obligation or liability of any kind upon the company.”
- d. The Certificate(s) shall not contain the phrase “endeavor to” or any substantially similar phrase, regarding issuance of written Notice of Cancellation of the policies prior to their expiration date.
- e. At Sound Transit’s discretion, and within ten (10) days of its written request, the Contractor shall deliver to Sound Transit certified copies of all policies of insurance and receipts for payment of premium thereon.

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

## Contractor-Provided Coverages

Note: Contractors ineligible to participate in the OCIP shall also provide evidence of all insurance listed below. Sound Transit and other parties, as required by contract, shall be named as additional insureds.

### Automobile Liability

Commercial Automobile Liability insurance shall cover the operation, maintenance, use, including loading and unloading, of all vehicles owned by, hired by, or used by or on behalf of the Contractor on or away from the Project Site. The policy shall be endorsed to name Sound Transit and other entities as additional insureds and to waive all rights of subrogation in favor of Sound Transit and other entities as required by contract.

**Combined Single Limit**

**\$1,000,000**

CONTRACTOR-PROVIDED COVERAGES

Workers' Compensation and Stop-Gap Employers Liability

Part One - Workers' Compensation: Statutory Limit

Contractors and Subcontractors will secure Workers Compensation insurance for industrial injuries to their employees in accordance with the provisions of Title 51 of the Revised Code of Washington. The Contractor and Subcontractors will be responsible for Workers Compensation insurance for any Subcontractors who provide Work under Subcontract. Any Contractor or Subcontractor qualified as a self-insurer under Chapter 51.14 of the Revised Code of Washington, shall so certify to the Owner by submitting a letter signed by a corporate officer, indicating that it is a qualified self-insurer, and setting forth the limits of any policy of excess insurance covering its employees. Any excess policy must be endorsed to include a waiver of subrogation in favor of Sound Transit and other entities as required by Contract.

Part Two - Stop-Gap Employer's Liability	<b>Annual Limits:</b>
	<b>Contractor</b>
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

The Stop-Gap Employer's Liability policy must be endorsed to include a waiver of subrogation in favor of Sound Transit and other entities as required by Contract. The Waiver of Subrogation must be evidenced by endorsement on the face of the Certificate of Insurance.

Commercial General Liability and Excess/Umbrella Liability

Coverage shall be on an Occurrence form and apply to bodily injury and property damage for operations (including explosion, collapse, and underground coverage), personal and advertising injury, independent contractors, products and completed operations.

	<u><b>Limits of Liability</b></u>
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury Aggregate	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damages to Premises Rented to You Limit	\$50,000
Medical Expense Limit (Any one person)	\$5,000

## CONTRACTOR-PROVIDED COVERAGES

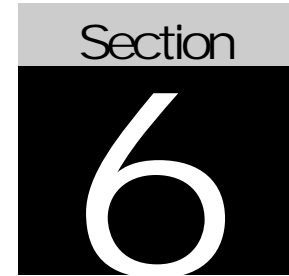
## Watercraft and Aircraft Liability

Should watercraft or aircraft of any kind be used by Contractor, Subcontractor of any tier, or by anyone else on its behalf, Contractor or Subcontractor shall maintain, or cause the operator of the watercraft or aircraft to maintain, liability insurance with a minimum Combined Single Limit for Bodily Injury and Property Damage, including passengers, of **\$5,000,000** per Occurrence naming Sound Transit and other entities as required by contract as additional insureds with primary and non contributing wording.

Note: Waivers and Additional Insureds Required

**Waiver of Subrogation:** Contractors' Workers' Compensation, General Liability, Automobile Liability, Umbrella/Excess Liability and Property insurers shall provide Waivers of Subrogation in favor of Sound Transit, the OCIP Administrator, their respective officers, agents and/or employees, any other Contractor, Subcontractor performing Work at the Site and any additional entities designated by Sound Transit.

**Additional Insured:** Contractors' General Liability, Automobile Liability, Umbrella/Excess Liability, Watercraft and Aircraft (if applicable) policies shall name Sound Transit, its officers, elected officials, employees, agents, representatives and any additional entities designated by Sound Transit as Additional Insureds and such coverage shall be primary and non-contributing.



## Contractor Responsibilities

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

The Contractor is required to cooperate with Sound Transit, the OCIP Administrator, and OCIP Insurer in all aspects of OCIP operation and administration. Responsibilities of the Contractor include:

- Identifying the cost of insurance excluded from bids
- Enrolling in the OCIP
- Including OCIP provisions in all subcontracts
- Providing timely evidence of insurance to the OCIP Administrator
- Notifying the OCIP Administrator of all subcontracts awarded
- Cooperating with the OCIP Administrator's requests for information
- Complying with insurance, claim and safety procedures
- Paying deductibles promptly as required
- Notifying the OCIP Administrator immediately of any insurance cancellation, non-renewal, or material change in Contractor required insurance.

### Contractor Bids

Sound Transit provides insurance for all Eligible, Enrolled Contractor(s) under the OCIP for work performed at the Project Site. Contractor bids *and change orders* MUST **exclude** insurance costs for these coverages. All Contractor bids must include a completed Pre-Award Insurance Cost Worksheet (Form-1)

## CONTRACTOR-RESPONSIBILITIES

## Enrollment

Each Contractor shall provide details about its Subcontractors as necessary to enroll them in the OCIP. Sound Transit will need all of the information requested on the OCIP Insurance Application (Form-2) in Section 8. This form must be completed and submitted to the OCIP Administrator prior to mobilization to obtain coverage under the OCIP. For subcontracting which will occur after the Notice to Proceed (NTP) to the General Contractor, the information must be provided before such subcontractor mobilizes on site.

A separate OCIP Insurance Application (Form-2) is required for each Contract under which any Enrolled Contractor or Subcontractor is performing Work.

When a Contractor is enrolled in the OCIP, they will receive a Certificate of Insurance from the OCIP Administrator Representative acknowledging such enrollment.

### Note: Enrollment Not Automatic

Enrollment into the OCIP is required, but not automatic. Eligible Contractor(s) **MUST** complete the enrollment forms and participate in the enrollment process for OCIP coverages to apply. Access to the Project Site will not be permitted until enrollment is complete.

## Assignment of Return Premiums

Sound Transit will pay the cost of the OCIP insurance coverages. Sound Transit will be the sole recipient of any return OCIP premiums or dividends. All Enrolled Contractor(s) and Subcontractors shall assign to Sound Transit all adjustments, refunds, premium discounts, dividends, credits or any other monies due from the OCIP insurers.

## Completion of Work

When an Enrolled Contractor or Subcontractor has completed its Work, each Enrolled Contractor shall complete the attached Notice of Completion (Form-3) and submit it to the OCIP Administrator Representative. The forms are included in Section 8 of this Manual. Sound Transit will not release final Payment until all necessary forms have been submitted to the OCIP Administrator Representative.

## CONTRACTOR-RESPONSIBILITIES

## Incident Reporting

Each Contractor and Subcontractor and their employees and agents shall report all witnessed incidents of property damage and/or bodily injury to the OCIP Administrator Representative by completing the Incident Report Form (Form-4). This form is used to record any eye-witness accounts of the incident. It is not used to establish an insurance claim. (For example, if a contractor employee accidentally strikes a member of the public with a hammer, the contractor employee shall immediately report the incident using the Incident Report Form. The injured party, in order to establish an insurance claim and seek remuneration for his or her damages, must complete and submit a Claim Reporting Form, which is filed through the OCIP Administrator Representative).

## Claims Reporting

Each Contractor and Subcontractor shall follow the claims procedures as established by the OCIP Administrator Representative. In order to begin the insurance claim process, a Claim Reporting Form (Form-5) must be completed and transmitted to the OCIP Administrator Representative. For the purposes of timely reporting to the OCIP insurers, a claim is not considered reported, regardless of any other person's knowledge of the claim or potential claim, until a completed Claim Reporting Form is received by the OCIP Administrator Representative. All claims must be reported immediately upon discovery of the alleged loss but no later than 14 days from discovery.

Contractors and Subcontractors agree to assist and cooperate in every manner possible in connection with the investigation and adjustment of all claims, which Sound Transit's Insurer(s) defends. If a claim is made against an enrolled contractor, that contractor must:

1. Immediately send copies of any demands, notices, summonses or legal papers received in connection with the claim to the OCIP Administrator Representative.
2. Authorize the insurer to obtain records and other information.
3. Assist the insurer in the enforcement of any rights of recovery against any person or organization which may be liable to the contractor or Sound Transit because of injury or damage to which the OCIP insurance may apply.
4. The contractor must not make any voluntary payment, assume any obligation or incur any expense without the insurer's consent. Any such action will be at the contractor's sole expense.

The OCIP Administrator Representative will meet regularly (at least monthly) to review open claims with each contractor responsible for the payment of deductibles. Refer to Section 8 of this Manual for Forms.

## CONTRACTOR-RESPONSIBILITIES

## Safety Procedures

Each Contractor is required to establish a written safety program as required by the Contract Documents and to provide a full-time Safety Manager or designated safety representative who shall be on site when any work is in progress.

## Off-Site Locations

General Contractor and their Subcontractors are responsible for applying for approval to have off-site locations covered. General Contractor shall notify the OCIP Administrator Representative of the need and shall request approval of the site. The request must include the location name, address, site description, use and the expected duration of the occupancy of the site. Any such off-site location must be 100% dedicated to the project.

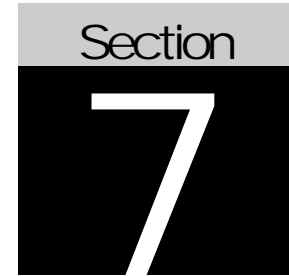
## Change Order Procedures

Change orders will be bid by the Contractor and its Subcontractors to **exclude** their cost of insurance for the coverages that are provided by Sound Transit's OCIP.

## Close Out and Audit Procedures

When a Contractor or Subcontractor has completed its Work at the Project, and will no longer have on-site workers, the Contractor shall notify Sound Transit by submitting the Notice of Work Termination (Form-3) for the final reporting and audit of payroll and man-hours. A copy of the Notice of Work Termination Form, with instructions is in Section 8.

Any OCIP insurance claim deductibles, for which the Contractor or its Subcontractors of any tier are responsible, that have not been previously paid in response to direct billing or progress payment deduction, will be considered at the time of the Contract close-out.



## Claim Procedures

*This section describes basic procedures for reporting various types of claims.*

### Liability Claims

Accidents at or around the job site resulting in damage to property of others (other than the Work itself), or personal injury, or death, to anyone, must be reported immediately to the OCIP Administrator Representative using the Incident Report Form (Form-4).

If a Contractor, Contractor employee or a member of the public alleges that they have suffered property damage (other than to the Work itself), or bodily injury, they or their legal representative must complete a Claim Reporting Form (Form-5) and transmit a copy to the OCIP Administrator Representative. For the purposes of timely reporting to the OCIP insurers, a claim is not considered reported, regardless of any other person's knowledge of the claim or potential claim, until a completed Claim Reporting Form is received by the OCIP Administrator Representative. Refer to Section 8 for the Claim Form.

Contractors and Subcontractors shall not voluntarily admit liability and shall cooperate with Sound Transit and OCIP insurer representatives in the accident investigation and claim adjudication process.

The OCIP Administrator Representative will report any potential claims to ESIS, the third-party claim administrator for U-Link liability claims.

The OCIP Administrator will simultaneously report the loss to Sound Transit Risk Management and the Resident Engineer.

Upon recognition of a potential claim, any involved Contractor or Subcontractor personnel should take whatever reasonable steps are necessary to preserve evidence, mitigate the loss, and protect undamaged property. Take photographs and measurements as applicable. Identify any witness(es) and record contact information.

**Deductibles will apply in varying amounts. Refer to contract agreements for details and amounts. Allocation of the deductible(s) to responsible contractor(s) will be based upon the insurance carrier's investigation of the facts and apportionment of liability.**

## Automobile Claims

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

HOWEVER, all automobile accidents occurring in or around the job site must be reported to the OCIP Administrator Representative using the Incident Report Form (Form-4). These accidents will be investigated to assess potential liability arising out of construction activities that may result in additional claims. Each Contractor and Subcontractor shall cooperate in the investigation of all automobile accidents.

## Pollution Claims

Contractors should **immediately** notify the OCIP Administrator Representative of any known or suspected pollution incidents. An immediate verbal report must be followed by completion and submission of the Incident Report Form (Form-4) to the OCIP Administrator Representative by the end of the shift during which the incident was discovered.

## Builders Risk Claims

Any involved contractor or subcontractor personnel shall immediately notify their supervisor and the OCIP Administrator Representative of damage to work or materials on the project site or stored off-site which may be the subject of a claim under the project Builders Risk Policy using the Incident Report Form (Form-4).

The Claim Reporting Form shall be completed by any Contractor or Subcontractor alleging damage to work for which they are responsible by the end of the shift during which the loss was discovered. A copy of the Claim Reporting Form shall be sent, electronically if possible, to the OCIP Administrator Representative. For the purposes of timely reporting to the OCIP insurers, a claim is not considered reported, regardless of any other person's knowledge of the claim or potential claim, until a completed Claim Reporting Form is received by the OCIP Administrator Representative. Refer to Section 8 for the Claim Reporting Form.

The OCIP Administrator Representative will report any reported claim to Crawford & Company:

Mr. Joseph Lakich  
Executive General Adjuster  
Crawford Technical Services  
19109 36<sup>th</sup> Avenue W, Suite 105  
Lynwood, WA 98036

Email: [joseph\\_lakich@us.crawco.com](mailto:joseph_lakich@us.crawco.com)  
Phone: 425-778-8826  
Cell: 206-604-2293  
Fax: 425-771-6726

The OCIP Administrator Representative will simultaneously report the loss to Sound Transit Risk Management and the Resident Engineer.

Involved contractor or subcontractor personnel should take whatever reasonable steps are necessary to preserve evidence, mitigate the loss, and protect undamaged property. Take photographs and measurements as applicable. Identify any witness(es) and record contact information.

## Deductibles

**Deductibles will apply in varying amounts. Refer to contract agreements for details and amounts. Allocation of the deductible(s) to responsible contractor(s) will be based upon the carrier's investigation of the facts and apportionment of liability.**

Section  
8

## Forms

*This section contains the forms needed for enrolling, identifying insurance costs, reporting payroll, reporting claims, change orders, and notice of work termination.*

Note

For assistance in completing these forms, please contact the OCIP Administrator.

## FORM 1 - PRE-AWARD INSURANCE COST WORKSHEET

Your bid should outline the costs for those insurance coverages you normally carry

Every prospective participant must complete the Pre-Award Insurance Cost Worksheet on the following page, identifying the insurance costs you would have included in your bid if you were providing the insurance.

Once the costs of insurance have been identified they will be removed from your bid via a change order.

### ***COMPLETION INSTRUCTIONS***

1. **Contractor Information:**
  - Fill in your company's complete legal name and d.b.a. including names of partners, sole proprietor's name, or joint venture partners.
  - Fill in name of field address, telephone and fax numbers of your project and insurance representatives for this project.
  - Fill in your company's complete address.
  - Fill in your company's telephone, fax and email address of the project contact.
2. **Bid Information:**
  - Fill in any contract or specification number under which your contract falls.
  - Fill in type of services your firm will be doing at the project site (Example: Concrete, Excavation, Supervisory, etc.)
  - Fill in dollar amount of your initial contract.
  - Fill in the dollar amount of your initial contract that you will be subcontracting to others.
  - Fill in the dollar amount of your initial contract that you will be self-performing with your own labor
  - Circle your role on this project (ex. General Contractor or Joint Venture Member)
10. **Totals:**
  - Add the man-hours by classification (#5) and put total at the bottom of the column.
  - Add the payroll by classification (#7) and put the total at the bottom of the column.
  - Add the WC premium (#9) and put the total at the bottom of the column.
20. **General Liability Insurance Information:**
  - Identify your General Liability Rate
  - Multiply by contract value
  - Divide by rate factor of \$1,000
  - List total estimated General Liability premium in line d.
21. **Excess Liability Insurance Information:**
  - Identify your Excess Liability Rate
  - Multiply by contract value
  - Divide by rate factor of \$1,000
  - List total estimated Excess Liability premium in line d.
22. **Total of all Coverage Premiums**
  - Add total of (#3) and (#4) and put amount here.
23. **Overhead & Profit:**
  - Fill in % of overhead and profit
  - Fill in dollar amount for overhead and profit.
24. **Total Cost:**
  - Add (#5) and (#6) and put amount here

<b>Form 1 Pre-Award Insurance Cost Worksheet</b>	<b>U-Link Light Rail</b>		
<b>1. Contractor Information: Federal ID No:</b>			
	Business Information (Headquarters)   Contact Information (address questions to:		
Company Name & dba/	_____		
Contact Name & Title:	_____		
City, State, Zip Code:	_____		
Telephone:	_____		
Fax:	_____		
E-Mail Address:	_____		
<b>2. Bid Information: Contract/Bid No.:</b> _____			
Scope of Work:	_____		
Proposed Contract Amount: _____	Amount Subcontracted: _____		
Amount Self Performed: _____			
Your Role ( <i>circle one</i> )	General Contractor		
	Joint Venture Member		
<b>General Liability and Excess Liability Insurance Information:</b>			
3. a) General Liability Rate: _____	b) Based on Contract Value	c) Rate Factor: Per \$1000	
<b>Total General Liability Premium</b>			<b>d)</b>
4. a) Excess/Umbrella Rate: _____	b) Based on Contract Value	c) Rate Factor: Per \$1000	
<b>Total Excess/Umbrella Premium</b>			<b>d)</b>
<b>5. Total of all Coverage Premiums (total of lines 3d +4d)</b>			
6. Overhead & Profit on Coverage Premium % _____	O/H&P Amount:		
<b>7. Total Cost of Coverage (Total of lines 5 + 6)</b>			<b>\$</b>
Please provide all documentation necessary to substantiate the total premiums outlined in lines 3d and 4d, including a calculation of subcontractor insurance costs.			

**CERTIFICATION**

I hereby WARRANT AND CERTIFY that this worksheet accurately reflects the total **excluded** projected insurance cost (for bidder and all subcontractors associated with this work) that would apply if my regular insurance program were to provide coverage for this work. Attached are the worksheets for the subcontractors associated with this work.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_ Signature: \_\_\_\_\_

## FORM 2 – OCIP INSURANCE APPLICATION

**It will be the responsibility of each Contractor to see that each of its Subcontractors complete the required forms. Failure of a Subcontractor to complete these forms could result (at Owner's discretion) in payments to Contractor and/or Subcontractor being withheld.**

The forms are used to determine a firm's eligibility for coverage under the OCIP. Completion of the forms does not guarantee enrollment into the program.

This form must be submitted to the OCIP Administrator Representative for each contract issued by the successful Contractor and/or Subcontractor prior to site mobilization. The OCIP Administrator Representative will determine eligibility and issue a certificate of insurance showing the insurance coverage being provided under the OCIP.

### *COMPLETION INSTRUCTIONS*

1. **Contractor/Subcontractor Legal Name:** Fill in your company's complete legal name and d.b.a. including names of partners, sole proprietor's name, or joint venture partners. Also note the structure of your company (Individual, Partnership, Corporation, or Joint Venture)
2. **Address:** Fill in your company's complete address.
3. **Federal ID No./SIC Code:** Fill in your federal identification number and SIC code.
4. **Contacts:** Fill in the Contact E-mail, Phone #, and Fax # for your jobsite, office, and insurance broker/agent.
5. **Minority Participation:** Indicate your Certified Minority Status, if any.
6. **Project Name/Description:** Describe the Project Name and describe the project for the Contract your company has been awarded.
7. **Contract #:** Fill in any contract or specification number under which your contract falls.
8. **Awarding Contractor:** Fill in the name of the Awarding Contractor (Sound Transit if your company is prime contractor).
9. **Prime Contractor:** Fill in the name of the Prime Contractor (N/A if your company is prime contractor).
10. **Award Date:** Fill in the Award Date of the Contract.
11. **Start Date:** Fill in the Start Date of the Contract.
12. **Estimated Completion Date::** Date on which you expect to finish work under this contract.
13. **Self-Performed %:** Fill in the percent of your awarded contract that is expected to be self-performed work and fill in the dollar amount of expected self-performed work.
14. **Estimated Man-Hours** Fill in the estimated man-hours devoted to self-performed work.
15. **Estimated # of Subcontractors and %** Fill in the estimated number of subcontractors your company expects to employ and the percent of the contract work that will be assigned to subcontractors.
16. **\$** Fill in the estimated contract dollar amount to be devoted to subcontractor's work and note any Certified Minority Status of subcontractors
17. **Scope of Work to be Performed** Describe the Scope of Work to be handled by subcontractors

18. **Broker/Agent** List the Name, Address, Contact Name, Phone and Fax of your company's insurance broker/agent.
19. **Current GL Ins. Co.** Fill in the Name, Phone, and Fax of your company's present General Liability insurer.
20. **Current GL Rate is Based On:** Check the appropriate basis upon which your General Liability coverage is based.
21. **Deductible or Retention** Fill in the amount of Deductible or Self-Insured Retention on your current General Liability policy
22. **GL Classification** Fill in the Classification, Code, Rate Basis, and Premium on your current General Liability policy. Your insurance broker/agent should be consulted for this information
23. **Umbrella Excess** Fill in the Name of your company's Umbrella/Excess insurer as well as the policy rate, rating basis, and policy period.
24. **Warranty** Read and sign the Warranty.

**FORM 2 – OCIP INSURANCE ENROLLMENT**

**CONTRACTORS INFORMATION**

1. LEGAL NAME \_\_\_\_\_  INDIVIDUAL  PARTNERSHIP  CORPORATION  JOINT VENTURE

2. ADDRESS \_\_\_\_\_ 3. FEIN \_\_\_\_\_

4. **CONTACT**                      **PHONE#**                      **FAX#**                      **EMAIL**

SITE: \_\_\_\_\_

OFFICE: \_\_\_\_\_

INSURANCE: \_\_\_\_\_

5. MINORITY PARTICIPATION:                       DBE                       MBE                       WBE                       LBE

OTHER

**CONTRACT INFORMATION**

6. PROJECT NAME/DESCRIPTION: \_\_\_\_\_ 7. PROJECT/CONTRACT # \_\_\_\_\_

8. AWARDING CONTRACTOR: \_\_\_\_\_ 9. PRIME CONTRACTOR: \_\_\_\_\_

10. AWARD DATE: \_\_\_\_\_ 11. START DATE: \_\_\_\_\_ 12. ESTIMATED COMPLETION DATE: \_\_\_\_\_

13. SELF-PERFORMED: \_\_\_\_\_ %; \$ \_\_\_\_\_ 14. ESTIMATED MAN-HOURS: \_\_\_\_\_

15. ESTIMATED # OF SUBCONTRACTORS: \_\_\_\_\_ SUBCONTRACTED: \_\_\_\_\_ %; 16. \$ \_\_\_\_\_  DBE  MBE  WBE  LBE  OTHER

17. SCOPE OF WORK TO BE PERFORMED: \_\_\_\_\_

**CURRENT INSURANCE INFORMATION**

18. BROKER/AGENT: \_\_\_\_\_ CITY: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

19. CURRENT GL INS CO: \_\_\_\_\_ POLICY PERIOD: \_\_\_\_\_

20. CURRENT GL RATE IS BASED ON:     PAYROLL PER OR  RECEIPTS PER  \$100  \$1,000 OR  PER EMPLOYEE  PER UNIT OR FLAT PREMIUM

IF GL BASIS IS OTHER, PLEASE DESCRIBE: \_\_\_\_\_

21. DEDUCTIBLE: \_\_\_\_\_ RETENTION (SIR) \_\_\_\_\_

A. GENERAL LIABILITY					
ATTACH ADDITIONAL PAGES IF REQUIRED - ATTACH COPY OF DECLARATIONS PAGE AND RATING SHEETS FOR GL POLICY					
22. GL CLASSIFICATION	GL CODE	GL RATE PER BASIS SHOWN ABOVE		PREMIUM	
1.				\$	
2.				\$	
3.				\$	
4.				\$	
5.	SUBCONTRACTED WORK	91581 OR 91585		\$	
				TOTAL GENERAL LIABILITY PREMIUM	A \$
B. 23. UMBRELLA/EXCESS		RATE:	PER \$	B\$	
NAME OF INSURER		POLICY PERIOD			
Attach copy of declaration page and rating sheets for Umbrella/Excess policy.					
C. Estimated Subcontractors Premium (Attach OCIP Insurance Enrollment Form for Each Subcontractor).				C\$	
D. TOTAL PREMIUMS {A + B + C}				D\$	
"Total Premiums" indicated in D represent the amount of insurance premiums the Contractor has identified in the bid proposal.					

It is each Contractor's responsibility to notify its own insurance carrier to exclude all work to be done under this contract from your current insurance program. Any Contractors or Subcontractors who enrolls in the OCIP 10 days after their start date will have to provide a No Known Loss Letter to the Carrier along with the enrollment documentation.

**AGREEMENT**

Sound Transit, or their Agent, is granted permission by Contractor(s) to inspect all documents used in determining the above credit.

**25. WARRANTY**

Regarding, General Liability, Employers Stop-Gap Liability, Contractors' Pollution Liability, Umbrella/Excess Liability and Builders Risk Insurance: These coverages, as stated in the **INSURANCE AGREEMENT**, (as part of the Contract Documents), are provided by Sound Transit. The following agrees and warrants:

- \* Such Insurance is paid for by Sound Transit
- \* The Contractor certifies that they have omitted from their bid (and subsequent change orders) the cost for all above insurance coverages that are being provided and paid for by Sound Transit. Any and all returns of premium, dividends, discounts, or other adjustments to any OCIP policy is assigned, transferred, and set over absolutely to Sound Transit. This assignment pertains to the policies as now written and as subsequently modified, rewritten replaced by Sound Transit's insurance company, including any additional amounts or coverages as a result thereof. Rights of cancellation of all insurance policies provided to Contractor(s) by Sound Transit are also assigned to them. This assignment is only valid for insurance policies whose premiums have been paid by Sound Transit on behalf of such Contractor(s).

27. Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Send this Form to:            Sound Transit  
   OCIP Administrator Representative

## FORM 3: NOTICE OF COMPLETION

General Contractor needs to complete this form when the Contractor requests final payment for verification that all requirements of the OCIP have been met.

### *COMPLETION INSTRUCTIONS*

1. **Contract #:** The Contract or Specification number(s) relating to the work at the Job Site(s).
2. **Contractor:** General Contractor, Contractor, Subcontractor, Sub-subcontractor.
3. **Job Site:** The description of Project Site.
4. **Work Performed:** Type of work performed. (Example: Concrete, Excavation, Supervisory, etc.)
5. **Work Completed By:** Display names of General Contractor, Contractor, Subcontractor, or Sub-subcontractor as completing work.
6. **Date Contract Completed:** Enter appropriate date the work on this contract was completed.
7. **Date Total Work Completed:** Enter appropriate date that all work at the Site was completed. NOTE: If only one contract, these dates are the same. If more than one contract, this is the date **ALL** work at the Site is complete.
8. **Subcontractors or Sub-Subcontractors included in the work:** Names of all Subcontractors of all tiers and associated with the terminating General Contractor, Contractor, or Subcontractor of all tiers.
9. **Location of Payroll:** Location of payroll records for General Contractor, Contractor, and Subcontractors of all tiers.
10. **Sign Form:** Signature of Project Manager.
11. **Return Completed Form:** Return the completed form for our verification that Contractor or Subcontractor has complied with the OCIP document requirements.

# Form 3 – Notice of Completion

## NAME OF PROJECT

1. Contract #: \_\_\_\_\_

2. Contractor: \_\_\_\_\_

3. Job site: \_\_\_\_\_

4. Work Performed: \_\_\_\_\_

5. The following Contractor or Subcontractor has completed his Work at the Project Site and is being processed for final payment: (Indicate whether Contractor or Subcontractor)

\_\_\_\_\_ General Contractor

\_\_\_\_\_ Contractor

\_\_\_\_\_ Subcontractor (Tier)

6. Date this contract completed: \_\_\_\_\_

7. Date total work completed: \_\_\_\_\_

8. Subcontractors of all tiers which are included in this Work

(Add attachment if more space is needed)

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

9. Final Insurance Audits may be made from payroll and other records located at:

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

10. (Signed By) \_\_\_\_\_

Project Manager

11. Return completed form to:

**Attn: OCIP Administrator**

## **FORM 4 - INCIDENT REPORT FORM – DEFINITIONS AND INSTRUCTIONS**

THE SOUND TRANSIT INCIDENT REPORT FORM IS AN INITIAL REPORT. THE COMPLETION OF THIS FORM IS FOR INFORMATION REPORTING PURPOSES ONLY. THE SUBMISSION OF THIS FORM HAS NO PROCEDURAL SIGNIFICANCE AND ESTABLISHES NO RELATIONSHIP WITH SOUND TRANSIT.

This document provides definitions and instructions for the information that is collected and reported on the Sound Transit Incident Report Form.

### **Who Completes the Sound Transit Incident Report Form?**

Sound Transit personnel, contractor personnel, commuters, or other members of the public, who would like to report any instances of property damage (including damage to Sound Transit construction projects) or bodily injury occurring on or near Sound Transit property or projects, should complete the Sound Transit Incident Report Form.

All Incidents should be reported as quickly as possible following their occurrence. Sound Transit personnel must report any Incidents that they witness before the end of the work shift during which the Incident occurred.

### ***GENERAL INSTRUCTIONS***

<i>Box</i>	<i>Name</i>	<i>Description</i>
1	Who is Reporting This Incident?	Check the box associated with the identity of the person filling out this form. (Is the person filling out this form a Sound Transit employee, Contractor employee, Sound Transit Security, a witness to the incident, or a member of the public?)
2	Reporter's Name	Name of the person completing the Sound Transit Incident Report Form.
3	Title	Title of the person completing the Sound Transit Incident Report (leave blank if reporter is a member of the public).
4	Work or Home Address	The Work or Home Address of the person completing the Sound Transit Incident Report Form. (Members of the public should list their Home Address, while Sound Transit, Contractor, and/or Security personnel should list their Work location).
5	City, State, Zip Code	The City, State, and Zip Code in which the person completing the Sound Transit Incident Report resides (Sound Transit, Contractor, and/or Security personnel should list their Work location).

6	Telephone	The Telephone number of the person completing the Sound Transit Incident Report (Members of the public should list their Home Telephone, while Sound Transit, Contractor, and/or Security personnel should list their Work Telephone).
7	Incident Location	The exact location at which the incident occurred. Provide street address if possible.
8	Type of Claim	Check the boxes which most accurately describe the claim (More than one box can be selected).
9	Date of Incident	The Date upon which the Incident occurred (month-date-year).
10	Time of Incident	The time at which the Incident occurred (please use 12 hour clock am/pm).
11	Description of Incident	A full and complete description of the incident. Please be as detailed as possible. Please provide directions of travel, if applicable. Feel free to continue description on a second Incident Report Form attached to the original, if necessary.
12	If Involving Auto/Equipment:	If the Incident involves an automobile or heavy equipment of any kind, please provide the Make, Model, Year, and License # of the vehicle. If multiple vehicles are involved, please attach supplementary Incident Report Forms with additional vehicle descriptions.
13	Was Incident Reported to Police?	Check either Yes or No depending upon whether the Incident was reported to the police.
14	If No, Why Not?	If the Incident was not reported to the police, please explain why it was not reported.
15	Citation Issued?	Check either Yes or No depending upon whether the police issued a citation to anyone in regards to the Incident.
16	Police Report #	If the Incident was reported to the police, please list the police report number associated with the Incident. It is not necessary to wait for the issuance of a police report before transmitting the Sound Transit Incident Report.
17	Name	The Name of the person[s] injured or who suffered property damage. If multiple persons are involved, please attach supplementary Incident Report Forms with additional information for each person.
18	Home Address	The Home Address of the person[s] injured or who suffered property damage. (If the person damaged is a Sound Transit employee, Contractor, and/or Security personnel, their work location should be listed).
19	City	The City of residence of the person[s] injured or who suffered property damage. (If the person damaged is a Sound Transit employee, Contractor, and/or Security personnel, their work location should be listed).
20	State	The State of residence of the person[s] injured or who suffered property damage.

21	Zip	The Zip Code of residence of the person[s] injured or who suffered property damage.
22	Home Phone	The Home Phone number of the person[s] injured or who suffered property damage. (If the person damaged is a Sound Transit employee, Contractor, and/or Security personnel, their work phone should be listed).
23	Cell	The Cellular phone number of the person[s] injured or who suffered property damage.
24	Describe Injury or Property Damage	Describe with as much detail as possible all injuries or property damage suffered by the person listed on line 17. If multiple persons are involved, please attach supplementary Incident Report Forms with additional information for each person listed on line 17 of each form.
25	Estimated \$ of Damage	If the Incident involves property damage, list the estimated monetary value of the damage.
26	Employer	The Employer of the person[s] injured or who suffered property damage.
27	Work Address	The Work Address of the person[s] injured or who suffered property damage.
28	City	The City in which the Employer of the person[s] injured or who suffered property damage resides.
29	State	The State in which the Employer of the person[s] injured or who suffered property damage resides.
20	Zip	The Zip code within which the Employer of the person[s] injured or who suffered property damage resides.
31	Work Phone	The Work Phone number of the person[s] injured or who suffered property damage.
32	Witnesses: (Name)	The full name of any witnesses to the incident. If more than two witnesses are present, please attach supplementary Incident Report Forms with additional information for each witness.
33	(Address)	The full Address (including City, State, and Zip) for each witness to the incident.
34	(Telephone #)	The home or work telephone number of each witness to the incident.
35	Completed by (Signature)	The Signature of the person reporting the incident.
36	Date	The Date the Incident Report Form was completed by the person listed on line #2
37	Print Name	The Printed Name of the person listed on line #2
38	Title	The Title of the person listed on line #2

After completing the following Sound Transit Incident Report Form, immediately distribute to Sound Transit Risk Management Division via, email ([david.grenier@soundtransit.org](mailto:david.grenier@soundtransit.org)) or ([Jeffrey.yuhasz@soundtransit.org](mailto:Jeffrey.yuhasz@soundtransit.org)), fax (206-398-5027), interoffice mail, or U.S. mail to: Union Station, 401 South Jackson Street, Seattle, WA 98104-2826, Attn: Risk Management Division.

## INCIDENT REPORT FORM

Reporter Information (Who is filling out this Incident Report?)				(For Sound Transit Use Only):				
1. Who is Reporting This Incident?	Sound Transit Personnel <input type="checkbox"/>	2. Reporter's Name:		<input type="checkbox"/>	Agency Operations			
	Contractor Personnel <input type="checkbox"/>	3. Title:		<input type="checkbox"/>	Railroad Operations			
	ST Security <input type="checkbox"/>	4. Work or Home Address:		<input type="checkbox"/>	OCIP			
	Witness <input type="checkbox"/>	5. City, State, Zip Code:		<input type="checkbox"/>	Partner Agency			
	Member of the Public <input type="checkbox"/>	6. Telephone #:						
Incident Information (What happened?)								
7. Incident Location:		8. Type of Incident: (check all that apply)	Property Damage	<input type="checkbox"/>	Bodily Injury	<input type="checkbox"/>	Damage to Project	<input type="checkbox"/>
			Vehicle Damage	<input type="checkbox"/>	Medical Aide Necessary	<input type="checkbox"/>		
			Personal Property Damage	<input type="checkbox"/>	Real Property Damage (House, Yard, etc.)	<input type="checkbox"/>		
9. Date of Incident:								
10. Time of Incident:								
11. Description of Incident:					12. If Involving Auto/Equipment:			
					Make			
					Model			
					Year			
					License #			
13. Was Incident Reported to Police? Yes <input type="checkbox"/> No <input type="checkbox"/>				15. Citation Issued? Yes <input type="checkbox"/> No <input type="checkbox"/>				
14. If No, Why Not?				16. Police Report #				
Damaged Party Information (Who was allegedly hurt or suffered property damage?)								
17. Name:				26. Employer:				
18. Home Address:				27. Work Address:				
19. City:	20. State:	21. Zip:		28. City:	29. State:	30. Zip:		
22. Home Phone:		23. Cell:		31. Work Phone:				
24. Describe Injury or Property Damage:								
						25. Estimated \$ of Damage:		
Witnesses: 32. (Name)		33. (Address)				34. (Telephone #)		
35. Completed by (Signature):					36. Date:			
37. Print Name:				38. Title:				

## **FORM 5 - CLAIM FORM – DEFINITIONS AND INSTRUCTIONS**

THE SOUND TRANSIT CLAIM FORM IS A LEGAL DOCUMENT. THE COMPLETION OF THIS FORM ESTABLISHES AN INSURANCE CLAIM ON BEHALF OF THE CLAIMANT. **KNOWINGLY PROVIDING FALSE, INCOMPLETE OR MISLEADING INFORMATION IS A CRIME.**

This document provides definitions and instructions for the information that is collected and reported on the Sound Transit Claim Form.

### **Who Completes the Sound Transit Claim Form?**

Members of the public or insured OCIP participants, who believe they have experienced a monetary loss related to either property damage (including damage to Sound Transit construction projects) or bodily injury, should complete the Sound Transit Claim Form they believe, to Sound Transit or Sound Transit hired contractor activities.

All occurrences should be reported as quickly as possible following their occurrence. Your failure to transmit this claim form in a timely fashion following any occurrence may prohibit and/or delay any reimbursement, even if your claim is otherwise valid.

### ***GENERAL INSTRUCTIONS***

<i>Box</i>	<i>Name</i>	<i>Description</i>
1	Who is Reporting This Occurrence?	Check the box associated with the identity of the person filling out this form. (Is the person filling out this form a Sound Transit employee, Contractor employee, Sound Transit Security, a witness to the occurrence, or a member of the public?)
2	Reporter's Name	Name of the person completing the Sound Transit Claim Form (if different from the claimant, for instance a translator.)
3	Title	Title of the person completing the Sound Transit Claim Form (leave blank if reporter is a member of the public).
4	Work or Home Address	The Work or Home Address of the person completing the Sound Transit Claim Form. (Members of the public should list their Home Address, while Sound Transit, Contractor personnel should list their Work location).
5	City, State, Zip Code	The City, State, and Zip Code in which the person completing the Sound Transit Claim Form resides (Sound Transit, Contractor personnel should list their Work location).
6	Telephone	The Telephone number of the person completing the Sound Transit Claim Form (Members of the public should list their Home Telephone, while Sound Transit, Contractor personnel should list their Work Telephone).

7	Occurrence Location	The exact location at which the occurrence took place. Provide street address if possible.
8	Type of Claim	Check the boxes which most accurately describe the occurrence (More than one box can be selected).
9	Date of Loss	The Date upon which the loss took place (month-date-year).
10	Time of Loss	The time at which the loss took place (please use 12 hour clock am/pm).
11	Description of Occurrence	A full and complete description of the occurrence. Please be as detailed as possible. Please provide directions of travel, if applicable. Feel free to continue description on a second Claim Form attached to the original, if necessary. In addition, if pictures of the occurrence were taken, please include with the Form.
12	If Involving Auto/Equipment:	If the occurrence involves an automobile or heavy equipment of any kind, please provide the Make, Model, Year, and License # of the vehicle. If multiple vehicles are involved, please attach supplementary Incident Report Forms with additional vehicle descriptions.
13	Was Occurrence Reported to Police?	Check either Yes or No depending upon whether the occurrence was reported to the police.
14	If No, Why Not?	If the occurrence was not reported to the police, please explain why it was not reported.
15	Citation Issued?	Check either Yes or No depending upon whether the police issued a citation to anyone in regards to the occurrence.
16	Police Report #	If the occurrence was reported to the police, please list the police report number associated with the occurrence. It is not necessary to wait for the issuance of a police report before transmitting the Sound Transit Claim Form.
17	Was an Incident Report Form Previously Filed in Regards to This Occurrence?	Is the reporter aware of whether a Sound Transit Incident Report Form was previously submitted to Sound Transit Risk Management in regards to this occurrence (check the appropriate box). If yes, all previous Incident Reports previously filed MUST be attached.
18	Name	The Name of the person injured or who suffered property damage. If multiple persons are involved, each claimant must submit a separate Claim Form with all required information.
19	Home Address	The Home Address of the person injured or who suffered property damage. (If the person damaged is a Sound Transit employee, or Contractor personnel, their work location should be listed).
20	City	The City of residence of the person injured or who suffered property damage. (If the person damaged is a Sound Transit employee, or Contractor personnel, their work location should be listed).
21	State	The State of residence of the person injured or who suffered property damage.

22	Zip	The Zip Code of residence of the person injured or who suffered property damage.
23	Home Phone	The Home Phone number of the person injured or who suffered property damage. (If the person damaged is a Sound Transit employee, or Contractor, personnel, their work phone should be listed).
24	Cell	The Cellular phone number of the person injured or who suffered property damage.
25	Describe Injury or Property Damage	Describe with as much detail as possible all injuries or property damage suffered by the person listed on line 17.
26	Estimated \$ of Damage	If the occurrence involves property damage, list the estimated monetary value of the damage.
27	Employer	The Employer of the person injured or who suffered property damage.
28	Work Address	The Work Address of the person injured or who suffered property damage.
29	City	The City in which the Employer of the person injured or who suffered property damage resides.
30	State	The State in which the Employer of the person injured or who suffered property damage resides.
31	Zip	The Zip code within which the Employer of the person injured or who suffered property damage resides.
32	Work Phone	The Work Phone number of the person injured or who suffered property damage.
33	Witnesses: (Name)	The full name of any witnesses to the occurrence. If more than two witnesses are present, please attach supplementary Incident Report Forms with additional information for each witness.
34	(Address)	The full Address (including City, State, and Zip) for each witness to the occurrence.
35	(Telephone #)	The home or work telephone number of each witness to the occurrence.
36	Completed by (Signature)	The Signature of the person reporting the occurrence.
37	Date	The Date the Claim Form was completed by the person listed on line #2
38	Print Name	The Printed Name of the person listed on line #2
39	Title	The Title of the person listed on line #2

After completing the following Sound Transit Claim Form, immediately distribute to Sound Transit Risk Management Division via, email ([david.grenier@SoundTransit.org](mailto:david.grenier@SoundTransit.org)) or ([jeffrey.yuhasz@SoundTransit.org](mailto:jeffrey.yuhasz@SoundTransit.org)), fax (206-398-5027), interoffice mail, or U.S. mail to: Union Station, 401 South Jackson Street, Seattle, WA 98104-2826, Attn: Risk Management Division.

CLAIM REPORT FORM

Reporter Information (Who is filling out this Incident Report?)				(For Sound Transit Use Only)				
1. Who is Reporting This Occurrence?	Sound Transit Personnel <input type="checkbox"/>	2. Reporter's Name:		<input type="checkbox"/>	Agency Operations			
	Contractor Personnel <input type="checkbox"/>	3. Title:		<input type="checkbox"/>	Railroad Operations			
	Member of the Public <input type="checkbox"/>			<input type="checkbox"/>	OCIP			
				<input type="checkbox"/>	Partner Agency			
4. Work or Home Address:								
5. City, State, Zip Code:								
6. Telephone #:								
Claim Information (What happened?)								
7. Occurrence Location:	8. Type of Claim: (check all that apply)		Property Damage	<input type="checkbox"/>	Bodily Injury	<input type="checkbox"/>	Damage to Project	<input type="checkbox"/>
			Vehicle Damage	<input type="checkbox"/>	Medical Aid Necessary	<input type="checkbox"/>		
			Personal Property Damage	<input type="checkbox"/>	Real Property Damage (House, Yard, etc.)	<input type="checkbox"/>		
9. Date of Loss:								
10. Time of Loss:								
11. Description of Occurrence:					12. If Involving Auto/Equipment:			
					Make			
					Model			
					Year			
					License #			
13. Was Occurrence Reported to Police? Yes <input type="checkbox"/> No <input type="checkbox"/>			15. Citation Issued? Yes <input type="checkbox"/> No <input type="checkbox"/>					
14. If No, Why Not?			16. Police Report #					
17. Was an Incident Report Form Previously Filed in Regards to This Occurrence? Yes <input type="checkbox"/> (If yes, please attach Incident Report) No <input type="checkbox"/>								
Damaged Party Information (Who was allegedly hurt or suffered property damage?)								
18. Name:				27. Employer:				
19. Home Address:				28. Work Address:				
20. City:	21. State:	22. Zip:	29. City:	30. State:	31. Zip:			
23. Home Phone:		24. Cell:	32. Work Phone:					
25. Describe Injury or Property Damage:								
						26. Estimated \$ of Damage:		
Witnesses:		33. (Name)	34. (Address)			35. (Telephone#)		
36. Completed by (Signature):						37. Date:		
38. Print Name:				39. Title:				
<p style="text-align: center;"><b>RCW 48.135.080: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of the company. Penalties include imprisonment, fines, and denial of insurance benefits.</b></p>								

**ACORD®**

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YY)

PRODUCER  
 Broker Name  
 Broker Address

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

**COMPANIES AFFORDING COVERAGE**

- COMPANY **A** Insurance Carrier Name
- COMPANY **B** Insurance Carrier Name
- COMPANY **C** Insurance Carrier Name
- COMPANY **D**

INSURED  
 Contractor Name  
 Contractor Address  
 City/State/Zip code

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENTS 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.

Co Ltr	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS M <sup>a</sup> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> GENERAL AGGREGATE PER PROJECT				GENERAL AGGREGATE \$4,000,000
	PRODUCTS-COMP/OP AGG \$4,000,000				
	PERSONAL & ADV INJURY \$4,000,000				
	EACH OCCURRENCE \$4,000,000				
	FIRE DAMAGE (Any one Fire) \$100,000				
	MED EXP (Any one Person) \$5,000				
	COMBINED SINGLE LIMIT \$4,000,000				
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per Person)
	BODILY INJURY (Per Accident)				
	PROPERTY DAMAGE				
	AUTO ONLY - EA ACCIDENT				
	OTHER THAN AUTO ONLY:				
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				EACH ACCIDENT
	AGGREGATE				
	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$10,000,000
	AGGREGATE \$10,000,000				
B	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/ PARTNERS/EXECUTIVE <input type="checkbox"/> INCL   OFFICERS ARE: <input type="checkbox"/> EXCL				<input checked="" type="checkbox"/> STATUTORY LIMITS
	EACH ACCIDENT \$1,000,000				
	DISEASE - POLICY LIMIT \$1,000,000				
	DISEASE - EACH EMPLOYEE \$1,000,000				
	<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

The Owner, its partners, subsidiaries and affiliated and related companies, including agent, officers and employees are added as additional insured, per endorsements equivalent to ISO form 20 10 (11/85-Form B). Coverage is primary and non-contributory. Waiver of Subrogation is included for General Liability, Workers Compensation and Automobile Liability per Endorsement # \_\_\_\_\_ attached.

**CERTIFICATE HOLDER**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE

209250000



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER  
 Broker Name  
 Broker Address

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

**COMPANIES AFFORDING COVERAGE**

COMPANY Insurance Carrier Name  
**A**  
 COMPANY Insurance Carrier Name  
**B**  
 COMPANY Insurance Carrier Name  
**C**  
 COMPANY  
**D**

INSURED  
 Contractor Name  
 Contractor Address  
 City/State/Zip code

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENTS 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.

Co Ltr	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> GENERAL AGGREGATE PER PROJECT				GENERAL AGGREGATE \$1,000,000
					PRODUCTS-COMP/OP AGG \$1,000,000
					PERSONAL & ADV INJURY \$1,000,000
					EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (Any one Fire) \$100,000
					MED EXP (Any one Person) \$5,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$1,000,000
					BODILY INJURY (Per Person)
					BODILY INJURY (Per Accident)
					PROPERTY DAMAGE
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT
					OTHER THAN AUTO ONLY:
					EACH ACCIDENT AGGREGATE
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE
B	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/ PARTNERS/EXECUTIVE <input type="checkbox"/> INCL OFFICERS ARE: <input type="checkbox"/> EXCL				<input checked="" type="checkbox"/> STATUTORY LIMITS
					EACH ACCIDENT \$ 500,000
					DISEASE - POLICY LIMIT \$ 500,000
					DISEASE - EACH EMPLOYEE \$ 500,000
	OTHER				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

The Owner, its partners, subsidiaries and affiliated and related companies, including agent, officers and employees are added as additional insured, per endorsements equivalent to ISO form 20 10 (11/85)- Form B. Coverage is primary and non-contributory. Waiver of Subrogation is included for General Liability, Workers Compensation and Automobile Liability per Endorsement # \_\_\_\_\_ attached.

**CERTIFICATE HOLDER**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE

209250000