

PROCUREMENT DEPARTMENT
Rm 120 Municipal Services Building
Philadelphia, PA 19102-1685
FAX: (215) 686-4716

CITY OF PHILADELPHIA

Janet Hagan
Acting Procurement Commissioner

March 5, 2007

BID NUMBER: S7Z53690
TITLE: NTI Demolition; York Street
DEPARTMENT: Various
DATE TO OPEN: March 12, 2007 at 10:30 AM

ADDENDUM # 1

TO ALL BIDDERS:

You are hereby notified of the following changes to the above mentioned bid:

Delete Section 801 (OCIP Insurance Program Bid Insurance Requirements) in the Standard Specification for NTI Demolition Bid Packages Dated February 12, 2007, Revision 2 and Project Manual and replace with the attached Section 801 (OCIP Insurance Program Bid Insurance Requirements)

Please sign, date and return this addendum with your bid to the Procurement Department, 1401 J.F.K Boulevard, Bid Room 170A, Philadelphia, PA 19102-1685 as it now becomes a part of the proposal.

D. Yonke, Buyer

AUTHORIZED SIGNATURE

FIRM NAME (PRINT)

DATE

DY/cs

Attachment

SECTION 00801

NEIGHBORHOOD TRANSFORMATION INITIATIVE (NTI)

OWNER CONTROLLED INSURANCE PROGRAM BID INSURANCE REQUIREMENTS

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INTRODUCTION:

The Commercial General Liability, Workers Compensation & Employers Liability Insurance, Umbrella/Excess Liability and Contractors Pollution Liability Insurance for your jobsite construction operations will be provided under an Owner Controlled Insurance Program (OCIP) administered by the City of Philadelphia (City). The OCIP will be designed and administered in accordance with the laws of the Commonwealth of Pennsylvania.

THE OCIP WILL ONLY PROVIDE COMMERCIAL GENERAL LIABILITY, UMBRELLA/EXCESS LIABILITY, AND WORKERS COMPENSATION & EMPLOYERS LIABILITY INSURANCE UP TO AND INCLUDING 9/30/07. AS OF 10/1/2007, THESE COVERAGES WILL NEED TO BE PROVIDED BY ALL CONTRACTORS AND SUBCONTRACTORS

Under the OCIP, the Owner, Contractor, and all tiers of Contractors/Subcontractors are required to:

- (A) Participate in the OCIP;
- (B) Delete the following insurance costs from their contract bid: Commercial General Liability, Workers Compensation and Employers Liability, Excess/Umbrella Liability, and Contractor's Pollution Liability Insurance;

COMMERCIAL GENERAL LIABILITY, UMBRELLA/EXCESS LIABILITY, AND WORKERS COMPENSATION & EMPLOYERS LIABILITY COSTS SHALL ONLY BE DELETED FOR WORK OCCURRING UP TO AND INCLUDING 9/30/2007.

NOTE: (Contractors involved in Asbestos Abatement work should only delete the following insurance coverage costs from their contract bid: Commercial General Liability, Umbrella/Excess Liability, and Contractor's Pollution Liability Insurance costs. **The OCIP will not afford Workers' Compensation and Employers' Liability coverage to Contractors involved in Asbestos Abatement work.** Contractors performing Asbestos Abatement work must purchase and maintain Workers' Compensation and Employers' Liability coverage on their own as per the limits outlined in Part 3.

- (C) Actively support and participate in the Neighborhood Transformation Initiative's Project Safety Program;
- (D) Include the OCIP Provisions in all Subcontracts;

(E) Submit required insurance forms prior to start of work;

A FAILURE TO SUBMIT THE REQUIRED OCIP INSURANCE FORMS PRIOR TO THE START OF WORK MAY EXCLUDE YOU FROM OCIP INSURANCE COVERAGE. IF EXCLUDED, THE OWNER WILL NOT PAY ANY ADDITIONAL AMOUNTS BEYOND YOUR BID AMOUNT FOR YOUR INSURANCE COSTS.

(F) Keep and maintain payroll records of all employees working at the Jobsite;

(G) Comply with accident reporting and claim procedures and;

(H) Submit required insurance termination form when work is completed.

PROGRAM DIRECTORY:

BROKER and OCIP ADMINISTRATOR: THE GRAHAM COMPANY

ADDRESS: ONE PENN SQUARE WEST, PHILADELPHIA PA 19102

FAX: (215) 567-3203

NAME	TITLE	PHONE	E-MAIL ADDRESS
Harry Johnson	OCIP Administrator	(215) 701-5215	hjohnso@grahamco.com
Franz Wagner	Account Manager	(215) 701-5257	fwagner@grahamco.com
Kelly Krause	Executive Assistant	(215) 701-5423	kkrause@grahamco.com
Mark Troxel	Safety Director	(215) 701-5340	mtroxel@grahamco.com
Durrell Garman	Safety Consultant	(215) 701-5227	dgarman@grahamco.com
Michelle Leighton	Claims Manager	(215) 701-5232	mleight@grahamco.com

OWNER: CITY OF PHILADELPHIA – RISK MANAGEMENT DIVISION

ADDRESS: 1515 ARCH STREET, 14TH FLOOR, PHILADELPHIA, PA 19102

FAX: (215) 683-1705

NAME	TITLE	PHONE/FAX	E-MAIL ADDRESS
Nella Goodwin	Services Manager	(215) 683-1708	Nella.Goodwin@phila.gov
Debora Lawton	Director	(215) 683-1719	Debbie.Lawton@phila.gov

DEFINITIONS:

Approved Contractor A Contractor/Subcontractor who has successfully completed and submitted all OCIP required documentation and has received confirmation of enrollment for participation in the insurance program.

Broker of Record The insurance broker authorized to represent, negotiate, and obtain appropriate insurance coverage on behalf of the Owner.

Claim A written or oral demand for compensation, including a request for benefits, injuries or damages arising out of an insured loss.

Contract A written agreement between the Owner and a Contractor, or between a Contractor and a Subcontractor, or by and between any tier of Subcontractors. This also includes any written and/or verbal agreement, invoice, purchase order, or work order that includes direct labor on one or more Insured Sites.

Contractor A specified individual, firm, or corporation under Contract with the Owner or its designee to undertake maintenance, construction or other services at the Insured Site(s).

Insurance Company The company which provides financial protection against property damage or bodily injury losses to third parties.

Insured The entity named in a Policy or Certificate of Insurance signed by a duly authorized representative of the Insurer.

Insured Loss	The total amount of cost, charges and expenses, inclusive of deductibles, relating to an incident or occurrence, which is insured under the Owner Controlled Insurance Program (OCIP).
Insured Site	The Project Site as defined in your Contract. Employees performing services, under Contract, are covered under the OCIP while working on-site (see Part 1). Employees are not covered when traveling between home and an Insured Site.
Insurer	The entity issuing a policy.
Job-site	See "Insured Site".
OCIP	The Owner Controlled Insurance Program under which Commercial General Liability Insurance, Workers' Compensation & Employer's Liability, Contractor's Pollution Liability and Umbrella/Excess Liability are procured by the Owner for specified Contractors and/or Subcontractors providing direct labor at one or more Insured Sites.
OCIP Administrator	A representative of the Broker of Record designated to administer the OCIP.
OCIP Manager	The Graham Company.
OCIP Team	The professional firm's employees from the Owner, Broker and Insurance Company.
Owner	City of Philadelphia, their commissions, officers, officials, employees and/or agents, associated and/or affiliated organizations, successors or assigns, as now exist or may hereafter be acquired or formed which any of the City of Philadelphia owns, operates or controls, including the interest as successor to any organization acquired, merged, or transformed into any of the foregoing, and any trust, foundations, funds and welfare plans of any kind and other interests as are now or hereafter related to the insured but not specifically named.
Subcontractor	A specified individual, firm or corporation providing direct labor to perform subcontracted work on the Insured Sites, with the consent of the Contractor or its designee, excluding vendors, suppliers, material dealers, or others whose function is solely to supply and/or deliver materials, parts, or equipment to and from one or more Insured Sites.
Temporary Site Employees	Those contractor and subcontractor employees not assigned to an Insured Sites (i.e., an employee who does not directly bill his or her time to Owner). As general guidance, an employee whose salary and overheads are included in the overhead component of Contractor or Subcontractor's billing rate is not covered under the OCIP even though they may occasionally be on site. Examples include, but are not limited to: home office auditors, sales personnel, payroll clerks, and human relations personnel.
Third Party	Any party other than employees of an Approved Contractor or its Subcontractor of any tier.
Work	Any direct or indirect physical task to be performed to complete the Project at the Insured Site. For the purpose of the OCIP, Work will commence when the approved Contractors' employees first report or are present at the Insured Site after enrollment in the OCIP and completion any existing required badge procedures. No physical activity will be performed until the Contractor/Subcontractor is enrolled in the OCIP.
Wrap-up:	See OCIP.

PART 1 - INSURANCE TO BE PROVIDED BY CITY UNDER THE OCIP:

The City will be securing specific insurance coverage for the benefit of the City, Contractor, and Subcontractors of all tiers performing work at the insured site. **The insurance will not apply to vendors, suppliers, material dealers, and independent operators/haulers. Also, Workers Compensation & Employers Liability will not apply to Asbestos Abatement Contractors or Subcontractors.**

COMMERCIAL GENERAL LIABILITY, UMBRELLA/EXCESS LIABILITY, AND WORKERS COMPENSATION & EMPLOYERS LIABILITY INSURANCE WILL ONLY BE PROVIDED BY THE CITY FOR ENROLLED CONTRACTORS AND SUBCONTRACTORS UP TO AND INCLUDING 9/30/2007.

The coverages afforded under this program will not include all insurance needed by Contractor or Subcontractor(s). For example, Commercial General Liability coverage applies only to the operations of and for each Insured at or emanating directly from the insured site. It will not apply to the operations of any Insured in its regularly established main or branch office, factory, warehouse, or similar place of business. Further, Workers Compensation & Employers Liability Coverage will not be afforded to Contractors or Subcontractors performing asbestos removal or containment operations. **Each Contractor and Subcontractor should review its own insurance program to assure that their permanent insurance is properly coordinated with the OCIP.**

Only the following insurance, set forth in (A), (B), (C) and (D) below, will be provided by the City:

- (A) Workers Compensation Insurance in statutory limits for the Commonwealth of Pennsylvania. Employers Liability limits of \$1,000,000 Each Accident/\$1,000,000 Disease – Each Employee/\$1,000,000 Disease – Policy Limit.

INDEPENDENT OPERATORS/HAULERS AND ASBESTOS ABATEMENT CONTRACTORS/SUBCONTRACTORS WILL NOT BE INSURED UNDER THE OWNER'S PROGRAM.

Coverages to be extended under this policy include US Longshoremen's and Harbor Workers' Compensation Act (USL&H), Voluntary Compensation, Alternative Employer Endorsement, and a Waiver of Our Right to Recover from Others Endorsement.

NOTE: The OCIP will not afford Workers' Compensation and Employers' Liability coverage to Contractors or Subcontractors performing Asbestos Abatement work. Contractors and Subcontractors performing Asbestos Abatement work must purchase Workers' Compensation and Employers' Liability coverage on their own as per the limits outlined in Part 3.

WORKERS COMPENSATION & EMPLOYERS LIABILITY INSURANCE COVERAGE WILL ONLY BE PROVIDED UP TO AND INCLUDING 9/30/2007. CONTRACTORS AND SUBCONTRACTORS WILL NEED TO SECURE THIS COVERAGE ON THEIR OWN BEHALF AS OF 10/1/2007.

- (B) Commercial General Liability Insurance applying to all Insureds jointly with the following limits:

\$2,000,000 per occurrence combined single limit for bodily injury (including death) and property damage liability;
\$2,000,000 Personal & Advertising Injury;
\$4,000,000 General Aggregate
\$4,000,000 Products/Completed operations Aggregate

Coverages include: Three (3) year Products/Completed Operations Tail (One Aggregate Limit will apply), 60 day Notice of Cancellation, Insurance Company Waiver Endorsement, Knowledge of Occurrence, Notice of Occurrence, Unintentional Failure to Disclose Hazards, Additional Insureds - Owners, Lessee or Contractors Form B, Limitation of Coverage to Designated Premises, Waiver of Transfer of Rights of Recovery Against Others, and Incidental Medical Malpractice.

Additional exclusions include: Nuclear Energy Liability, Asbestos, Radioactive Material, Employment Related Practices, Total Lead, Architects & Engineers Professional Liability, and Absolute Pollution.

This insurance will not extend coverage for products liability to any insured party, vendor, supplier, material dealer or others for any product manufactured, assembled or otherwise worked upon while away from the insured site.

COMMERCIAL GENERAL LIABILITY INSURANCE WILL ONLY BE PROVIDED UP TO AND INCLUDING 9/30/2007. CONTRACTORS AND SUBCONTRACTORS WILL NEED TO SECURE THIS COVERAGE ON THEIR OWN BEHALF AS OF 10/1/2007.

(C) Umbrella/Excess Liability Insurance, covering all insureds extending the Employers Liability and Commercial General Liability noted in (A) and (B) above by an additional \$50,000,000 per occurrence/aggregate combined single limit for bodily injury (including death) and property damage liability.

Coverages include: Notice of Occurrence, Knowledge of Occurrence, Unintentional Errors & Omissions, Three (3) year Extension Endorsement for Products/Completed Operations Tail (One Aggregate for Entire Tail).

Additional exclusions include: Automobile Liability and Architects and Engineers Errors & Omissions.

This insurance will also not extend coverage for products liability to any insured party, vendor, supplier, material dealer or others for any product manufactured, assembled or otherwise worked upon while away from the insured site.

UMBRELLA/EXCESS LIABILITY INSURANCE WILL ONLY BE PROVIDED UP TO AND INCLUDING 9/30/2007. CONTRACTORS AND SUBCONTRACTORS WILL NEED TO SECURE THIS COVERAGE ON THEIR OWN BEHALF AS OF 10/1/2007.

(D) Contractor's Pollution Liability Insurance (Occurrence) applying to all Insureds with the following limits:

\$10,000,000 Each Occurrence

\$10,000,000 Aggregate

Coverages Include: Loss as a result of Claims for Bodily Injury, Property Damage or Environmental Damage caused by Pollution Conditions resulting from Covered Operations; (5) year Completed Operations Coverage; City is First Named Insured with Contractors & Subcontractors at all tiers as Additional Named Insureds;

Exclusions include: Expected or Intended Injury, Known Conditions, Intentional Non-Compliance, Professional Services (except for the First Named Insured for project management), Hostile Acts, Terrorism and Product Liability.

POLICY NOTES FOR OWNER-PROVIDED COVERAGE

Policy Period - Initial policies under the OCIP are effective on your contract start date and will expire upon completion of your work or as determined by the Owner.

Program Limits - Limits under the primary Commercial General Liability Policy will be reinstated annually.

Evidence of Coverage - Each Enrolled Contractor and Subcontractor will receive a Commercial General Liability Certificate of Insurance evidencing coverage, and, except for Contractors and Subcontractors performing Asbestos Abatement work, a Workers' Compensation policy.

Changes in Coverage - Owner reserves the right to change the coverages and/or limits of insurance provided under the OCIP.

It is recommended that the Contractors and Subcontractors of all tiers have their Insurance Agent review the coverages to be provided by the City. It is the responsibility of all Contractors and Subcontractors to maintain, at their sole option and cost, any additional insurance they deem necessary and/or, in lieu of excluding coverage for this Project from their ongoing Liability and Workers Compensation Program, that they have their Commercial General Liability and Workers Compensation & Employers Liability policies endorsed to the effect that insurance provided under those policies is excess over valid and collectible insurance provided under the OCIP.

THE COVERAGES REFERRED TO ABOVE WILL BE SET FORTH IN FULL IN THE RESPECTIVE POLICY FORMS AND THE FOREGOING DESCRIPTIONS ARE NOT INTENDED TO BE COMPLETE.

COMMERCIAL GENERAL LIABILITY, UMBRELLA/EXCESS LIABILITY, AND WORKERS COMPENSATION & EMPLOYERS LIABILITY INSURANCE WILL ONLY BE PROVIDED BY THE CITY UP TO AND INCLUDING 9/30/2007.

Termination of Contractor (Subcontractor) Participation in OCIP

In the event Contractor/Subcontractor's participation in the OCIP is terminated or the entire program is canceled, Contractor/Subcontractor must provide the insurance coverage specified in Part 3. These coverages should apply to all Contractor/Subcontractor employees working on the Jobsite as well as those employees working off-site.

Exclusion of a Contractor (Subcontractor) From The OCIP

If a Contractor/Subcontractor does not meet the minimum standard for participation, as determined by Owner, the Contractor (Subcontractor) must provide the insurance coverage specified in Part 3. These coverages should apply to all Contractor's/Subcontractor's employees working on the Jobsite as well as those employees working off-site.

PART 2 - INSURANCE TO BE PROVIDED BY CONTRACTORS AND / OR SUBCONTRACTORS INSURED UNDER THE OCIP:

Contractor and all tiers of Subcontractors shall at all times during the period in which the Contract is in force and effect, (including the maintenance/guarantee period or other applicable warranty period), provide and maintain the following insurance at their own expense. All insurance shall be procured from "A-; Class VII" or better rated insurance carriers by AM Best and authorized to do business in the Commonwealth of Pennsylvania. All insurance required herein shall be written on an "occurrence" basis and not a "claims-made" basis. **In no event shall work be performed by the Contractor until the required evidence of insurance has been furnished.** If Contractor fails to obtain or maintain the required insurance, the City shall have the right to treat such failure as a material breach of contract and to exercise all appropriate rights and remedies. The insurance shall provide for at least thirty (30) days prior written notice to be given to the City in the event coverage is materially changed, canceled or non-renewed:

- (A) Automobile Liability Insurance covering all owned, non-owned and hired automobiles. Such insurance shall provide coverage not less than that of the Standard Comprehensive Automobile Liability policy (or Business Auto Policy) with limits not less than \$300,000 Per Accident for Bodily Injury and Property Damage.
- (B) Commercial General Liability Insurance for Operations **away from the jobsite** including products liability coverage for any product manufactured, assembled or otherwise worked upon while away from the insured site. Coverage is to be provided in a form not less than the ISO 1998 standard Commercial General Liability Insurance policy ("Occurrence Form") including hazards of premises/operations (including explosion, collapse and underground coverage), independent contractors, products and completed operations, contractual liability coverage (for any contracts related to the Work) and personal injury. Coverage is to be provided at the following minimum Limits of Liability:

- \$500,000 Per Occurrence
- \$500,000 Completed Operations Aggregate (Annual Limits)
- \$500,000 Personal Injury and Advertising Injury
- \$500,000 General Aggregate (Annual Limits)

FOR ALL CONTRACT WORK OCCURRING ON OR AFTER 10/1/2007, CONTRACTORS AND SUBCONTRACTORS SHALL PROVIDE COMMERCIAL GENERAL LIABILITY INSURANCE FOR OPERATIONS BOTH ON AND AWAY FROM THE JOBSITE. COVERAGE IS TO BE PROVIDED IN A FORM NOT LESS THAN THE ISO 1998 STANDARD COMMERCIAL GENERAL LIABILITY INSURANCE POLICY ("OCCURRENCE FORM") INCLUDING HAZARDS OF PREMISES/OPERATIONS (INCLUDING EXPLOSION, COLLAPSE AND UNDERGROUND COVERAGE), INDEPENDENT CONTRACTORS, PRODUCTS AND COMPLETED OPERATIONS, CONTRACTUAL LIABILITY COVERAGE (FOR ANY CONTRACTS RELATED TO THE WORK) AND PERSONAL INJURY. COVERAGE IS TO BE PROVIDED AT THE FOLLOWING MINIMUM LIMITS OF LIABILITY:

- \$2,000,000 PER OCCURRENCE
- \$2,000,000 COMPLETED OPERATIONS AGGREGATE
- \$2,000,000 PERSONAL INJURY AND ADVERTISING INJURY
- \$2,000,000 GENERAL AGGREGATE (ANNUAL LIMITS)

- (C) Workers' Compensation Insurance for all operations **away from the jobsite:** In statutory limits of the Workers' Compensation Law of the Commonwealth of Pennsylvania and having:

Employers Liability Limits:

- \$500,000 Each Accident;
- \$500,000 Disease – Policy Limit;
- \$500,000 Disease Each Employee for all Work.

NOTE: Asbestos Abatement Contractors must provide Workers' Compensation and Employers' Liability coverage for their employees while performing work on the jobsite and also away from the jobsite.

FOR ALL CONTRACT WORK OCCURRING ON OR AFTER 10/1/2007, CONTRACTORS AND SUBCONTRACTORS SHALL PROVIDE WORKERS COMPENSATION & EMPLOYERS LIABILITY INSURANCE FOR OPERATIONS BOTH ON AND AWAY FROM THE JOBSITE IN STATUTORY LIMITS OF THE WORKERS' COMPENSATION LAW OF THE COMMONWEALTH OF PENNSYLVANIA AND HAVING:

EMPLOYERS LIABILITY LIMITS:

\$500,000 EACH ACCIDENT;

\$500,000 DISEASE – POLICY LIMIT;

\$500,000 DISEASE EACH EMPLOYEE FOR ALL WORK.

- (D) Completed Operations Coverage: The OCIP will include coverage for completed operations for three (3) years after the date of acceptance of the Work by City. FOR COMMERCIAL GENERAL LIABILITY AND UMBRELLA/EXCESS LIABILITY, THIS COMPLETED OPERATIONS PERIOD WILL COMMENCE AFTER THE DATE OF ACCEPTANCE OF THE WORK BY CITY OR 10/1/2007, WHICHEVER IS SOONER. It is the responsibility of the Contractor to arrange for the continuation of completed operations coverage with their insurance agent and insurer after termination of completed operations coverage under the OCIP.
- (E) Mobile Equipment: Some mobile equipment may not be insured under the new Commercial General Liability policies (ISO 1998 policy form). Contractors utilizing mobile equipment not scheduled in their auto policy should review this coverage with their agent and/or insurer. The OCIP will provide third party liability coverage only arising out of the use of Mobile Equipment as defined in the OCIP Commercial General Liability Policy.
- (F) Owned or Leased Equipment/Tools: Contractor and all Subcontractors shall maintain insurance on their owned or leased equipment, tools, trailers, etc.
- (G) Additional Insured Provision: The insurance policies identified in paragraph's (A) and (B) above **shall include an endorsement naming the City of Philadelphia, their commissions, officers, officials, employees and/or agents, associated and/or affiliated organizations, successors or assigns as additional insureds including Excess or Umbrella Liability Policies if applicable.**
- (H) Waiver of Subrogation Endorsement: The insurance policies identified in paragraph's (A), (B), (C), (E) and (F) above shall include an endorsement waiving rights of subrogation in favor of the Additional Insureds described in (G) above.
- (I) Primary Insurance: The insurance policies identified in paragraph (B) above shall include an endorsement stating that the coverage afforded the Additional Insureds described in (G) above will be primary and non-contributory to any other coverage available to them.
- (J) Certificate of Insurance: Within five (5) days following receipt of the Notice of Award, Contractor must provide a Certificate of Insurance evidencing coverages and limits as identified in (A), (B), (C), (G), (H) and (I) above, and each shall furnish an Original Certificate(s) of Insurance to:

ELLA JACKSON
City of Philadelphia
Procurement Department
Municipal Services Building – 1st Floor
Philadelphia, PA 19102-1685

With a copy to:

Nella Goodwin, Risk Management Services Manager
City of Philadelphia
Risk Management Division
1515 Arch Street – 14th Floor
Philadelphia, PA 19102

And:

Franz Wagner, NTI OCIP Account Manager
The Graham Company
The Graham Building
One Penn Square West
Philadelphia, PA 19102

Certificates of Insurance are not required for Subcontractors to be submitted to the City of Philadelphia or The Graham Company. However, Contractors are responsible for ensuring compliance of all their Subcontractors with these insurance specifications.

The five (5) day requirement for advance documentation of coverage may be waived in situations where such waiver will benefit the City, but under no circumstances shall the Contractor actually begin work without providing the required evidence of insurance. The City reserves the right to require Contractor to furnish certified copies of the original policies of all insurance required under this contract at any time upon ten (10) days prior written notice to the Contractor.

All Certificates of Insurance shall indicate, in the Special Items Section, that all policies will contain (1) Additional Insured Endorsement (except the Workers' Compensation Policy), (2) a Waiver of Subrogation Endorsement, and (3) Primary and Non-Contributory Insurance Endorsement (except the Business Automobile and Workers' Compensation Policies) as outlined above.

In addition, all policies of insurance that are required by the City shall be endorsed to provide that the insurance company must notify the City at least thirty (30) days prior to the effective date of cancellation or modification that reduces coverage of such policies.

THE CERTIFICATE OF INSURANCE MUST BE PROVIDED AND APPROVED PRIOR TO THE START OF YOUR WORK. (SEE SAMPLE "A" ON NEXT PAGE WHICH APPLIES TO WORK PERFORMED UP TO AND INCLUDING 9/30/2007. THE REQUIREMENTS SPECIFIED IN PART 3 AS REPRESENTED ON SAMPLE "B" SHALL APPLY TO CONTRACT WORK OCCURRING ON OR AFTER 10/1/2007. FOR WORK THAT EXTENDS PAST 9/30/2007, CERTIFICATES EVIDENCING THE REQUIREMENTS OF PART 3 SHOULD BE PROVIDED FOR APPROVAL NO LATER THAN 9/1/2007.)

The above insurance requirements are mandatory.

ACORD CERTIFICATE OF LIABILITY INSURANCE						DATE: (MM/DD/YY)	
Producer <i>YOUR INSURANCE BROKER OR AGENT</i>			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
			COMPANIES AFFORDING COVERAGE				
			COMPANIES AFFORDING COVERAGE				
Insured XYZ COMPANY 123 MAIN STREET ANYTOWN, PA 12345			Company A		<i>YOUR INSURANCE COMPANY</i>		
			Company B				
			Company C				
			Company D				
COVERAGES							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. 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.							
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POL. EFF. DATE (MM/DD/YY)	POL. EXP. DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	12345678	TBD	TBD	GENERAL AGGREGATE	\$500,000	
	<input checked="" type="checkbox"/> COMMERCIAL GEN LIABILITY				PRODUCTS-COMP/OP AGG	\$500,000	
	<input type="checkbox"/> OWNERS & CONTRACTOR'S PROT				EACH OCCURRENCE	\$500,000	
					FIRE DAMAGE (Any one Fire)		
					MED EXP (Any one person)		
A	AUTOMOBILE LIABILITY	12345678	TBD	TBD	COMBINED SINGLE LIMIT	\$300,000	
	<input checked="" type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL RISK						
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> HIRED NON-OWNERS						
	<input type="checkbox"/> NON-OWNERS						
	<input type="checkbox"/> GARAGE LIABILITY						
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:		
					EACH ACCIDENT		
					AGGREGATE		
					EACH OCCURRENCE		
A	UMBRELLA FORM				AGGREGATE		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	12345678	TBD	TBD	STATUTORY LIMITS X		
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: INCL. EXCL.				EL EACH ACCIDENT	\$100,000	
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: INCL. EXCL.				EL DISEASE-POLICY LIMIT	\$500,000	
					EL DISEASE-EA EMPLOYEE	\$100,000	
DESCRIPTION : ALL POLICIES SHALL CONTAIN 1) A WAIVER OF SUBROGATION ENDORSEMENT , 2) AN ADDITIONAL INSURED ENDORSEMENT (EXCEPT FOR WORKERS COMPENSATION), AND 3) AN ENDORSEMENT STATING THAT INSURANCE IS PRIMARY AND NON-CONTRIBUTORY (EXCEPT FOR WORKERS COMPENSATION AND BUSINESS AUTOMOBILE) TO ANY OTHER INSURANCE MAINTAINED BY THE ADDITIONAL INSURED IN FAVOR OF THE CITY OF PHILADELPHIA. THEIR COMMISSIONS, OFFICERS, EMPLOYEES AND/OR AGENTS, ASSOCIATED AND/OR AFFILIATED ORGANIZATIONS, SUCCESSORS OR ASSIGNS AS RESPECTS TO THEIR WORK PERFORMED FOR THE CITY OF PHILADELPHIA FOR OPERATIONS COVERED UNDER THE OCIP.							
CERTIFICATE HOLDER				CANCELLATION			
CITY OF PHILADELPHIA Attn: Ella Jackson City of Philadelphia Procurement Department Municipal Services Building, 1 st Floor Philadelphia, PA 19102-1685				SHOULD ANY OF THE ABOVE DESCRIBED POLICES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
				AUTHORIZED REPRESENTATIVE			

PART 3 – INSURANCE PROVIDED BY CONTRACTORS AND / OR SUBCONTRACTORS NOT INSURED BY THE OCIP. THESE REQUIREMENTS ALSO APPLY TO ENROLLED CONTRACTORS AND SUBCONTRACTORS FOR CONTRACT WORK OCCURRING ON OR AFTER 10/1/2007.:

Contractor and all tiers of Subcontractors not covered by the OCIP shall at all times during the period in which the Contract is in force and effect, (including the maintenance/guarantee period or other applicable warranty period), provide and maintain the following insurance at their own expense. All insurance shall be procured from “A-; Class VII” or better rated insurance carriers by AM Best and authorized to do business in the Commonwealth of Pennsylvania. All insurance required herein shall be written on an “occurrence” basis and not a “claims-made” basis. **In no event shall work be performed until the required evidence of insurance has been furnished.** If Contractor fails to obtain or maintain the required insurance, the City shall have the right to treat such failure as a material breach of contract and to exercise all appropriate rights and remedies. The insurance shall provide for at least thirty (30) days prior written notice to be given to the City in the event coverage is materially changed, canceled or non-renewed:

- (A) Automobile Liability Insurance covering all owned, non-owned and hired automobiles. Such insurance shall provide coverage not less than that of the Standard Comprehensive Automobile Liability policy (or Business Auto Policy) with limits not less than **\$1,000,000** Per Accident for Bodily Injury and Property Damage.
- (B) Commercial General Liability Insurance for Operations including products liability coverage for any product manufactured, assembled or otherwise worked upon. Coverage is to be provided in a form not less than the ISO 1998 standard Commercial General Liability Insurance Policy (“Occurrence Form”) including hazards of premises/operations (including explosion, collapse and underground coverage), independent contractors, products and completed operations, contractual liability coverage (for any contracts related to the Work) and personal injury. Coverage is to be provided at the following minimum Limits of Liability:
- | | |
|---|---|
| \$2,000,000 Per Occurrence | \$2,000,000 Completed Operations Aggregate (Annual Limits) |
| \$2,000,000 Personal Injury and Advertising Injury | \$2,000,000 General Aggregate (Annual Limits) |
- (C) Workers’ Compensation Insurance for all operations: In statutory limits of the Workers’ Compensation Law of the Commonwealth of Pennsylvania and having Employers Liability Limits:
- | | |
|--|---|
| \$500,000 Each Accident | \$500,000 Disease – Policy Limit |
| \$500,000 Disease Each Employee for all Work. | |

The Limits of Liability in Paragraph (A), (B), and (C) above can be met by combining the Contractor’s Individual Policy Limits of Liability with their Umbrella Liability Policy Limits.

- (D) Owned or Leased Equipment/Tools: Contractor and all tiers of Subcontractors shall maintain insurance on their owned or leased equipment, tools, trailers, etc.
- (E) Additional Insured Provision: The insurance policies identified in paragraph’s (A) and (B) above **shall include an endorsement naming the City of Philadelphia, and its officers, employees and agents as additional insureds including Excess or Umbrella Liability Policies if applicable.**
- (F) Waiver of Subrogation Endorsement: The insurance policies identified in paragraph’s (A), (B), (C) and (D) above shall include an endorsement waiving rights of subrogation in favor of the Additional Insureds described in (E) above.
- (G) Primary Insurance: The insurance policy identified in paragraph (B) above shall include an endorsement stating that the coverage afforded the Additional Insureds described in (E) above will be primary and non-contributory to any other coverage available to them.
- (H) Certificate of Insurance: Prior to the date on which the Contractor commences its part of the work, each shall furnish to the City copies of Certificates of Insurance at least ten (10) days before work is begun. The ten (10) day requirement for advance documentation of coverage may be waived in situations where such waiver will benefit the City, but under no circumstances shall the Contractor actually begin work without providing the required evidence of insurance. The City reserves the right to require Contractor to furnish certified copies of the original policies of all insurance required under this contract at any time upon ten (10) days prior written notice to the Contractor.

All Certificates of Insurance shall indicate, in the Special Items Section, that all policies will contain (1) Additional Insured Endorsement (except for the Workers Compensation and Property Policies), (2) a Waiver of Subrogation Endorsement and

(3) Primary Insurance Endorsement (except for the Business Automobile, Workers Compensation and Property Policies) as outlined above.

In addition, all policies of insurance that are required by the City shall be endorsed to provide that the insurance company must notify the City at least thirty (30) days prior to the effective date of cancellation or modification that reduces coverage of such policies.

THE CERTIFICATE OF INSURANCE MUST BE PROVIDED AND APPROVED PRIOR TO THE START OF YOUR WORK. (SEE SAMPLE "B" ON NEXT PAGE)

The above insurance requirements are mandatory.

ACORD CERTIFICATE OF LIABILITY INSURANCE DATE: (MM/DD/YY)

Producer
YOUR INSURANCE BROKER OR AGENT

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

COMPANIES AFFORDING COVERAGE
COMPANIES AFFORDING COVERAGE

Insured XYZ COMPANY 123 MAIN STREET ANYTOWN, PA 12345	Company A	<i>YOUR INSURANCE COMPANY</i>
	Company B	
	Company C	
	Company D	

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POL. EFF. DATE (MM/DD/YY)	POL. EXP. DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	12345678	TBD	TBD	GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GEN LIABILITY				PRODUCTS-COMP/OP AGG	\$2,000,000
	<input type="checkbox"/> OWNERS & CONTRACTOR'S PROT				EACH OCCURRENCE	\$2,000,000
					FIRE DAMAGE (Any one Fire)	
					MED EXP (Any one person)	
A	AUTOMOBILE LIABILITY	12345678	TBD	TBD	COMBINED SINGLE LIMIT	\$2,000,000
	<input checked="" type="checkbox"/> ANY AUTO					
	<input type="checkbox"/> ALL OTHERS					
	<input type="checkbox"/> SCHEDULED AUTOS					
	<input type="checkbox"/> HIRED					
	<input type="checkbox"/> NON-OWNED					
	<input type="checkbox"/> GARAGE LIABILITY					
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	
					AGGREGATE	
A					EACH OCCURRENCE	
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	12345678	TBD	TBD	STATUTORY LIMITS X	
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: INCL. EXCL.				EL EACH ACCIDENT	\$500,000
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: INCL. EXCL.				EL DISEASE-POLICY LIMIT	\$500,000
					EL DISEASE-EA EMPLOYEE	\$500,000

Sample "B"

DESCRIPTION : ALL POLICIES SHALL CONTAIN 1) A WAIVER OF SUBROGATION ENDORSEMENT , 2) AN ADDITIONAL INSURED ENDORSEMENT (EXCEPT FOR WORKERS COMPENSATION) , AND 3) AN ENDORSEMENT STATING THAT INSURANCE IS PRIMARY AND NON-CONTRIBUTORY (EXCEPT FOR WORKERS COMPENSATION AND BUSINESS AUTOMOBILE) TO ANY OTHER INSURANCE MAINTAINED BY THE ADDITIONAL INSURED IN FAVOR OF THE CITY OF PHILADELPHIA, THEIR COMMISSIONS, OFFICERS, EMPLOYEES AND/OR AGENTS, ASSOCIATED AND/OR AFFILIATED ORGANIZATIONS, SUCCESSORS OR ASSIGNS AS RESPECTS TO THEIR WORK PERFORMED FOR THE CITY OF PHILADELPHIA FOR OPERATIONS COVERED UNDER THE OCIP.

CERTIFICATE HOLDER CITY OF PHILADELPHIA Attn: Ella Jackson City of Philadelphia Procurement Department Municipal Services Building, 1 st Floor Philadelphia, PA 19102-1685	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
--	--

PART 4 – OCIP BID PROCEDURES:

All Contractors and Subcontractors shall remove the cost of insurance as provided under the OCIP per these specifications from their bid price **FOR WORK COMPLETED UP TO AND INCLUDING 9/30/2007. FOR WORK OCCURRING ON OR AFTER 10/01/2007, CONTRACTORS AND SUBCONTRACTORS SHALL NOT REMOVE COMMERCIAL GENERAL LIABILITY, UMBRELLA/EXCESS LIABILITY, OR WORKERS COMPENSATION & EMPLOYERS LIABILITY COSTS OF INSURANCE FROM THEIR BID.** Completion of OCIP Enrollment Forms and Insurance Certificates will not be required until after successful award.

NOTE FOR DEDUCTIBLE OR SELF-INSURERS

Regardless of the risk financing technique Contractor/Subcontractor employs for its workers' compensation and general liability exposures, Owner expects Contractor/Subcontractor to remove the cost of risk related to these exposures from its bid **FOR WORK TO BE COMPLETED UP TO AND INCLUDING 9/30/2007.** In lieu of state workers' compensation rates, Contractor/Subcontractor should apply its company-specific costs to determine the bid deduction. Cost elements should include estimated losses, loss handling expenses, and administrative expenses.

PART 5 – CONTRACTOR ENROLLMENT:

When a contract for Work at the Project has been awarded, the Contractor will coordinate with the OCIP Account Manager to arrange for OCIP coverage. **Contractors and Subcontractors of each tier will not be admitted to the project until completion, return and approval of the enrollment package.**

Enrollment Package: When notified by Owner of a Contract award, The Graham Company will provide enrollment information included within the OCIP Insurance Manual.

You should complete these forms (to follow), and return them to the The Graham Company NTI - OCIP Account Manager within ten (10) business days. We recommend that you contact your risk manager, insurance agent, or broker to assist you in completing the OCIP enrollment forms. Additionally, your insurance agent/broker should adjust your regular insurance program to dovetail with the OCIP coverage. Direct any questions concerning the enrollment process to The Graham Company OCIP Account Manager, Franz Wagner.

Completed Enrollment Package for submission will include:

1. Enrollment Application – “Contractor, Subcontractor, and Sub-subcontractor Enrollment Form” (Exhibit Form 1). Contractors and Subcontractors previously enrolled for another project(s) under this NTI- OCIP should use the simplified Enrollment Form (Exhibit Form 2)
2. A Certificate of Insurance (for Contractor only) evidencing the contractor-required coverages outlined in Part 2.
3. Assignment (Form 3) acknowledging the insurance costs under the OCIP shall be bound by the Owner as well as any return premiums and refunds.

FOR WORK PERFORMED UP TO AND INCLUDING 9/30/07, The OCIP Administrator will provide a Certificate of Insurance (Workers' Compensation insurance policy if applicable to follow) naming the Approved Contractor/Subcontractor as an Insured Contractor/Subcontractor. Workers' Compensation claim reporting kits will be distributed directly to the claim contacts identified in the Subcontractor's enrollment application.

PART 6 - SUBCONTRACTOR ENROLLMENT:

Enrollment Criteria Contractor is responsible for initiating OCIP enrollment for all Subcontractors performing on-site work, regardless of subcontract value. With the exception of furnishing a Certificate of Insurance, each Subcontractor shall follow the requirements outlined and complete the forms identified within the Contractor Enrollment Section - Part 5.

IMPORTANT

CONTRACTOR AND SUBCONTRACTOR ARE CONTRACTUALLY OBLIGATED TO HAVE EACH OF THEIR SUBCONTRACTORS OF EVERY TIER, NOW OR IN THE FUTURE, COMPLETE AND SUBMIT AN OCIP APPLICATION. ADDITIONALLY, CONTRACTOR IS RESPONSIBLE FOR ENSURING SUBCONTRACTOR COMPLIANCE WITH OCIP PROCEDURES. OWNER WILL, AT ITS SOLE DISCRETION, CHOOSE WHICH SUBCONTRACTORS WILL BE COVERED UNDER THE OCIP.

PART 7 – CLAIM ADMINISTRATION:

Claims Administration and Procedures for insurance coverages provided under the OCIP will be outlined in detail in the Insurance Manual provided to the successful bidder.

PART 8 – COMPLETION OF WORK:

Notification Upon completion of work under all of your contracts and subcontracts, complete Form 4 (Notice of Work Completion) and fax to:

The Graham Company
Attn: Franz Wagner
Phone: (215) 701-5257
Fax: (215) 567-3203
fwagner@grahamco.com

Final Audit A designated insurer representative may contact the audit contact identified in your Notice of Work Completion (Form 4) to arrange for a final payroll audit.

Record Retention Retain all payroll records related to the OCIP for **at least seven years**.

ENROLLMENT FORM
City of Philadelphia Neighborhood Transformation Initiative
OWNER CONTROLLED INSURANCE PROGRAM
Request for Insurance
Contractor/Subcontractor/Sub-subcontractor Information Form

COVERAGE IS NOT APPLICABLE UNTIL THIS FORM IS SUBMITTED TO AND APPROVED BY THE GRAHAM COMPANY. PLEASE FAX OR E-MAIL THIS FORM PRIOR TO STARTING WORK TO: THE GRAHAM COMPANY, THE GRAHAM BUILDING, ONE PENN SQUARE WEST, PHILADELPHIA, PA 19102, ATTN: Franz Wagner AT FAX #215-567-3203 or e-mail: fwagner@grahamco.com

1. Company Name: _____

2. Company Address: _____

3. Telephone: Area Code () No: _____

4. Federal Employer ID # _____

5. Dun & Bradstreet #: _____

6. Project: _____

7. Contract No: _____

8.

	Project Site Representative	Insurance/Risk Manager	Claims Contact
Name:	_____	_____	_____
Address:	_____	_____	_____
Telephone:	_____	_____	_____
Fax Number:	_____	_____	_____
E-Mail Address:	_____	_____	_____

9. Brief Description of Work To Be Done:

10. Estimated Start Date of Jobsite Activities: _____

11. Estimated Completion Date of Jobsite Activities: _____

12. Classification 13. Class Code 14. Payroll* 15. Manhours*

** Include only the estimated Jobsite payrolls (manhours) to be directly performed by your company (and not by your subcontractors) for the period coverage is provided.*

16. PA Workers' Compensation Exp. Modification: _____
 Anniversary Rating Date _____
 Workers' Compensation Bureau Risk No. _____

17. Location of payroll records: _____
 Contact: _____ Phone Number: _____

18. Estimated Contract Amount: \$ _____

19. PRESENT INSURANCE COVERAGE

	<u>Workers' Compensation</u>	<u>Commercial General Liability</u>	<u>Business Automobile</u>	<u>Commercial Umbrella Liability</u>
Insurer:	_____	_____	_____	_____
Policy No.:	_____	_____	_____	_____
Agent/Broker:	_____	_____	_____	_____
Address:	_____	_____	_____	_____
	_____	_____	_____	_____
Account Executive:	_____	_____	_____	_____
Telephone:	_____	_____	_____	_____

20. Your status on this project:
 Contractor Subcontractor

21. If your firm anticipates work under your contract will be subcontracted to others, indicate the names and addresses of the firms which will act as your subcontractors (attach additional pages, if necessary):

<u>Subcontractor</u>	<u>Contact Person</u>	<u>Phone Number</u>	<u>Subcontract \$</u>

Name: _____
 Date: _____
 (please type or print)

SignatureTitle

ENROLLMENT FORM
City of Philadelphia Neighborhood Transformation Initiative
OWNER CONTROLLED INSURANCE PROGRAM
Request for Insurance
Contractor/Subcontractor/Sub-subcontractor Currently Enrolled in the OCIP

COVERAGE IS NOT APPLICABLE UNTIL THIS FORM IS SUBMITTED TO AND APPROVED BY THE GRAHAM COMPANY. PLEASE FAX OR E-MAIL THIS FORM PRIOR TO STARTING WORK TO: THE GRAHAM COMPANY, THE GRAHAM BUILDING, ONE PENN SQUARE WEST, PHILADELPHIA, PA 19102, ATTN: Franz Wagner AT FAX #215-567-3203 or e-mail: fwagner@grahamco.com

1. Company Name: _____

2. Company Address: _____

3. Project: _____

4. Contract No: _____

5.

	Project Site Representative	Insurance/Risk Manager	Claims Contact
Name:	_____	_____	_____
Address:	_____	_____	_____
Telephone:	_____	_____	_____
Fax Number:	_____	_____	_____
E-Mail Address:	_____	_____	_____

6. Brief Description of Work To Be Done: _____

7. Estimated Start Date of Jobsite Activities: _____

8. Estimated Completion Date of Jobsite Activities: _____

9. Classification	10. Class Code	11. Payroll*	12. Manhours*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**** Include only the estimated Jobsite payrolls (manhours) to be directly performed by your company (and not by your subcontractors) for the period coverage is provided.***

13. Estimated Contract Amount: \$ _____

14. Your status on this project:

Contractor Subcontractor

15. If your firm anticipates work under your contract will be subcontracted to others, indicate the names and addresses of the firms which will act as your subcontractors (attach additional pages, if necessary):

<u>Subcontractor</u>	<u>Contact Person</u>	<u>Phone Number</u>	<u>Subcontract \$</u>

Name: _____

Date: _____

(please type or print)

Signature

Title

CITY OF PHILADELPHIA NEIGHBORHOOD TRANSFORMATION INITIATIVE
OWNER CONTROLLED INSURANCE PROGRAM
ASSIGNMENT BY CONTRACTOR OR SUBCONTRACTOR

In consideration of the City of Philadelphia’s agreement to arrange and provide insurance under an Owner Controlled Insurance Program and for other good and valuable consideration, we hereby assign to the City of Philadelphia all rights of cancellation, return premiums, premium refunds, and any other monies due or to become due in connection with the Owner Controlled Insurance Program.

Name of Contractor or Subcontractor

By

Date

Title

CITY OF PHILADELPHIA NEIGHBORHOOD TRANSFORMATION INITIATIVE
OWNER CONTROLLED INSURANCE PROGRAM
NOTICE OF WORK COMPLETION

- 1. Contractor Name and ID#: _____

- 2. Project: _____

- 3. Contract #: _____

- 4. Work Performed: _____

- 5. Date work completed: _____

Signature

Fax To: Franz K. Wagner
The Graham Company
215-567-3203

Mail To: Franz K. Wagner
The Graham Company
The Graham Building
One Penn Square West
Philadelphia, PA 19102
E-Mail: fwagner@grahamco.com

END OF SECTION

