



DEN

ROLLING OWNER CONTROLLED INSURANCE PROGRAM (ROCIP)

ROCIP4

Insurance Manual

Program Term: February 1, 2022 to February 1, 2027

Version 1.5

Issued April 2024

ISSUED TO

GENERAL CONTRACTOR: [Enter name of General Contractor]

PROJECT NAME: [Enter name of DEN Project]

PROJECT CODE: [Enter DEN Contract Number]
(DEN Contract No.)

IMPORTANT

Your Project Code is also your
ROCIP Enrollment Code.
You must have this number
to enroll.

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1. OVERVIEW

Welcome to DENVER INTERNATIONAL AIRPORT'S ROCIP

1.1 What is a ROCIP?

ROCIP stands for Rolling Owner Controlled Insurance Program. It is a single insurance program that covers Denver International Airport (DEN) as the Project Owner, enrolled parties, along with their eligible employees, and other designated parties for Work performed for various DEN Projects. Not all contractors are eligible; ineligible and other excluded groups are identified in Section 4.

Insurance coverages provided under DEN's program include: Enrolled Contractor Coverage

PARTICIPATION IS MANDATORY BUT NOT AUTOMATIC

Each Contractor must officially enroll in the insurance program, excluding ineligible types of contractors identified in Section 4

Commercial General Liability
Workers' Compensation
Employer's Liability
Excess Liability

Coverage for All Onsite Contractors

Builder's Risk
Contractor's Pollution Liability

1.2 What are the benefits?



SAFETY

- Platform for progressive safety program
- Safeguarding Construction Workers, Airport Employees, and Traveling Public
- Best practices from collaboration with Insurance Partners and Contractors



CONSISTENCY and CONTINUITY

- Insurance coverage and limits
- Contractual terms
- Reduced claim disputes/litigation with single set of insurers
- Centralized loss control and streamlined claim process



EQUITY and INCLUSION

- Reducing barriers for small business participation
- Support achievement of DSBO contract goals
- Resources for small business to gain experience and safety mentoring



COST SAVINGS

- Contractor Cost Savings Potential
 - Owner provided higher insurance limits and buying power
 - 5-year fixed insurance rates
 - 8-year Completed Operations Liability tail cover
 - Small deductible obligations

1.3 ROCIP and Your Project Bid

Since DEN will pay insurance premiums for the ROCIP coverages described in this manual, you should notify your insurer(s). Each bidder of every tier is required to exclude from its bid price, its normal cost for the insurance coverages to be provided by DEN under the ROCIP. **Initial bids and all subsequent change orders must exclude all costs for insurance provided under the ROCIP.** Excluded insurance costs are subject to verification and documentation by the ROCIP Administrator and DEN.

1.4 Talk with your Insurance Provider Before You Bid

Insurance coverage and limits provided under the ROCIP are specific to DEN ROCIP Projects. Your insurance provider should review this information and assist you in determining your insurance costs based on the insurance requirements.

Before estimating insurance costs or requesting Project(s) be excluded from your regular coverage, read this manual in its entirety and provide a copy to your insurance provider.

IF YOUR INSURANCE BROKER IS NOT FAMILIAR WITH OWNER CONTROLLED INSURANCE PROGRAMS CONTACT DEN RISK FOR A LIST OF VETTED AND KNOWLEGABLE LOCAL BROKERS FOR A CONSULTATION

MARSH, THE ROCIP ADMINISTRATOR, CAN ALSO DIRECTLY ASSIST INCLUDING HELPING CONTRACTORS COMPLETE AN INSURANCE COST WORKSHEET.

1.5 No Limitation of Liability

The provisions of insurance and other requirements set forth in this ROCIP Insurance Manual shall in no way release or limit the Contractor's liability, responsibility, or obligations arising out of its performance of Work under the Contract or any applicable statute, law, regulation, or order including any liability in excess of the insurance coverage secured under the DEN ROCIP. By securing the insurance under the DEN ROCIP, DEN does not assume any liability for the insured risks or liability arising out of the Contractor's performance.

1.6 Loss Experience

Depending on the type of loss covered by insurance, the loss experience during the time period a Contractor is participating in a ROCIP may be attributed to their organization, as it would be under their standard company purchased insurance policies, or solely to DEN as the owner of the ROCIP.

1.6.1 Workers' Compensation Losses

Claims and payroll attributed to ROCIP will be reported to the Workers' Compensation Bureau and will therefore impact a Contractor's experience modification rate (EMR).

1.6.2 Other Types of Insurance Losses

Claims related to Commercial General Liability, Pollution Liability or Builder's Risk may not directly impact the loss record of participating Contractors, but are attributed to the policy owner, which is DEN.

1.7 Assignment of Return Premiums

The cost of the DEN ROCIP insurance policies will be paid by DEN and DEN will be the sole recipient of any return premiums or dividends. All Enrolled Contractors shall assign to DEN all adjustments, refunds, premium discounts, dividends, credits, or any other monies due from the DEN ROCIP Insurers. Contractors shall assure that each Enrolled Subcontractor of any tier shall execute such an assignment.

1.8 About This Manual

This manual was prepared jointly by DEN and Marsh USA, Inc., the insurance broker and ROCIP Administrator for DEN, and is designed to identify, define, and assign responsibilities for the administration of the ROCIP. We hope it answers most of your insurance-related questions.

IF YOU HAVE QUESTIONS ABOUT ANY ASPECT OF THE INFORMATION PROVIDED IN THIS MANUAL, CONTACT THE ROCIP SERVICE TEAM LISTED IN SECTION 2.

This manual may only be updated and distributed during the course of the Project by DEN. Any revised versions shall replace and supersede all previous versions.

DISCLAIMER: This manual does not, and is not intended to, provide coverage interpretations or complete information about coverages. The terms and conditions of the insurance policies will govern how coverage is applied. If any conflict exists between this manual and the ROCIP insurance policies or contract documents between DEN and Contractor, the policies and contract documents will govern.

2. PROGRAM CONTACT DIRECTORY

Following is a list of key risk management and insurance contacts for the DEN ROCIP.

DEN selected Marsh USA as its ROCIP Administrator to direct the overall administration, safety, loss control and claims management. Below you will find key contacts for both Marsh as well as DEN Risk Management and DEN Safety team members managing DEN's ROCIP programs.



Marsh KEY CONTACTS

ROCIP ADMINISTRATOR

Angela Gaia	503.248.1227	DenverAirport.ROCIP@marsh.com
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ROCIP MANAGERS

T'Wana Edwards	503.446.0293	t'wana.edwards@marsh.com
Homer Stephenson	503.720.6985	homer.stephenson@marsh.com

CLAIMS ADVISORS

Dan Chilton	303.308.4594	dan.chilton@marsh.com
Dan Killebrew	303.308.4668	daniel.killebrew@marsh.com

DEN KEY CONTACTS

RISK MANAGEMENT

Hope Olthuis	303.342.2137	hope.olthuis@flydenver.com
Janet Bressler	303.342.2152	janet.bressler@flydenver.com
Jon Arcila	720.745.0996	jonathan.arcila@flydenver.com

SAFETY and LOSS CONTROL

Suezann Bohner	303.342.2132	suezann.bohner@flydenver.com
Russell McCrimmon	303.342.2138	russell.mccrimmon@flydenver.com
Danielle Chavez	303.342.2135	danielle.chavez@flydenver.com
Ken Roberts	303.342.2638	kenneth.roberts@flydenver.com
Jason Baker	903-316-8000	jason.baker@flydenver.com

3. DEFINITIONS

Contract	A written agreement between DEN and the General Contractor describing the Work, Contract terms and conditions, or a portion thereof; includes a written agreement between a Contractor and any tier of Subcontractor.
Contractor	As respects the ROCIP, “Contractor” includes: construction managers at risk, prime contractors, general contractors, joint venture entities and subcontractors of all tiers that perform Work on a Project Site.
Contractor Safety Representative	The Safety Representative for each General Contractor on site is responsible for the safety of that contractor, its subcontractors, and all respective employees. This representative is also the liaison with Marsh and DEN personnel and as needed with the ROCIP Insurers.
Enrolled Entities	Contractors that have (i) been awarded work, (ii) submitted all necessary enrollment forms, (iii) met all enrollment requirements, and (iv) been issued a Certificate of Insurance by the ROCIP Administrator.
Ineligible Entities	Types of contractors based on work performed. See Section 4 for detail.
General Contractor	The Contractor that enters directly into a formal Contract with DEN for work performed at a Project Site.
On-Site Activities	Construction activities at a Project Site.
Project Sites	“Project Sites” shall mean those areas designated in writing by DEN in a Contract document for performance of the Work including additional areas, if applicable. Subject to the ROCIP Insurers’ and DEN’s written approval, the term “Project Site” may also include: (1) field office sites, (2) property used for bonded storage of material for the Project, (3) staging areas dedicated to the Project, and (4) areas where activities incidental to the Project are being performed by Contractor or covered by the Worker’s Compensation policy included in the ROCIP, but excluding any permanent locations of Contractor.
Temporary Worker	A person who is furnished to you to substitute for a permanent employee on leave or to meet seasonal or short-term workload conditions.
Work	Operations as fully described in the Contract, performed at, or emanating directly from a Project Site and the entire completed construction or the various separately identifiable parts required under the Contract.

4. ROCIP PROGRAM AND INSURANCE COVERAGES

This section provides an overview of the program including eligibility and provided coverages and limits. ROCIP is intended to be in effect for the duration of the project and the completed operations term post construction. Enrollment of contractors in the program may be for a shorter period based on specific scopes of work.

4.1 Insurance Policy Term

The Insurance Policy Term will cover the period of construction through project completion, which must occur prior to Feb 1, 2027, unless an advance written extension is approved by the ROCIP Insurer. All extension discussions and confirmations are handled by DEN Risk Management. The term further provides an eight (8) year extended term for Completed Operations Liability.

4.2 Covered Parties

4.2.1 Named Insured Entities

CITY AND COUNTY OF DENVER, DEPARTMENT OF AVIATION AKA DENVER INTERNATIONAL AIRPORT, its' related entities, and Enrolled Contractors and Subcontractors of any tier.

4.2.2 Additional Insured Entities

All entities designated by the CITY AND COUNTY OF DENVER, DEPARTMENT OF AVIATION and any other party that a Named Insured is required to include as an additional insured party under a written agreement.

4.3 Those Not Covered

REGARDLESS OF A CONTRACTOR'S INCLUSION OR EXCLUSION UNDER THE INSURANCE PROGRAM PROVIDED BY THE DEN ROCIP, IF WORKING ON A ROCIP PROJECT AT THE AIRPORT, ALL CONTRACTORS AND THEIR EMPLOYEES MUST COMPLY WITH THE REQUIREMENTS OF THE DEN ROCIP SAFETY MANUAL (including drug screening)

4.3.1 Entities Not Enrolled

Contractors that are considered to not be enrolled, and therefore not covered by the ROCIP insurance policies (excluding Builder's Risk and Contractor's Pollution Liability), is in one of the below categories:

- Has not submitted the required enrollment information. Failure to complete enrollment may result in gaps in coverage, however, Contractor must still enroll even if they have started work prior to successful enrollment completion.
- Has submitted the required enrollment information, but has not received written confirmation from the ROCIP Administrator evidencing acceptance into the ROCIP
- Has received written confirmation from DEN or the ROCIP Administrator declining acceptance into the ROCIP

4.3.2 Ineligible Entities

Contractors that are considered ineligible to participate under ROCIP insurance (excluding Builder's Risk and Contractor's Pollution Liability), are not covered by the ROCIP insurance policies and generally fall into one of the below categories:

- Any person or organization that fabricates or manufactures products, materials or supplies away from a Project Site with no direct onsite installation responsibility

Exception: The ROCIP Insurer may agree to extend *General Liability coverage only* if the General Contractor has a written contract with an off-site fabricator or manufacturer to provide the prefabricated product. To consider extending coverage, the Insurer requires 30 days advance written notice to the ROCIP Administrator with details of the work/product and a copy of the contract between the General Contractor and the off-site fabricator or manufacturer. Off-site location must be 100% dedicated to the DEN project. Approval must be obtained from the Insurer before enrolling in the ROCIP for *General Liability coverage only*.

- Scaffolding contractors (erecting and dismantling scopes of work only)
- Hazardous materials remediation, removal, or transportation companies
- Architects, engineers, surveyors, and their consultants
- Truckers, haulers, material dealers, vendors, suppliers, and others who merely transport, pick up, deliver, or carry materials, personnel, parts or equipment or any other items or persons to or from a Project Site including companies providing supplemental services
- Contractors, subcontractors and subconsultants who do not work at a Project Site
- Employees of an Enrolled Party who either (i) do not work on-site or (ii) occasionally visit a Project Site to make deliveries, pick-up supplies, or personnel, to perform supervisory or progress inspections, or for any other reason
- Temporary labor employees (individuals working directly for the Contractor and not procured through a third party such as a Professional Employer Organization)

Exception: The ROCIP Insurer typically will accept including employees working for a contractor or employed by temporary staffing agencies or professional employer organizations, as long as those employer-entities are enrolled as subcontractors to supply supplemental workforce.

IF YOU ARE UNCERTAIN IF YOU ARE ELIGIBLE OR INELIGIBLE TO PARTICIPATE UNDER THE ROCIP INSURANCE PROGRAM, CONTACT THE ROCIP ADMINISTRATOR LISTED IN SECTION 2.

IT IS YOUR RESPONSIBILITY TO CONFIRM ELIGIBILITY BEFORE YOU START WORK.

4.3.3 Excluded Entities

Any person or entity specifically excluded by DEN, in its sole discretion, from participation in the ROCIP.

4.3.4 Exempt Entities

Eligible Contractors may request to be exempted from ROCIP participation. Such requests require submission of the below Required Information for consideration. Other than Limited Duration Contractors and Workforce Organizations, detailed below, these requests are granted very infrequently. Any granted exemptions will be issued in writing by DEN Risk Management.

Limited Duration Contractors: Eligible Contractors that will be onsite on DEN premises for no more than three (3) days not to exceed eight (8) hours per day (consecutive or separated) to commence and complete their Work for a given project.

Workforce Organizations: Eligible Contractors providing temporary or supplement workers, such as Temp Agencies and Professional Employment Organizations, to enrolled Contractors.

Required Information: Requests for exemption should be submitted to the ROCIP Administrator and DEN Risk Management via email (See Section 2) and include the following information:

- Name of Contractor Company to be considered for exemption
- Name of Contractor Company they are contracting with
- Name of General Contractor
- Project Name and Number
- Description of type of work to be performed
- Number of workers
- Details on duration/dates of work to be performed
- Contract Value
- Confirmation from Contractor Company of any additional ROCIP projects they are performing work under.
- Confirmation that a WRAP/ROCIP program exclusion endorsement will not impact required coverage under the requesting Contractor Company's coverages.

4.4 Covered Locations

ROCIP coverage applies only to Work performed at a Project Site and the products and materials temporarily or permanently incorporated into the Project.

4.4.1 Off-Site Operations Coverage Exceptions

If a Contractor wishes to request coverage be extended to off-site operations or off-site locations, they must submit the request in writing to the ROCIP Administrator and it must be approved by the ROCIP Insurers. Off-site location must be 100% dedicated to the DEN project. The request should include the address, description of the off-site Project Site, the type of operations to be conducted, duration of the work to be performed, and confirmation the site is solely dedicated to the Project.

4.5 Evidence of Coverage

Each Enrolled Contractor will be issued a Certificate of Insurance evidencing Workers' Compensation, General Liability, Excess Liability, Builder's Risk, and Contractors Pollution Liability insurance. Other documentation including forms, posting notices, etc., will be available within the Contractor Online Portal and, as appropriate, at the Project Sites. Copies of full insurance policies will be provided upon written request to the ROCIP Administrator.

4.6 ROCIP Insurance Coverage Descriptions

The following sections will provide a summary of the coverages and limits afforded under the DEN ROCIP. The limits referenced are the minimum limits purchased by DEN.

THIS MANUAL ONLY PROVIDES SUMMARY INFORMATION. COMPLETE TERMS, CONDITIONS, AND EXCLUSIONS ARE PROVIDED IN THE INSURANCE POLICIES.

4.6.1 Workers' Compensation and Employer's Liability (On-Site Only – Enrollment Required)

Policy limits apply separately for each Insured.

DEN shall maintain the coverage as required by statute for the Project Site and shall maintain Employer's Liability insurance with limits no less than \$1,000,000 per occurrence for each bodily injury claim, \$1,000,000 per occurrence for each bodily injury caused by disease claim, and \$1,000,000 aggregate for all bodily injuries caused by disease claims.

Coverage starts when the ROCIP Administrator issues a Certificate of Insurance for the awarded contract. Coverage stops when either a final payroll report and Notice of Completion (NOC) are submitted, or the carrier does not renew the contractor's policy.

4.6.2 Commercial General Liability (On-Site Only – Enrollment Required)

Policy limits are shared by all Insureds.

DEN shall maintain insurance coverage including bodily injury, property damage, personal injury, advertising injury, and products and completed operations in minimum limits as listed below:

Coverage	Limit
Annual General Aggregate (Per Project and Reinstates Annually)	\$4,000,000
Products/Completed Operations Aggregate (Per Project and Statute of Repose)	\$4,000,000
Total Products/Completed Operations Aggregate (Statute of Repose)	\$20,000,000
Personal / Advertising Injury Limit	\$2,000,000
Each Occurrence Limit	\$2,000,000
Fire Damage Legal Liability (any one fire)	\$ 300,000
Medical Payments (any one person)	\$ 10,000

Coverage starts when the ROCIP Administrator issues a Certificate of Insurance for the contract awarded. Coverage stops when one of the following occurs: the Workers'

Compensation policy is not renewed, the contractor has completed work on-site under ALL enrollments/contracts; or the ROCIP is terminated.

4.6.3 Excess Liability (On-Site Only – Enrollment Required)

Policy limits are shared by all Insureds.

DEN shall maintain coverage following form with underlying policies of Commercial General Liability and Employer's Liability in minimum limits as listed below:

Coverage	Limit
Annual General Aggregate (Per Project and Reinstates Annually)	\$200,000,000
Products/Completed Operations Aggregate (Per Project)	\$20,000,000
Total Products/Completed Operations Aggregate (Policy Cap)	\$400,000,000
Each Occurrence Limit	\$200,000,000

DEN, in its sole discretion, may elect to provide higher limits, based on Project size. Excess Liability limits are shared by all Insured parties.

Coverage starts when the ROCIP Administrator issues a Certificate of Insurance for the contract awarded. Coverage stops when the Workers' Compensation policy is not renewed, the contractor has completed work on-site under ALL enrollments/contracts, or the ROCIP is terminated.

4.6.4 Contractor's Pollution Liability (Covers All Onsite Contractors – Enrollment NOT Required)

Policy limits are shared by all Insureds.

DEN shall maintain coverage for bodily injury, property damage, or environmental damage caused by a pollution event resulting from covered operations, including completed operations, at the Project Site with a limit no less than \$10,000,000 each occurrence and aggregate. Coverage includes microbial matter and legionella pneumophila in any structure on land and the atmosphere contained within the structure and transportation from the point of origin until delivery to the final destination. Products/Completed Operations coverage extends for the statute of limitations/repose after final completion of the Project.

Coverage starts when work from any contract service is performed during the program period. Coverage stops when one of the following occurs: the construction work is completed, the policy expires, or the policy is cancelled.

4.6.5 Builder's Risk (Covers All Onsite Contractors – Enrollment NOT Required)

Policy limits are shared by all Insureds.

DEN shall maintain, Builder's Risk (and/or Installation Floater) in the amount of \$400,000,000 per occurrence subject to various sublimits (as defined in the Builders' Risk Insurance Policy).

Builder's Risk Insurance shall be on an "all-risk" or equivalent policy form and include, without limitation, insurance against the perils of fire (with extended coverage) and physical loss of damage including, theft, vandalism, malicious mischief, terrorism, rigging and hoisting for materials and equipment that are part of the Project, collapse, earthquake, flood, windstorm, falsework, testing and startup, temporary buildings and debris removal including demolition

occasioned by enforcement of any applicable ordinance laws, and shall cover reasonable compensation for services and expenses required as a result of such insured loss.

This Builder's Risk Insurance shall cover portions of the Work stored off site, and also portions of the Work in transit, subject to sublimits.

The coverage starts when construction begins. The coverage stops when one of the following occurs: construction is completed, the policy expires, or the policy is cancelled.

4.7 Termination and Modification

DEN reserves the right to terminate or modify the DEN ROCIP or any portion thereof. If DEN exercises this right, Enrolled Contractors will be provided notice as required by the terms of their individual Contracts. At its option, DEN may procure alternate coverage or may require General Contractors to procure and maintain alternate insurance coverage at DEN's cost.

4.8 Claim Charge-Back

A claim charge-back will be assessed, regardless of fault, for any loss payable under this program except for Workers' Compensation and Excess Liability, up to a maximum of \$25,000 per loss. General Contractor may elect to pass no more than \$5,000 of this charge, per loss, through to any involved subcontractor.

5. NON-ROCIIP AND OFF-SITE INSURANCE REQUIREMENTS FOR CONTRACTORS

Contractors are required to maintain insurance that protects DEN from liabilities arising from their operations performed away from a Project Site, for types of coverage not provided by the ROCIP and for all operations performed in connection with the Contract by Ineligible, Excluded or Exempt Entities.

Contractors are responsible for verifying and monitoring the adequacy of insurance required to be maintained by their subcontractors (including eligible, enrolled, ineligible, exempt or excluded Contractors). DEN reserves the right to disapprove use of any Contractor that is unable to meet the insurance requirements.

Prior to mobilization and within ten (10) days of any renewal, change or replacement of coverage, Contractors shall submit a Certificate(s) of Insurance to the ROCIP Administrator evidencing the coverage, limits and deductibles as specified in this section.

The limits of liability shown for the insurance required of the Contractor are minimum limits only and are not intended to restrict or limit the liability imposed on the Contractor for Work performed.

Verification of insurance may be submitted in the form of a Certificate of Insurance on a standard ACORD Form 25-S or later version. A sample of an acceptable Certificate of Insurance is provided in Section 10.

5.1 Certificate Holder

Certificate(s) shall be issued as follows:

IF ELIGIBLE:

CITY AND COUNTY OF DENVER
Denver International Airport
c/o Marsh USA, Inc.
111 SW Columbia, Ste 500
Portland, OR 97201

Email to:

DenverAirport.ROCIP@marsh.com

or upload to Contractor Online Portal

ENROLLED CONTRACTORS
must provide evidence to the
ROCIP Administrator of:

- Coverages required but not included under the DEN ROCIP
- Off-site coverages for certain types of insurance that are provided by the DEN ROCIP for on-site activities

**INELIGIBLE, EXEMPT AND
EXCLUDED CONTRACTORS**
must provide evidence to the
General Contractor of:

- Coverages required for on-site and off-site activities

5.2 Coverages and Limits

Following are the required insurance coverages and limits required to be provided by Contractors. It will be noted for each coverage type when the requirement for Enrolled Contractors that have on-site coverage under the DEN ROCIP is solely for off-site coverages.

5.2.1 Commercial General Liability

Enrolled Contractors: Off-site Coverage Only

Contractor shall maintain insurance coverage including bodily injury, property damage, personal injury, advertising injury, independent contractors, and products and completed operations in minimum limits of \$1,000,000 per occurrence, \$2,000,000 products and completed operations aggregate; if policy contains a general aggregate, a minimum limit of \$2,000,000 annual per project aggregate must be maintained.

- Coverage shall include contractual liability covering liability assumed under this Agreement (including defense costs assumed under contract) within the scope of coverages provided.
- Coverage shall include Mobile Equipment Liability, if used to perform services under this Agreement.

5.2.2 Business Automobile Liability

Contractor shall maintain a minimum limit of \$1,000,000 combined single limit each occurrence for bodily injury and property damage for all owned, leased, hired and/or non-owned vehicles used in performing services under this Agreement.

- If operating vehicles unescorted airside at DEN, a \$10,000,000 combined single limit each accident for bodily injury and property damage is required.
- If Contractor does not have blanket coverage on all owned and operated vehicles and unescorted airside driving privileges are required, then a schedule of insured vehicles (including year, make, model and VIN number) must be submitted with the Certificate of Insurance.
- If transporting waste, hazardous material, or regulated substances, Contractor shall carry a Broadened Pollution Endorsement and an MCS 90 endorsement on its policy.
- If Contractor does not own any fleet vehicles and Contractor's owners, officers, directors, and/or employees use their personal vehicles to perform services under this Agreement, Contractor shall ensure that Personal Automobile Liability including a Business Use Endorsement is maintained by the vehicle owner, and if appropriate, Non-Owned Auto Liability by the Contractor. This provision does not apply to persons solely commuting to and from the airport.
- If Contractor will be completing all services to DEN under this Agreement remotely and not be driving to locations under direction of the City to perform services, this requirement is waived.

5.2.3 Workers' Compensation and Employer's Liability Insurance

Enrolled Contractors: Off-site Coverage Only

Contractor shall maintain the coverage as required by statute and shall maintain Employer's Liability insurance with limits no less than \$100,000 per occurrence for each bodily injury claim, \$100,000 per occurrence for each bodily injury caused by disease claim, and \$500,000 aggregate for all bodily injuries caused by disease claims.



ROCIP DOES
NOT PROVIDE
AUTO
COVERAGE



**ROICIP DOES
NOT PROVIDE
PROFESSIONAL
LIABILITY
COVERAGE**

- Colorado Workers' Compensation Act allows for certain, limited exemptions from Worker's Compensation insurance coverage requirements. It is the sole responsibility of the Contractor to determine their eligibility for providing this coverage, executing all required documentation with the State of Colorado, and obtaining all necessary approvals. Verification document(s) evidencing exemption status must be submitted with the Certificate of Insurance.

5.2.4 Professional Liability

All Contractors providing professional services, such as design, engineering, surveying, commissioning, quality control/quality assurance, and consulting shall maintain a minimum limit of \$1,000,000 per occurrence and annual policy aggregate.

5.2.5 Property Coverage for Contractor's Tools and Equipment

Contractors are solely responsible for any loss or damage to their personal property including, without limitation, property or materials created or provided under the Contract/Subcontract until installed at the Project Site, tools, equipment, and temporary structures.

If Contractor carries property insurance on its personal property, a waiver of subrogation as outlined in Section 5.4 will be required from its insurer.

5.2.6 Other Coverages That May Be Required

Depending on the scope of work being performed by a given Contractor additional insurance coverage requirements may apply. For example:

- Aircraft/Aviation/Unmanned Aerial Vehicle Liability
- Cyber Liability
- Umbrella/Excess Liability

If such other coverages are required, it will be stated in the Contract document between DEN and General Contractor. Further, General Contractor shall ensure and document that all its subcontractors of all tiers performing services or providing goods for a given ROICIP project maintain insurance coverage and limits appropriate to the primary business risks for their respective scopes of performance.

5.3 Additional Insured

For all required coverages (excluding Workers' Compensation, Professional Liability, and Property, if applicable), Contractor's insurer(s) shall include the City and County of Denver, its elected and appointed officials, successors, agents, employees, and volunteers as Additional Insureds by policy endorsement.

5.4 Waiver of Subrogation

For all required coverages (excluding Professional Liability, if applicable), Contractor's insurer(s) shall waive subrogation rights against the City and County of Denver, its elected and appointed officials, successors, agents, employees, and volunteers by policy endorsement.

5.5 Notice of Material Change, Cancellation or Nonrenewal

Each certificate and related policy shall contain a valid provision requiring notification to the Certificate Holder in the event any of the required policies be cancelled or non-renewed or reduction in required coverage before the expiration date thereof.

- Such notice shall reference the DEN assigned contract number related to this Agreement.
- Said notice shall be sent thirty (30) calendar days prior to such cancellation or non-renewal or reduction in required coverage unless due to non-payment of premiums for which notice shall be sent ten (10) calendar days prior.
- If such written notice is unavailable from the insurer or afforded as outlined above, Contractor shall provide written notice of cancellation, non-renewal, and any reduction in required coverage to the Certificate Holder within three (3) business days of receiving such notice by its insurer(s) and include documentation of the formal notice received from its insurer(s) as verification. Contractor shall replace cancelled or nonrenewed policies with no lapse in coverage and provide an updated Certificate of Insurance to DEN.
- In the event any general aggregate or other aggregate limits are reduced below the required minimum per occurrence limits, Contractor will procure, at its own expense, coverage at the requirement minimum per occurrence limits. If Contractor cannot replenish coverage within ten (10) calendar days, it must notify the City immediately.

5.6 Additional Provisions

Refer to the specific Contract for full list of insurance requirement additional provisions.

6. CONTRACTOR RESPONSIBILITIES

Each Contractor has a variety of responsibilities as a participant under a ROCIP. Some of the major obligations are listed below, which is not meant to be an all-inclusive or exhaustive list.

General Contractors also assume the responsibility for ensuring all obligations of their subcontractors of any tier are met and met in a timely manner.

6.1 Enrollment

Enrollment into the DEN ROCIP is required for all Eligible Contractors unless provided a written exemption. **Enrollment is not automatic.** Eligible Contractors MUST complete the online enrollment process and provide all required documentation prior to starting Work. Access to Project Sites will not be permitted until enrollment is complete.

A FAILURE TO COMPLETE THE ROCIP ENROLLMENT PROCESS PRIOR TO THE START OF WORK MAY RESULT IN A GAP IN COVERAGE FOR THE NON-COMPLIANT CONTRACTOR. ANY UNINSURED EXPOSURE TO THE NON-COMPLIANT CONTRACTOR IS THEIR SOLE RESPONSIBILITY; DEN WILL NOT BE RESPONSIBLE FOR OR REIMBURSE ANY ADDITIONAL AMOUNTS FOR INSURANCE COSTS. IF ELIGIBLE, ENROLLMENT IS REQUIRED EVEN IF WORK HAS STARTED PRIOR TO ENROLLING.

**Most Contractors
are able to complete
enrollment in less than
48 HOURS**

Once enrollment is completed and approved by the ROCIP Administrator, the Contractor will receive a confirmation email including a Certificate of Insurance as evidence of participation in the DEN ROCIP and that coverage is effective. Other formal confirmation of coverage and/or insurance policies will be added to the Documents section in the Contractor Online Portal.

6.2 Contract Documents

General Contractor shall ensure and document that all subcontractors of any tier performing services or providing goods hereunder procure and maintain insurance coverage that is appropriate to the primary business risks for their respective scopes of performance. At minimum, such insurance must conform to all applicable requirements of DEN Rules and Regulations Part 230 and all other applicable laws and regulations.

6.3 Notification of Awarded Subcontracts

Upon a Contract being awarded to any Subcontractor, the Contract awarding party must notify the ROCIP Administrator.

6.4 Payroll and Labor Hours Reporting, Records and Audits

6.4.1 Submitting Payroll and Labor Hours Reports

Each Contractor must submit monthly Payroll and Labor Hours Reports via the ROCIP Administrator’s online portal identifying labor hours and payroll for all work performed for the Project. The reports MUST certify all Work performed at or emanating directly from a Project Site and include onsite supervisory and clerical personnel. This information will be used to provide the Insurers with information required to determine premiums and for the Unit Statistical filing for EMR calculations.

REPORTING DEADLINE
Payroll and labor hour reports are due on the 5th of each month for the month prior.

FAILURE TO SUBMIT PAYROLL
reports may result in payment withholding until required information is received

SEPARATE REPORTS REQUIRED
for each individual Contractor per Project

ADDITIONAL
PAYROLL
REPORTING IS
REQUIRED VIA
DEN’S LCP
PORTAL – MEET
WITH YOUR
PROJECT
MANAGER FOR
MORE
INFORMATION

Instructions on submitting payroll and labor hours information via the online portal is included in Section 10.5.

6.4.2 Records and Audits

DEN and the ROCIP Administrator will at all times have the right to access, inspect and audit all Contractor’ records and data, electronic or otherwise, relating to costs for coverages provided by the DEN ROCIP, payrolls, labor hours, Workers’ Compensation classifications, and other factors determinative of the cost of the ROCIP. Contractors will promptly respond to any inquiries of DEN or the ROCIP Administrator arising out of any such inspection or audit.

Contractors for whom insurance is provided by the DEN ROCIP are required to maintain the above-described records. These records are needed to:

- provide the information needed to calculate the insurance premium to be paid by DEN for the Work performed at the Project Sites by the Contractors.
- assist the Insurer in filing information to the Workers’ Compensation Rating Bureau for inclusion into the calculation of the applicable party’s Experience Modification Rate.

The DEN ROCIP Insurer has the right to reclassify Contractor reported payroll and will coordinate such needed change with Contractor. Should Contractor or its Workers’ Compensation insurer disagree, they must provide a written statement to the ROCIP Administrator.

6.5 Safety Procedures

All Contractors shall comply with all provisions of the DEN ROCIP Safety Manual as part of participation in any ROCIP project. This program is in addition to Contractor’s existing safety program, not in lieu of that program. Minimum standards for such programs are outlined in the DEN ROCIP Safety Manual.

6.6 Workers' Compensation Posting Notices

The General Contractor's Safety Representative shall be responsible for ensuring all required Workers' Compensation posters and notices are prominently displayed at each work site, which include the following:

- Workers' Compensation Worker Notice and Designated Medical Provider List Poster
- Workers' Compensation Information and Designated Medical Provider List Form
- Workers' Compensation Notice of Injury Poster



See Section 10 for posters and notices.

6.7 Claims Reporting and Management

Contractors shall follow the claims procedures as established by the ROCIP Administrator and agree to assist and cooperate in every manner possible in connection with the adjustment of claims and demands. Section 7 provides specific details on claims reporting and management.

Contractors will be provided loss information for their respective claims.

While DEN has ultimate authority in any claim settlement matter, Contractors are encouraged to participate in the claims management process. Specific to Worker's Compensation claims, Contractors will have the right to participate in the management and mitigation of their own workers' compensation claims. Any financial information regarding each individual Contractor's workers' compensation claims will be provided.

6.8 Completion of Work and Closeout

When a Contractor has completed Work at a Project Site and will no longer have on-site workers specific to that Project, the Contractor must notify the ROCIP Administrator by completing the closeout items in the Contractor Online Portal. See Section 8.9 for instructions.

Final payment will not be released by DEN until all required information has been submitted via the online portal.

7. CLAIM REPORTING AND MANAGEMENT

Claims Management is handled by the Marsh Claims Administrator.

Please refer to the detailed Claims Guide that is provided to each Contractor in the DEN ROCIP via the Documents section in the Contractor Online Portal.

[CONTRACTOR
ONLINE PORTAL](#)



8. USING THE CONTRACTOR ONLINE PORTAL

The ROCIP Administrator provides an online system to enable Contractors to electronically enroll, report payroll and labor hours, as well as access supporting documentation regarding their participation in the program. Instructions for use of the online portal can be found in Section 10.

**CONTRACTOR
ONLINE PORTAL** 

The online portal can be accessed at: <https://mwrap.marsh.com/contractorportal>

9. FREQUENTLY ASKED QUESTIONS

This FAQ section is split into section by topic to make it easier to find what you are looking for. The various sections are: General Topics | Enrollment Topics | Payroll Topics

9.1 General Topics

Q1

What is a “ROCIP”?

ROCIP stands for “Rolling Owner Controlled Insurance Program.” Once you are enrolled, this program provides you with various insurance coverages that are selected and paid for by DEN as the Owner of the program.

Q2

How do I get a sample Certificate of Insurance?

There is a sample COI in this manual and that document is also available on the Contractor Online Portal - or you can contact the ROCIP Administrator (503.248.6406 or DenverAirport.ROCIP@marsh.com) for assistance.

Q3

Where do I find my specific Workers’ Compensation Policy Number?

The DEN ROCIP Administrator will issue you a specific Workers’ Compensation policy for each specific project you are enrolled under. If you cannot find your policy number, contact the ROCIP Administrator for assistance.

Q4

Can I use the same policy number for multiple projects?

No, each project will have its own unique policy number.

Q5

What if my work is being done airside at DEN?

Each contractor considering work at DEN will need to understand DEN security and badging requirements specific to airside operations including permanent/temporary badging, airside driving and insurance, escorting, delivery logistics and turnstile/portal access. Additional information can be found here: <http://business.flydenver.com/bizops/tenServices/security/index.asp>

You can also contact a member of the DEN Risk Management team listed in the ROCIP Insurance Manual for specific information.

Q6

If I see something of concern while working at the airport, is there an easy way to let someone know?

Yes! DEN uses the "See Say Airport" App.

This app enables DEN passengers, employees, and contractors to report safety, security, and maintenance concerns directly to DEN. "See Say Airport" is free to download and available by searching for "See Say Airport" at both:

Apple App Store at : <https://www.apple.com/ios/app-store/>

Google Play at: <https://play.google.com>



9.2 Enrollment Topics

Q1

Why do I have to enroll?

All contractors, of all tiers, must enroll unless specifically ineligible or excluded from the program. DEN has provided a ROCIP for its large construction projects because it creates:

- a consistent and controlled level of insurance for all participating contractors
- opportunity to use DEN's buying power for competitive rates that are guaranteed for the five-year period of any given ROCIP
- opportunity for smaller contractors to compete for projects and help General Contractors fulfill their requirements to include certified companies in the project
- single insurer responsibility for claims which greatly reduces legal expenses and other expenses related to claim disputes when multiple insurers are involved
- centralized and consistent loss control services

Q2

Is there a charge for it? I already have insurance.

DEN pays the cost of the ROCIP. You're not "double-covered" as the ROCIP is onsite coverage only, and just for the project(s) you're working on for DEN. You should receive credit from your insurance carrier for your ROCIP participation; DEN and its ROCIP Administrator will provide you with a Certificate of Insurance and copies of any necessary payroll reports, if needed, to obtain the insurance credits from your insurance provider.

Q3

What do I do if I am hiring subcontractors to work for me?

If you are required to enroll, your lower tier subcontractors must also enroll, prior to beginning work on site – there are a few exceptions that are detailed in this manual. Please provide the ROCIP Administrator with their contact information, and make sure they receive copies of the ROCIP Insurance Manual, ROCIP Safety Manual and ROCIP Claims Guide.

Q4

Can I enroll online? How do I get a USER ID and password?

DEN's ROCIP Administrator provides a Contractor Online Portal that can be used for a variety of tasks including, enrollment payroll reporting, monitoring delinquencies for you or your subcontractors, accessing documents, etc. If you do not have login access, you can register through the Contractor Online Portal or by calling a ROCIP Administrator for assistance (instructions on how to register online and the contact information for ROCIP Administrators is detailed in the ROCIP Insurance Manual. (<https://MWrap.Marsh.com/contractorportal>)

**CONTRACTOR
ONLINE PORTAL**



Q5

I have been awarded a second contract for the same project. Do I need to complete another enrollment?

Yes, you will need to do a separate enrollment for each Contract you are awarded regardless if it is on the same project or not. HOWEVER, you will be able to select certain information from drop down menus from previously entered information to help speed up the process.

Q6

What is a Risk ID Number?

Whether from NCCI or your State WC Bureau, each company is assigned a tracking number for Workers' Compensation experience. It is typically assigned after a company has employed workers for three or more years. You or your insurance provider can typically access this number online through NCCI or your state bureau by searching with your FEIN or corporate name.

Q7

What exactly are Workers' Compensation Rate Pages?

Rate pages are the policy pages from your Workers' Compensation policy(ies) that show your Class Codes used to determine the premium for your policies. They must be from the policy period in which your Contract was issued and must match the rates you entered on your Insurance Cost Worksheet. Your insurance provider will be able to easily assist you.

Q8

If one of my subcontractors is ineligible, excluded or exempted from enrolling under ROCIP do I still have to drug test their employees?

Yes. The ROCIP Safety Manual applies to all contractors working on DEN ROCIP-related projects.

Q9

My work on the project is complete. What do I do now?

All closeout items are to be completed by you in the Contractor Online Portal. Refer to the ROCIP Insurance Manual for detailed instructions.

9.3 Payroll Topics

Q1

How do I report payroll? Do you need certified reports? When is it due?

DEN does not collect certified payroll. You are required to report payroll using the Contractor Online Portal (<https://tsib.vuewrapup.com/contractorportal>). Reports are due by the 5th of each month for the preceding month work. See the ROCIP Insurance Manual for more detail.

Q2

How can I avoid getting a payroll delinquency notice?

Please be sure to cover all dates in the month from the date your ROCIP coverage began – even if it is a weekend or holiday, and no work is performed. Make sure your dates run consecutive from report to report. If one report ends on 12/31/2021, your next report needs to begin on 1/1/2022. Also, if you are not on site in any given month, you must submit a “ZERO” report for that month.

Q3

What’s the difference between “Gross” and “Reportable” payroll?


Reportable payroll does not include the premium portion of any overtime pay. Gross payroll includes the overtime pay.

10. ADDITIONAL RESOURCES

The following forms and resources provided in this section are also available as single files for your ease of download and use in the Documents Section of the Contractor Online Portal.

- 10.1 [Sample Certificate of Insurance](#)
- 10.2 [Workers' Compensation Information and Designated Medical Provider Form \(CO Form WC49\)](#)
- 10.3 [Workers' Compensation Worker Notice and Designated Medical Provider List Poster](#)
- 10.4 [Workers' Compensation Notice of Injury Poster \(CO Form WC50\)](#)
- 10.5 [MWrap Contractor Online Portal Instructions](#)

10.1 Sample Certificate of Insurance

	<h2 style="margin:0;">CERTIFICATE OF LIABILITY INSURANCE</h2>	DATE (MM/DD/YYYY)					
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.							
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER NOTE: This Certificate of Insurance should be issued by your primary insurance broker and include the specific additional policy provisions as outlined below.	CONTRACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: All Insurers must be AM Best rated A-VIII or better	NAIC # INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:					
INSURED Name of Contractor Company Address City, State, Zipcode							
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	NOTE: Either a Project or Location Aggregate will be accepted.			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	Y	NOTE: If the policy does not provide "Any Auto" coverage, attach a list of insured scheduled vehicles including year/make/model/VIN	IF UNESCORTED AIRSIDE DRIVING PRIVILEGES WILL BE REQUIRED A LIMIT OF \$10M MUST BE EVIDENCED.		COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/>	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			NOTE: Any combination of primary and umbrella/excess will be acceptable to achieve the minimum required coverage.			EACH OCCURRENCE \$ AGGREGATE \$
<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y				<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
NOTE: Refer to specific contract/subcontract for your DEN ROCIP Project for full list of insurance requirements. If you carry higher limits of liability than the minimum required, you must show your full limit of coverage.							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DEN PROJECT NAME AND NO. [List specific ROCIP Project Name and No.] City and County of Denver, its elected and appointed officials, agents, employees and volunteers are included as Additional Insureds, per endorsement equivalent to ISO Form CG 2038. Coverage is primary and non-contributory. All policies provide a Waiver of Subrogation in favor of the Additional Insureds per endorsement (attached). Thirty (30) day notice of cancellation/non-renewal applies except for ten (10) day notice for non-payment of premium.							
CERTIFICATE HOLDER				CANCELLATION			
City and County of Denver, Department of Aviation c/o Marsh USA, Inc. Marsh OCIP Group 1225 17th Street, Suite 1300 Denver, CO 80202 Email to: DenverAirport.ROCIP@marsh.com				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE			
© 1988-2014 ACORD CORPORATION. All rights reserved.							
ACORD 25 (2014)01		The ACORD name and logo are registered marks of ACORD					



CITY AND COUNTY OF DENVER
 DEPARTMENT OF AVIATION
 DENVER INTERNATIONAL AIRPORT
 ROLLING OWNER CONTROLLED INSURANCE PROGRAM

DEN ROCIP 3/ROCIP 4



NOTICE TO ALL WORKERS about on-the-job injuries

IF YOU ARE INJURED ON THE JOB

LIST OF APPROVED MEDICAL PROVIDERS

NOTIFY YOUR EMPLOYER

Notify your Supervisor, Safety Representative or a member of Management of your injury immediately

GET IMMEDIATE CARE

If your injuries are serious or life-threatening, seek immediate emergency medical attention

SEEK MEDICAL TREATMENT

If you need medical attention, contact a provider on the approved list to schedule an appointment – please be prepared to wait to see a medical provider based on volume and urgency of other patients at the clinic the day of your visit

For emergency, urgent or afterhours care you may seek treatment from the hospital partner on the list or from the nearest qualified care provider

RECOVER AT WORK

If you are able, stay at work or plan for a return to modified duty as early as possible

Note: Mileage distance is estimated from the airport to the provider's offices

- 12
mi

Concentra Medical Center
 3449 Chambers Road, Ste B.
 Aurora, CO 80111
 720.859.6139
 Type: Clinic Care
- 12
mi

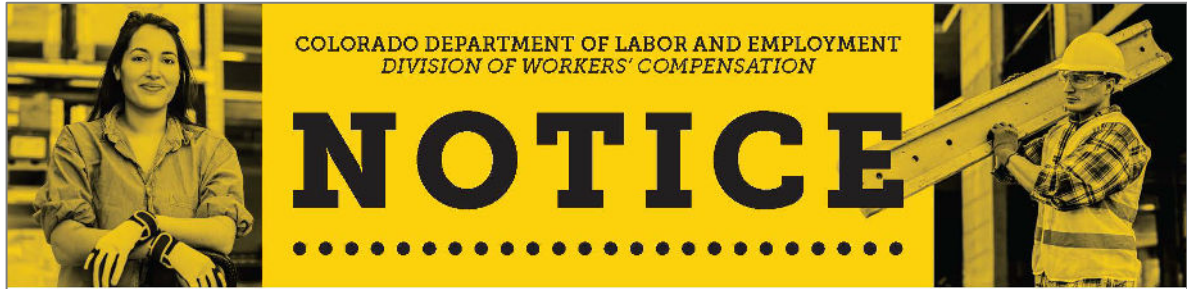
Concentra Medical Center
 15235 E. 38th Avenue
 Aurora, CO 80111
 303.340.3053
 Type: Clinic Care
- 15
mi

MBI
 3350 Peoria St, Ste 190
 Aurora, CO 80010
 303.365.4646
 Type: Clinic Care
- 24
mi

Midtown Occupational Health
 Diamond Hill Complex
 2420 W. 26th Ave.
 Bldg. D, Ste 200
 Denver, CO 80211
 303.831.9393
 Type: Clinic Care
- 15
mi

University of Colorado Hospital
 1635 Aurora Ct.
 Aurora, CO 80045
 720.848.1060
 Type: Emergency Care

10.4 Workers' Compensation Notice of Injury Poster (CO Form WC50)



IF YOU ARE INJURED ON THE JOB, YOU HAVE RIGHTS UNDER THE COLORADO WORKERS' COMPENSATION ACT. YOUR EMPLOYER IS REQUIRED BY LAW TO HAVE WORKERS' COMPENSATION INSURANCE. THE COST OF THE INSURANCE IS PAID ENTIRELY BY YOUR EMPLOYER. IF YOUR EMPLOYER DOES NOT HAVE WORKERS' COMPENSATION INSURANCE, YOU STILL HAVE RIGHTS UNDER THE LAW.

IT IS AGAINST THE LAW FOR YOUR EMPLOYER TO HAVE A POLICY CONTRARY TO THE REPORTING REQUIREMENTS SET FORTH IN THE COLORADO WORKERS' COMPENSATION ACT. YOUR EMPLOYER IS INSURED THROUGH:

Zurich

Website: www.zurichna.com

Email: USZ_CareCenter@Zurichna.com

Phone: (800) 987-3373

IF YOU ARE INJURED ON THE JOB, NOTIFY YOUR EMPLOYER AS SOON AS YOU ARE ABLE, AND REPORT YOUR INJURY TO YOUR EMPLOYER IN WRITING WITHIN 10 DAYS AFTER THE INJURY. IF YOU DO NOT REPORT YOUR INJURY PROMPTLY, YOU MAY STILL PURSUE A CLAIM.

ADVISE YOUR EMPLOYER IF YOU NEED MEDICAL TREATMENT. IF YOU OBTAIN MEDICAL CARE, BE SURE TO REPORT TO YOUR EMPLOYER AND HEALTH-CARE PROVIDER HOW, WHEN, AND WHERE THE INJURY OCCURRED.

YOU MAY FILE A WORKER'S CLAIM FOR COMPENSATION WITH THE DIVISION OF WORKERS' COMPENSATION. TO OBTAIN FORMS OR INFORMATION REGARDING THE WORKERS' COMPENSATION SYSTEM, THE CUSTOMER SERVICE CONTACT INFORMATION FOR THE DIVISION OF WORKERS' COMPENSATION IS:



**Division of Workers' Compensation
633 17th Street, Suite 400
Denver, CO 80202**



**303-318-8700
1-888-390-7936 (Toll-Free)
cdle.colorado.gov/dwc**



WC50 Rev. 08/22

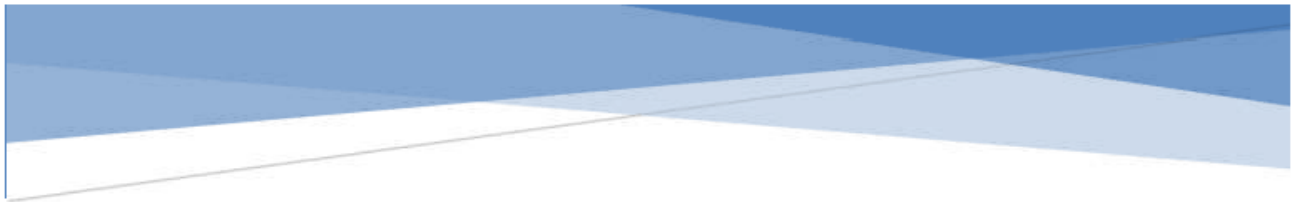


MWRAP CONTRACTOR PORTAL

Marsh & McLennan, Inc.

<https://mwrap.marsh.com/contractorportal>

February 20, 2021



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Portal Log in

Notice of Subcontract

When a user is identified in the Notice of Subcontract award, by their parent contract, the user receives an email with a link to register and log into the MWrap Contractor Portal. The email contains the assigned User Name and contains a login link valid for 24 hours and for one time use.

Dear [New User Name],

Welcome to Marsh Contractor Portal!

Marsh has the ability to manage your enrollment in the CIP through our Contractor Portal. You will be able to easily enter any information, monthly payroll, or insurance cost information, depending on the requirements of your program. In addition, you can submit Insurance, State specific forms as well as your policy's Declaration and Rate pages we might need.

Please see below your Username. Click on the link to change your password.

User Name:[mauldin1]

<https://mwrap.marsh.com/CS/VE/STS/Web/Pages/MARSHPORTAL/ChangePassword.aspx?TLLPWFHwWkV3buVYdeCZyZWFsT1h5HwY3MmNkx5OXBKMBo0DM1dR1zqphQvVjJedBjYDxVktFpW7N5dmbGnZB>

Thank you,
Marsh Wrap-Up Administration Team

Create a password following the rules outlined immediately below the entry fields. Press [Continue].

Use the [click here](#) hyperlink in the success message to move to the login screen. Provide your user name and newly created password to complete the log in process.

Register Me

An individual may also register themselves by using the [Register Me] on the lower left-hand corner of the log in screen.

If you are not already registered, please Register yourself via the link below.

[REGISTER ME](#)

Complete the form and use the [Submit] button to continue. The FEIN must align to a contractor record already in the system. If the company does not exist or an invalid FEIN is used, the user will not be allowed to continue.

The successful registrant will use the [here](#) hyperlink in the message below the registration form to move to the login screen. Provide your user name and newly created password to complete the log in process.

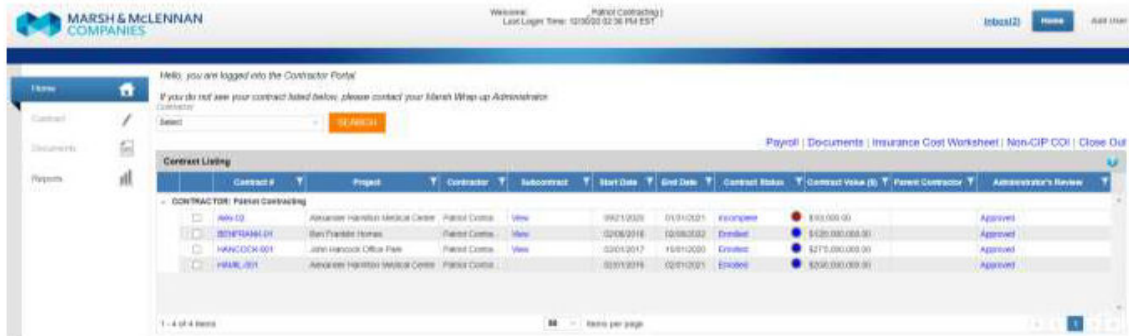
Terms of Use

Regardless of method, a new user will be required to agree to the terms and conditions of the website by selecting [I Agree]. The user is only required to do this once.

Password resets are required every 90 days.

Portal Home Screen

After successful login, the user will be redirected to the Portal Home screen. See sample below.



Banner Features

This Section of the Home screen displays the contractor name, user name and last login time. It has various Quick links which are identical throughout the portal screens. By clicking on these links, the user will be redirected to the selected screen.


#	Quick Links	Description
1	Inbox	Displays message about recent and upcoming portal upgrades.
2	Home	Redirect the user to the Home page screen.
3	Password	Redirect user to the Change Password screen.
4	Add User	Redirects user to the Add User screen.
5	Log Out	User is redirected to the login screen.

Add User

- Users can add another contractor user. Enter the following details to create new contractor user.
 - First Name
 - Last Name
 - Email ID
 - User Name
- Click on [Submit] or [Cancel]

Contract Listing Screen

- The system displays all the contracts for the contractor that is logged into the system.

- System will first list the contractor that is tied to the user's login, followed by other entities the user has been given rights to.
- Click on contract number to edit/view the Enrollment form. The hyperlink will redirect user to contract enrollment details screen. **Note: New Subcontracts can be added from inside the Enrollment screen.**
- A list of subcontracts can be accessed by selecting the [View] hyperlink found in the Subcontract column of the grid. The [View] option is only listed if there are subcontracts.
- By clicking on Help  icon, the user can view and download help file for Home screen.



Contract #	Project	Contractor	Subcontract	Start Date	End Date	Contract Status	Cost
CONTRACTOR: JAY							
(VHine)-007-001	VNU Home	JAY		10/00/2018	03/31/2020	Incomplete	\$95,000
Vnu Olympics St.	VNU Farm house	JAY		09/20/2018	12/31/2021	Incomplete	\$1,200,000
Vfarm001	VNU Farm house	JAY	View	07/20/2018	12/31/2021	Enrolled	\$95,000
Vfarm002	VNU Farm house	JD Enterprise (JAY)		07/08/2018	12/31/2020	Enrolled	\$31,000
7410g	Baroda Metro Rail	JAY		06/15/2018	07/22/2019	Enrolled	\$1,500,000
THU H/Wmm	Stark Ballistic Lab	JAY		06/05/2018	12/31/2020	Enrolled	\$58,000
02882553454	Stark Aerolabs	JAY		06/04/2018	12/31/2020	Enrolled	\$78,000
JAYHM	TP-1132017	JAY		07/14/2016	12/21/2016	Cancelled	\$5,000
CONTRACTOR: manu							

- The footer of the All Contract table shows record status in the table.

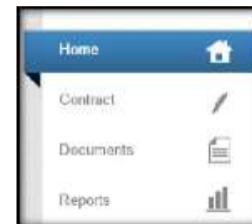


S.no	Options	Description
1	Current Page Number	This displays the current page that the user is viewing.
2	Record set per page	The user can set number of records per page with the help of this option. Available options are 5,10,20,50.
3	Page Navigator	The user can switch pages using this navigator.

Missing Data

The user can generate a missing data report for a specific contract, by clicking on Contract Status hyperlink from listing grid. In the **Contract Status** column, the application will indicate the status of the contract in different color as follows.

#	Contract Status	Color
1	Incomplete	RED
2	Enrolled	BLUE
3	Pending	Green
4	Excluded	Black
5	New	Yellow
6	Closed	Brown
7	Excluded but Sub Enrolled	Dark Brown
8	Cancelled	Maroon



Navigation Panel

The navigation panel located on the left column of the screen enables the user to navigate between screens throughout the Portal. Once the user opens any contract enrollment, the user can click on any of the links available in navigation menu and that will navigate the user to that specific screen.

Enrollment

Gain access to the Enrollment form the Home page by clicking on the contract number in the Contract or Subcontract Listing on the Homepage.

The screenshot shows the 'Application For Enrollment' page in the Marsh & McLennan Contractor Portal. The page header includes the company logo, user information (Jane Maude | Patriot Contracting), and a last login time. The main content area is titled 'Application For Enrollment' and contains a disclaimer. Below the disclaimer, there are buttons for 'DOCUMENTS' and 'SUBCONTRACTS'. The form displays contract details: Contract # Alex-02, Project: Alexander Hamilton Medical Center (HAMILTON SysDems), and Contract Status: Incomplete. The Administrator's Review is 'Approved'. A list of sections to be completed is shown with red icons indicating the number of items: Provide Company Information (1), Provide Contract Information (1), Provide Contact Information (1), Provide Address Information (1), Provide Estimated Payroll for work performed on this Contract (1), Provide Offsite Insurance Information (2), and Provide Additional Information (1). At the bottom, there is a checkbox for agreement, a signature field, an enrollment date field (06/01/2025), and buttons for 'PRINT', 'SUBMIT', and 'SAVE FOR LATER'.

CIP program specific instructions are included at the top of the "Application for Enrollment page" Please read these carefully.

A user may expand and collapse the panels on the Enrollment screen using Expand All and Collapse All buttons or by pressing the +/- icons in the panel heading (gray bar).

Fields with a blue background are read only and cannot be changed. Please contact the CIP Administrator if information in these fields require updating. Fields with a yellow background are required fields and a value must be present to either [Save for Later] or [Submit] the form.

Icons:

- To add an entry, click the ADD button.
- The CLEAR and DELETE button will be available for new entries.
- If user tries to delete information in any section, then system will give message as "Are you sure you want to delete this?" with Yes and No button. Click on Yes to delete.

Provide Company Information

Provide Company Information 1

• Please provide Federal ID.

Project* Alexander Hamilton Medical C

Contractor Legal Name* Patriot Contracting Federal ID #

DBA Select [Add New](#) Business Type* Corporation

- Provide details about your company.
- Add a new DBA by pressing the [Add New](#) hyperlink; the respective dropdown box will transform into an entry field.
- Enter a valid Federal ID number (FEIN).

Provide Contract Information

Provide Contract Information

When do you expect to begin work on this contract? 09/21/2020

Estimated Contract Value* \$10,000.00

Description of Work* General Contractor

Name of the company that hired you for this contract.

If you are self performing any work, please indicate the amount of your contract that is self performed. \$5,000.00

1. *When do you expect to begin work on the project?* – Enter estimated or actual contract start date, whichever is applicable, in this field. Enter the date in mm/dd/yyyy format or use the date tool to select the date via a calendar
2. *Name of Company that hired you for this contract* – This field may be pre-populated. If incorrect, contact the Program Administrator.
3. *Estimated Contract Value* – dollar value of work to be performed.
4. *If you are self-performing any work, please indicate the amount of your contract that is self-performed* – dollar value of the work to be performed by your company.
 - If your company plans to use subcontractors, notify your CIP administrator via the Subcontract Notice of Award.
5. *Description of work* – Thorough description of work awarded under this contract

Provide Contact Information

Provide Contact Information 1

• Payroll Contact is required.

Contact Type* Primary Insurance Cont... Primary

First Name* Marsh Last Name* Demo

Email* Marsh.Demo@marsh.com Mobile

Phone* (817) 385-0540 Ext.

Contact Type* Select Primary

First Name* Last Name*

Email* Mobile

Phone*

1. Verify / update the contact information. Required Contact Types are:
 - a. Correspondence or Primary Insurance Contact (flag as Primary)
 - b. Payroll (when the program provides WC coverage)
2. Enter *First Name*, *Last Name*, *Email*, *Phone*, and *Mobile*. By default, the Primary checkbox will be marked for the first contact added. Please note, that both a valid email and phone number are mandatory.

Provide Address Information

Provide Address Information 1

• Location of Payroll records Address is required.

Address Type* Office Primary

Street Address 1* 4 Patriot Way Street Address 2

City* Lexington State* NY Outside of US

Zip* 13221

Address Type* Location of Payroll reco... Primary

Street Address 1* Street Address 2

City* State* Select Outside of US

Zip*

1. Enter at least one Address and provide, at a minimum, the yellow highlighted fields.
2. The Address Type must be "Location of Payroll Records".
3. Any additional addresses can be designated as any address type.

4. Mark one of the Address(es) as Primary. If the user tries to mark a second address as Primary the system will uncheck the Primary checkbox for the previous address record.

Provide Estimated Payroll for work performed on the jobsite

A payroll estimate is required if the program provides workers compensation coverage. Refer to the CIP Insurance Manual.

Note: In this section, provide the estimated payroll for work being performed on the project site for this contract.

1. The estimated payroll panel displays the state field and is prefilled based on the project data. Estimated payroll is typically between 15% – 25% of the construction value
2. Begin typing the Class Code number or select the Class Code from the dropdown list.
 - a. Select the corresponding description of that class code.
 - b. If the classification code is not found, please contact the CIP Administrator with the WC Class Code and Class Code description.
3. Enter the estimated man-hours and payroll amount for the specific class code.
4. Repeat Steps 3 & 4 for each additional Class Code(s).

5. If any required fields are not entered correctly the system will prompt the appropriate validation message to alert the user that data is not entered correctly.

Provide Offsite Insurance Information

Provide Offsite Insurance Information 2

Please provide Risk ID.
Please provide Anniversary Rating Date.

Risk ID Rating Bureau

EMR Anniversary Rating Date

WC Carrier WC Offsite Policy #

Policy Effective Date Policy Expiration Date

Information in this section is Workers Compensation (WC) specific.

Note: If the Contractor does not have any of the below information, they should contact their Broker/Agent

1. The Risk ID is assigned to your company by the Workers' Compensation Rating Bureau.
2. Enter your Experience Modification Rating (EMR) factor.
3. Enter the Anniversary Rating Date (mm/dd/yyyy) then the most current EMR computation. This date is also found on the EMR worksheet.
4. Enter the most current WC Policy Information if no active policies found.
5. If you do not know/have any of this information, please contact your insurance agent for assistance.

Provide Additional Information

Provide Additional Information 2

Please enter Insurance cost excluded from Bid.
Unemployment # is required.

Unemployment # Insurance cost excluded from Bid

Are employees leased? Name of company employees are leased from

Department of Labor

Fields in the Additional Information Panel will vary based on the state in which work is performed and program specific requirements

1. Unemployment # (a state specific requirement)
2. Insurance Costs Excluded from Bid. This is the amount of insurance you would have paid to complete the work under the contract you are enrolling for. Depending on the program this may include Workers Compensation, General and Excess Liability. Refer to the CIP Insurance Manual for the project for further detail. The manual can be found in Documents section of the contract enrollment.
3. Indicate if you use an employee leasing company and the name of that company. Leasing companies may need to be enrolled separately.
4. Department of Labor ID

Enrollment Signature

Sample Disclosure

I agree that the statements in this application are true and accurate to the best of my knowledge.

Signature (print your name)* Enrollment Date 05/03/2018

1. Disclosure textbox – The user must review the details listed in the disclosure text box.
2. Verify the enrollment details by checking the check box stating that, "I agree that the statements in this application are true and accurate to the best of my knowledge."
3. Type your First & Last Name as a signature.
4. The Enrollment Date field will be pre-filled with today's date (read only field).
5. If the Verification checkbox is not marked, then after clicking the "Submit" button, the system will prompt the message, "You have not verified the above information."

Submit Enrollment OR Save for Later

Please provide the information in Contract Information, Contact, Address, Estimated Payroll sections.

Expand All Collapse All

- Provide Company Information
- Provide Contract Information 3
- Provide Contact Information 3
- Provide Address Information 5
- Provide Estimated Payroll for work performed on Project jobsite 3
- Provide Offsite Insurance Information
- Provide Additional Information

I agree that the statements in this application are true and accurate to the best of my knowledge.

Signature (print your name)* Enrollment Date 05/03/2018

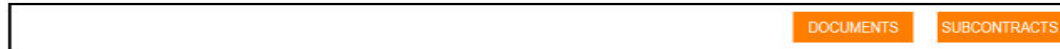
PRINT SUBMIT SAVE FOR LATER

1. Select either [Save for Later] or [Submit]:
In either case values must be provided in fields highlighted in yellow.
2. Once the enrollment is **successfully** submitted, CIP administrator will review the enrollment submission and Approve the form. Depending on the program, additional information, may be required prior to the finalization of your enrollment. To see additional, return to the home screen and open the [Missing Data Report](#). Requirements are identified in these sections:
 - a. [Non-CIP COI](#)
 - b. [Insurance Cost Worksheet](#)
 - c. State specific forms
3. If user wants to print the enrollment page, then user may click on Print button and print the enrollment details.

Please see Add Subcontracts section of this guide, if you plan on using subcontractor(s), for further instructions.

Add Subcontracts

1. Navigate to the Contract or Subcontract Listing screen and Click on the contract # you wish to add a subcontractor to.
2. Click on the [Subcontracts] button near the top right corner of the enrollment page. Refer the image below.



3. Click "Add Subcontract" blue hyperlink towards the top of the screen [Add Subcontract](#) | [Delete Subcontract](#)
 4. Complete the required information (yellow highlights). *Include the subcontractor's Federal Identification Number (FEIN) to avoid logon issues for that subcontractor*
 5. Check the "Statements in this application are true and accurate to the best of my knowledge," check box to verify the information.
 6. Click on **Submit** button.
 7. Newly added subcontract will be listed in subcontract listing screen.
 8. To edit an existing subcontract, click on contract # hyperlink.
1. The **DELETE** link is available on subcontract listing screen. If a subcontract was added by mistake the user can delete the subcontract only if the CIP Administrator has not accepted the new Subcontract.

The information below should only be completed if you are subbing out any work. Please refer to your Wrap Up Manual to confirm if your subcontractors are required to enroll for Wrap Up coverage. Once a subcontractor has been added, the system automations will begin contacting them to request their enrollment information. Please be sure to add individual records for all of your subcontracts.

[Back](#)

Sub Contract - Alexander Hamilton Medical Center / Alex-02

Contract #

Business Name* Federal ID #

Business Type

Contract Start Date* Contract Value*

If you are self performing any work, please indicate the amount of your contract that is self performed.

Description of Work*

Contact Info

First Name* Last Name*

Email* Mobile

Phone*

Payroll Contact Info Same as above

First Name* Last Name*

Email* Mobile

Phone*

Statements in this application are true and accurate to the best of my knowledge.*

Documents

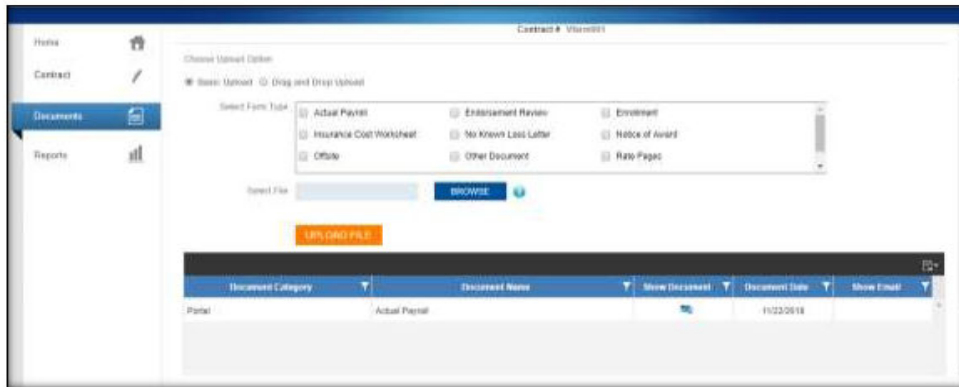
The Document option allows the user to upload supporting documents pertaining to the contractor's participation or exclusion from the CIP program.

Upload a Document by using one of the following options:

1. Select the contract from the list on the Home Screen , and then click the **Document** hyperlink.
OR
2. Open an enrollment record and click on Document hyperlink located in the Navigation menu on the left side of the screen.

See Portal Home Screen for further details

The Document upload screen will appear



Documents Screens

At the top of the document screen you may notice project specific notes.

Previously loaded documents will appear in the document grid.

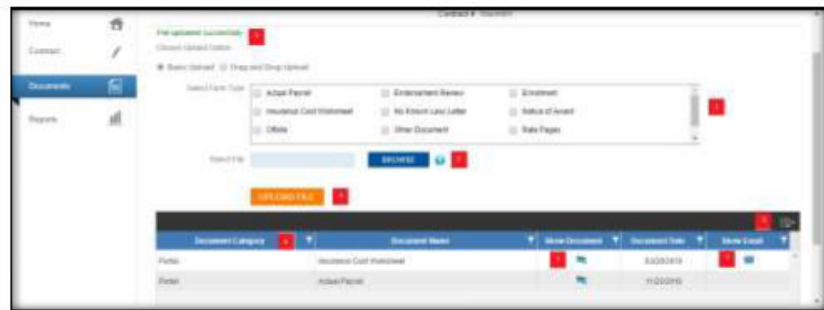
Document Grid

1. Use the Download icon to download a list
2. Grid content can be sorted by clicking the column header or filter by using the funnel icon
3. Available documents can be opened by clicking on the icon in the "Show Document" column

Only PDF, Doc, Docx, TIF or TIFF files can be uploaded. In addition , the document file size must be less than 10MB.

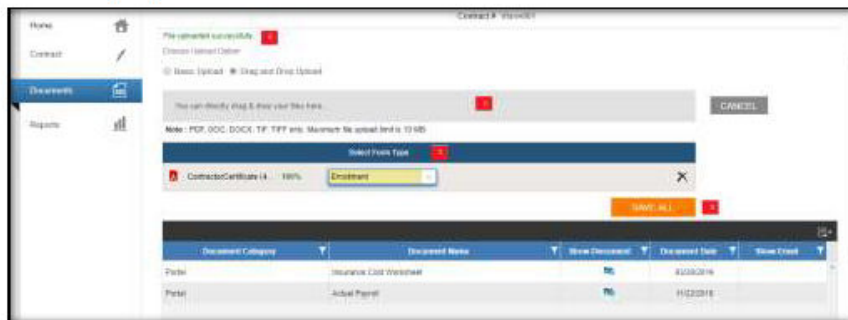
Basic Upload

1. Select the Document Category (form type) from the available options.
Note: The user can select multiple document categories, i.e. Enrollment and NKLL. The system will display the uploaded file with both selected document categories.



2. To locate the file to upload, browse your local drive by clicking on the **Browse** button.
3. Once the contract file has been located, click on the **Upload File** button.
4. The system will display a success message: **"File uploaded successfully"** after the file is uploaded.

Drag and Drop Upload



1. Drag and Drop the file(s) you want to upload in the designated area.
2. Select the Document Category from the available options.
3. Once the document category is selected click on **Save All** button.
4. Once the file is successfully uploaded, the document(s) will be listed in the Documents grid, and the system will display a success message: **"File uploaded successfully"**.

Insurance Cost Worksheet (ICW)




Refer to the CIP Insurance Manual if this section is required.

Access the screen in one of two ways

1. Select the contract from the list on the Home Screen by clicking the check box to the left of the contract number, and then click the **Insurance Cost Worksheet** hyperlink above the contract listings. **OR**
2. Open an enrollment record and click on **Insurance Cost Worksheet (ICW)** hyperlink located in the Contract menu on the left side of the screen.

See Portal Home Screen for further details

The Insurance Cost Worksheet screen will open

1. Project specific notices will appear at the top of the screen
2. The  above each grid will add a new grid row
3. To delete a row, check mark the box in the row you want to remove and press .
4. Use the  button to check your progress. Calculations are refreshed when the form is Saved or Submitted.

Estimated Payroll

A payroll estimate is required if the project provides workers compensation coverage. Refer to the CIP Insurance Manual. A payroll estimate may also be required if your general liability premium is based on payroll.

Skip this section if Workers Compensation (WC) is **not** supplied by the Controlled Insurance Program (CIP).



Estimated Payroll and Rates					
	Class Code	Man Hours	Estimated Payroll (\$)	Rate	Premium (\$)
<input type="checkbox"/>	5040 - Iron or steel erection - frame structures over two stories in height	600.00	\$20,000.00	\$40000	\$1,080.00
					\$1,080.00

1. The Estimated Payroll section will populate the Class Code and Payroll details, based on the Estimated Payroll provided on the enrollment form.
2. A dropdown is available in the Class Code column. Selection is made by code; description is populated after your selection is made.
Note: The descriptions may vary slightly from what appears on your Workers Compensation Rate pages. This is not an issue and you should proceed.
3. Input rate for your class code from your worker's compensation policy.
4. The system will automatically calculate the WC Premium based on the WC Rate and Estimated Payroll (\$) amount provided. This calculation is based on the following formula. $(\text{Payroll} * \text{WC Rate}) / 100$

Workers Compensation Adjustments/Credits

WC modifiers are required if the program provides workers compensation coverage. Refer to the CIP Insurance Manual.

Add any credits/debits that are listed in your Workers Compensation policy. *Examples: Experience Modification Rate, Scheduled Credit, Increased Limits and Assessment Fees*

Workers' Compensation Adjustments/ Credits							
	Description	Rate	Based On	Based On (\$)	Rate Factor	Adj. Amount (\$)	Running Total (\$)
<input type="checkbox"/>	Increased Limits	2.000000	Standard Premium	\$1,000.00	Per 100	\$21.00	\$1,101.80
<input type="checkbox"/>	Premium Discount	-4.000000	Running Total	\$1,101.80	Per 100	(\$44.00)	\$1,057.84
							\$1,057.84

1. Type the WC Modifier Description in the provided Description column.
2. Enter the Rate value for each WC Modifier.
3. Select the Based On value from the available options. (i.e. Total Estimated payroll, Running Total, Standard etc.) The first credit added should be Based On *Standard Premium (total from previous grid)*. Any credit/debit listed after that will typically be based on the *Running Total*. Please note that Terrorism will typically be based on the *Estimated Payroll*.
4. Select the appropriate Rate Factor from available options, (i.e. per 1, Per10, Per 100 and per 1000)

General Liability

General Liability							
	Description	Rate	Based On	Based On (\$)	Rate Factor	Adj. Amount (\$)	Running Total (\$)
<input type="checkbox"/>	GL Combined Rate	20.000000	Contract Value	\$10,000.00	Per 1000	\$200.00	\$200.00
<input type="checkbox"/>	Subcontracted Work	5.000000	Sub-Contract Value	\$5,000.00	Per 1000	\$25.00	\$225.00
							\$225.00

1. Enter the General Liability (GL) Premium Description the Description column.
2. Enter the Rate value for the General Liability Premium.
3. Select the Based On value from the available options. (i.e. Total Estimated payroll, Contract Value, Subcontract Value, etc.)
4. Select the appropriate Rate Factor from available options (i.e. Per 1, Per 10, Per 100 and Per 1000.)

Excess Liability

If your Umbrella/Excess policy does not have a specific rate, calculate the rate by taking the premium / exposure used in the GL section above * a factor (use either 100 or 1000).

Excess Liability							
Description	Rate	Based On	Based On (\$)	Rate Factor	Adj. Amount (\$)	Running Total (\$)	
Excess #1	5.00000	GL Premium	\$25.00	Per 100	\$11.25	\$11.25	
						\$11.25	

1. Enter the Excess Liability (EL) Premium Description the Description column.
2. Enter the Rate value for the Umbrella/Excess Liability Premium.
3. Select the Based On value from the available options. (i.e. Total Estimated payroll, Contract Value, Subcontract Value, etc.)
4. Select the appropriate Rate Factor from available options (i.e. Per 1, Per 10, Per 100 and Per 1000.)

Other Adjustments

Identify other premium considerations including other coverage lines provided by the Sponsor, such as Professional and Pollution Liability, and Overhead & Profit. Refer to the CIP Manual and work with CIP Administrator to determine what/if any information should be added in this section.

Other Adjustments							
Description	Rate	Based On	Based On (\$)	Rate Factor	Adj. Amount (\$)	Running Total (\$)	
No records to display							

1. Enter the Other Premium Description the Description column.
2. Enter the Rate value.
3. Select the Based On value from the available options. (i.e. Total Estimated payroll, Contract Value, Subcontract Value, etc.)
4. Select the appropriate Rate Factor from available options (i.e. Per 1, Per 10, Per 100 and Per 1000.)

Save your Work

1. Type your name as your signature
2. **Save Form** Saves entered information but allows future edits. "ICW saved successfully" appears at the top of the form.
3. **Submit** Saves the form and notifies the Wrap Up Admin the information is ready for processing. "ICW submitted successfully" appears at the top of the form.



Insurance Cost Worksheet

The Insurance Cost Worksheet is used to access your estimated insurance costs for the work performed under this specific contract. Please complete all details below and upload a copy of your rating pages to the documents section. A Wrap Up Administrator will review the details provided and update this worksheet as required. If any details for your Insurance Cost worksheet are missing, you will be notified.

Contract # VUE001-001

Please upload rate pages from [here](#)

ICW submitted successfully

Total Insurance Cost : \$2,322.10

Estimated Payroll

CALCULATE

+ **x**

Note: Submission of your company's Declarations & Rate Pages may be required. Refer to the CIP Manual.

Documents After receiving the "ICW Submitted Successfully" confirmation, use the [here](#) link to navigate to the documents section of your enrollment. Refer to the Documents section of the Portal Instructions to add a new document.

Non-CIP COI

Refer to the CIP Insurance Manual if this section is required.

1. Select the contract from the list on the Home Screen, and then click the **Non-CIP COI** hyperlink above the contract enrollment listings.

OR

2. Open an enrollment record and click on **Non-CIP COI** hyperlink located in the Contract menu on the left side of the screen.

See Portal Home Screen for further details

The Non-CIP COI screen will open

Product Type	Policy#	Carrier	Start Date	End Date	Certificate Date	Compliance
Autosole Liability	AL JP L 005-579	AL PM LSE	07/07/2019	12/31/2019	08/08/2019	Non-Compliant
Excess #2	ES JP L 945	ES JP L PVE	08/08/2019	12/31/2019	08/19/2019	Non-Compliant
Worker's Compensation	WC 99-587	WC INT LSE	08/07/2019	12/29/2019	08/23/2019	Non-Compliant
Marine Liability						
Non-CIP Excess Liability						
Non-CIP General Liability						
Str_MF						


General Information

1. Contract#: Displays the Contract number under for which Non-CIP COI's are present.
2. Compliance Status: Shows the overall compliance status of the contract.
3. Add Non-CIP COI: The New Non-CIP COI screen opens
4. Delete Non-CIP COI: Select Non-CIP COI's in the left-hand column of the grid. The following confirmation message is displayed: "Are you sure you want to delete selected record(s)? YES or NO". YES will proceed to delete the record while NO will cancel the delete.
5. Non-CIP COI Listing Grid: Selections are made in the left-hand column and content can be sorted by clicking in the column heading.

Add Non-CIP COI

New Entry

1. **Select Existing Entry:** The initial dropdown allows the selection of an existing Non-CIP COI entered on other projects for the same contractor. Selecting this option will pre-fill the remaining fields and allow editing.
2. **Product Type:** Dropdown menu will display all the product types (i.e. Work' Comp., General Liability, Auto Liability, Excess Liability, etc.)
3. **Carrier:** Enter the Insurance provider.
4. **Policy#:** Enter a policy number.
5. **Start Date:** Enter the Non-CIP COI start date, either manually in MM/DD/YYYY format, or by selecting a date from calendar.
6. **End Date:** Enter Non-CIP COI end date.
7. **NAIC#:** Enter National Association Insurance Commissioners #.

- 
8. *Certificate Date*: Enter Non-CIP policy issue date.
 9. *NYSIF Certificate*: Check if the Carrier is the New York Self-Insurance Fund.
 10. *Broker*: Description box to enter the broker details including company name, address and contact information.
 11. *Select Existing Document*: Choose a Non-CIP COI document associated with the existing contract but yet linked to this policy.
 12. *Note*: To add a new certificate click "here".
 13. *COI Checklist*: The COI Checklist is based on the project requirements and is view only.
 14. *Limits Grid*: Listed limits parameters are based on selected Product Type. Enter applicable limits.
 15. *PRINT*: Option is available if a hard paper or PDF copy is desired.
 16. **SUBMIT**: Saves the Non-CIP COI and generates a task for the Marsh administrator.
 17. **SAVE FOR LATER**: Saves the non-CIP COI entry and allows the user to return, finish input and then submit for further processing.

Add Document Refer to the Add Document section of this guide for further instructions. Load the Certificate documents and Endorsements. Specifics are included in the CIP Insurance Manual.

Editing a Non-CIP COI

1. Editing a submitted COI prior to Wrap-up Admin approval will produce the following message "[Non-CIP COI is pending for administrator's approval.](#)" The Non-CIP COI Status will show as Non-Compliant.
2. You are not able to edit a submitted and Admin Approved Non-CIP COI entry. You will receive the following message: "[You cannot make changes to this policy because it has been reviewed and approved by the Wrap-Up Administrator.](#)"

Actual On-site Payroll Reporting

Payroll reporting is required if the program provides workers compensation coverage. Refer to the CIP Insurance Manual. You may also need to report payroll if your general liability premium is computed off of payroll.

On-Site payroll is reported monthly to help determine CIP Insurance premiums, compute Experience Modification Rate (EMR) when Workers Compensation is provided by the CIP Program and compute the contractor's insurance costs.

1. Select the contract from the list on the Home Screen, and then click the **Payroll** hyperlink.
OR
2. Open an enrollment record and click on **Payroll** hyperlink located in the Navigation menu on the left side of the screen.

The Payroll Entry screen will open




General Information


1. To the left side of the screen, the system will list the monthly payroll reports. Any payrolls that are missing/incomplete will be listed in **red font**. Payroll reports that are in black have been completed and no further action is required.
2. The system will automatically populate the report date (read only field) with today's date.
3. The Payroll Start Date and End Date will be auto populated and can be edited manually in Date textbox (MM/DD/YYYY), or using the drop-down Calendar.
4. The user will need to provide a value in Signature and Title textbox manually.

Payroll Detail

1. The CIP Approved Class Code(s) provided at the time of Enrollment will be auto-populated.
2. Use the **+** or **×** icons, directly above the grid, to add or delete Class Codes. To delete a Class Code you must first select the line and use the red "X".
3. When adding a new WC Class Code, enter the 3 – 4 digit class code based on assigned number. Once selected, the description will prefill.

- 
4. Click the Actual Man Hours field to enter the total hours.
 5. Enter the Reported Payroll that includes unburdened overtime pay.
 6. Some States require Gross Payroll; enter that information if required by state law

Other

1. If no work was performed on-site, check mark the box for "No Activity on this contract during this period". The Portal will auto-populate a zero value for Man Hours and Reported Payroll.
2. If work is complete, prior to clicking submit, check mark the box for "Is this Final Payroll for this contract?".
 - i. If the final payroll checkbox is marked, the system will prompt the message: "**Do you want to submit the closeout? Click 'Yes' to submit, click 'No' to stay on the same screen.**" The Yes option will redirect the user to the Close Out Screen. The No option will complete the save without further action.
3. Depending on Project requirements, partial month submissions may not be accepted.
4. Payroll submissions are restricted to the term of the contract. If work continues outside the reported contract term, contact the CIP Administrator. Payroll reports cannot be submitted after the contract is closed.
5.  will save the payroll information and automatically notify the CIP Administrator.

Change Order

Change Orders associated with the contract are available to view only.

1. Select the contract from the list on the Home Screen and then click the **Change Order** hyperlink.
OR
2. Open an enrollment record and click on **Change Order** hyperlink located in the Contract menu on the left side of the screen.

See Portal Home Screen for further details

The Change Order List screen will open. Limited details associated with Change Orders is available in the list. Contact the CIP Administrator if you have any questions.

Below is a list of Change Orders currently recorded in the system for this contract. If you do not see a specific Change Order listed, Please contact your Wrap-Up Administrator.
Click on value hyperlink in the CO - Total Insurance Cost (\$) column to download a report with the Change Order calculation details.

Contract#: J120823-001

Initial Contract Value: \$282,883,000.00 Initial Insurance Cost: \$1,252,974.28 Initial Estimated Period: \$2,285,885.00

Change Order #	Contract Value (\$)	CO - Total Estimated Period (\$)	CO - Total Insurance Cost (\$)	CO - Total Period (\$)	CO Submitted (\$)
1	\$27,386.00	\$7,250.00	\$68.00	\$1,912,966.28	\$279,627.00

1 - 1 of 1 Rows \$27,386.00 \$7,250.00 \$68.00 \$1,912,966.28 \$279,627.00

Contract Close Out

When your work onsite is finished, complete the Close Out to notify the Wrap Up Administrator of your new status.

Your lower-tiered subcontractors must be in a closed contract status before you can submit your close-out.

Closing a contract will stop any payroll or renewal certificate requests.

Submit a Close Out details by using one of the following options:

1. Select the contract from the list on the Home Screen, and then click the **Close Out** hyperlink above the contract enrollment list.
- OR**
2. Open an enrollment record and click on Close Out located under the Navigation menu on the left side of the screen.

See Portal Home Screen for further details

Contract Close Out

Home Contract Close Out

By completing the details below, you are indicating that your work on this project is complete and you no longer have any employees returning to the jobsite. Please refer to your Wrap Up manual to confirm whether or not a Non CIP COI is required to return to the jobsite.

Contract # HAMB-001 Closeout Status: Missing

Date Onsite Work was Completed? Completion Signature* Jane Mautlin

Final Closeout Information

Final Contract Value*

If you are adding new class codes, please contact your insurance broker/agent to obtain New York WC Class Codes that pertain to your scope of work.

Refresh Payroll

Class Code	Final Man Hours	Limited Payroll (\$)	Unlimited Payroll...
No records to display.			

1. Project specific notes may appear at the top of the form.
2. Add the Date Contract Work Was Completed on-site in mm/dd/yyyy format. The user can either manually enter the date or select from calendar drop down.
3. Edit the Completion Signature field if needed. This value is prepopulated with the User's name.
4. Enter the final (actual) contract value. Zero is assumed if no value is provided but will prevent approval.
5. Click [Refresh Payroll] to pull through the Total Reported Payroll for this contract. Verify the Total Payroll matches your records.

Note: Payroll may not be required. Refer to the CIP Manual.

6. Click the [Submit] button once the proper information has been entered

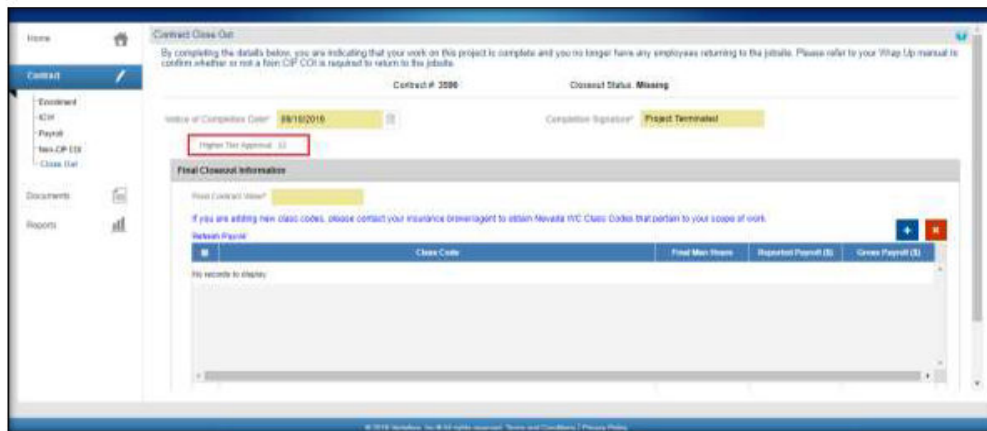
Final Closeout Information

Final Contract Value*

Refresh Payroll

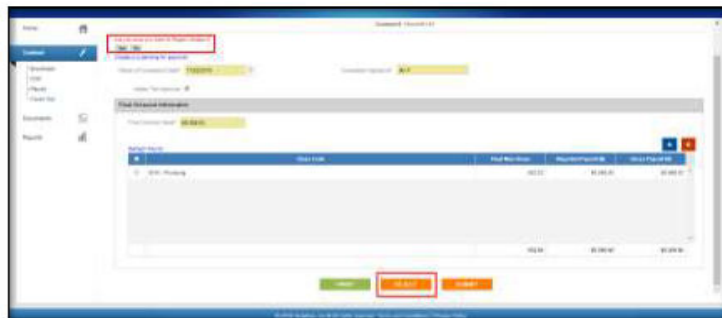
Higher Tier Approval for Sub-Tier Close Out

1. For Parent Contractors who need to approve a close out for their subcontractor. From your Home Screen:
 - Click the MEW hyperlink under the "Subcontracts" column.
 - Click on the contract number for your subcontractor.
 - Click Close Out hyperlink on top right of the contract enrollment listing.
2. For Parent Contractors approving the closeout for their subs, please check the Higher Tier **Approval** checkbox as shown in the below screen.



Note: This check box will be visible only when the user proceeds to the close out screen of sub contract.

3. Date Onsite Work was Completed, Completion Signature, Final Contract Value & Final Payroll should be pre-populated/submitted by your sub-tier.
4. Review the Final Contract Value and verify it matches your records.
5. If in agreement, Check mark the Higher Tier Approval Box and submit for final review by the CIP Administrator.
6. If NOT in agreement, click Reject to send it back to the sub-tier for resubmission.
7. Use the [Reject] button if the contractor has additional work scheduled or the information submitted by the subcontractor is not accurate. This button is only visible to a parent contractor on a submitted Close Out form. This screen requires confirmation at the top of the Close Out screen **Are you sure you want to Reject Closeout?**



11. SUMMARY OF REVISIONS

Version 1.2 – August 2022				
Section	Page	Original	Revision	Explanation
10.2	30	“within 4 working days”	“within 10 working days”	Updated form to reflect legislative update on number of days to provide employer with written notice of injury – HB22-1112
10.4	32	Old CO Form WC50	New CO Form WC50	Colorado HB22-1112 requires updated CO Form WC50 to be displayed effective 8/10/2022

Version 1.3 – December 2022				
Section	Page	Original	Revision	Explanation
2	7	Verro	Olthuis	Updated Program Contact Directory information for Hope (Verro) Olthuis
4.6.1	12			Added Start/Stop language for Workers’ Compensation Insurance
4.6.2	12			Added Start/Stop language for Commercial General Liability Insurance
4.6.3	13			Added Start/Stop language for Excess Liability Insurance
4.6.4	13			Added Start/Stop language for Contractor’s Pollution Liability Insurance

Version 1.4 – August 2023				
Section	Page	Original	Revision	Explanation
10.2	30	Workwell	MBI	Updated MBI from Workwell
10.3	31	Workwell	MBI	Updated MBI from Workwell

Version 1.5 – April 2024

Section	Page	Original	Revision	Explanation
2	7	Taylor Schuler	Angela Gaia	Updated Marsh point of contact
2	7		Jon Arcila	Added Jon Arcila as DEN Risk Management contact
2	7		Ken Roberts	Added Ken Roberts as DEN Construction Safety contact
2	7		Jason Baker	Added Jason Baker as DEN Construction Safety contact
4.6.5	13	\$200,000	\$400,000	Increased Builder's Risk per occurrence limit from \$200,000 to \$400,000