THE REGENTS OF THE UNIVERSITY OF CALIFORNIA
UNIVERSITY CONTROLLED INSURANCE PROGRAM | UCIP VI

UNIVERSITY OF CALIFORNIA

[insert campus]

[insert project name]

UCIP Bid/Contract Manual

Issued Date: [insert]



Alliant

TABLE OF CONTENTS

1.0 INTRODUCTION 4

1.1 Overview 4

1.2 About this Manual 5

1.3 Applicability of UCIP to Project Phases 5

2.0 DIRECTORY 6

3.0 DEFINITIONS 8

4.0 INSURANCE COVERAGE & SUMMARY 12

4.1 Covered Parties 12

4.2 Parties Not Covered 12

4.3 Evidence of UCIP Coverage 12

4.4 UCIP Termination or Modification 12

4.5 Callback or Repair Work 12

4.6 Description of UCIP Insurance Coverages 13

General Contractor Obligation 14

5.0 CONTRACTOR UCIP RESPONSIBILITIES 15

5.1 Alliant WrapX Overview 16

5.2 Contractor Bids – Net of Insurance Costs 16

5.3 Registration 17

5.4 Specialty Subcontractors 17

5.4.1 Cranes 17

5.4.2 Elevators and Scaffolding 18

5.5 Assignment of Return Premiums 18

5.6 Payroll Reports 18

5.7 Insurance Company Payroll Audit 18

5.8 Completion of Work 18

5.9 Off-Site Locations 18

5.10 Safety Procedures 19

5.11 Claims Reporting 19

5.12 Change Order Procedures 19

5.13 Close Out and Audit Procedures 19

6.1 Required Coverages 20

6.3 Conditions of Understanding 22

6.4 Additional Insureds 22

6.5 Waiver of Subrogation 23
6.6 Qualifications of Insurers 23
6.7 Certificate of Insurance 23
7.0 CLAIMS PROCEDURES 24
7.1 Workers' Compensation Claims 24
7.2 General Liability Claims 27
7.3 Property Claims 28
8.0 Frequently Asked Questions 29
9.0 APPENDIX 30
9.1 Access Contractor Portal 30
9.2 How to Log In 30
9.3 Forgot Username or Reset Password Screen 31
9.4 Completing Enrollment 31
9.5 Alliant WrapX Notice of Award Process 33
9.6 How to Report CIP Payroll 34
9.7 Insurance Cost Worksheet 35
9.8 Notice of Work Completion 36
10.0 Project Forms 37
10.1 Enrolled Status- Certificate of Insurance Requirements 37
10.2 Excluded Status Certificate of Insurance Requirements 37

1.0 INTRODUCTION

SECTION 1

1.1 Overview

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

The UCIP provides the following insurance for all Contractors, regardless of tier, which are Registered as an Enrolled party in the insurance program:

- Commercial General/ Excess Liability
- Workers' Compensation

Certain Contractors, Subcontractors, and Sub-Subcontractors are ineligible for this program. These parties are identified in the Definitions, Section 3.0 of this manual. Participation in the UCIP is mandatory (but not automatic) for all Eligible Parties, unless operations are specifically excluded.

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

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

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

Insurance coverage and limits provided under the UCIP are limited in scope and specific to this Project only.

Your insurance representative should review this information. Any additional coverage you may wish to purchase will be at your own expense.

This manual is intended to be used as a general overview of the UCIP Program.

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

1.2 About this Manual

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

Always consult with your insurance agent about your insurance coverage prior to registering in a controlled insurance program.

This UCIP Manual:	This UCIP Manual does not:
Generally, it describes the structure of the UCIP	Provide coverage interpretations, legal or risk management advice.
Identifies responsibilities of the various parties involved in the Project, whether they are registered as enrolled or excluded in the UCIP	Provide complete information about coverage, nor does it provide coverage for non-project-related activities or off-site operations. (unless specifically endorsed)
Provides a *basic* description of UCIP operation	Provide claims handling decisions or determine claim outcomes
Describes audit and administration procedures	Supersede any language set forth within the Contract
Provides answers to basic questions about the UCIP	Amend, modify, or change the policies. (in case of conflict, policies govern)
Will be updated throughout the course of the Project if necessary	Replace or eliminate the need for contractors' own insurance policies (e.g., auto, professional liability, contractor's tools, etc.)

1.3 Applicability of UCIP to Project Phases

The UCIP only applies for the Construction Services/Phase as summarized below.

For CM-at-Risk Contracts:

* Phase 1: Pre-Construction Services—UCIP does NOT apply to this portion of the Work.
  Phase 2: Construction—UCIP does apply to this Work.

For Design Build Contracts:

* Phase 1: Design Development Documents—UCIP does NOT apply to this portion of the Work.
* Phase 2: Construction Documents—UCIP does NOT apply to this portion of the Work.
* Phase 3: Construction—UCIP applies to this Work.

For Lump Sum and Multiple Prime Trade Contracts:

UCIP only applies once a Notice-to-Proceed has been issued for Work on or at the Project Site. Only once UC has executed the first Notice to Proceed for Work in the applicable Phase as shown above, coverage for each Enrolled Party will incept as per the date shown in the Certificate of Insurance evidencing enrollment in the UCIP.

2.0 DIRECTORY

SECTION 2

UCIP BROKER / ADMINISTRATOR

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

UCIP PROGRAM MANAGER	UCIP PROGRAM ADMINISTRATOR
Please Direct all Questions to the UCIP Program Administrator	
SHANNON FUGATE Phone: 925-378-6826 Email: Shannon.Fugate@alliant.com	**[INSERT]** Phone: [insert] Email: [insert]

UCIP SENIOR ACCOUNT MANAGER

Please Direct All UCIP Coverage Questions to the UCIP Sr. Account Manager

HELENA MCGEE
Phone: 415-855-8574
Email: Helena. McGee@alliant.com

UCIP PORTAL WRAP-X

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

UCIP SAFETY DIRECTOR	UCIP RISK CONSULTANT
All Incidents are to be reported to the General Contractor and Alliant Risk Consultant	
DAVID BALDOVIN Phone: 714-612-9069 Email: David.Baldovin@alliant.com	**[INSERT]** Phone: [insert] Email: [insert]

UCIP CLAIMS

Please Refer to Project Specific Claims Kit for Claim Reporting Instructions.

Workers' Compensation
Dedicated Toll-Free #: 888-485-2669
MPN: 2378
Email: claimreports@libertymutual.com

UCIP WC CLAIMS ADVOCATE

Please Direct all Claims Reporting Questions to the WC Claim's Specialist

MY HUYNH
Phone: 213-406-8760
Email: My.Hunyh@alliant.com

UCIP GL CLAIMS ADVOCATE

Please Direct all Claims Reporting Questions to GL Claim's Specialist

RACHEL RUTHERFORD-CRAMMER
Phone: 516-414-8266
Email: Rachael.Rutherford-Crammer@alliant.com
PLEASE CONTACT GL ADVOCATE FIRST BEFORE FILING GL CLAIM

UC CAMPUS TEAM UC Los Angeles, 1060 Veteran Avenue, Los Angeles, CA 90095	
UC PROJECT MANAGER	**UC CONTRACT ADMINISTRATOR**
[INSERT} Phone: [Insert] Email: [Insert]	**[INSERT}** Phone: [Insert] Email: [Insert]
UC CONTRACTS MANAGER	**UC CAMPUS RISK MANGER**
[INSERT} Phone: [Insert] Email: [Insert]	**[INSERT}** Phone: [Insert] Email: [Insert]

GENERAL CONTRACTOR Clark Construction, 611 Anton Blvd. Costa Mesa, CA 92626	
PROJECT EXECUTIVE	**PROJECT SUPERINTENDENT**
[INSERT} Phone: [Insert] Email: [Insert]	**[INSERT}** Phone: [Insert] Email: [Insert]
SR. PROJECT MANAGER	**PROJECT MANAGER**
[INSERT} Phone: [Insert] Email: [Insert]	**[INSERT}** Phone: [Insert] Email: [Insert]
PROJECT ADMINISTRATOR	**SAFETY MANAGER**
[INSERT} Phone: [Insert] Email: [Insert]	**[INSERT}** Phone: [Insert] Email: [Insert]
INSURANCE COMPLIANCE CORDINATOR	**PAYROLL REPORTING**
[INSERT} Phone: [Insert] Email: [Insert]	**[INSERT}** Phone: [Insert] Email: [Insert]

3.0 DEFINITIONS

SECTION 3

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

Additional Insureds:
Other parties that UC requires to be added to policies are added as additional insureds. These parties are also referred to as Insureds.

Off-site Locations:
Shall mean any storage yards, laydown areas, or staging locations utilized exclusively in connection with the performance of Work at the Project Site. Any such locations must be disclosed in writing to the UCIP Program Manager and shall be subject to prior written approval by the Campus Project Management Team and the UCIP insurers. No coverage under the UCIP shall apply to any such location unless and until it has been formally scheduled and endorsed onto the applicable UCIP insurance policies in accordance with insurer requirements.

Certificate of Insurance:
A document providing evidence of the existence of coverage under one or more insurance policies. For purposes of this Manual, the UCIP Administrator collects, reviews, and tracks only the General Contractor's certificate of insurance and required endorsements. The General Contractor is responsible for collecting, reviewing, tracking, and retaining the certificates and required endorsements of all Subcontractors, Sub-Subcontractors, and Vendors regardless of tier or UCIP registration status.

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

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

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

Contractor Claims Obligation:
The amount that the General Contractor shall pay to the University as their contribution for settlement of an insured loss.

Eligible Parties:
Unless excluded under Excluded Parties, the General Contractor and all Subcontractors of every tier and such other people or entities as UC may designate, at its sole discretion, that will perform any labor at the Project Site. Labor may be performed either by the party or by a Subcontractor to a party.

Eligible Employees:
An employee of an Enrolled Contractor/Subcontractor, dedicated to the Work (as evidence by payroll records) that performs Work and/or generates payroll at the Project Site.

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

Enrolled: ***(Registration Required in WrapX)***
Applies to those eligible Contractors, Subcontractors, and Sub-Subcontractors that have submitted all necessary enrollment forms and have been accepted into the UCIP as evidenced by the UCIP Administrator issuing a Certificate of Insurance. Also described in this manual as a Participating Contractor.

Excluded Parties: ***(Registration Required in WrapX)***
Apply to those ineligible Contractors, Subcontractors, and Sub-Subcontractors that do not qualify to participate in the UCIP Program and will need to procure insurance coverage outside of the UCIP. Scope of work may include, but is not limited to:

- Structural/Heavy Demolition
- Hazardous Material Contractors and Transporters
- Architects, Surveyors, Engineers except for architects, surveyors, engineers and soil testing
- Engineers that are employees of Contractor or Subcontractor.
- EIFS Installation or Abatement and various forms of Demo are not automatically excluded from UCIP.
- Any other trade at Owner discretion

Unregistered Excluded Parties:
These parties are known as Off-Site and Service Based Parties. They participate at the construction site in relationship to normal construction activities. The UCIP will not afford any coverage to these unregistered parties while they are on the project site. The UCIP Administrator will not track the presence of these trades or manage their insurance documentation. It is the contractual responsibility of the hiring trade to ensure all parties carry sufficient independent insurance for both on-site and off-site operations. When in doubt about registration requirements consult with your UCIP Program Administrator.

- Those involved in loading, transporting, and unloading materials, stocking supplies, equipment deliveries, transporting personnel, parts, equipment, or any other items to, from or within the Site.
- Carrier Firms such as USPS, Amazon, UPS, DSL, and FedEx
- Vendors, Suppliers, Off-Site Fabricators, Material Haulers, Truckers
- Subcontractors not performing actual construction labor at the jobsite.

Experience Modification Rate Threshold ***(EMR)*****:**
Contract has max EMR stipulations for Contractor, Subcontractor, and Sub-Subcontractor. Any EMR more than the EMR Threshold will need to be specifically approved by the General Contractor's Safety Manager and/or:

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

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

General Contractor:
The construction management firm, general contracting firm, design- builder firm, or prime contractor firm (referred to as "General Contractor" as appropriate for the type of delivery method), under direct Contract with

the University of California or one of its campuses or medical centers for the overall responsibility of the Project Site during its construction.

Insurance Cost Worksheet *(ICW)*:
Form entered into the WrapX Contractor Portal that allows the Enrolled Parties to identify and calculate their insurance costs they have excluded from their bids.

Insured:
The University of California and the Enrolled Parties that have been named in a policy, Certificate of Insurance, or advice of insurance signed by a duly authorized representative of the Insurers.

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

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

No Known Loss Letter *(NKLL)*:
Also known as a no loss statement, is a document that confirms that there are no current or known losses or damages. It's often required by insurance providers when backdating coverage for late enrollment.

Notice of Award *(NOA)*:
Form completed in WrapX to notify the Alliant UCIP program administrator that a trade or vendor needs to come onsite. This form initiates the registration process for the evaluation of Enrolled or Excluded Status. Must be entered by the hiring trade prior to the party coming onto the project site.

Notice of Work Completion *(NWC)*:
Form completed by enrolled and excluded parties in WrapX to signal the Alliant UCIP program administrator that they need to initiate the contract closeout process.

On-site Activities:
Those activities on or at the Project Site.

Owner:
The Regents of the University of California, University of California, UC, Sponsor, specifically the campus named herein that holds the contracts for the Project.

Professional Employer Organization *(PEO)*:
A firm that provides a service under which an employer can outsource employee management tasks, such as employee benefits, payroll and workers' compensation.

Premium Rate Pages:
The unredacted Insurance Policy pages identify the costs, rates, and basis for the insurance premium calculations used to verify the insurance cost worksheet.

Project Site:
Project Site shall mean those areas designated in writing by Owner for performance of the Work and such additional areas as may be designated in writing by Owner for Contractors use in performance of the Work. Subject to notification and other requirements for off-site locations, the term Site shall also include (a) field office

sites, (b) property used for bonded storage of material for the Project approved by Owner, (c) staging areas dedicated to the Project, and (d) areas where activities incidental to the Project are being performed by Contractor or Subcontractors covered by the workers' compensation policy included in the UCIP, but excluding any permanent locations of Contractor or such covered Subcontractors. Project Site is defined with a 2000-foot Parameter.

Sponsor *(Owner)*:
The Regents of the University of California, also referred to as the University of California or "UC".

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

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

Temporary Leasing Company:
A business that supplies workers to clients on a temporary or project basis. These companies are also known as temporary services employers.

UCIP:
The University Controlled Insurance Program, which is the program under which Workers' Compensation, Employer's Liability, Commercial General Liability, and Excess Liability are provided to Enrolled Parties while performing operations at the Project Site.
The UCIP does not provide other coverages that might be required for Enrolled Parties, for example, Professional Liability, Pollution Liability, Automobile Liability, Equipment Floaters, or Performance Bonds.

UCIP Administrator:
Alliant Insurance Services, Inc. Also referred to in this manual as Program Manager. The firm is responsible for day-to-day administration of the UCIP. Refer to the UCIP Directory.

UCIP Broker/Manager:
Alliant Insurance Services, Inc is responsible for brokering, managing, and administering UCIP. Refer to the UCIP Directory.

University Campus:
The UC campus or medical center that is under direct Contract with the General Contractor for the Work.

WrapX:
Online System for managing the UCIP registration process and documentation in the Contractor Portal.

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

SECTION 4

4.0 INSURANCE COVERAGE & SUMMARY

4.1 Covered Parties

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

4.2 Parties Not Covered

The Owner and the Insurer have the exclusive right to exclude Contractors of any tier from participating in the UCIP (Excluded Contractors). Such Excluded Contractors, who will not be covered under the UCIP, will not be authorized to work on the Project until they have provided the UCIP Administrator (if directly hired by the Contractor), the Contractor or Subcontractor evidence of their compliance with the insurance requirements as outlined in the Contract. Please see Section 3 Definition of “Excluded”, for a list of Contractors of any tier who will not be included for participation in the UCIP.

4.3 Evidence of UCIP Coverage

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

4.4 UCIP Termination or Modification

UC or the University Campus may, for any reason, modify the UCIP coverage, discontinue the UCIP, or request that any Enrolled Party of any tier withdraw from the UCIP upon thirty (30) days written notice. Upon such notice, the Enrolled Party, as specified by UC in such notice, shall obtain and thereafter maintain during the performance of the Work, all (or a portion thereof as specified by UC) of the UCIP coverage. The form, content, limits of liability, cost, and the Insurer(s) issuing such replacement insurance shall be subject to the University Campus’s approval. The University Campus shall pay the Enrolled Party for the reasonable cost of replacement coverage approved by the University Campus.

4.5 Callback or Repair Work

Unless terminated by UC as set forth in the “UCIP Termination/Modification” above, the UCIP will continue to provide coverage for General Liability claims which result from warranty work undertaken by Enrolled Contractors for a period of 24 months at the conclusion of work at the Project Site. Workers’ Compensation and Employer’s Liability losses occurring during warranty work are excluded from UCIP coverage and shall be covered under the Contractor’s practice policy.

4.6 Description of UCIP Insurance Coverages

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

The following coverages are provided by the UCIP:

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

INSURANCE COMPANIES	POLICIES
Liberty Mutual Fire Insurance Company	**Workers' Compensation**
Liberty Mutual Fire Insurance Company	**General Liability**
Various	**Excess Liability**

WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY

Workers' Compensation:

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

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

Employer's Liability Limits

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

COMMERCIAL GENERAL LIABILITY

General Liability:

General Liability will be provided on an "occurrence" form under a master liability policy, reflecting the following limits of liability, coverage, and terms.
Master policies will be endorsed to include the Owner and any of their affiliates, or subsidiary companies or corporations, as well as the project's General Contractor and Subcontractors enrolled in the UCIP as a Named Insured.

Limits

General Aggregate (Reinstated Annually):	$6,000,000
Products & Completed Operations Aggregate:	$6,000,000 (10 years)
Each Occurrence:	$3,000,000
Bodily Injury & Property Damage Each Occurrence:	$3,000,000
Personal Injury and Advertising Liability:	$3,000,000
Fire Damage Legal Liability:	$1,000,000

Medical Expense	$10,000
Premium Payments	By Owner
Deductible	Any deductible will be paid by Owner.
Contractor Claims Obligation	See below

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

EXCESS LIABILITY

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

Limits

Each Occurrence:	$200,000,000
Annual General Aggregate:	$200,000,000

Coverage and Terms include:

- **The aggregate limits specified herein are shared by all Enrolled Parties for all projects insured for the University Campus and any associated medical centers. Notwithstanding the foregoing, the Owner, at its discretion, may elect to dedicate limits to a specific project, generally in instances where the construction value exceeds a predetermined threshold.**
- The policies are following form (provisions, coverage, exclusions, etc.) of underlying Commercial General Liability and Employer's Liability policy wording.
- Owner reserves the right to supply additional limits upon final review.

General Contractor Obligation

In the event of a UCIP Commercial General Liability loss, General Contractor shall pay the University an amount as set forth below. Payment of the General Contractor Obligation shall not in any way limit the liability of General Contractor to University or otherwise. The amount to be paid, which is based on the Contract Sum of the Contractor's Contract, at the time of loss, is as follows:

Contract Sum at the Time of Loss	Amount to be Paid (Per Occurrence)
$2,500,000 or Less	$ 10,000
$2,500,001 to $10,000,000	$ 15,000
$10,000,001 and Over	$ 25,000

Note: General Contractor and Subcontractors are advised to procure insurance for owned or leased equipment and materials not intended for inclusion in the construction at the Project Site. The UCIP will not cover General Contractor or Subcontractor property.

The UCIP does not provide all the insurance required for the project, including but not limited to coverage for Professional Liability, Environmental/Pollution Liability, Automobile Liability, Equipment Floaters, Builder's Risk, or bonds. Note that while the UCIP does not include coverage for Builder's Risk, UC does in certain cases provide this coverage through a different Master Program / policies (please see General Conditions for details). It is recommended that the Enrolled Parties discuss the UCIP with their insurance agent or consultant to ensure that other proper coverage is maintained.

SECTION 5

5.0 CONTRACTOR UCIP RESPONSIBILITIES

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

- Handle insurance costs in your bid as outlined in the Contract as appropriate.
- Including the UCIP provisions in all subcontracts as appropriate.
- Notifying the UCIP Administrator of all Subcontracts awarded via Notice of Award in the Alliant WrapX Contractor Portal.
- Full cooperation and submission of all UCIP registration information, regardless of subcontractor tier.
- Completing all administrative tasks/action items in WrapX within the time frames required by the UCIP Administrator. Maintaining and reporting monthly payroll records by the 10th of the month.
- Complying with insurance, claim, and safety procedures.
- Paying Contractor Claims Obligation promptly as required.
- Notifying the UCIP Administrator immediately of any insurance cancellation or non-renewal (contractor-required insurance).
- Complete the Declaration of Contractor or Subcontractor Minimum Occupational Safety and Health Qualifications prior to commencement of Work.
- Timely notification to the UCIP Administrator of a Company name change or acquisition as well as providing the announcement letter for change, new W9, and ERM-14 if applicable.
- Keep the current point of contact on record, with email and phone numbers in the Wrap X system.
- The contractor must have had no Final Order (declared by OSHA) willful violations in California of Part 1 (Section 6300) of Division 5 of the Labor Code during the five-year period prior to bid opening.
- The contractor must have instituted an injury prevention program pursuant to Section 3201.5 or 6401.7 of the Labor Code.
- By signing within WrapX via e-signature, contractor acknowledges that it meets the following minimum Occupational Safety and Health (OSHA) qualifications:
    - The Contractor must have maintained a Workers' Compensation Experience Modification Rate ("EMR") that averages 1.25 or below for the past five years. It is further understood by the General Contractor and all Subcontractors (of any tier), that should a Subcontractor's EMR average be calculated as instructed above and found to NOT be 1.25 or below; AND/OR the Subcontractor is ineligible for an EMR, that Subcontractor shall be subject to additional safety oversight from the General Contractor Safety Representative (CSR) at the expense of the Contractor. General Contractor and Subcontractor shall develop and submit a written action

plan to CSR to prevent/mitigate loss and injury. General Contractor and Subcontractor must always adhere to such written action plan while performing Work as described in the Subcontract. General Contractor and Subcontractor must coordinate with UCIP Loss Control Representatives to validate that an effective written action plan has been developed and implemented. In such cases, the General Contractor's Safety Representative (CSR) will also be required to acknowledge (via signature) this protocol prior to the commencement of Work.

5.1 Alliant WrapX Overview

Alliant WrapX (WrapX) is a proprietary Risk Management Information System (RMIS). All relevant UCIP information will be captured and stored online in a "paperless" format through WrapX. Information to be stored includes award notifications, enrollment information, UCIP payroll, and notice of work completions for all Contractors on a per Project basis. Alliant Insurance will provide all UCIP Eligible Contractors with a project welcome letter detailing instructions for utilizing the WrapX contractor portal upon receipt of a Notice of Award for the awarded Contractor. Registration; to be completed by parties requesting enrollment in UCIP as well as those companies requesting Exclusion from UCIP.

- Declaration of Minimum OSHA and EMR
- Contractor's License
- Monthly Payroll Reporting. *(Registered Enrolled Parties Only)*
- Real Time Access to shared documents *(e.g., Subcontractor's CIP WC policy, Claims Kit, UCIP Certificate of Insurance, WrapX Starter Kit).*
- To notify UCIP Admin of any companies you hire/award a contract to *(NOA).*
- To notify UCIP Admin of completion of your work *(NWC);* and supply final figures *(CV; Payroll).*

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

5.2 Contractor Bids – Net of Insurance Costs

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

By completing the online registration for UCIP, which will consist of providing certain details as well as uploading supporting documents (copies of unredacted policy/rating, declaration pages) in the Alliant's Wrap Administration System (WrapX), the Eligible Parties warrant that all Costs of UCIP Coverages described in this section have been correctly identified for the on-site Work and excluded from their bids. All information is treated as proprietary.

Each Enrolled Party will be required to submit the insurance documentation listed below. Documentation will include the following unredacted pages from the Workers' Compensation, General Liability, and Excess Liability policies:

- Declarations, rating information, and deductible pages.
- Unredacted Rate page(s) – rates must reflect first dollar coverage; no composite rates or corporate allocations based on deductible/retention programs.
- Five (5) years of loss history from the insurance carrier, and including self-paid losses, for entities that retain losses through deductible, self-insured, or high retention programs in the amount of $5,000 or more, upon request.

When completing information on the Excess premium charges in WrapX, the Eligible Parties will utilize their applicable insurance rate. If an Excess rate is not available and the Eligible Parties' policies are written on a flat premium basis, the Eligible Parties will develop a rate based upon their overall annual payroll or receipts. The payroll (or receipts) will be divided into the Excess premium charge to determine a fair rate to apply to insurance for the Contract.

In Cases of non-compliance, UCIP program administration will be required to use default information to calculate the insurance cost. For WC, we will use CA pure premium rates plus 150%, EMR 1.0, and CA State Assessment of applicable for the year enrolling, for General Liability we will calculate 30% of the Workers Compensation premium as proxy, 50% of General Liability net premium as Excess Liability proxy, Terrorism of 4% of per 100 of payroll, and Overhead & Profit of 15% as proxy.

5.3 Registration

Registration in the UCIP is required but not automatic; all Contractors, regardless of tier or status, must complete the online registration through the WrapX Contractor Portal and be evaluated for Enrolled or Excluded status prior to the start of Work.

Enrolled parties must receive the approval notification email from the Program Administrator before UCIP coverage applies, and access to the Project Site will not be permitted until registration is completed. Each Contractor is also responsible for providing all requested information, including details of its subcontractors as needed to evaluate their eligibility. All required information must be submitted to the UCIP Program Administrator prior to mobilization. Separate registration is required for each contract under which work is performed, although only one Workers' Compensation policy will be issued per firm.

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

Excluded parties must receive an approval notification email from the Program Administrator identifying their Excluded status has been approved. There is an Exclusion Questionnaire in the WrapX Portal for contractors to fill out if they are requesting exclusion party evaluation. All required information must be submitted to the UCIP Program Administrator prior to mobilization. Separate registration is required for each contract under which work is performed.

5.4 Specialty Subcontractors

Specialty Contractors are evaluated on a case-by-case basis by the Alliant UCIP Administrator prior to on-site mobilization. Please see below with respect to each individual trade and it's handling. Please reach out to the Alliant Program Administrator for any questions surrounding the use of any of these Specialty Subcontractors:

5.4.1 Cranes

All onsite Cranes will be required to register as an Enrolled party under the UCIP. The program provides coverage for Rigger's Liability. The General Contractor - shall ensure in-field, documented verification of operator proficiency. For the full explanation of this safety guideline, please refer to the University of California Safety Standards Manual. The website is: https://ucop.edu/search/index.html?q=UCIP+Safety

The OCIP Master General Liability Policy includes an endorsement that extends coverage to enrolled cranes for rigger's liability exposures. This means that when a crane is properly enrolled in the OCIP, the policy can provide liability coverage for damages caused during rigging operations, such as the movement, lifting, or positioning of materials and equipment, when those operations are performed in connection with the project.

Coverage is subject to the terms, conditions, exclusions, and limits of the OCIP policy and applies only to approved and enrolled crane operations.

5.4.2 Elevators and Scaffolding

Elevator and Scaffolding Subcontractors are expected to register as an Enrolled party under the UCIP and to comply with the contractual insurance requirements of the UCIP.

5.5 Assignment of Return Premiums

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

5.6 Payroll Reports

Each Participating Contractor must submit Monthly UCIP Payroll Reports online in the Wrap-X Contractor Portal, identifying man-hours and payroll for all work performed at the Project Site on a "per contract" basis.

* Please note this information is in addition to the Certified Payroll Reporting Requirements for the LCP Tracker System and will be used to provide the insurance company or Owner with the information required to determine the premium for the UCIP.

Monthly man-hour reports must include all on-site supervisory and clerical personnel and certify all Work performed at or directly emanating from the Project Site. A separate Monthly Payroll Report is required for each Contract under which work is performed. Contractors must submit a report for every month, including reporting zero payroll for any month in which no on-site work occurs, until the contract is complete and the Notice of Work Completion has been approved. ***Selecting Final Payroll is not the same as submitting a Notice of Work Completion. Please reference section 5.8 Completion of Work.***

5.7 Insurance Company Payroll Audit

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

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

5.8 Completion of Work

When a Participating Contractor has completed its work, each Registered Enrolled and Registered Excluded Contractor shall complete a Notice of Work Completion online and submit it to the UCIP Program Administrator. Final payment will not be released until all necessary information has been submitted. It is the upper-tier Contractor's responsibility to assure that the lower-tier subcontractors complete the Notice of Completion online. A separate form must be completed for each Contract in the Wrap-X Contractor Portal.

5.9 Off-Site Locations

The Contractor, on behalf of itself and its Subcontractors, must obtain advance approval before any off-site location can be considered to have UCIP coverage. The Contractor shall submit a request to the UCIP Program

Manager including the site address, description, intended use, trades performing work, and duration of use. The UCIP Program Manager will coordinate approval with the UC Campus Project Manager, after which the UCIP insurance carrier must approve the location and endorse the UCIP policies. Offsite locations must be 100% dedicated exclusively to the Project to be eligible for coverage.

5.10 Safety Procedures

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

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

5.11 Claims Reporting

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

5.12 Change Order Procedures

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

5.13 Close Out and Audit Procedures

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

It is important that you properly classify payrolls, as these are reported to the rating bureau for promulgation of future Experience Modification Ratings for your firm. All Enrolled Parties shall make available their books, vouchers, Contracts, documents, and records of any kinds to the UCIP insurance carrier(s) auditors or the UC's representatives. Availability of records must be for a reasonable time during the policy period, any extension, or during a final audit period as required by the insurance policies.

The final contract value entered in the Notice of Work Completion should include all change orders.
Any Contractor Claims Obligation that the Contractor or its Subcontractors of any tier are responsible for will be considered at the time of the Contract close-out unless the actual cost of the claim has been established and considered prior to closing out. Failure to notify the UCIP Administrator via WrapX and report all payrolls in a timely manner may result in UC withholding issuance of final payment and release of retention pursuant to Article 9 of the General Conditions.

6.0 CONTRACTOR REQUIRED COVERAGE

SECTION 6

6.1 Required Coverages

Enrolled and Excluded Parties will, at their own expense, carry and maintain at least the following insurance policies and minimum limits of liability on forms and with insurance companies acceptable to the Sponsor. **The General Contractor is the only party required to submit a certificate of insurance to Alliant.**

Alliant **will not be tracking** or verifying compliance with the certificates of insurance for subcontractors of any tier. Alliant **will only track** and verify the certificate of insurance for the General Contractor.

WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY

Part One:	Workers' Compensation	Statutory Limit
Part Two:	Employer's Liability	Annual Limits Per Insured
	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

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

Policy shall provide the following:

a) Waiver of Subrogation in favor of the Additional Insured Entities

b) 30 days advance Notice of Cancellation to Additional Insured Entities

c) **No coverage exemptions will be accepted.** Coverage must be provided for the Contractor and Subcontractors Members, Executives and Officers

d) If this Project entails work on/over/near/around navigable waterways, then Contractor, Subcontractor and lower-tiered Subcontractor is required to provide proof of insurance coverage under the Jones Act.

BUSINESS AUTOMOBILE LIABILITY

Combined Single Limit: Bodily Injury and/or Property Damage	$2,000,000

All Enrolled and Excluded Parties must provide Automobile Liability insurance covering the operation, maintenance and use, loading and unloading of all owned, hired, and non-owned vehicles used in connection with the Project. Policy shall provide the following:

a) Any Auto Symbol

b) Waiver of Subrogation endorsement in favor of the Additional Insured Entities

c) 30 days advance Notice of Cancellation to Additional Insured Entities

d) Additional Insured endorsement must be provided in favor of the Additional Insured Entities on an ISO form CA 2048 02 99 or its' equivalent.

e) Shall contain a Primary and Non-Contributory clause.

GENERAL LIABILITY

	Enrolled Parties	Excluded Parties
General Aggregate	$ 2,000,000	$ 4,000,000
Products/Completed Operations Aggregate	$ 2,000,000	$ 4,000,000
Personal/Advertising Injury	$ 1,000,000	$ 2,000,000
Each Occurrence Limit	$ 1,000,000	$ 2,000,000

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

Coverage is required to be on an Occurrence form and shall apply to Bodily Injury and Property Damage for Operations (including explosion, collapse and underground coverage), Independent Contractors. Contractors shall obtain Products and Completed Operations. Limits can be provided by a combination of a primary Commercial General Liability policy and Excess or Umbrella Liability policy. Policy shall provide the following:

a) Waiver of Subrogation endorsement in favor of the Additional Insured Entities

b) 30 days advance Notice of Cancellation to Additional Insured Entities

c) Additional Insured endorsement must be provided in favor of the Additional Insured Entities. The following shall be included as Additional Insured:

> **The Regents of the University of California, and each of their representatives, consultants, officers, agents, employees, each of their representative's consultants, regardless of whether or not identified in the Contract documents or to the Contractor in writing.**

d) Shall contain a Primary and Non-Contributory clause.

e) Excluded Parties agree to continuously maintain Products-Completed Operations Coverage under its CGL and Umbrella/Follow Form Excess Liability policies for not less than the applicable statute of repose for liability arising out of the work or the Project.

Enrolled Parties shall provide evidence of Excess Liability insurance for "Off-Site" activities. **Excluded Parties** shall provide evidence of Excess Liability insurance applicable to "On-Site" and "Off-Site" activities.

EXCESS/UMBRELLA LIABILITY

	Enrolled Parties	Excluded Parties
Each Occurrence/Aggregate	ONLY REQUIRED IF NEEDED TO MEET LIMIT	ONLY REQUIRED IF NEEDED TO MEET LIMIT

Enrolled Parties or **Excluded Parties** shall provide evidence of Excess Liability insurance for "Off-Site" activities when using Excess or Umbrella policies to meet the General Liability, Auto Liability, or Workers' Compensation, and Employer Liability insurance requirements. If using Excess or Umbrella policies to meet the requirements, the Excess schedule of underlying will be required. The Excess schedule of underlying policies is a specific list in an excess liability insurance policy that details all the primary insurance policies (such as general liability, auto, or employer's liability) that must be in place, including their coverage limits.
Coverage MUST follow Form the Terms & Conditions of the underlying policies. Policy shall provide the following:

a) Waiver of Subrogation endorsement in favor of the Additional Insured Entities.
b) 30 days advance Notice of Cancellation to Additional Insured Entities.
c) Additional Insured endorsement must be provided in favor of the Additional Insured Entities
d) Shall contain a Primary and Non-Contributory clause.

6.2 Property Insurance/Contractor's Equipment Floater

General Contractor and Subcontractors are advised to arrange their own insurance for owned and leased equipment (not to be permanently installed or incorporated into the construction project), whether such equipment is located at the Project Site or "in transit". General Contractor and Subcontractors are solely responsible for any loss or damage to their personal property, including General Contractor and Subcontractors tools and equipment, temporary structures (including construction trailers) whether owned, used, leased, or rented by the General Contractor or Subcontractor. General Contractor and Subcontractors are also responsible for any loss or damage to property or materials created or provided under the Contract until the property or materials arrives at the Project Site.

6.3 Conditions of Understanding

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

6.4 Additional Insureds

With exception of Workers' Compensation and Employer's Liability insurance, the following shall be included as Additional Insureds and evidenced on the Certificate of Insurance:

The Regents of the University of California, and each of their representatives, consultants, officers, agents, employees, each of their representative's consultants, regardless of whether or not identified in the Contract documents or to the Contractor in writing.

The Commercial General Liability Policy's Additional Insured provision or endorsement(s) must include both ongoing operations and completed operations extensions of coverage, naming as Additional Insured those parties as listed above and shall be attached to the Acord Certificates of Insurance. Endorsements that are included and part of the Acord Certificate of Insurance must include the name of the additional insured and the contract or agreement that is associated with the additional insured endorsement that it pertains to. The endorsement or combination of endorsements must clearly specify that the policy is extending additional insured status for both your ongoing operations and products-completed operations associated with the work performed on behalf of the additional insured named.
As to all other liability insurance policies, with exception of Professional Liability, Workers Compensation and Employer's Liability, similar provisions or endorsements for Additional Insured shall also be included with Certificates of Insurance. Such endorsement(s) shall also provide that insurance is primary with respect to the interests of UC and Additional Insureds and that any other insurance maintained by UC and Additional Insureds is excess and not contributing insurance with the insurance requirement hereunder.

Further, the amount of insurance available to UC or the additional insured shall be for the full amount of the loss up to the available policy limits and shall not be limited to any minimum requirements stated in the Contract Documents.

Refer to the sample Certificate of Insurance provided in Section 10 of this Insurance Manual. The list of Additional Insureds may be updated at any time due to contractual requirements of the University of California.

6.5 Waiver of Subrogation

General Contractor and Subcontractors of all tiers waive subrogation as set forth in Section 11.1.13 of the General Conditions. General Contractor and Subcontractors of all tiers will be required to waive subrogation. The General Contractor's and Subcontractor's Commercial General Liability, Commercial Automobile Liability and Workers' Compensation/Employer's Liability insurance policies shall each be endorsed with a Waiver of Subrogation endorsement noting that the Contractor waives all rights of recovery by subrogation against University, University's representative, University's representative's consultants, their respective officers, agents, or employees, and any other contractor or Subcontractor performing Work or rendering services on behalf of University. Provisions or endorsements for Waiver of Subrogation shall be included with Certificates of Insurance and evidenced thereon.

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

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

6.6 Qualifications of Insurers

Each Insurer who provides any insurance coverage required by this section must meet each of the following requirements:

a. The Insurer must be duly licensed and/or authorized by the State of Project Location to transact a property and/or casualty insurance business in the State of Project Location.

b. The Insurer must have an A.M. Best Policyholder Rating of an "A" and a Financial Rating of Class VII or higher.

6.7 Certificate of Insurance

Prior to commencing any work at the Project Site, Contractor and all Subcontractors must provide the General Contractor with a Certificate of Insurance on a standard ACORD form 25-S along with a copy of the policy Schedule of Endorsement, satisfying all coverages and stipulations required in this OCIP Manual. A sample acceptable Certificate of Insurance is included in Section 10. A current certificate must be provided for each period. Certificates should be sent to the General Contractor. Failure of any party to provide such certificates of insurance will not be relieved from the responsibility to carry and maintain such insurance.

Contractor and Subcontractors are responsible for monitoring their lower-tiered Subcontractors insurance documents, whether enrolled or excluded. The Sponsor reserves the right to not approve the use of Subcontractors who are unable to meet the insurance requirements. Certificates evidencing compliance are to be available to Sponsor, Contractor and OCIP Administrator upon request.

7.0 CLAIMS PROCEDURES

SECTION 7

This section describes the basic procedures for reporting various types of claims: workers' compensation, general liability, and damage to the project. A claim kit will be provided to all Participating Contractors. It will include details about claim reporting and is intended for use at the job site. Enrolled Parties, Excluded Parties, and any other party involved with the Project Site will instruct employees and other personnel to report, in writing and within 12 hours, all accidents and occurrences resulting in first aid, bodily injury or property damage to the General Contractor Safety Manager and UCIP Safety Manager.

7.1 Workers' Compensation Claims

Claim Documents Made Available to All Participating Contractors	
Claims Kits	• Claims Kits will be made available to all Participating Contractors in WrapX and will include all the necessary claim forms and specific instructions for filing claims. • In the event you do not have access to WrapX or cannot locate a claims kit or form, please reach out to the WC/GL Claims Advocate and/or UCIP Program Manager.
MPN/List of Preferred Medical Providers	• A list of the preferred providers will be provided for all Participating Contractors. • A specific facility for treatment of all minor or non-life-threatening injuries will be agreed upon.

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

ALLIANT WC CLAIM ADVOCATE:
MY HUYNH
EMAIL: MY.HUYNH@ALLIANT.COM
PHONE: (213) 406-8760



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

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

WC CLAIM REPORTING PROCEDURES

All Parties involved with the Project Site shall report all injuries or occupational-related illnesses to the General Contractor Safety Manager as soon as possible. Enrolled Parties' personnel will

follow these procedures if an employee sustains bodily injury or an occupational related illness while working at the Project Site:

1. Injured workers should report to the General Contractor's Project Site offices for injury assessment.
    - Where medical treatment is required beyond the scope of First Aid that can be administered on-site, the injured worker will be referred to the designated Occupational Health Clinic or Hospital. Please **refer to the UCIP Project Claim Kit for detail. Located in your WrapX Contract Documents.**

Note: The financial burden associated with first aid claims will be the responsibility of the employer of the injured worker(s).

- The injured worker or accompanying supervisor should secure Claim Form A: Treatment Authorization from the General Contractor if they do not already have this form. Please see UCIP Project Claim Kit for a copy of this form.

2. Contact the designated medical facility to advise them that an injured worker will be arriving.
    - Present Claim Form A: Treatment Authorization to the clinic or hospital upon registration to identify the injured worker as a UCIP participant working at a UCIP Project Site. Please see UCIP Project Claim Kit for a copy of this form.
    - The General Contractor and injured worker's employer must designate a representative at the Project Site to escort the injured worker to the medical facility.
    - This individual is to remain with the injured worker at the medical facility while he/she is being treated.
    - The treating physician will provide a work status form, stating whether or not the injured worker can return to work, a list of restrictions, if any, and the estimated length of time the injured worker must be on modified duty.
    - Copies of the work status form should be provided to the injured worker, his/her employer, and the General Contractor Safety Manager.
    - If the work status form is not provided to the General Contractor, the General Contractor will request a copy from the injured worker's employer.
3. As soon as possible, but always within 12 hours of notice of injury sustained at the Project Site, the employer of an injured worker shall:
    - Fill out Employee and Employer sections of the Form 5020 California Employer's Report of Occupational Injury or Illness and send it into the insurance company when filing the claim**. Please see UCIP Project Claim Kit for a copy of this form.**

- Provide the injured worker with a copy of the completed Form 5020 California Employer's Report of Occupational Injury or Illness. Please see UCIP Project Claim Kit for a copy of this form.
- Conduct a Supervisor's Accident Investigation.
- Report the Claim. **Please see UCIP Project Claim Kit for instructions**.

  When an employer reports the claim through one of the above methods, Liberty Mutual, the UCIP insurance company, will fill out the *Employer's Report of Occupational Injury or Illness (Form 5020)* and send a completed copy to the state and back to the employer. This satisfies the employer's requirement to provide the report of injury to the state Industrial Relations Division. Liberty Mutual will also send a claims acknowledgement to the reporting employer with the assigned claim number and the Liberty Mutual claim adjuster contact information, as it becomes available.

4. Cooperate with the claims adjuster and keep General Contractor informed of the current work status of the injured worker.

DRUG TEST PROGRAM

A drug test program has been implemented for this project for "post-accident" and "for probable cause". The provisions of the drug test program will meet or exceed the General Contractor's corporate program. The financial burden associated with these tests will be the responsibility of the employer of the affected worker(s). Contractors will be responsible for all costs associated with drug screening.

MEDICAL PROVIDER NETWORK

General Contractor and Subcontractors working on a UCIP project will utilize the Medical Provider Network ("MPN") program for industrial injuries. This program is a benefit to the employer as it allows for more effective medical control for the life of the claim and may reduce many of the Workers' Compensation costs associated with each claim. The MPN contains an extensive number of occupational medicine facilities and other medical providers from which the injured worker is obligated by law to select if:

- The employer (General Contractor/Subcontractor) has properly fulfilled its responsibilities.
- The injured worker has not pre-designated his/her own personal physician.

MPN packets will be distributed to all Enrolled Parties by the UCIP Broker at the time of their enrollment approval. These packets must be distributed to all employees who will work on the Project Site. The General Contractor will also include the notification packets in its safety orientation for all employees attending the orientation.

ALTERNATIVE DISPUTE RESOLUTION

Should an Enrolled Party subscribe to or participate in an Alternative Dispute Resolution (ADR) process for Workers' Compensation claims outside of UCIP, the Insurer is unable to recognize or acknowledge the ADR claim process for any reported UCIP Workers' Compensation claims. Enrolled Contractors shall notify/advise its employees working on any UCIP project that ADR claim processes will not apply.

RETURN TO WORK POLICY

The purpose of this program is to keep injured workers gainfully employed during recovery. Modified duty benefits the injured worker as well as the employer of the affected worker(s).

This policy establishes basic guidelines for an early return to work (transitional duty) assignment for injured workers. Each employer shall have a written early return to work program that shall be

implemented on this Project Site unless specifically prohibited by the terms of a collective bargaining agreement. Please see the Safety Standards Manual for more information relating to early return to work.

General Contractor or Subcontractors are responsible for notifying the California Occupational Safety and Health Administration (Cal-OSHA) when one or more of their employees are seriously injured. A detailed incident report must be completed and turned into the UCIP Safety Consultant and General Contractor Safety Manager within twenty-four (24) hours of the accident/incident. The employer will forward any additional documentation to the insurance carrier and to the UCIP Administrator.

Each employer will be required to attend all claims meetings and participate in the management of claims for its employees. When the insurance carrier requests additional information, the employer is required to cooperate with the assigned claims adjuster.

Return-to-Work Procedures
• The Insurer's adjuster will communicate with the managed care clinic or treating physician to determine the injured employee's temporary restrictions.
• Once the employee is released to modified work, the Insurer's adjuster will coordinate with the managed care nurse and/or treating physician and the employer to facilitate the injured employee's return to work.
• Upon being released to return to modified work, the injured employee will report to his/her employer for modified work assignment.
• The employer will obtain from the employee (and provide copies to the Sponsor) the return-to-work status instructions from the treating physician.
• The employer is required to fully accommodate the injured employee and facilitate their return to work.

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

7.2 General Liability Claims

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

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

If your firm receives notice of a claim, or forthcoming lawsuit, or is served with a lawsuit arising out of your involvement with this project, please forward a copy of the documentation to the Alliant GL Claims Advocate

ALLIANT GL CLAIM ADVOCATE:
RACHAEL RUTHERFORD-CRAMMER
EMAIL: RACHAEL.RUTHERFORD-CRAMMER@ALLIANT.COM
PHONE: (516) 414-8266

7.3 Property Claims

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

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

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

7.4 Automobile Claims

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

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

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

8.0 Frequently Asked Questions

SECTION 8

Are my subcontractors covered automatically?	No, every trade regardless of tier must register and follow the same steps to have enrolled or excluded status. The hiring trade is responsible for entering their Notice of Award in the WrapX Portal
How can I request to be an Excluded party?	Complete the registration in the Wrap-X portal. There is a question that asks if you think you should be excluded, you will answer yes and complete the Exclusion Questionnaire, the UCIP administrator will make the final decision on your status.
How do I calculate my insurance credit/deduction?	Using the Insurance Cost Worksheet in the Wrap-X Contractor Portal, you will need a copy of your Workers Compensation, General Liability, and Excess Liability insurance policy rating pages.
How are payroll and man-hours reported?	Time and cost are reported in the Wrap-X Contractor Portal, as unburdened payroll dollars. It is due on the tenth of each month.
What happens when I am not onsite for a month but know I will be back?	You will need to report Zero payroll dollars for the month(s) you are not onsite in the WrapX portal.
I reported payroll in LCP Tracker. Doesn't that count?	No, LCP tracker is a certified payroll reporting system separate from the Workers Compensation Payroll reporting for the UCIP in Wrap-X
What documents are required for enrollment?	Enrollment and payroll are reported on the Wrap X contractor portal and that process is paperless. Physical copies of the WC, GL, and XS unredacted insurance policy rating pages are needed to verify the insurance cost worksheet and can be submitted in PDF format in the WrapX portal or emailed to Wrapup@alliant.com
How long does enrollment take?	Typically, we ask for a two-week lead time, if you have a compliant enrollment on another UCIP project we will transfer as much applicable information as possible to make it easier.
What is time frame for Completed Operations Coverage?	For enrolled parties the completed operations period is 10 years.
What is a Wrap-up Exclusion?	A clause added to a contractor's Commercial General Liability (CGL) policy that removes your coverage for work when it is performed on projects covered by a centralized "wrap-up" program (UCIP). It is extremely important to review if you are requesting to be an excluded party.
What Safety requirements must I follow under the UCIP?	The UCIP Safety manual is available online. https://ucop.edu/search/index.html?q=UCIP+Safety
Does the OCIP cover off-site work or fabrication?	No. Coverage is typically limited to on-site project activities, with a 2000' parameter, Offsite locations can be scheduled if they meet certain requirements, the GC must make the request to the UCIP Program Manager and the request must be approved by UC and then the insurance carriers must issue an endorsement.

For assistance in getting access to Wrap-X access or completing registration, please contact the UCIP Program Administrator in Section 2 of this manual.

9.0 APPENDIX

SECTION 9

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

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

9.1 Access Contractor Portal

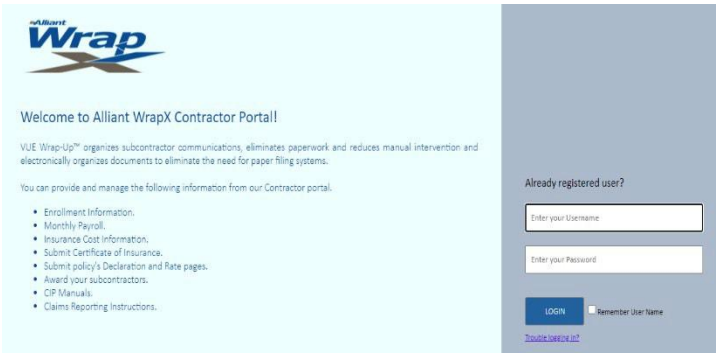
An account will be created for all users upon submittal of Notice of Award (NOA). If you are already registered, log in and proceed to Completing Enrollments below. Open the Alliant WrapX Contractor Portal URL in a web browser: https://alliantwrapx.alliant.com/ContractorPortal/

The Alliant WrapX Contractor Portal login screen will be displayed.

9.2 How to Log In

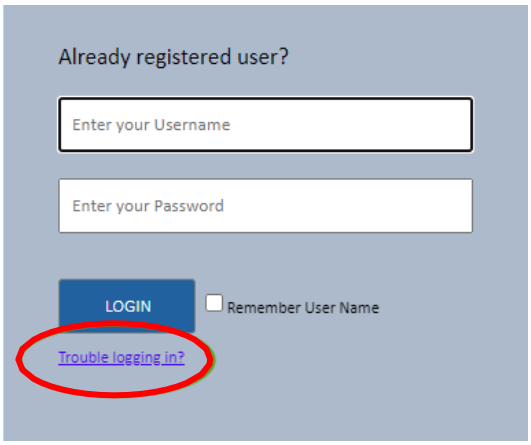
Once on the WrapX home page:

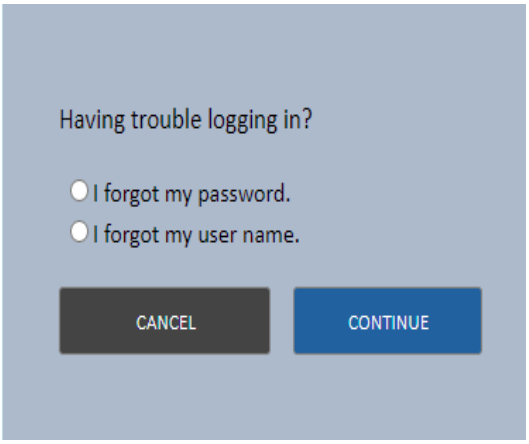
- Contact the Alliant CIP Administrator to obtain a **Username**.
- Enter your unique **Username** and enter your Password.
- Click on the "**LOGIN"** button to gain access to the secure WrapX Contractor Portal.
- Please note that the first time you log on you will be requested to change your password.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



9.3 Forgot Username or Reset Password Screen

If you forgot your username or password, click on "**Trouble logging in?**" and follow system prompts.





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

9.4 Completing Enrollment

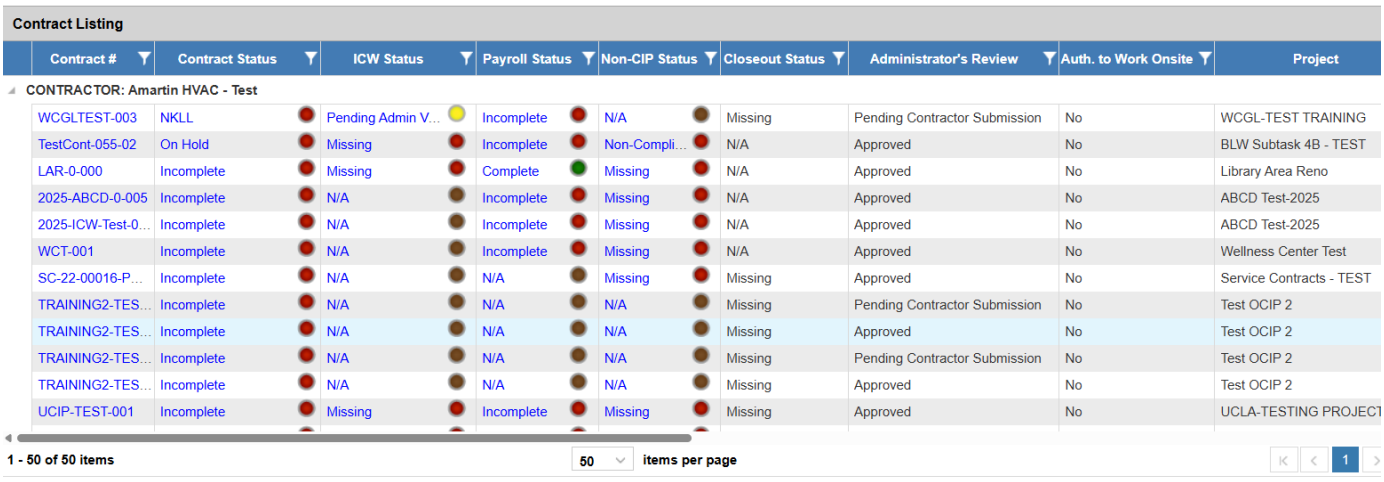
Once a user has logged into the contractor portal, the Contractor portal home page will be displayed with welcome message and contract listing grid. Contractor users can submit the enrollment, or they can submit any missing information that is still required to complete the Enrollment for the CIP program.

Note: While submitting the Enrollment details, please make sure to enter information of all the "required" fields as accurately as possible. **It is mandatory to complete this form before any workers are allowed to work on site.**

Home Screen:
After successfully logging in, the user will be redirected to Portal Home Page as shown on the screen below.

Footer will be displayed with current display records and pagination.

Users can complete enrollment listed in the Contract Listing Grid. It is possible that your Wrap Up Administrator or Parent contract created your contract, and you only need to complete the missing details.

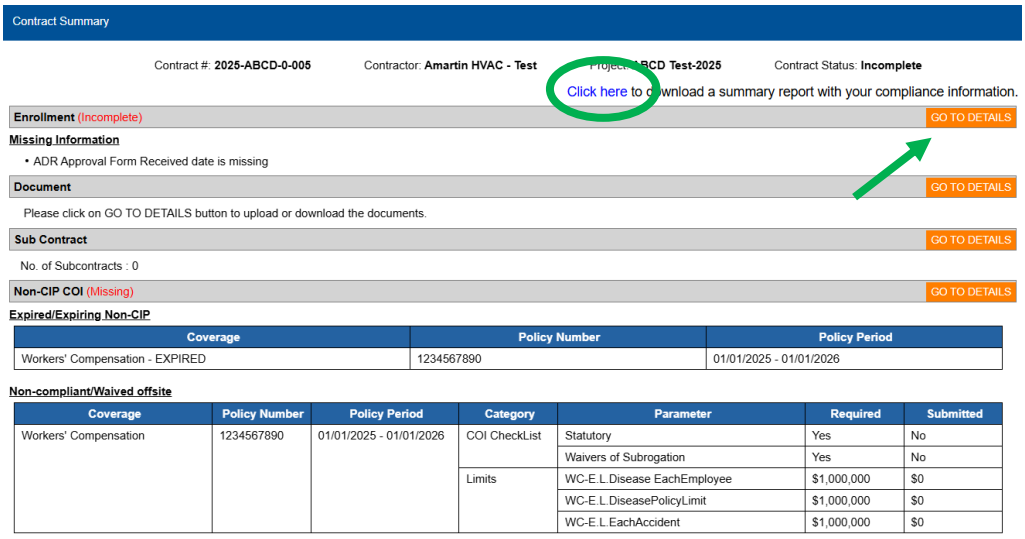


Contract Listing

Contract #	Contract Status	ICW Status	Payroll Status	Non-CIP Status	Closeout Status	Administrator's Review	Auth. to Work Onsite	Project
CONTRACTOR: Amartin HVAC - Test								
WCGLTEST-003	NKLL	Pending Admin V...	Incomplete	N/A	Missing	Pending Contractor Submission	No	WCGL-TEST TRAINING
TestCont-055-02	On Hold	Missing	Incomplete	Non-Compli...	N/A	Approved	No	BLW Subtask 4B - TEST
LAR-0-000	Incomplete	Missing	Complete	Missing	N/A	Approved	No	Library Area Reno
2025-ABCD-0-005	Incomplete	N/A	Incomplete	Missing	N/A	Approved	No	ABCD Test-2025
2025-ICW-Test-0...	Incomplete	N/A	Incomplete	Missing	N/A	Approved	No	ABCD Test-2025
WCT-001	Incomplete	N/A	Incomplete	Missing	N/A	Approved	No	Wellness Center Test
SC-22-00016-P...	Incomplete	N/A	N/A	Missing	Missing	Approved	No	Service Contracts - TEST
TRAINING2-TES...	Incomplete	N/A	N/A	N/A	Missing	Pending Contractor Submission	No	Test OCIP 2
TRAINING2-TES...	Incomplete	N/A	N/A	N/A	Missing	Approved	No	Test OCIP 2
TRAINING2-TES...	Incomplete	N/A	N/A	N/A	Missing	Pending Contractor Submission	No	Test OCIP 2
TRAINING2-TES...	Incomplete	N/A	N/A	N/A	Missing	Approved	No	Test OCIP 2
UCIP-TEST-001	Incomplete	Missing	Incomplete	Missing	Missing	Approved	No	UCLA-TESTING PROJECT

1 - 50 of 50 items 50 items per page 1

When the User clicks on the **Contract #** hyperlink a contract summary popup screen will open as shown below. By clicking on the "GO TO DETAILS" button, the user will be redirected to the Enrollment page, as shown in the screen below. Here, users can enter their enrollment details.



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

After clicking "GO TO DETAILS", you will be directed to the Enrollment Process. Any sections with missing data are notated with a red X, as shown below.

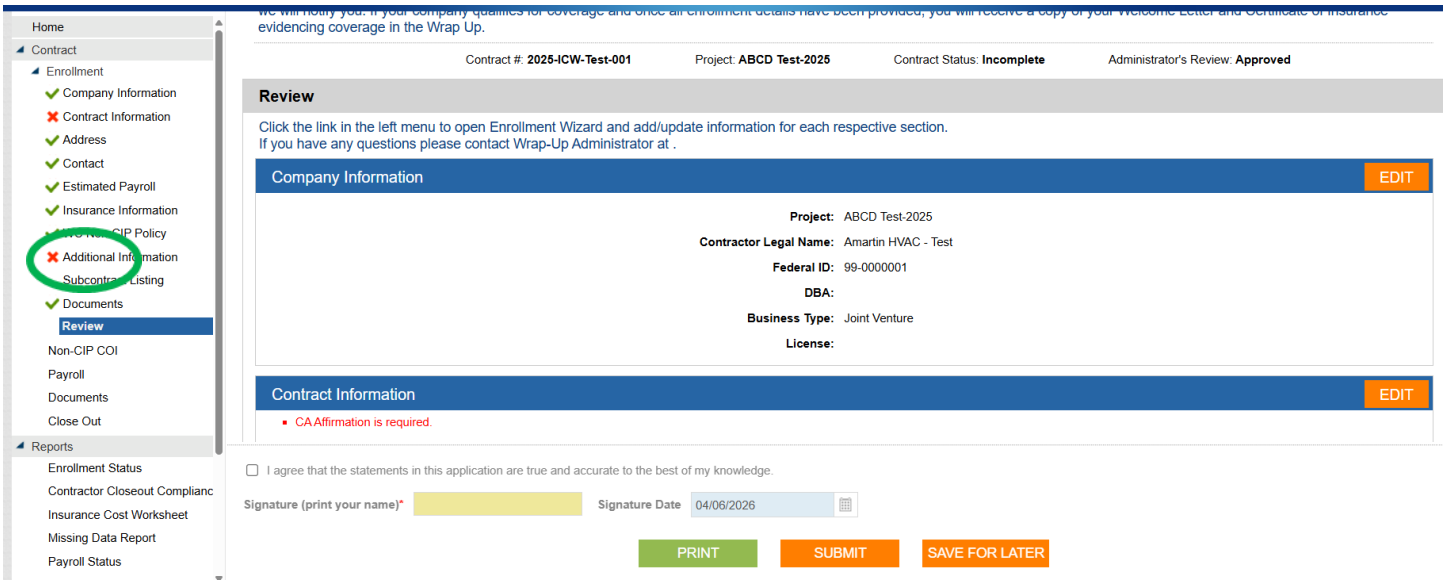
Click on "EDIT", in the section(s) where the additional data is needed. Enter required data for each section.

To quickly move to the next section, you can choose an item shown as incomplete (with a red X).

Enter the missing data and click "NEXT" to proceed to the next section.

Fields with yellow background are required fields. You will not be allowed to Submit the enrollment until these fields are provided. If you do not have all the details for these fields, you can save your enrollment and come back to make the proper changes.

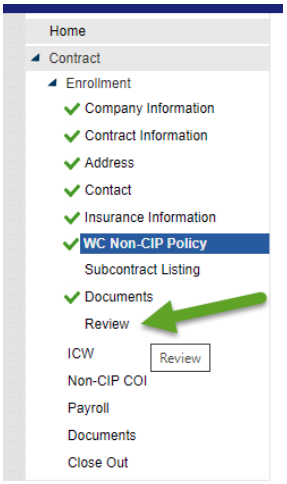
User can use the "Next" and "Previous" buttons to navigate sections on Enrollment.



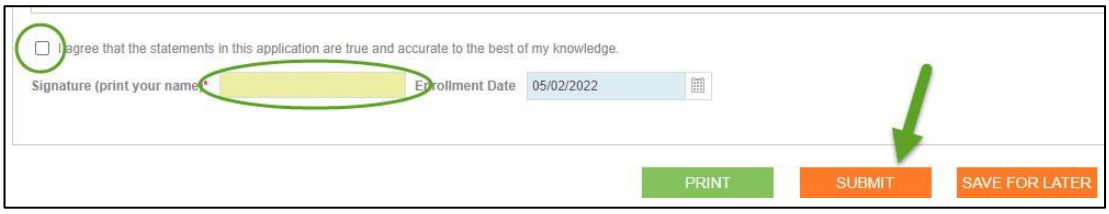
Enrollment Screen includes the following sections:

- Company Information
- Contract Information
- Address

- Contact
- Estimated Payroll
- Insurance Information
- WC Non-CIP Policy
- Form 1-B – when applicable
- Exclusion Form - UCIP – when applicable



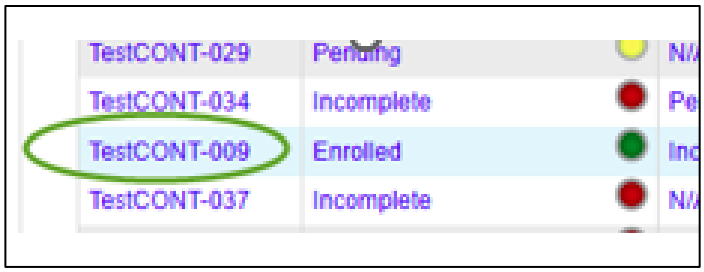
Once all items have been properly added to the contract, Click on "**Review**".
Scroll to the bottom of the screen, Check the Electronic Signature box.
Enter your Name and Click Submit.



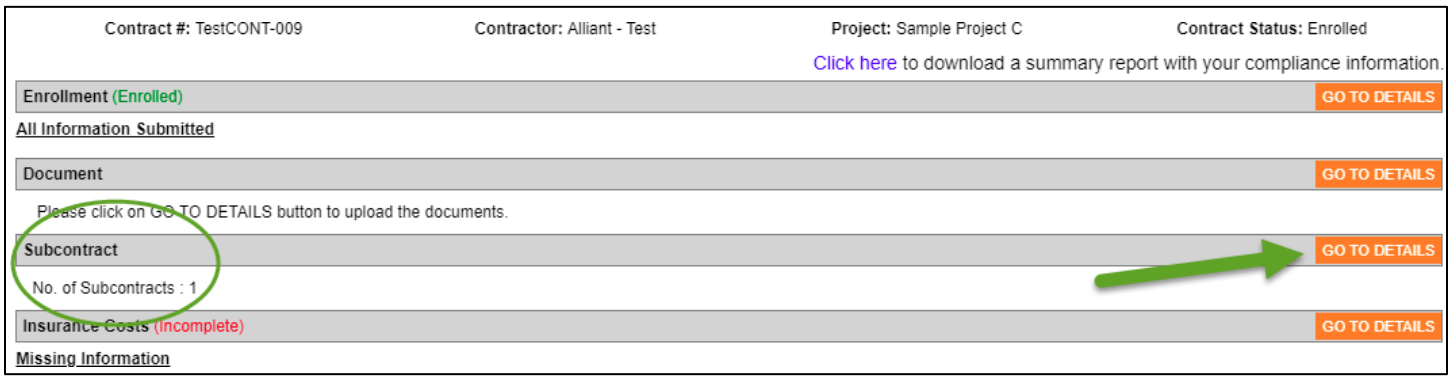
9.5 Alliant WrapX Notice of Award Process

Notice of Award (NOA) is required to be submitted by a contractor subcontracting out any work at https://alliantwrapx.alliant.com/ContractorPortal

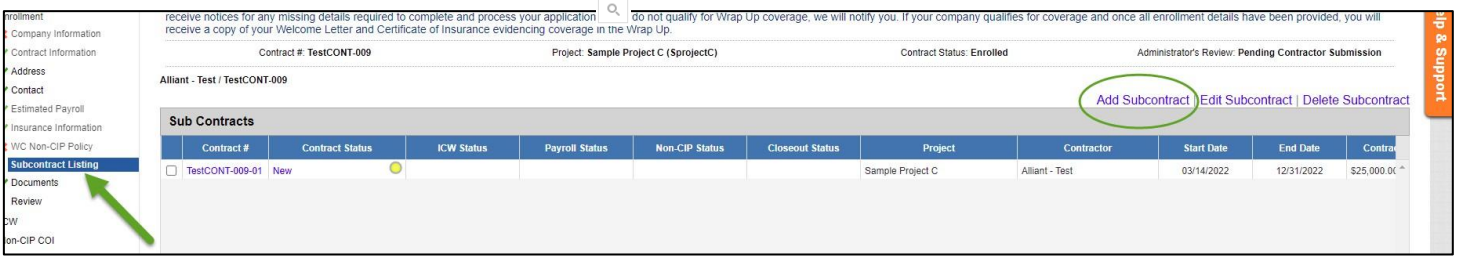
- *An NOA is required for any contractor whether the contractor is registering as Enrolled or an Excluded Party.*



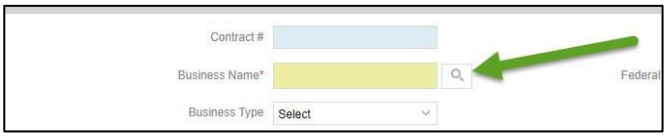
Please contact the Alliant CIP Administrator if you have not been given a login ID and Password.
After logging into the system, find your contract and Click on the contract number.
Find the Subcontract section and Click on "**GO TO DETAILS**"



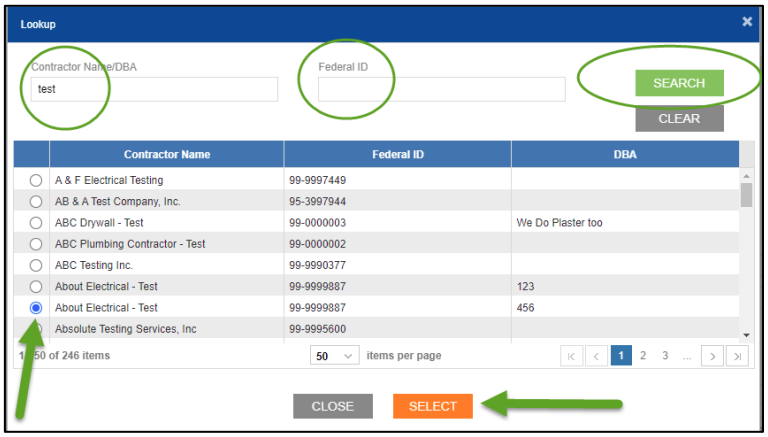
- Click **Add Subcontract** to add a new Subcontractor.



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



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



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

Complete the entry for the NOA.

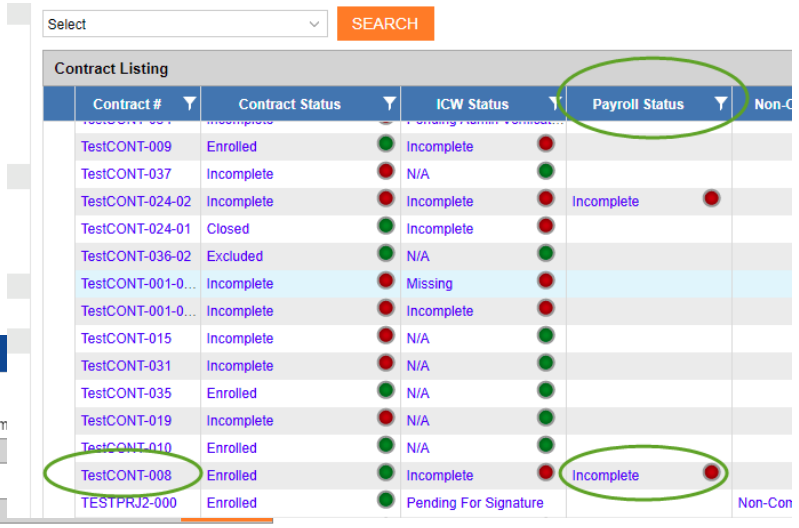
Click "SUBMIT" if this is the only NOA you need to submit.

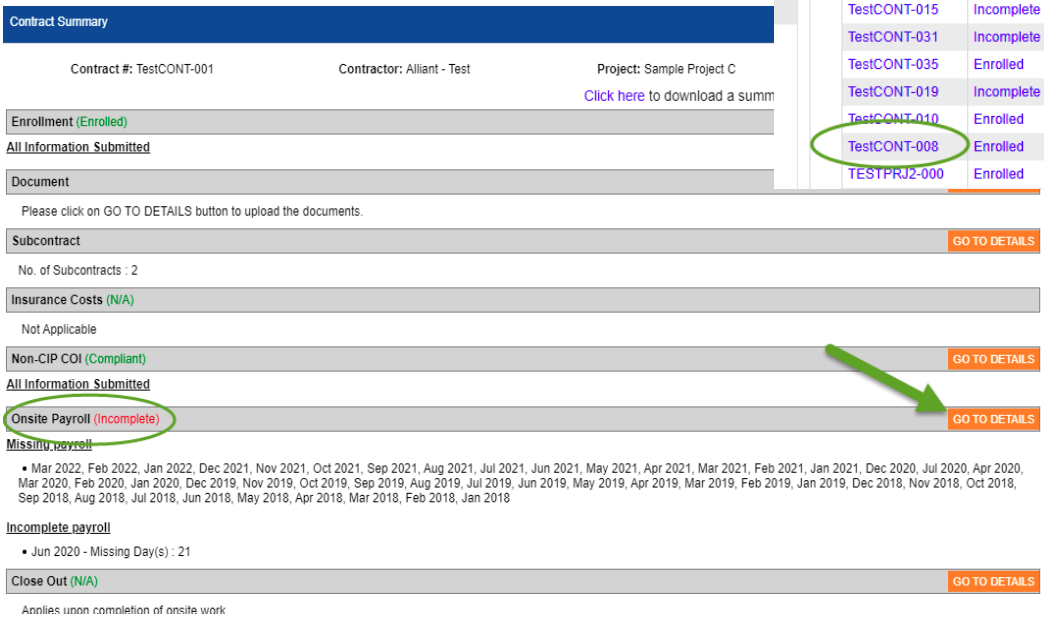
Click "SAVE & ADD NEW" if there are other NOA submissions.

9.6 How to Report CIP Payroll

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

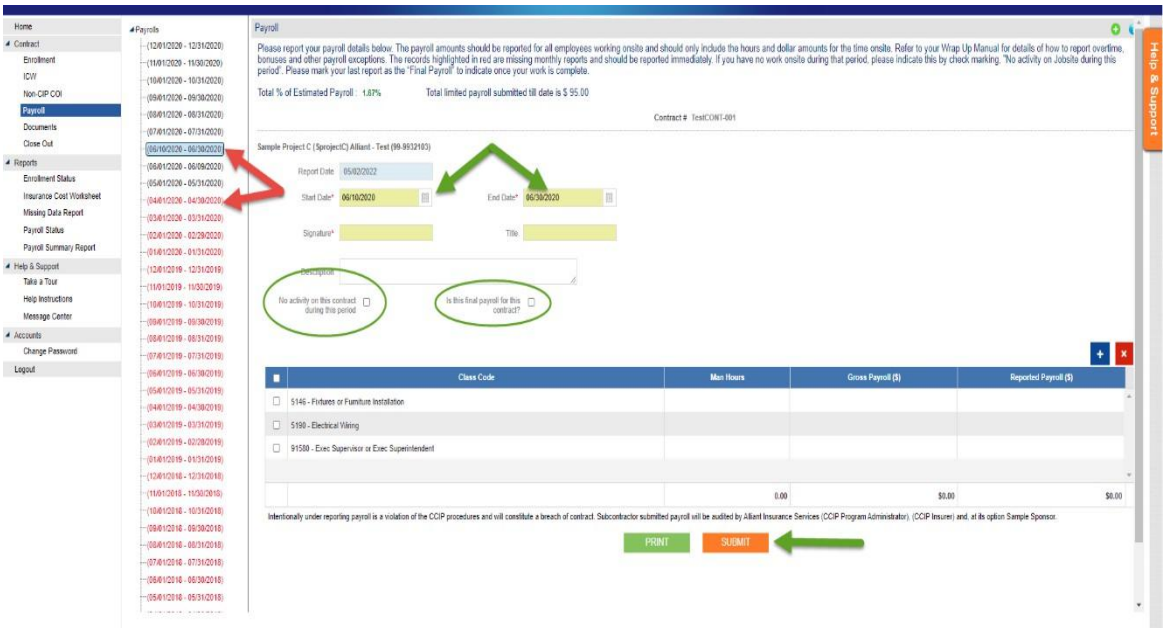
- Log into the Contractor Portal
- Find the contract where you would like to enter payroll for the month.
- If any payroll is missing, you will see the Payroll Status as **Incomplete**
- Click on the Contract number to open the Contract Summary





- Find Onsite Payroll section.
- Click on "GO TO DETAILS" to begin payroll entry process.

If payroll is delinquent:

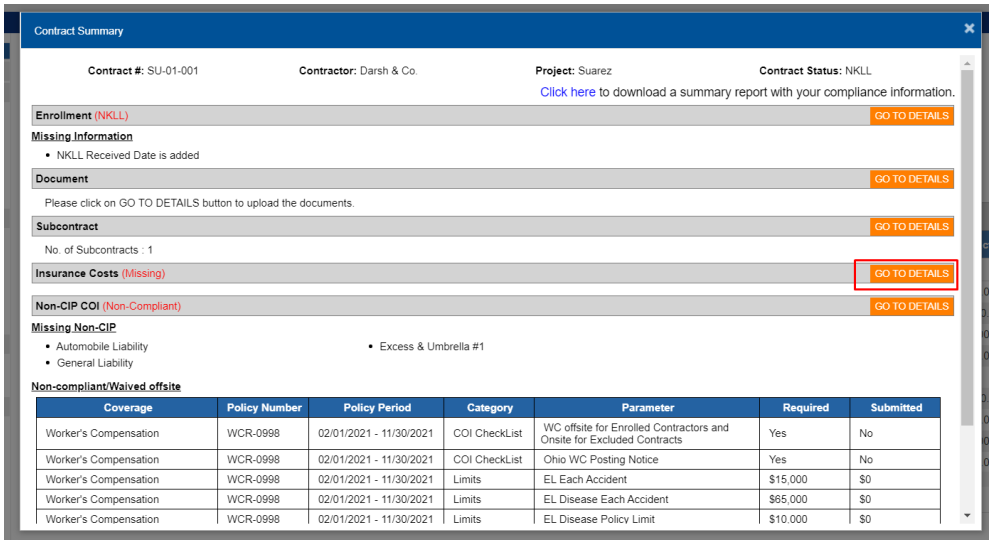


- System will default to the latest missing payroll.
- The missing dates will be pre-filled.
- For a New Entry, manually add the dates for the month.
- Complete the payroll entry by entering Man hours and Payroll, (Straight time, unburdened payroll)

- Clicking on the **No Activity** box will prefill 0 (zero) for man hours and payroll for all lines for the month.
- Click Submit to complete the payroll entry.
- Choose the Next month that should be entered, or click on Home to return to the main screen.

9.7 Insurance Cost Worksheet

To begin this section, you will need a copy of your Workers Compensation, General Liability and Excess Liability insurance policy rating pages. The Insurance Cost Worksheet (ICW) details can be submitted in the Wrap-X Contractors Portal, from the home screen of the portal Select a Contract # from the contract listing, on the Home Screen. Then click on the GO TO DETAILS button against the Insurance Cost section in the Contract Summary pop-up.



There are five panels on the ICW screen. They are as follows:

- **Estimated Payroll- & Rates** – The information added in this panel should break out the estimated payroll by Workers' Compensation classification code and base rate. Your classification codes and rates can be found in your Workers' Compensation policy. If your contract is General Liability Only, there is no need to enter any data in this section.
- **WC Adjustments/Credits** – Any credits/debits that are listed in your Workers' Compensation policy should

be added to this panel. (Examples: EMR, Scheduled Credit, Increased limits, State assessment fees.) Contact your Wrap Up Admin if you have questions about which credits/debits to include. If your contract is General Liability Only, there is no need to enter any data in this section.

- **General Liability** – This section is used to capture your General Liability classification codes and rates, to calculate the estimated credit amount for GL. This information can be found in your General Liability policy.
  * If you have subcontractors do not forget to include the subcontracted rate based on subcontracted contract values where applicable.
- **Excess Liability** – In this panel you should provide the appropriate information to calculate the expected credit amount for the Excess. If your Excess policy does not have any rating information you may calculate the cost based on a FLAT amount or a percentage of the General Liability premium calculated in the General Liability section of the ICW.
  * The Typical formula is Excess Flat premium divided by General Liability policy basis. Then mirror the rate per 100 or 1000 of Sales or payroll like General Liability.
- **Other Adjustments** – This section is used to calculate any Overhead and Profit/Markup you made on insurance costs. This applies when Insurance costs are not line itemed after markup in the bid.

9.8 Notice of Work Completion

When your company has completed all work onsite and has no intention of returning you will need to submit a Notice of Work Completion. This form is in the Wrap-X contractors Portal and requires review and approval from the UCIP admin. The closeout request can be submitted but it will not be finalized until the following is complete.

1) Your lower tier subcontractors (if applicable) will need to be closed out prior to you completing the

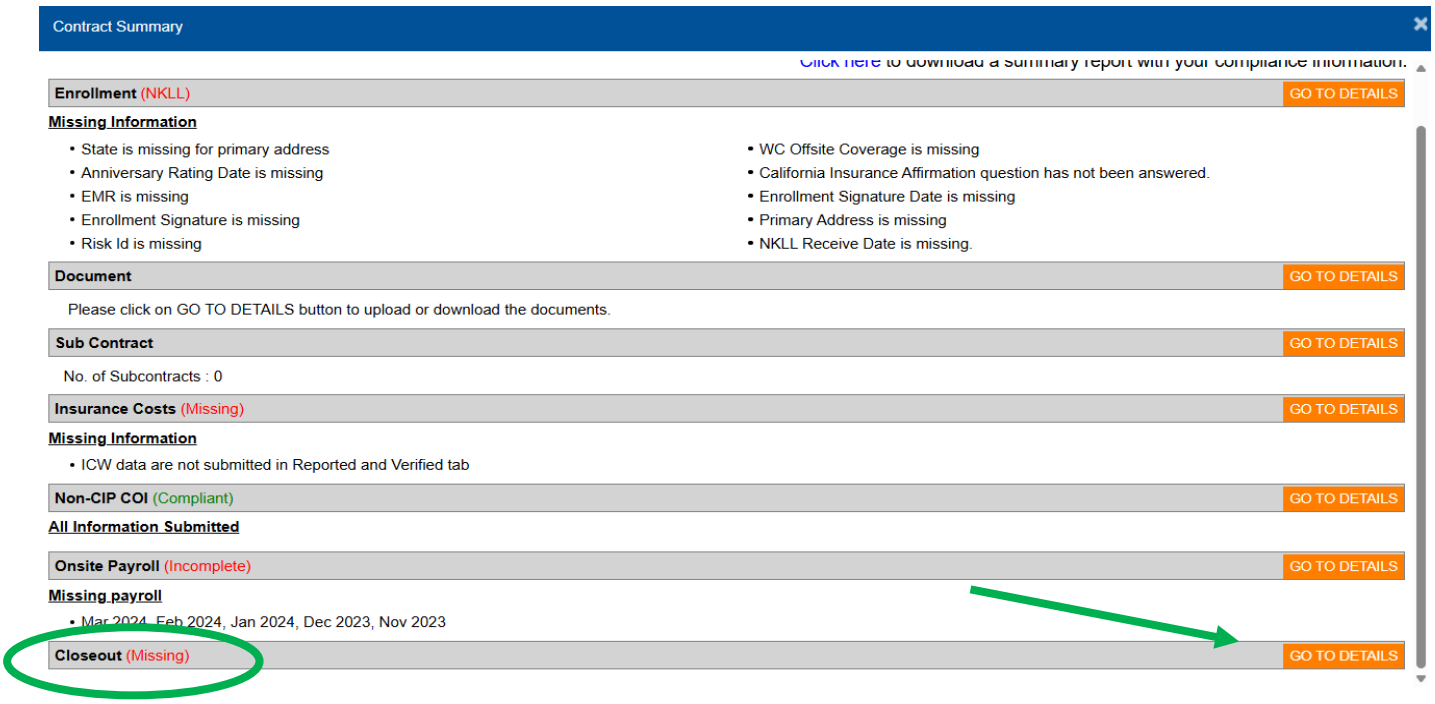
closeout process.

2) Payroll reporting must be current.

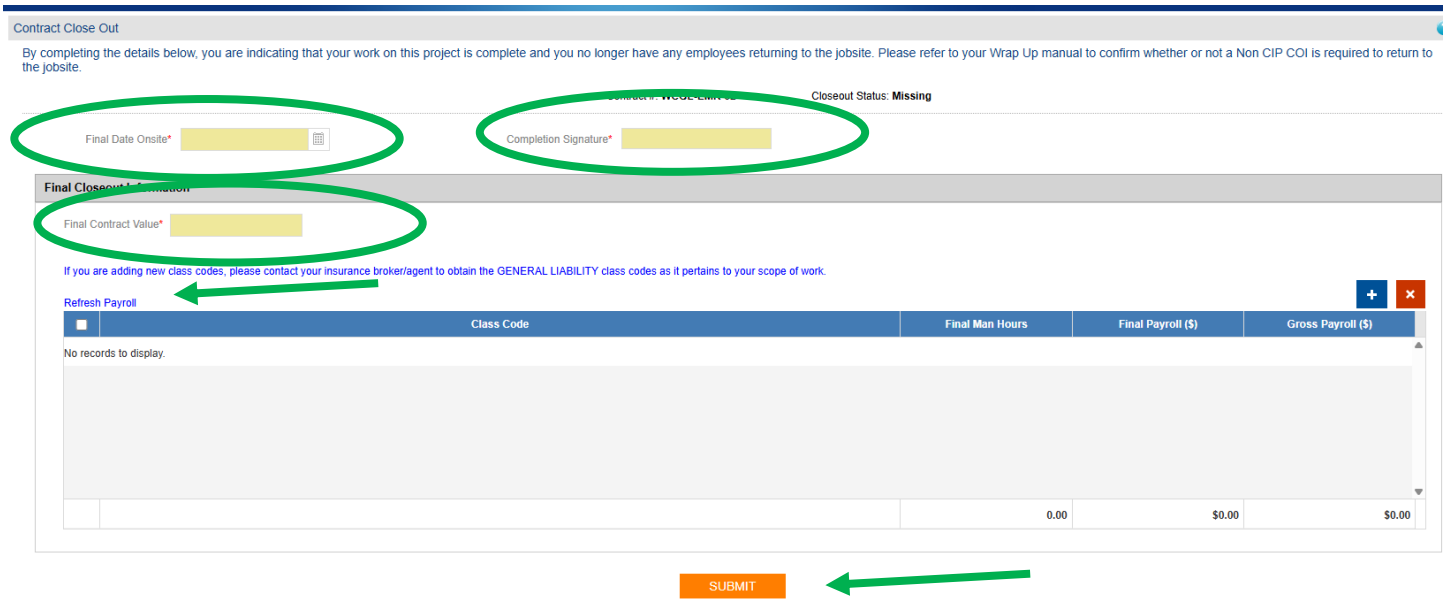
Log into WrapX

Once you have logged into WrapX, select the “HOME” tab at the top of the page, then select the “CONTRACT NUMBER” for the contract your wish to close. You will search for the contract you want to Close out.

Select the blue hyper link of the contract number you want to Closeout. Then select **GO TO DETAILS** at the Closeout level.



On this screen you will enter the final date you were onsite, enter your signature, and the final contract value. If you recently entered in your payroll and do not see it, please select the blue “Refresh Payroll” to bring it into your closeout screen. Once you have completed these screens select the orange Submit Button.



10.0 Project Forms

10.1 Enrolled Status- Certificate of Insurance Requirements

- These requirements apply to the General Contractor’s certificate of insurance.
- Do not include a project name or contract number on your UCIP certificate of insurance.
    - One current compliant COI can be used across all UCIP registrations for enrollment.
- If you are using the Excess/Umbrella Liability limits to meet the insurance limit requirements, please provide a copy of the Excess/Umbrella Schedule of Underlying policies.
- Sample Endorsements for Non-UCIP Coverage – see following pages.
    - Acceptable language within the “Schedule” of the Endorsement/Form, select one of the following:
        - “As required by written contract.”
        - “Where required by written contract.”
        - “Any person or organization for which the insured has agreed by written contract.” “The Regents of the University of California, and each of their representatives, consultants, officers, agents, employees, each of their representative’s consultants, regardless of whether or not identified in the Contract documents or to the Contractor in writing.”

10.2 Excluded Status Certificate of Insurance Requirements

- Please provide the above-mentioned Endorsements and the following:
    - Excluded parties are required to carry $2M/$4M/$2M in General Liability limits.
    - You will need to include a copy of your General Liability Wrap-up Exclusion endorsement or written confirmation from your broker that your policy does not contain one.

It is important to note that Alliant is not authorized to grant exceptions to contractual insurance requirements outlined in this manual, nor is it within the UCIP Administrator's scope to negotiate the insurance requirements with an agent or broker.

Only UC has authority to grant exceptions to the contractual insurance requirements. The GC can make a request to the UC Campus Project Manager and copy the Alliant Program Administrator. The UC Campus PM will then consult internally with UC Construction Risk Management and UC Legal before making any decision to grant exceptions to the contractual insurance requirements.

If you cannot meet the certificate of insurance requirements, it is strongly recommended that you engage your hiring contractor and/or the general contractor, so they can bring in the appropriate resources to resolve the insurance non-compliance matter.

REGISTERED ENROLLED- SAMPLE COI

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 00/00/0000

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

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

PRODUCER	CONTACT NAME: Broker/Agent Contact Information
Broker /Agent Name Address	PHONE (A/C, No, Ext): 111-222-3333 FAX (A/C, No): 111-333-2222 E-MAIL ADDRESS: Broker@ insurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Carrier One	
INSURER B : Carrier Two	
INSURER C : Carrier Three	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Subcontractor Name
Address

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:	Y	Y	POLICY NUMBER	00/00/0000	00/00/0000	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ $ $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY	Y	Y	POLICY NUMBER	00/00/0000	00/00/0000	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X UMBRELLA LIAB ☒ OCCUR X EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $	Y	Y	POLICY NUMBER	00/00/0000	00/00/0000	EACH OCCURRENCE AGGREGATE	$ SEE MANUAL $ SEE MANUAL
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	POLICY NUMBER	00/00/0000	00/00/0000	X PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

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

Policies above apply to Work that is not insured by the UCIP and/or not performed at or on the UCIP Project Site. UCIP project locations where First Named Insured is an Enrolled Party. Automobile Liability is not included in the UCIP. Automobile Liability policy above applies to liability on and off the Project Site. Regents of the University of California, and each of their representatives, consultants, officers, agents, employees, each of their representative's consultants, regardless of whether or not identified in the Contract documents or to the Contractor in writing, are included as additional insured on the above general liability policy [pursuant to the ongoing and completed operations additional insured endorsements] and Automobile Liability policies. Coverage is primary and non-contributory. Waiver of Subrogation is included for General Liability, Workers Compensation and Automobile Liability.

CERTIFICATE HOLDER

Regents of the University of California
C/O UCIP Administrator
Alliant Insurance Services, Inc.
333 Hope Street, Ste. 3750, Los Angeles, CA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Broker/Agents Signature

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ACORD 25 (2016/03) **The ACORD name and logo are registered marks of ACORD**

REGISTERED EXCLUDED-SAMPLE EXCLUDED

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 00/00/0000

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

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

PRODUCER	CONTACT NAME: Broker/Agent Contact Information	
Broker /Agent Name Address	PHONE (A/C, No, Ext): 111-222-3333	FAX (A/C, No): 111-333-2222
	E-MAIL ADDRESS: Broker@ insurance.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Carrier One	
INSURER B : Carrier Two	
INSURER C : Carrier Three	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED: Subcontractor Name, Address

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Per Project GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC OTHER:	Y	Y	POLICY NUMBER	00/00/0000	00/00/0000	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ $ $ 2,000,000 $ 4,000,000 $ 4,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY	Y	Y	POLICY NUMBER	00/00/0000	00/00/0000	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	[X] UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $	Y	Y	POLICY NUMBER	00/00/0000	00/00/0000	EACH OCCURRENCE AGGREGATE	$ SEE MANUAL $ SEE MANUAL
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	POLICY NUMBER	00/00/0000	00/00/0000	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

The policies above apply to work for all on-site and off-site activities, performed at or on the UCIP Project Site, including General Liability, Automobile Liability, Workers' Compensation, Employers Liability and Excess/Umbrella Liability.
The Regents of the University of California, and each of their representatives, consultants, officers, agents, and employees—whether or not identified in the Contract Documents—shall be included as additional insureds on the General Liability policy (for both ongoing and completed operations) and Automobile Liability policy. Coverage shall be primary and non-contributory. A waiver of subrogation shall apply in favor of the Regents for General Liability, Automobile Liability, and the Employers Liability portion of the Workers' Compensation policy.

CERTIFICATE HOLDER

Regents of the University of California
C/O UCIP Administrator
Alliant Insurance Services, Inc.
333 Hope Street, Ste. 3750, Los Angeles, CA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Broker/Agents Signature

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POLICY NUMBER: ABCD1234567

COMMERCIAL GENERAL LIABILITY
CG 20 10 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
As Required by Written Contract OR Any Person or Organization for which the insured has agreed by written contract OR The Regents of the University of California, and each of their representatives, consultants, officers, agents, employees, each of their representative's consultants, regardless of whether or not identified in the Contract documents or to the Contractor in writing.	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured

.B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

© Insurance Services Office, Inc., 2012

SAMPLE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Acceptable Language within the "Schedule" of the Endorsement/Form: As Required by Written Contract OR Any Person or Organization for which the insured has agreed by written contract OR The Regents of the University of California, and each of their representatives, consultants, officers, agents, employees, each of their representative's consultants, regardless of whether or not identified in the Contract documents or to the Contractor in writing	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to these include as an additional insured the person(s) or organization(s) shown in the Schedule, but only

with respect to liability for "bodily injury" or damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to additional insureds, the following is added to **Section III – Limits of Insurance:**

If coverage provided to the additional insured is "property required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations.

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

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SAMPLE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

SAMPLE

POLICY NUMBER: SAMPLE NUMBER

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODCUTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization
ALL PERSONS OR ORGANIZATIONS AS REQUIRED BY WRITTEN CONTRACT WITH THE NAMED INSURED. THE WRITTEN CONTRACT MUST BE SIGNED PRIOR TO THE DATE THE "BODILY INJURY", "PROPERTY DAMAGE", OR PERSONAL AND ADVERTISING INJURY".
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph **8. Transfer Of Rights of recovery Against Others To Us of Section IV-Conditions:**

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waver applies only to the person or organization shows in the schedule above.

ADDITIONAL INSURED -
DESIGNATED PERSONS OR ORGANIZATIONS

Named Insured		Endorsement Number
Policy Symbol Policy Number (1) SAMPLE123	Policy Period XX/XX/XXXX-XX/XX/XXXX	Effective Date of Endorsement
Issued By (Name of Insurance Company)		

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM AUTO DEALERS' COVERAGE FORM MOTOR CARRIER COVERAGE FORM EXCESS BUSINESS AUTO COVERAGE FORM

Additional Insured(s): Any person or organization when required by written contract, agreement or permit executed prior to the loss.

A. For a covered "auto," Who Is Insured is amended to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:

1. You.
2. Any of your "employees" or agents.
3. Any person operating a covered "auto" with permission from you, any of your "employees" or agents.

B. The persons or organizations named in this endorsement are not liable for payment of your premium.

Authorized Representative

SAMPLE

NON-CONTRIBUTORY ENDORSEMENT FOR ADDITIONAL INSUREDS

Named Insured.		Endorsement Number 172
Policy Symbol Policy Number (1) SAMPLE123	Policy Period XX/XX/XXXX TO XX/XX/XXXX	Effective Date of Endorsement
Issued By (Name of Insurance Company)		

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
AUTO DEALERS COVERAGE FORM

Schedule

Organization	Additional Insured Endorsement
All persons or entities added as additional insureds through an endorsement with the term "Additional Insured" in the title	

(If no information is filled in, the schedule shall read: "All persons or entities added as additional insureds through an endorsement with the term "Additional Insured" in the title)

For organizations that are listed in the Schedule above that are also an Additional Insured under an endorsement attached to this policy, the following is added to the Other Insurance Condition under General Conditions:

If other insurance is available to an insured we cover under any of the endorsements listed or described above (the "Additional Insured") for a loss we cover under this policy, this insurance will apply to such loss on a primary basis and we will not seek contribution from the other insurance available to the Additional Insured.

Authorized Representative

SAMPLE

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS

Named Insured.		Endorsement Number
Policy Symbol Policy Number (1) SAMPLE123	Policy Period XX/XX/XXXX TO XX/XX/XXXX	Effective Date of Endorsement
Issued By (Name of Insurance Company)		

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This Endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIERS COVERAGE FORM
AUTO DEALERS COVERAGE FORM

We waive any right of recovery we may have against the person or organization shown in the Schedule below because of payments we make for injury or damage arising out of the use of a covered auto. The waiver applies only to the person or organization shown in the SCHEDULE.

SCHEDULE

Any person or organization when required by written contract, agreement or permit executed prior to the loss.

Authorized Representative

SAMPLE

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY WC 00 0313

(Ed. 4-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Name:	Any person or organization from whom you are required to waive your right to recover under a written contract or agreement in effect prior to any loss or damage
Address:	Project Address
Description of Waiver:	Any person or organization from whom you are required to waive your right to recover under a written contract or agreement in effect prior to any loss or damage
JobID:	

SAMPLE

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective XX/XX/XXXX Policy No. SAMPLE123 Endorsement No.
Insured Trade Name Premium

Insurance Company XXXXX Countersigned by_____

THIS DOCUMENT IS ONLY NEEDED IF YOU ARE USING AN EXCESS OR UMBRELLA POLICY TO MEET THE CERTIFICATE LIMIT REQUIREMENTS

ENDORSEMENT

Excess/Umbrella Schedule of Underlying Policies

This endorsement, effective 12:01 am : **XX/XX/XXXX**
Forms a part of Policy No: **SAMPLEXS123**
Issued To: **INSURED/TRADE NAME**
By: **XS INSURANCE CARRIER NAME**

SCHEDULE OF DESIGNATED ENDORSEMENT FOR FOLLOW FORM:

THIS ENDORSEMENT CHNAGES THE POLICY. PLEASE READ CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL UMBRELLA POLICY

Underlying Insurance Policy	Endorsement Title	Endorsement Form Number
General Liability Policy Number:	Waiver of Subrogation Additional Insured	XXXXXXXX
Auto Liability Policy Number	Waiver of Subrogation Additional Insured	XXXXXXXX
Employer's Liability Policy Number	Waiver of Subrogation	XXXXXXXX

THIS DOCUMENT IS ONLY NEEDED IF YOU ARE REQUESTING TO REGISTER AS AN EXCLUDED PARTY

POLICY NUMBER

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – DESIGNATED OPERATIONS COVERED BY A CONTROLLED (WRAP-UP) INSURANCE PROGRAM

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Description And Location(s) Of Operation(s)
All operations and locations in which you are enrolled in a Consolidated (Wrap-Up) Insurance Program

A. The following exclusion is added to **SECTION I COVERAGES, COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions**:

This insurance does not apply to "bodily injury" or "property damage":

a. Arising out of your ongoing operations; or

b. Included in the "products-completed operations hazard";

at the location(s) described in the **SCHEDULE** of this endorsement, but only if you are enrolled in a "controlled (wrap-up) insurance program" with respect to the "bodily injury" or "property damage" described in paragraphs **a.** and **b.** above at such location(s).

This exclusion applies whether or not the "controlled (wrap-up) insurance program":

c. Provides coverage identical to that provided by this Coverage Part;

d. Has limits adequate to cover all claims; or

e. Remains in effect.

B. The following definition is added to **SECTION V – DEFINITIONS**:

"Controlled (wrap-up) insurance program" means a centralized insurance program under which one party has secured either insurance or self-insurance covering some or all of the contractors or subcontractors performing work on one or more specific project(s).

ALL OTHER POLICY TERMS, CONDITIONS, AND EXCLUSIONS REMAIN UNCHANGED.