



Power Construction Company, LLC

GL ONLY

Contractor Controlled Insurance Program

[Project Name]

CCIP Insurance Manual

8-8-24

POWER CONSTRUCTION COMPANY
CONTRACTOR CONTROLLED INSURANCE
PROGRAM

Insurance Manual

Power Construction Company, LLC

8750 W. Bryn Mawr Avenue, Suite 500

Chicago, IL 60631-3546

Table of Contents

- Section 1 – Overview 4**
 - About This Manual 4
 - What this Manual Does 5
 - What this Manual Does Not Do..... 5
- Section 2 – CCIP Program Directory 6**
- Section 3 – Definitions 7**
- Section 4 – CCIP Insurance Coverage 9**
 - Enrolled Parties 9
 - Excluded Parties 9
 - Evidence of Coverage 10
 - Summary Description of CCIP Coverages..... 10
- Section 5 – Subcontractor Required Coverage 12**
 - Required Coverage 12
 - Verification of Required Coverage* 12
- Section 6 – Subcontractor Responsibilities..... 12**
 - Enrollment 13
 - Assignments of Premiums 14
 - Change Order Procedures 14
 - Close Out/Audit Procedures..... 14
 - CCIP Termination..... 14
- Section 7 – Claim Reporting Procedures 15**
 - General Procedures 15
 - Workers’ Compensation Claims 15
 - General Liability Claims 16
 - Builders Risk Claims 16
 - Automobile Claims 16
- Section 8 – Forms 18**



Section 1 – Overview

Welcome to Power Construction Company's Contractor Controlled Insurance Program

Power Construction Company has arranged for this project to be insured under their General Liability Contractor Controlled Insurance Program.

Each bidding Subcontractor is required to bid without the cost of their on-site General Liability and Excess Liability insurance. Each Subcontractor is also required to provide Power with an 'add alternate' for its normal cost of CCIP provided insurance coverages and to identify those costs as a line item in the bid.

NOTE:

Insurance coverages and limits provided under the CCIP are limited in scope and are specific to work performed at the Project Site and after the inception date of your enrollment into this program. You should notify your insurer(s) to endorse your coverage to be excess and contingent over the CCIP coverage provided under this Program for on-site activities and the related costs. Any additional coverages purchased will be at subcontractors option and expense.

About This Manual

Power is the **Sponsor** of this CCIP. Power and Aon Risk Services (Aon) prepared the Insurance Manual. Aon is the CCIP Administrator. The manual is designed to identify, define, and assign responsibilities for the administration of the CCIP for this project.

This CCIP Insurance Manual may be updated as necessary during the course of construction to reflect any changes in State Rules and/or Regulation or Procedures that may become applicable. Said revisions shall replace all previous versions.

What this Manual Does

This Manual:

- Generally, describes the structure of the CCIP
- Identifies responsibilities of the various parties involved in the Project
- Provides a basic description of CCIP coverage
- Describes audit and administrative procedures
- Provides answers to basic questions about the CCIP

What this Manual Does Not Do

This Manual does not:

- Provide complete information about coverages and exclusions
- Amend, modify, or change the CCIP policies
- Provide coverage interpretations or answer specific claims questions

Refer questions concerning the CCIP, its administration, insurance coverages, or claims to the appropriate party identified in the CCIP Program Directory (Section 2).

DISCLAIMER: The information in this manual is intended to outline the CCIP. If any conflict exists between this manual and the CCIP insurance policies, the CCIP insurance policies will govern.

Section 2 – CCIP Program Directory

The following list includes key personnel involved in the program:

CCIP Administration

Aon Risk Insurance Services Central, Inc.

4 Overlook Point
Lincolnshire, IL 60069
Construction Wrap-up Group

CCIP Program Administrator

Dimple Gupta
(CCIP enrollments, payroll, CCIP issued COI's, etc.)

Phone: (866) 222-4438 ext. 2

Email: acs.construction@aon.com

CCIP Program Manager

Emily Avina
(CCIP Management/Structure.)

Phone: (847) 636-8239

Email: emily.avina@aon.com

CCIP Account Specialist

Sarah Presti

Phone: (847) 989-4606

Email: sarah.presti@aon.com

Sr. Claim Consultant

Al Curiel

Phone: (312)381-4521

Email: al.curiel@aon.com

CCIP Sponsor

Power Construction Company

8750 W. Bryn Mawr Avenue, Suite 500 Chicago, IL
60631-3546

Project Executive

[TBD]

Phone:

Email:

Project Manager

[TBD]

Phone:

Email:

Project Safety Manager

[TBD]

Phone:

Email:

Insurance/CCIP & Claim Contact

Robin Seelhammer

Phone: (773) 517-9620

Email: rseelhammer@powerconstruction.net

Section 3 – Definitions

CCIP Definitions

The following list includes key CCIP Definitions

TERM	DEFINITION
CCIP:	A “CCIP” or Contractor Controlled Insurance Program is a coordinated insurance program providing certain coverages, as defined herein, for Power and eligible Enrolled Parties performing Work at the Project Site.
CCIP ADMINISTRATOR:	Aon Risk Solutions 4 Overlook Point Lincolnshire, IL 60069
CCIP INSURER:	The insurance company(s) named on a policy or Certificate of Insurance providing coverage for the CCIP.
CCIP SPONSOR:	Power Construction Company (“Power”)
CERTIFICATE OF INSURANCE:	A document providing evidence of existing coverage for a particular insurance policy or policies.
CONTRACT:	A written or oral agreement between Power and any Subcontractor or a written or oral agreement between a Subcontractor and its Sub-Subcontractors of any tier.
ELIGIBLE PARTIES:	Parties performing labor or services at the Project Site who are eligible to enroll in the CCIP unless an Excluded Party.
ENROLLED PARTIES:	Those Eligible Parties who have submitted all necessary enrollment information as detailed in Section 5 and have been accepted into the CCIP as evidenced by a Welcome Letter and Certificate of Insurance from the CCIP Program Administrator.

TERM	DEFINITION
EXCLUDED PARTIES/EXCLUDED SUBCONTRACTORS	<p>At the discretion of Power, or subject to State regulations, the following parties will be excluded:</p> <ol style="list-style-type: none"> 1) Hazardous materials remediation, removal and/or transport companies and their consultants. 2) Architects, surveyors, engineers, and soil testing engineers, and their consultants. 3) Vendors, suppliers, material dealers, truckers, haulers, drivers, and others who merely transport, pickup, deliver, or carry materials, personnel, parts or equipment or any other items or persons to or from the Project Site. 4) Subcontractors of all tiers who do not perform any actual labor on the Project Site. 5) Power may include or exclude any parties or entities not specifically identified in this manual at its sole discretion, even if otherwise eligible.
PROJECT SITE OR PROJECT LOCATION:	Within the footprint of the project site as defined more fully in the contract documents and adjacent areas where incidental operations are performed, excluding permanent locations of any insured party.
SUBCONTRACTOR:	Those persons, firms, joint venture entities, corporation or other parties that have entered into a Contract with Power.
SUB-SUBCONTRACTOR:	Includes only those persons, firms, joint venture entities, corporation, or other parties that enter a Contract with the Subcontractor to perform Work at the Project Site
SUBCONTRACTOR AND SUB-SUBCONTRACTOR INSURANCE COSTS:	The cost of insurance for a Subcontractor and its Sub- Subcontractors of all tiers to provide insurance coverage in form and limits as detailed in a Contract.
WELCOME LETTER:	A document issued by the CCIP Administrator, which confirms acceptance/enrollment of the applicant into the CCIP.
WORK:	Operations, as fully described in the Contract documents, performed at the Project Site.

Section 4 – CCIP Insurance Coverage

This section provides a brief description of CCIP Coverages. You must refer to the actual policies for details concerning coverage, exclusions, and limitations.

Enrolled Parties

Enrolled Parties are Named Insureds on the CCIP policies. Enrolled Parties include:

1. Power and their representatives.
2. A Subcontractor, regardless of tier, that is eligible for and enrolls in the CCIP.
3. Any other Eligible Party that enrolls in the CCIP.

Power reserves the right to deny access to the site until an eligible party has successfully enrolled in the program

Excluded Parties

Excluded Parties are not granted any insurance coverage under the CCIP. At their effort and expense, **Excluded Parties** must meet the insurance requirements established in Section 5 and provide evidence of **Excluded Parties** coverage to Power. Costs of insurance are to be included in the Subcontract amount.

Any questions whether you are eligible to participate should be directed to the Power Insurance/CCIP & Claim Manager described in CCIP Project directory above.

NOTE:

Please refer to definition of Excluded Parties under Project Definitions (Section 2) in this manual.

Evidence of Coverage

The CCIP Administrator will provide a Certificate of Insurance General Liability and Excess liability to each Enrolled Party. Each will be added as an Additional Named Insured to the CCIP General Liability insurance policy. Copies of the General Liability policy will be available for review at Power’s offices upon request.

Summary Description of CCIP Coverages

The following descriptions on these pages provide a summary of coverages ONLY. Subcontractors should refer to the policies for actual terms, conditions, exclusions, and limitations.

The CCIP Sponsor will furnish the following coverages for the benefit of all Enrolled Parties performing Work at the Project Site.

Commercial General Liability

	<u>Limits of Liability</u> <u>Shared by All Enrolled Parties</u>
General Aggregate (Per Project)	\$4,000,000
Products/Completed Operations Aggregate (Per Project)	\$4,000,000
Bodily Injury & Property Damage—Each Occurrence	\$2,000,000
Personal/Advertising Injury Limit	\$2,000,000

- This insurance is primary for all occurrences at the Project for enrolled parties.
- A single General Liability policy will be issued for all Enrolled Parties with all Enrolled Parties Named as Insureds
- Ten (10) Years Products & Completed Operations Extension beyond final acceptance of the entire Project with a single non-reinstated aggregate limit.
- Please refer to the actual policies for any exclusions.
- At the CCIP Sponsor’s discretion, the Subcontractor may be required to pay up to the first **\$10,000** per occurrence to the extent losses payable are attributable to Enrolled Party’s Work, or the acts or omissions of its Sub-Subcontractors or any other party performing any of the Work for whom the Enrolled Party may be contractually or legally responsible.

Excess Umbrella Liability

Limits of Liability
Shared by All Enrolled Parties

Each Occurrence Limit	\$50,000,000
Products/Completed Operations Aggregate (Per Project)	\$50,000,000
Annual General Aggregate Limit (Per Project)	\$50,000,000

- The policies follow form (provisions, coverage, exclusions, etc.) of underlying Commercial General Liability and Employer's Liability policy wording.
- Ten (10) Years Products & Completed Operations Extension
- This policy does **not** cover off-site operations.

NOTE:

Insurance coverage and limits described in this Section are limited in scope and are specific to Work performed at the Project site and after the inception date of your enrollment into this Program. Your insurance representative should review this information. **A copy of the CCIP insurance policies is available upon request. Any additional coverage you may wish to purchase will be at your option and expense.**

Coverage of Off-Site Locations

For purposes of the CCIP, Work that is performed at an off-site location, defined as outside of the Project Site, is excluded except for work meeting the following requirements:

- (1) Work performed at the off-site location is 100% dedicated to the Project
- (2) The off-site location has been specifically requested and approved by the Sponsor and Carrier to be included in the Project Site definition.

In no circumstances will work at the Contractors/Subcontractors normal place of operations have any coverage provided under the CCIP.

NOTE:

Subcontractor's Property

Subcontractors are advised to arrange their own insurance for their rented, leased, owned or borrowed tools, equipment and materials not intended for inclusion in the Project. The CCIP will not cover Subcontractor's tools and equipment.

Section 5 – Subcontractor Required Coverage

Enrolled Subcontractors are required to maintain insurance coverages to protect against losses that occur away from the Project Site or that are otherwise not insured by the CCIP.

The CCIP places Subcontractors into one of two main categories: those enrolled in the CCIP program (Enrolled Parties) or those not enrolled in the CCIP program (Excluded Parties).

Enrolled Parties: Subcontractors, regardless of tier, are required to provide evidence of General Liability and Excess/Umbrella Liability Insurance for *off-site activities* and Workers' Compensation, Automobile Liability, and any other insurance **per the insurance specifications in your Contract** for *on-site, off-site or non-enrolled activities* via a Certificate(s) of Insurance with additional insured and waiver of subrogation endorsements.

Excluded Parties: Subcontractors are to provide evidence of Workers' Compensation, General Liability, Auto Liability, Excess/Umbrella Liability Insurance, and any other insurance **per the insurance specifications in your Contract** for all activities including **both** *on-site* and *off-site* activities via a Certificate(s) of Insurance with additional insured and waiver of subrogation endorsements.

Required Coverage

Refer to your contract and the prime contract for the insurance required for Enrolled Parties and Excluded Parties.

Verification of Required Coverage

All Subcontractors must submit verification of insurance, prior to mobilization and within five (5) days of any renewal, change or replacement of coverage with all required provisions (additional insured, notice of cancellation, primary and non-contributory, waiver of subrogation, etc.) as required in your Contract.

Subcontractors are responsible for monitoring their Sub-Subcontractor's Certificates of Insurance. Power reserves the right to disapprove the use of Subcontractors and Sub-Subcontractors unable to meet the insurance requirements or who do not meet other Power contractual requirements.

NOTE:

All Certificates of Insurance must be submitted through myCOI prior to Mobilization. Subcontractors may contact myCOI directly at (317) 759-9426 Ext 105 or via email at support@myCOItracking.com for any questions. **If your company has a Blanket Certificate of Insurance already on file with myCOI you do not need to submit an off- site Certificate of Insurance.

Section 6 – Subcontractor Responsibilities

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

The Subcontractors, regardless of tier, are required to cooperate with the CCIP Sponsor and its CCIP Administrator in all aspects of CCIP implementation and administration. Responsibilities include, but are not limited to the following:

- Notify the CCIP Administrator and Power’s Project Manager of all Subcontracts awarded (first tier and subsequent tiers). Subcontractor shall cause all Sub-Subcontractors to submit a Form 3 - Enrollment Form and Form 1 along with their insurance declaration and rate pages to the CCIP Administrator.
- Provide each Sub-Subcontractor with a copy of this Project Manual by including it in all subcontracts and by incorporating this manual into the subcontract
- Enroll in the CCIP within five (5) days of contracting and assure each Subcontractor enrolls in the CCIP within 5 days of contracting.
- Provide timely evidence of required insurance as outlined under the Verification of Required Coverage in Section 5. Including notifying the CCIP Sponsor and myCOI immediately of any insurance cancellation or non-renewal of your own and subcontractor-required insurance.
- Each Subcontractor shall be responsible for monitoring and ensuring that its Subcontractors of all tiers comply with the requirement for providing Certificates of Insurance.
- Cooperate with the CCIP Administrator’s requests for information related to the CCIP.
- Comply with all insurance, claim and safety procedures, including those safety procedures as spelled out in Power CCIP Program Safety Requirements as outlined at <https://www.powerconstruction.net/sites/default/files/docs/Subcontractor%20Site%20Safety%20Requirements%20and%20Procedures%202022.pdf>

Enrollment

Upon successful award, each Subcontractor and Sub-Subcontractor shall provide details as necessary for CCIP enrollment in the Enrollment Application form (Aon Form 3). This form must be completed and submitted to the CCIP Administrator within five (5) days of contracting in order to obtain coverage under the CCIP. The CCIP Administrator will provide access and instructions to Aon’s proprietary CIP administration portal (*AonWrap*) for on-line enrollment site (www.aonwrap.aon.com).

Upon enrollment, the CCIP Administrator will issue to the Enrolled Party a Welcome Letter and a CCIP Certificate of Insurance acknowledging acceptance of the applicant into the CCIP. A single master General Liability and Excess Liability policy will be issued on behalf of all enrolled parties, an public version of the general liability policy will be available to an Enrolled Party upon request. .

Should an enrolled Subcontractor perform work under several Contracts, an Enrollment Application must be completed for each Contract. A separate Confirmation Letter and Certificate of Insurance confirming acceptance of the applicant's enrollment into the CCIP will be issued for each Contract.

NOTE:

Enrollment is not automatic! Enrollment into the CCIP is required, but not automatic. Access to the Project Site will not be permitted until enrollment is complete. All Eligible Subcontractors MUST complete the enrollment forms and submit to the CCIP Administrator who will confirm complete enrollment into the CCIP. If a Subcontractor or Sub-Subcontractor obtains access to the site, with or without Power's knowledge, the coverage provided under the CCIP will not be provided if Subcontractor is not enrolled.

Assignments of Premiums

Power is responsible for the cost of the CCIP insurance coverage. All Enrolled Parties will assign, to Power, all adjustments, refunds, premium discounts, dividends, costs or any other monies due from the CCIP insurer(s). Enrolled Parties will assure that all the Enrolled Parties enrolled under them have executed such an assignment. The Aon Form 3 – Enrollment Application supplied in Section 8 will be used for this purpose.

Change Order Procedures

Change order proposals shall be submitted in the same manner, with the Cost of CCIP Coverages **excluded** from the base change order price, and separately identified as an add alternate item.

Close Out/Audit Procedures

Submit the Notice of Work Completion form (Aon Form 5) when a Subcontractor and/or Sub-Electronically submit the Aon Form 5 – Notice of Work Completion on the AonWrap website portal (www.aonwrap.aon.com). Should the Subcontractor return to the Project Site and work, they will do so under their own insurance program. The Subcontractor must also provide myCOI with a Certificate of Insurance evidencing their coverage as detailed in the Contract.

Power will not release final retention payment until all necessary forms have been submitted and accepted by the CCIP Administrator as well as all requirements of their Contract Agreement have been met.

CCIP Termination or Modification

Power may, for any reason, modify the CCIP Coverages, discontinue the CCIP, or request that Subcontractor withdraw from the CCIP upon thirty (30) days written notice. Upon such notice Subcontractor shall obtain and thereafter maintain during the performance of the Work, all (or a portion thereof as specified by Power) of the CCIP Coverages. The form, content, limits of liability,

cost, and the insurer issuing such replacement insurance shall be subject to Power's approval. The cost of the replacement coverage shall be at Power's expense, but only to the extent of the applicable Costs of CCIP Coverages.

Section 7 – Claim Reporting Procedures

This section describes basic procedures for reporting various types of claims including Workers' Compensation, Liability, and damage to the Project.

General Procedures

All parties are to report any and all incidents that occur the Project Site to the Project Safety Manager immediately. All Parties will instruct their employees and other personnel to report, in writing, within twenty-four (24) hours all incidents of any type to the Project Safety Manager.

IMMEDIATELY CALL THE PROJECT'S SAFETY MANAGER OR PROJECT SUPERINTENDENT IN THE EVENT OF THE FOLLOWING:

- Any injury that is deemed to be serious by reporting party
 - ✓ Injury to head
 - ✓ Possible injury to back or spinal cord
 - ✓ Unconscious employee
 - ✓ Fatality or loss of extremities
 - ✓ An ambulance is called to the site
- Any property damage with an estimate value over \$1,000

Investigation Assistance

All Parties will assist in the investigation of any incident. All Enrolled Parties will cooperate by securing evidence and obtaining names and statement of witnesses.

Workers' Compensation Claims

No coverage is provided for Workers' Compensation insurance under the CCIP. It is the sole responsibility of each Subcontractor or Sub-subcontractor to insure and report incidents involving Workers' Compensation to their own insurers.

However, all Workers' Compensation incidents occurring in or around the job site must be reported to Project Safety Manager. These incidents will be investigated with regard to any liability arising out of the Project's construction activities that could result in future claims. Each Subcontractor and Sub-Subcontractor shall cooperate in the investigation of all Workers' Compensation incidents.

The main responsibility for any Party is first to see that the injured worker receives immediate medical care, and you should immediately notify the Project Safety Manager in the event of any incident

The Party's on-site personnel will follow these procedures if any employee is involved in an incident resulting in bodily injury:

1. Contact designated first aid/medical personnel and transport the injured party to the on-site first aid or medical facility, as necessary.
2. Report all incidents within 24 hours to the Employer's Project supervisor and Project Safety Manager.
3. Employer must complete an Incident Investigation Report and return to Project Safety Manager within 24 hours of employee's notice of incident. The Project Safety Manager will report the completed form to the Insurance Carrier within 24 hours of receipt.
4. No Injured Party will be allowed on a job site unless they have provided the Project Safety Manager with the proper medical note authorizing the return to work note; either full duty or modified duty.

General Liability Claims

All Parties must immediately report all incidents at the Project Site to **Project Safety Manager**. As soon as the on-site personnel become aware of the incident, they must:

1. Take appropriate emergency measures to prevent additional injury or damage, including contacting police and fire authorities.
2. Complete and submit an Incident Investigation Report to the Project Safety Manager within twenty-four (24) hours of the incident.
3. Immediately send all subsequent inquiries or correspondence about an insured loss or claim, including a summons or other legal documents, immediately to the Project Safety Manager.
4. Enrolled Parties may be assessed \$10,000 for any damages/injuries.

Builders Risk Claims

No coverage is provided for Builders Risk claims under the CCIP.

However, all incidents occurring in or around the job site must be reported to Project Safety Manager. Each Subcontractor and Sub-Subcontractor shall cooperate in the investigation of all Builders Risk incidents.

Automobile Claims

No **coverage** is provided for **Automobile** incidents under the CCIP. It is the sole responsibility of each Party to report incidents involving their automobiles to their own automobile insurers.

HOWEVER, all incidents occurring in or around the Project Site must be reported to Project Safety Manager as the accident will be investigated to determine the cause and how to prevent or mitigate any future incidents (i.e., road conditions, etc.). All parties shall cooperate in the investigation of any automobile incident.

NOTE:

Subcontractor must cooperate with Power or the CCIP insurer representatives in the accident/incident investigation. **Do not voluntarily admit liability.**

Section 8 – Forms

This section contains the forms needed for enrolling into the CCIP, reporting payroll and overall administration of the CCIP.

This section contains the following forms:

Aon Form-3	Enrollment Application
Aon Form-5	Sample Notice of Work Completion

For assistance completing these forms, please contact the CCIP Administrator:

Dimple Gupta **Phone – (866) 222-4438 ext. 2**
Aon Risk Solutions **Email – acs.construction@aon.com**

If sending emails to acs.construction@aon.com, please show in subject line: Power / [TBD]/ 570000040227 / Sub Name /Any other info.

Enrollment Form – Aon Form-3 (Page 2)

AON Form-3	ENROLLMENT APPLICATION	Power Construction Company Contractor Controlled Insurance Program [TBD-Project Name] Page 2 of 2
-------------------	-------------------------------	---

F. Subcontract Information: List all Subcontractors that will be working for you on this project (complete the information in the following table). Use additional paper if necessary:

1 Subcontractor	2 Contract \$	3 Contact Person	4 Address	5 Phone & Email Address	6 Estimated Start Date

G. Enrollment Questions: Answer each question. Use additional paper if necessary.

1 Will you have any off-site location(s) 100% dedicated to this project? Yes No If No, please provide address: _____

2 Please check if: Any aircraft used on this project Any intermodal used on this project

3 Please indicate if labor from the following sources will be used: Employee Leasing Firm Temporary Labor Agency

4 What is your EMR? _____

5 Does your firm have valid insurance coverage to provide the enrolled project? _____

6 _____

7 _____

H. WARRANTY applicable to program insurance coverage

- 1 Premiums for this Program are the responsibility of *Power Construction Company* and I agree any and all return of premium, dividends, discounts, or other adjustments to any Program policy(ies) is assigned, transferred and set over absolutely to *Power Construction Company*. This assignment applies to the Program policy(ies) as now written or as subsequently modified, rewritten or replaced. Rights of Cancellation for all Program insurance policy(ies) arranged by *Power Construction Company* are assigned to *Power Construction Company*.
- 2 I will pay the cost of premium(s) for non-Program insurance coverage, specified in the contract documents.
- 3 I authorized the release of all claim information for all insurance policies under this Program.
- 4 It is my responsibility to notify my insurance carrier(s) that I am enrolling in this Program.
- 5 The statements in this insurance application are true to the best of my knowledge.

I. Signature Block: I verify the information presented above and attachments are correct:

Name: _____ Date: _____
 (please print)

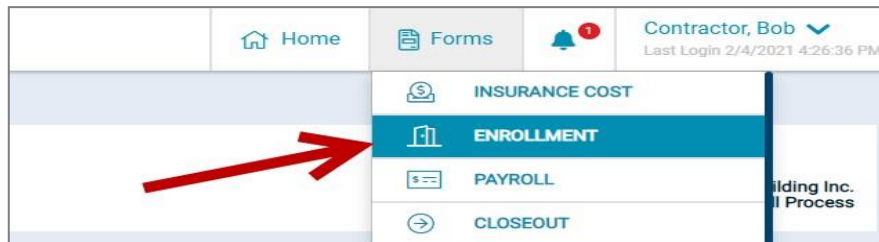
Title: _____ Signature: _____

Note: Information can be submitted or uploaded on-line at www.aonwrap.aon.com. Please contact your Administration Staff to obtain a user ID and Password.

Email to **Dimple Gupta**
 acs.construction@aon.com

How to Complete Aon Form- 3(Enrollment Form) in AonWrap

1. Navigate to the Enrollment Form from within a Contract. Use the **“Forms”** drop-down in the top-right corner and select **“Enrollment.”**
 - **Note:** The Enrollment Form can also be accessed from Contract Search and selecting the “Enroll” icon.



2. The first two sections (Section A: Contractor Information, Section B: Contract Information) are pre-filled by the system and are not editable. If you need changes to this section, contact your Aon Account Specialist.
3. **Section C: Worker's Compensation Information for work described above** – this section may be pre-filled by the system if you have already submitted your insurance cost worksheet.
 - a. Enter all the Worker's Compensation class codes associated to the work being performed by this contract. Click on the **“WC Class”** cell to enter the code.
 - b. Enter the man hours and reportable payroll associated to each Worker's Compensation class code.

C. Worker's Compensation Insurance Information for work described above:(a)attach a separate sheet if necessary

ADD

Country	State	WC Class	WC Class Description	WC Lookup	Man Hours	Rpt.Payroll(USD)	
USA	TX	5190	Electrical Wiring within buildings & drivers	🔍	1,190.00	32,725.00	✕
Totals					1,190.00	32,725.00	

4. **Section D: Provide your current Off-site Workers Compensation Information** (required for each state you will perform work in).
 - a. Click on the Risk ID cell to enter your Risk ID.
 - **Note:** If your company has not been rated (under 3 years of reported risk information), contact your Aon Account Specialist for instructions on how to fill out these fields.
 - b. Enter your Worker's Compensation Insurance policy information (carrier, policy number, effective and expiration dates).
 - c. Enter dates (mm/dd/yyyy) or choose a date from the calendar drop-down.

D. Provide your current Off-Site Workers Compensation Information: (required for each state you will perform work in)

ADD

Applicable Country	Applicable State	Risk ID Number	Rating Bureau	Anniversary Rating Date
USA	TX	914325609	NCCI	04-30

Your WC Insurance Carrier: Amerisure Insurance Company

Effective Date: 04/30/2019

Expiration Date: 04/30/2020

Policy Number: WC2100921

Send COI

5. **Section E: Subcontractor Information (list all Subcontractors that will be working for you on this contract)** – When you add subcontractors, your Aon account specialist will receive notification of the new contracts and appropriately process the information.
 - a. If you will be subbing out all or some of the work associated to this contract, click the “Add” button and follow the prompts in the pop-up window to create a Notice of Award.

6. **Section F: General Enrollment Questions** – Read through the questions and appropriately answer.
 - a. There may be unique questions added to the Enrollment Form because of State or Carrier specific requirements.

7. **Section G: Signature Block & Form Status**
 - a. Date the form by entering a date (mm/dd/yyyy) or choosing a date from the calendar drop-down
 - b. Enter your name in the signature field.
 - c. Click on the “Save and Submit” button. You will receive a confirmation from the system that your Enrollment Form was successfully submitted to Aon for processing, and the form is now locked for editing.

G. Signature Block & Form Status

Date *: 09/24/2019

Signature *: Stefanie Shanahan

Received Date *: 11/14/2019

Form Status: Complete

Form Completion Date: 11/14/2019

Last Update: 11/14/2019

Form Control: Lock Web Acknowledge

CANCEL **DELETE** **ACTION** **SAVE AND SUBMIT**

Note: The form status will be incomplete, and the acknowledgement will remain unchecked until your Aon account specialist processes the submitted Enrollment Form.

Contract Closure – Form 5

AON Form-5	NOTICE OF WORK COMPLETION	Power Construction Company Contractor Controlled Insurance Program [TBD-Project Name]
-------------------	----------------------------------	--

A. General Information

Contractor: _____ 1

Under Contract with: _____ 2

Contract #: _____ 3

Description of Work Performed: _____ 4

Date Work Completed: _____ 5

Date this Contract Completed: _____ 6

B. Work Completion

The following Subcontractors have completed their Work at the Project Site:
 (Add attachment if more space is needed)

A Subcontractor's Name	b Contract Number	c Date Completed	d Description of Work
1			

Location of your payroll records (Receipt of this form will initiate the payroll audit process):

Address: _____

City, State, Zip Code: _____

Contact/Phone #: _____

C. Signature Block

We hereby verify that all contract work (including the work of subcontractors) has been completed and all on-site payrolls have been submitted. The completion date is the last date that any personnel of the undersigned subcontractor or subordinate contractor will be performing work under the above-noted contract.

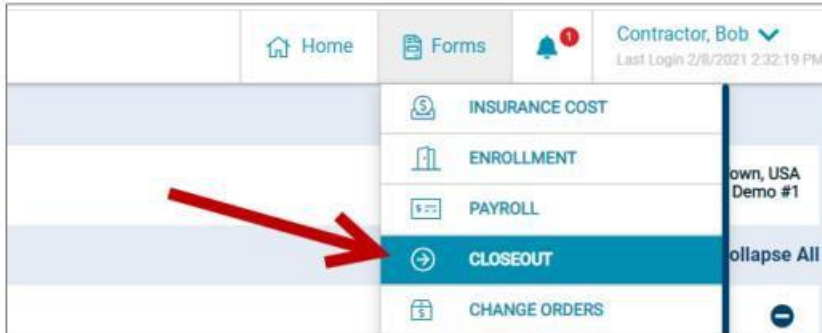
Signed by: _____ 1
 Name & Title _____ Date _____

Approved by: _____ 2
 Construction Manager (Name & Title) _____ Date _____

Note: The Notice of Completion – Form 5 should be completed online at AonWrap.Aon.com

How to Complete Aon Form - (Work Completion) in AonWrap

1. Navigate to the Work Completion Form from within a Contract. Use the “Forms” drop-down in the top-right corner and select “Closeout.”
 - Note: The Work Completion Form can also be accessed from Contract Search or BrowseProgram view



2. The first section (Section A: Report Identification) is read-only and pre-filled by the system.
3. Section B: Work Completion – Enter the date the contract completed in the “Actual Completion Date” field (format mm/dd/yyyy) or choose the date from the calendar drop-down.

B. Work Completion							
The following Subcontractors have Completed their work at the Project Site:							
No filters applied							
My Contract	Contract Number	Work Description	Actual Completion Date*	Final Contract Value (USD)	Change Order Unprocessed (USD)	Status	
Restor Technologies, Inc. - Huntington Station, NY	Contracts	Waterproofing	05/31/2015	334,000		incomplete	

Reserved for Future Use