

## SECTION 00 73 17 INSURANCE

### PART 1 GENERAL

#### 1.0 Section Includes

1. Introduction and Owner-Controlled Insurance Program (OCIP) Overview
2. District-Provided Insurance
3. Required Contractor-Provided Insurance Coverage
4. Additional Requirements
5. Forms

#### 1.1 Introduction and Owner-Controlled Insurance Program (OCIP) Overview

The District has elected to implement an Owner Controlled Insurance Program (“OCIP”). The District agrees to pay all premiums associated with the OCIP and will be the sole recipient of any dividend(s) and/or return premium(s) generated by the OCIP. Contractor’s / Subcontractor’s bid shall exclude any and all costs for insurance coverage provided under the OCIP.

The OCIP will provide Workers’ Compensation, Employer’s Liability, General Liability, Excess Liability, Contractors’ Pollution Liability, and Builders Risk insurance for eligible Contractors/Subcontractors providing direct, **on-site** labor to the District’s Project, hereinafter called the “Project”. Coverage provided by the OCIP is project site specific. The Project Site consists of any and all projects that are endorsed to this policy, which includes the:

1. Ways and means adjoining the endorsed project site.
2. Adjacent locations to the endorsed projects sites where incidental operations are being performed, excluding permanent locations.

**Off-site locations, labor and operations are not covered by the OCIP.** It will be the responsibility of each contractor / subcontractor to maintain off-site insurance, as identified in Paragraph 3.0, which specifies coverage types and minimum limits. **Contractors/subcontractors are also required to provide Automobile Liability coverage for both on-site and off-site activities.**

**Keenan & Associates**, herein after called “Program Administrator”, shall administer the OCIP on behalf of the District. All Contractors/Subcontractors are required to cooperate with the District and its Program Administrator in all aspects of administering the OCIP. The Program Administrator’s contact information is as follows:

**Keenan & Associates**  
SEWUP Department  
2355 Crenshaw Blvd., Ste. #200  
Torrance, CA. 90501  
Attention: Ms. Sandy Nottingham, OCIP Administrator  
Phone: (310)212-3344 ext. 2006, Fax: (310)787-8838  
E-mail: snottingham@keenan.com

#### 1.2 APPLICABILITY OF THE OCIP

##### A. Eligibility

Eligible Contractors/Subcontractors includes those providing direct, on-site labor on the Project. Temporary labor services and leasing companies are to be treated as Eligible Contractors.

Ineligible Contractor includes, but is not limited to, consultants; suppliers who do not perform or do not subcontract installation; demolition that includes abatement and hazardous materials removal; vendors; materials dealers; guard services; non-construction janitorial services; and truckers, including trucking to the Project where delivery is the only scope of work performed. However, if contracted with an on-site

installer, suppliers/vendors should be enrolled in the OCIP only for General Liability, as it pertains to the contractual relationship of the installer's on-site work.

Any questions regarding a Contractor's status as "Eligible" or "Ineligible" should be referred to the Program Administrator.

#### B. Participation

Participation in the OCIP is mandatory but not automatic. Document 00 11 19 – Instructions to Bidders and Document 00 41 00 – Bid Form require submission of an *Insurance Qualification Form* at the time bids are submitted to the District. Pursuant to Government Code Section 4420.5, a Bidder and all identified Subcontractors must meet certain minimum standards for bids to be deemed responsive:

1. The number of allowable Serious and Willful violation findings (Labor Code Section 6300) against the Bidder's Contractor/Subcontractors by the Workers Compensation Appeals Board in the past five (5) years shall not exceed:
  - 1 to 3 Contractor/Subcontractors – a maximum of 1 Serious and Willful Violation
  - 4 to 6 Contractor/Subcontractors – a maximum of 2 Serious and Willful Violations
  - 7 or more Contractor/Subcontractors – a maximum of 3 Serious and Willful Violations
2. 100% of the listed firms must provide evidence of an Injury and Illness Prevention Program (IIPP)
3. Bidder's current published Workers' Compensation Experience Modification Factor (EMR) at bid opening shall not be greater than 1.25. 75% of the listed subcontractors must have an EMR of 1.25 or less averaged over the last three published years.

Failure of prospective bidders to participate in the mandatory insurance qualification process pursuant to Government Code Section 4420.5 shall disqualify them from participating in the Project as a Contractor/Subcontractor.

#### C. Post- Contract Award Enrollment

Document 00 51 00 – Notice of Award requires submission of a completed *Contract Enrollment Form* and a *Certificate of Insurance* as referenced in Section 1.5 and 1.6. An eligible contractor/subcontractor is not enrolled in the OCIP until the Program Administrator validates the *Contract Enrollment Form* and *certificates* by issuing a written notification to contractor/subcontractor.

Any Contractor/Subcontractor who enrolls in the OCIP after their start date will have to provide a No-Known-Loss Letter to the Program Administrator, along with the enrollment documentation. Enrollment is not guaranteed until acceptance of the enrollment documentation by the insurance carrier.

#### D. Reporting Requirements

##### 1. Payroll Reporting

###### ➤ Workers' Compensation Insurance Rating Bureau Requirements

Once an Eligible Contractor/Subcontractor is enrolled into the OCIP, the Program Administrator will issue a separate Workers' Compensation Policy. All Enrolled Contractors/Subcontractors will need to comply with the rules and regulations of the California Workers Compensation Insurance Rating Bureau (WCIRB).

###### ➤ Project Site Monthly Payroll Report

*Project Site Monthly Payroll Reports* must be submitted to the Program Administrator on a monthly basis, until the completion of the contract. This report must summarize the unburdened payroll by Workers' Compensation Class Code. Certified payroll is not a requirement of the OCIP and cannot be accepted. If the *Project Site Monthly Payroll Report* is not submitted to

Program Administrator on a monthly basis, the Construction Manager and/or District can withhold payment until the report is received. Contractor agrees to keep and maintain accurate and classified records of their payroll for operations at the Project Site. This payroll information is submitted to the OCIP Insurance Carrier. At the end of each contract, a carrier audit may be performed using the reported payroll.

## 2. Contractor's Completion Notice

*Contractor's Completion Notice* must be submitted to the Program Administrator upon completion of work at the Project Site, which includes punch list items, but not warranty work. This form evidences all enrolled Contractors'/Subcontractors' actual start and completion dates, per each contract. This information is used to confirm that each Workers' Compensation Policy was issued with correct policy term dates, covering the Contractors/Subcontractors for the duration of their Work at the Project Site. This information is subsequently submitted to the WCIRB.

### 1.3 DISTRICT-PROVIDED INSURANCE (OCIP)

A. **Workers' Compensation and Employer's Liability Insurance**, will be provided by the Program Administrator, in accordance with applicable state laws, to all enrolled Contractors/Subcontractors reflecting the following Limits of Liability:

- ▶ Workers' Compensation – California Statutory Benefits
- ▶ Employer's Liability
  - \$1,000,000 Bodily Injury each Accident
  - \$1,000,000 Bodily Injury by Disease – Policy Limit
  - \$1,000,000 Bodily Injury by Disease – Each Employee
- ▶ Deductible: None

B. **General Liability Insurance**, placed by the Program Administrator, will be provided on an "Occurrence" form under a master liability policy. Certificates of Insurance will be provided to all enrolled Contractors/Subcontractors reflecting the following Limits of Liability:

- ▶ \$5,000,000 Bodily Injury and Property Damage Liability
- ▶ \$10,000,000 General Aggregate
- ▶ \$5,000,000 Products and Completed Operations
- ▶ 10 Years Completed Operations
- ▶ Limits are per Project
- ▶ Deductible: None

C. **Excess Liability Insurance**, placed by the Program Administrator, will be provided on an "Occurrence" form under a master liability policy. Certificates of Insurance will be provided to all enrolled Contractors/Subcontractors reflecting the following Limits of Liability:

- ▶ \$25,000,000 Bodily Injury and Property Damage Liability
- ▶ \$25,000,000 General Aggregate
- ▶ \$25,000,000 Products and Completed Operations
- ▶ 10 Years Completed Operations
- ▶ Deductible: None

D. **Contractor's Pollution Liability**, placed by the Program Administrator, will be provided on a "Claims Made" form under a master liability policy. Certificates of Insurance will be provided to all enrolled Contractors/Subcontractors reflecting the following Limits of Liability:

- ▶ \$25,000,000 Each Loss/Annual Aggregate
  - Claims expense, including defense cost, within limits

- ▶ \$10,000 Deductible, Per Claim
  - The party legally responsible for any loss or damage shall, to the extent of such responsibility, pay the deductible

E. **Builders Risk**, property insurance purchased and maintained by the District, during the course of construction, at the Project Site. The coverage is maintained until Final Completion has been achieved. Such property insurance shall be written on a repair or replacement cost basis, subject to standard exclusions, property limitations and conditions. Such insurance shall include the interests of the District and Contractors/Subcontractors during the Course of Construction and shall provide broad coverage.

A deductible of \$10,000-\$25,000 (\$50,000 on structural renovation work), which shall be determined by the type of construction, will apply to each occurrence. The deductible amount will be paid by the party or parties responsible for the loss or damage and will not be reimbursed by the OCIP Insurance Program.

**1.4 OCIP CERTIFICATES AND POLICIES**

The OCIP Program Administrator will provide each enrolled Contractor/Subcontractor their own Workers’ Compensation policy. Certificates of Insurance will be furnished for the General Liability, any Excess Liability, Contractor’s Pollution Liability, and Builders Risk coverage. These policies are available for review by the Contractor/Subcontractor, upon request to the District or the Program Administrator. Such policies or programs may be amended from time to time and the terms of such policies or programs are incorporated herein by reference. Contractors/Subcontractors hereby agree to be bound by the terms of coverage, as contained in such insurance policies and/or self-insurance programs.

**1.5 REQUIRED CONTRACTOR-PROVIDED INSURANCE COVERAGE UNDER AN OCIP**

For any work under this contract, and until completion and final acceptance of the work by the District, the Contractors/Subcontractors shall, at their own expense provide the following coverage for off-site locations, labor, and operations before commencing work on the Project Site. Automobile Liability Insurance must be maintained for both on-site and off-site operations. See Paragraph 1.6 for Certificate Holder specification. Furthermore, the policies shall provide not less than sixty (60) days prior written notice to the Program Administrator, of any material change in the insurance, cancellation, or non-renewal.

A. **General Liability Insurance**, minimum limits of liability are as follows:

|   | <u>Prime Contractor</u> | <u>Subcontractor</u> |
|---|-------------------------|----------------------|
| ▶ Bodily Injury and Property Damage       | \$2,000,000             | \$1,000,000          |
| ▶ Per Occurrence                          | \$2,000,000             | \$1,000,000          |
| ▶ General Aggregate                       | \$2,000,000             | \$1,000,000          |
| ▶ Products/Completed Operations Aggregate | \$2,000,000             | \$1,000,000          |
| ▶ Personal/Advertising Injury Aggregate   | \$2,000,000             | \$1,000,000          |

The policy shall be endorsed to exclude the Project.

Note: If an enrolled participant in the OCIP chooses to have the policy endorsed to include the Project site during the construction period, coverage should be excess and/or difference in conditions (DIC) of the OCIP. This cost is not permitted to be passed back to Owner. Inclusion of the Project site on such insurance policies shall not replace the OCIP coverage or otherwise affect the cost identification requirement in Section 1.1.2.

B. **Automobile Liability Insurance**, must cover all vehicles owned by, hired by, or used on behalf of the Contractors/Subcontractors with the following limits of liability:

|                                   | <u>Prime Contractor</u> | <u>Subcontractor</u> |
|-----------------------------------|-------------------------|----------------------|
| Bodily Injury and Property Damage | \$2,000,000             | \$1,000,000          |

**C. Workers' Compensation and Employer's Liability Insurance (off-site)**

- ▶ Workers' Compensation –Statutory Benefits - All States
- ▶ Employer's Liability
  - \$1,000,000 Bodily Injury each Accident
  - \$1,000,000 Bodily Injury by Disease – Policy Limit
  - \$1,000,000 Bodily Injury by Disease – Each Employee

The policy shall be endorsed to exclude the Project.

**D. Professional Liability Insurance**, if Contractor's work requires design and/or design-assist services, Contractor shall purchase and maintain, at its sole cost and expense Professional Liability (Errors and Omissions) insurance for all professional services provided. This Professional Liability insurance shall include full prior acts coverage sufficient to cover the services under this Agreement, the limits of which shall not be less than the following:

- ▶ \$2,000,000, Per Claim/Aggregate
- ▶ Deductible or self-insured retention amount must not be greater than \$100,000, including coverage of contractual liability.

Professional Liability Insurance is to be maintained during the term of the contract and for so long as the insurance is reasonably available as provided herein, for a period of ten (10) years after completion of the services.

**E. Environmental and Asbestos Abatement Coverages**, if the Contractor's/Subcontractor's scope of work involves the removal of asbestos, the removal/replacement of underground tanks, or the removal of toxic chemicals and substances, the Contractor/Subcontractor shall be required to provide coverage, with limits not less than \$1,000,000 per claim basis, for such exposures subject to requirements and approval of the District.**F. Aircraft or Watercraft Liability Insurance**, if any Contractor/Subcontractor, requires the use of Aircraft, including helicopters, or Watercraft at the Project Site, the Contractor/Subcontractor shall purchase and maintain, or cause the operator of the Aircraft or Watercraft to purchase and maintain, Aircraft or Watercraft liability insurance. This must insure passengers and the General Public against personal injury, bodily injury or property damage arising out of the maintenance, use or entrustment to others. It includes Aircraft or Watercraft owned or operated by or rented or loaned to any insured. Use includes operation and "loading or unloading". Contractor/Subcontractor shall be required to provide coverage, with limits not less than \$1,000,000 per claim basis, for such exposures subject to requirements and approval of the District.**G. Personal Property:** All Contractors'/Subcontractors' shall be solely responsible for any loss or damage to their personal property including, without limitation, their tools and equipment, mobile construction equipment, scaffolding, and temporary structures, whether owned, borrowed, used, leased or rented by any Contractor/Subcontractor. Contractors/Subcontractors may at their sole discretion, purchase and maintain insurance or self-insure such equipment and property, and any deductible in relation thereto shall be their sole responsibility. Any insurance, including self-insurance, shall be the Contractors'/Subcontractors' sole source of recovery in the event of a loss.**H.** The OCIP is intended to provide broad coverages and high limits to all Enrolled Contractors/Subcontractors. The Owner does not warrant or represent that the OCIP coverages constitute an insurance program that adequately addresses the risks of the Contractors/Subcontractors.

Prior to the commencement of work under the contract, it is the responsibility of all Contractors/Subcontractors to ensure that the OCIP coverages provided sufficiently address their insurance needs. Any type of insurance or any increase of limits of liability not described in this Section, which the Contractors/Subcontractors require for their own protection or on account of any statute, will be their own responsibility and expense.

## 1.6 REQUIRED CONTRACTOR-PROVIDED CERTIFICATES OF INSURANCE

### A. Required Endorsements:

1. Certificate shall name San Mateo County Community College District, its Board of Trustees, and their employees, representatives, consultants, agents and Architect/Engineer as additional insured, but only with respect to liability arising out of the activities of the Named Insured for Auto Liability.
2. Each such policy shall apply separately to each insured against which claim is made or suit is brought, except with respect to the limit of the insurance company's liability.
3. Insurance shall be primary and no other insurance or self-insured retention carried or held by District shall be called upon to contribute to a loss covered by insurance for the named insured, except when covered by the OCIP.
4. Insurance shall contain a provision requiring the insurance carriers to waive their rights of subrogation against District and all additional insured, as well as other insurance carriers for the Work
5. Insurance certificates shall be addressed to:

**San Mateo County Community College District**  
 c/o Statewide Educational Wrap Up Program (SEWUP)  
 2355 Crenshaw Blvd., Suite 200  
 Torrance, CA 90501

- B. Certificates of insurance and endorsements shall have clearly typed thereon District Bid Number and title of Contract Documents. Written notice of cancellation, non-renewal, or reduction in coverage of any policy shall be mailed to District (Attention: Contract Administration/Inspection) at the address listed in Section 00 52 00 (Agreement), sixty (60) Days in advance of the effective date of the cancellation, non-renewal, or reduction in coverage. Contractor shall maintain insurance in full force and effect during entire period of performance of Contract Documents. Contractor shall keep insurance in force during warranty and guarantee periods. At time of making application for extension of time, and during all periods exceeding the Contract Time resulting from any cause, Contractor shall submit evidence that insurance policies will be in effect during requested additional period of time. Upon District's request, Contractor shall submit to District, within thirty (30) Days, copies of the actual insurance policies or renewals or replacements.

## 1.7 ADDITIONAL REQUIREMENTS

### A. Waiver of Subrogation and District Indemnification

With respect to their work on the Project Site:

- District waives all rights of subrogation and recovery against the Contractors/ Subcontractors to the extent of any loss or damage, which is insured under the OCIP.
- Contractors/Subcontractors waive all rights of subrogation and recovery against the District and other Contractors/Subcontractors to the extent of any loss or damage, which is insured under the OCIP.
- The Contractors/Subcontractors are obligated to indemnify the District for damages or claims not covered by the OCIP.

### B. No Release

The provision of the OCIP, by the District, will in no way be interpreted as relieving the Contractors/Subcontractors of any other responsibility or liability under this agreement or any applicable law, statute, regulation, or order.

### C. Coverage to be Provided by Contractor/Subcontractor During Warranty Period

OCIP coverage terminates on the Project's Final Acceptance Date. Contractors/subcontractors who return to the Project Site after this date, for any reason, do so under their own insurance coverage.

D. Change Order Pricing

Change Order pricing shall exclude any costs relating to insurance coverage afforded under the OCIP.

E. Duties in the Event of a Loss

Contractors/Subcontractors are required to report any and all losses, which include potential losses, promptly to the Insurance Company, Program Administrator and District. A full description and details of the incurred loss are also required.

The Contractor/Subcontractor shall assist the District, its agents, and the Program Administrator, by providing the utmost cooperation in the adjustment of claims arising out of the operations conducted under, or in connection with, the Project and shall cooperate with the District's Insurers in claims and demands that arise out of the Work and that the Insurers are called upon to adjust.

F. Safety Program Requirements

Contractor/Subcontractors are required to adhere to the requirements outlined in Section 01 56 00 – Site Security and Safety.



**STATEWIDE EDUCATIONAL WRAP-UP PROGRAM  
INSURANCE QUALIFICATION FORM**

**TO BE EXECUTED BY ALL CONTRACTORS AND SUBMITTED WITH PROPOSAL**

As described in the bidding documents, the District has elected to implement an Owner Controlled Insurance Program (OCIP) for this Project. Pursuant to Government Code Section 4420.5, the District must conduct a bid evaluation to assess whether prospective bidders, including Contractors and Subcontractors of all tiers, meet minimum occupational, safety, and health qualifications established by the District. In order to complete this evaluation, all prospective bidders, of every tier, must submit the following information and satisfy the minimum standards established by the District for inclusion in the Program.

|    |   |  |
|----|---|--|
| 1. | Current Year Workers' Compensation Experience Modifier:   |  |
|    | Workers' Compensation Bureau ID #:  |  |
| 2. | Number of Serious and Willful violations (Labor Code Section 6300 et seq) that have been actually awarded against you in the last:  |  |
|    | Five (5) Years?   |  |
| 3. | Attach a copy of the following as evidence of your Injury & Illness Prevention Program (IIPP) (Labor Code Section 6401.7 and Cal OSHA regulation: CCR Title 8, #3203) Sample IIPP Programs can be obtained on the Cal OSHA web site at <a href="http://www.dir.ca.gov/title8/3203.html">www.dir.ca.gov/title8/3203.html</a> <ul style="list-style-type: none"> <li>• Table of Contents of your Safety Program</li> <li>• A full copy of the IIPP is not required at time of bid submission</li> </ul> |  |

Pursuant to Government Code Section 4420.5, CONTRACTORS AND SUBCONTRACTORS must meet certain minimum standards to enable the District to use an OCIP. The District and its SEWUP JPA have determined that the Contractors/Subcontractors must meet the following minimum standards.

- The number of allowable Serious and willful violations (Labor Code Section 6300 et seq) awarded against the Contractor/Subcontractors in the past Five (5) Years shall not exceed:
  - 1 to 3 Contractors/Subcontractor maximum of 1 Serious and Willful Violations
  - 4 to 6 Contractors/Subcontractor maximum of 2 Serious and Willful Violations
  - 7 or more Contractors/Subcontractor maximum of 3 Serious and Willful Violations
- 100% of the listed firms must provide evidence Injury & Illness Prevention Program (IIPP)
- 85% of the listed firms must have a Workers' Compensation Experience Modification Factor (EMR) of 1.10 or less. Under no circumstances will a Contractor/Subcontractor with an EMR of greater than 1.25 be allowed to enroll in the OCIP.

**IMPORTANT: BIDDING CONTRACTORS AND SUBCONTRACTORS OF ALL TIERS SHALL COMPLETE AND RETURN the Insurance Qualification Form and evidence of IIPP to the DISTRICT with bid submission, on or before the date and time specified in the Notice to Bidders as part of your bid package.**

Failure of prospective bidders to timely submit the required information or to satisfy the minimum occupational safety and health qualifications shall disqualify them from participation in the Project. Any bid submitted by a Contractor that has not, or which lists as a Subcontractor an entity that has not, participated in the insurance qualification process and satisfied the minimum occupational safety and health qualifications established to bid on the Project, shall render the bid non-responsive.

I declare under penalty of perjury, under the laws of the State of California, that the information provided on and with this form is true, correct, and complete.

|                            |  |                       |  |
|----------------------------|--|-----------------------|--|
| Contractor Name:           |  | Contractor License #: |  |
| Address, City, State, Zip: |  |                       |  |
| Phone:                     |  | Fax #:                |  |
| Contact Person Name:       |  | Title:                |  |
| Signature:                 |  |                       |  |

Administrator: Keenan & Associates, SEWUP Dept., 2355 Crenshaw Blvd., Ste. #200, Torrance, CA 90501



Ph (310) 212-3344, Fax (310) 787-8838 License #0451271



**Statewide Educational Wrap-Up Program  
CONTRACTOR ENROLLMENT FORM**

**TO BE EXECUTED BY AWARDED CONTRACTOR AND SUBMITTED WITH EXECUTED CONTRACT  
(Do not submit with Bid)**

|  |  |  |                   |  |                               |                                |  |
|--|--|--|-------------------|--|-------------------------------|--------------------------------|--|
|  |  |  |                   | <b>STATEWIDE EDUCATIONAL WRAP UP PROGRAM</b> |                               |                                |  |
| <b>CONTRACTOR ENROLLMENT FORM</b>  |  |  |                   |  |                               |                                |  |
| District Name:   |  | San Mateo County Community College District                |                   |  |                               |                                |  |
| Project Name:  |  |  |                   |  |                               |                                |  |
| <b>Contractor Information</b>  |  |  |                   |  |                               |                                |  |
| Contractor/Subcontractor (Legal Name):   |  |  |                   |  |                               |                                |  |
| If you are a subsidiary and / or division of another company, please indicate the name on file with the bureau:  |  |  |                   |  |                               |                                |  |
|  |  |  |                   |  |                               |                                |  |
| Address:   |  |  |                   |  |                               |                                |  |
| City:  |  | State:   |                   | Zip:   |                               |                                |  |
| Name & Title Of Person(S) To Contact:  |  |  |                   | E-Mail Address:                              |                               |                                |  |
| Phone Number: ( )  |  | Fax:   |                   | Federal Id #:                                |                               |                                |  |
| Contractor License #:  |  |  |                   |  |                               |                                |  |
| Entity: <input type="checkbox"/>   |  | Sole Proprietorship: <input type="checkbox"/>              |                   | Partnership: <input type="checkbox"/>        |                               | Corp: <input type="checkbox"/> |  |
| Other: <input type="checkbox"/>  |  |  |                   |  |                               |                                |  |
| Payroll/Accounting Contact (If Other Than Above):  |  |  |                   |  |                               |                                |  |
| Phone: ( )   |  | Fax: ( )   |                   | E-Mail Address:                              |                               |                                |  |
| <b>Contract Details</b>  |  |  |                   |  |                               |                                |  |
| Your status on this Project:   |  | <input type="checkbox"/> (a) General/Prime Contractor      |                   | <input type="checkbox"/> (b) Subcontractor   |                               |                                |  |
|  |  | <input checked="" type="checkbox"/> (c) Tier/Subcontractor |                   | <input type="checkbox"/> (d) Other           |                               |                                |  |
| If you checked (b), (c) or (d) above, give name of the contractor for whom you are under contract with:  |  |  |                   |  |                               |                                |  |
| Bid package # (if applicable):   |  | Total Contract Amount:                                     |                   | \$   |                               |                                |  |
| Contract Award Date:   |  | Contract amount for Self Performed Work:                   |                   | \$   |                               |                                |  |
| Estimated Start Date*:   |  | Estimated Completion Date:                                 |                   |  |                               |                                |  |
| *This will be the effective date of your OCIP coverage, unless notified otherwise  |  |  |                   |  |                               |                                |  |
| Description of work performed:   |  |  |                   |  |                               |                                |  |
|  |  |  |                   |  |                               |                                |  |
| For this project, will you be doing off-site work?   |  |  |                   | <input type="checkbox"/> Yes                 |                               | <input type="checkbox"/> No    |  |
| If yes, please describe?   |  |  |                   |  |                               |                                |  |
| <b>Workers' Compensation Section</b>   |  |  |                   |  |                               |                                |  |
| Each Contractor and Subcontractor of every tier is required to submit a list of job/WC classifications and their respective estimated payrolls and man-hours for all employees that will be working at the project site. This information must be submitted for each contract /bid package. If this applies to your firm, please contact the SEWUP Department for a Supplemental Contractor Enrollment Form. Payroll Records are subject to audit by the Owner's Workers' Compensation and General Liability insurance carrier |  |  |                   |  |                               |                                |  |
| Description of Work  |  | WC Class Code  | On-Site Man-hours |  | On-Site Straight Time Payroll |                                |  |
| Example: Carpenter <\$22/hour  |  | 5403   | 160               |  | \$3,040                       |                                |  |
|  |  |  |                   |  |                               |                                |  |
|  |  |  |                   |  |                               |                                |  |
|  |  |  |                   |  |                               |                                |  |
|  |  | Totals   |                   |  |                               |                                |  |

|  |                 |                         |  |
|--|-----------------|-------------------------|--|
| <b>Project Name:</b>   |                 | <b>Contractor Name:</b> |  |
| Expected Subcontractors: If any work is to be subcontracted under this Contract, please complete the following information for each Subcontractor. Use additional pages, if necessary. |                 |                         |  |
| Company Name:  | Contact Person: |                         |  |
| ADDR   |                 |                         |  |
| City/State/Zip Code:   |                 |                         |  |
| Phone:   |                 | E Mail:                 |  |
| Scope of Work:   |                 |                         |  |
| Contractor License   |                 | Contract Value:         |  |
| Est. Start Date:   |                 | Est. Completion Date:   |  |
|  |                 |                         |  |
| Company Name:  | Contact Person: |                         |  |
| Address:   |                 |                         |  |
| City/State/Zip Code:   |                 |                         |  |
| Phone:   |                 | E Mail:                 |  |
| Scope of Work:   |                 |                         |  |
| Contractor License   |                 | Contract Value:         |  |
| Est. Start Date:   |                 | Est. Completion Date:   |  |
|  |                 |                         |  |
| Company Name:  | Contact Person: |                         |  |
| Address:   |                 |                         |  |
| City/State/Zip Code:   |                 |                         |  |
| Phone:   |                 | E Mail:                 |  |
| Scope of Work:   |                 |                         |  |
| Contractor License   |                 | Contract Value:         |  |
| Est. Start Date:   |                 | Est. Completion Date:   |  |
|  |                 |                         |  |
| Company Name:  | Contact Person: |                         |  |
| Address:   |                 |                         |  |
| City/State/Zip Code:   |                 |                         |  |
| Phone:   |                 | E Mail:                 |  |
| Scope of Work:   |                 |                         |  |
| Contractor License   |                 | Contract Value:         |  |
| Est. Start Date:   |                 | Est. Completion Date:   |  |
|  |                 |                         |  |
| Company Name:  | Contact Person: |                         |  |
| Address:   |                 |                         |  |
| City/State/Zip Code:   |                 |                         |  |
| Phone:   |                 | E Mail:                 |  |
| Scope of Work:   |                 |                         |  |
| Contractor License   |                 | Contract Value:         |  |
| Est. Start Date:   |                 | Est. Completion Date:   |  |

I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT. I HEREBY UNDERSTAND THAT ENROLLMENT IS CONTINGENT UPON RECEIPT AND ACCEPTANCE OF THIS FORM. SHOULD I SUBMIT AN INCOMPLETE FORM, KEENAN'S SEWUP DEPARTMENT WILL CONTACT ME AND MY FIRM WILL NOT BE ENROLLED UNTIL I PROVIDE ALL NECESSARY INFORMATION IN ITS ENTIRETY.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fax or Mail Completed Form To:**  
 Keenan & Associates, 2355 Crenshaw Blvd., Ste. #200, Torrance, CA 90501  
 Attn: SEWUP Department  
 Phone (310) 212-3344, Fax (310) 787-8838

License No. 0451271





**STATEWIDE EDUCATIONAL WRAP UP PROGRAM**

| PROJECT SITE MONTHLY PAYROLL REPORT  |   |                                      |               |
|--|---|--------------------------------------|---------------|
| District Name:   | San Mateo County Community College District | Bid Pkg. #:                          |               |
| Project Name:  |   | REPORT #                             |               |
|  |   | <small>(For your Firm's use)</small> |               |
| Reporting Month:   |   | Example:                             | February 2006 |
| Company Name:  |   | Db Name:                             |               |
| Under Contract With:   |   | SEWUP Site Code*:                    |               |
| <small>*Internal Use Only) To be assigned by the SEWUP Administrator.</small>  |   |                                      |               |
| Workers' Compensation Class Code   | Work Description                            | Total Monthly Man-hours              | Payroll*      |
|  |   |                                      |               |
|  |   |                                      |               |
|  |   |                                      |               |
|  |   |                                      |               |
|  |   |                                      |               |
|  |   |                                      |               |
|  |   |                                      |               |
| TOTALS   |   | \$                                   |               |
| I CERTIFY THAT THE INFORMATION REPORTED ABOVE IS TRUE AND ACCURATE. NOT REPORTING ACCURATE PAYROLL INFORMATION COULD AFFECT YOUR EXMOD - EXPERIENCE MODIFICATION RATING WITH THE WORKERS' COMPENSATION INSURANCE RATING BUREAU (WCIRB).  |   |                                      |               |
| Signature:   |   | Title:                               |               |
| Print Name:  |   | Date:                                |               |
| *Do not include overtime wage rates, use straight time wage rates only, i.e., employee earns \$20/hr. and works 10 hours in one day, you would report \$200.00 (\$20.00 x 10). If paid to third party (union) - exclude. If taxable to employee, then it is reported to WCIRB. |   |                                      |               |

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**STATEWIDE EDUCATIONAL WRAP UP PROGRAM**

**Contractor's Completion Notice**

|   |   |        |  |
|---|---|--------|--|
| District Name:  | San Mateo County Community College District |        |  |
| Project Name:   |   |        |  |
| <b>IMPORTANT NOTIFICATION – PLEASE READ</b><br><i>Contractor or Subcontractor agrees to complete this form and return to Keenan &amp; Associates upon completion or termination of work activities under this contract. Please include, with this form, any supporting documents for final contract value (if different from initial contract value).</i> |   |        |  |
| Initial Contract Value:   |   |        |  |
| Final Contract Value:   |   |        |  |
| Last Day on Site*:  |   |        |  |
| <i>*This would include work performed on final closeout or punch-list items and should not include warranty work.</i>   |   |        |  |
| Contractor/Subcontractor Legal Name:  |   |        |  |
| Contractor/Subcontractor dba Name:  |   |        |  |
| Contractor License Number:  |   |        |  |
| Address:  |   |        |  |
| Representative's Name (Print):  |   | Title: |  |
| Signature:  |   | Date:  |  |

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Rev. 04/06

**PART 2 PRODUCTS - Not Used**

**PART 3 EXECUTION - Not Used**

END OF SECTION