

ATTACHMENT E



Portland Public Schools Owner Controlled Insurance Program (OCIP)

Participant Guidebook/Manual

Program Name:

Portland Public Schools OCIP

Project Locations:

Various project locations in School District #1-J
Multnomah County, OR

Guidebook Prepared By:

Builders Protection Group LLC
201 W Howard Lane
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Portland Public Schools OCIP/Wrap-Up Participant Guidebook/Manual

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201 W Howard Lane, Austin, Texas 78753

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Builders Protection Group LLC – OCIP/Wrap Participant Guidebook/Manual

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Introduction

You have been awarded a contract for work on a project included in the **Portland Public Schools OCIP**.

The project is included within an insurance vehicle known as an OCIP (Owner Controlled Insurance Program), commonly referred to as a Wrap-Up. The OCIP provides General Liability and Contractors Pollution Liability for all enrolled and eligible construction participants. This manual is designed to help educate you on the Wrap Administration process, what to expect throughout the process, basic policy aspects, what is generally covered, what your responsibilities are as a participant, and how you can enroll in the Program.

In short, it is designed to help you understand:

- The Wrap Administration process
- The insurance policies that are providing coverage on the project
- The enrollment features and resources available from Builders Protection Group LLC to help in the process
- Your role, responsibilities, obligations as a construction participant
- Contact information to help address any questions or concerns as they relate to this Program

While this manual is designed to answer/address most questions that may arise from this Wrap Insurance Program, you may have some that are still unanswered. Insurance needs to be very clear to you; what it covers and what it doesn't and what your responsibilities are. Make sure that you consult your Broker or Attorney with any questions. Builders Protection Group LLC (BPG) has been retained to help you and the other construction participants successfully enroll in this Program to ensure the highest degree of protection for you and the project.

Should you have any questions as it relates to the contents of this manual or your responsibilities as a participant in this Wrap-Up insurance Program, please contact BPG directly. BPG's contact information can be found at the end of this manual.

Please remember that BPG is not an insurance company or a licensed insurance agent. As such, please note that neither BPG nor this manual is to be used to interpret actual coverage. Such matters should be addressed with your insurance professional or legal counsel.



An OCIP (Wrap-Up) insurance policy is an insurance policy that covers designated projects exclusively and may not apply to all other projects on which you may be working.



Overview of the OCIP/Wrap Program

First of All, What is a Wrap-Up?

A Wrap-Up, also known as an OCIP (Owner-Controlled Insurance Policy), is a commercial general liability (CGL) insurance policy or policies issued for a designated project or projects which provides coverage for the Program Sponsor, General Contractor, and eligible and enrolled Subcontractors of any tier performing work on the project(s). It will typically include third-party liability coverage for the period of time the construction project is going on, as well as extended "construction defect" coverage for the structures once they have been completed and sold, for a period of up to ten years post-construction.

Why Are There Wrap-Ups?

Construction projects involve the coordination of many participants: General Contractors, trade Subcontractors, architects, engineers, and material suppliers, among others. Historically, each of these participants would provide some level of insurance to the project. Logically, this made sense; if a loss happened as a result of one party's work, for example, that party's insurance should kick in to fix the problem. However, due to the large number of participants involved in a construction project, in conjunction with variations in how the insurance policies were written and interpreted by the courts, the concept of "divide and conquer" took center stage.

As construction defect claims began to hit the court system, insurance companies and attorneys adopted the position of "every man for himself." This originated as a major problem on residential projects where there were multiple homeowners involved, for example, condominiums, townhomes and large subdivisions. Homeowner associations sued Builders who sued Subs who then sued suppliers, etc. Insurance companies for the General Contractors and Subcontractors quickly began to exclude coverage for work done on these types of projects, and as a result Developers couldn't find General Contractors or Subcontractors who were able to provide CGL coverage for their work, especially completed operations coverage. These litigation issues have spread to non-residential projects as well, such as the ones included under this Program.



A Wrap Insurance Policy provides coverage for enrolled participants on the named project(s), but will not generally impact participants' other General Liability Policies.



Why Should You Use a Wrap-Up?

First, you may not have a choice. Contractors don't want to jeopardize their business by doing work on projects that aren't covered under their regular general liability policies. Also, many lenders and municipalities require wraps for certain types of projects. *With that said, there are some other advantages to using a wrap, including:*

- Unified defense to answer for construction defect-related claims throughout the statute of repose
- No "pot of gold" for the plaintiffs' attorneys - reduces the incentive to sue
- Opens the door for a larger pool of potential contractors to work on the project and to be provided coverage
- Creates an environment of cooperation instead of "divide and conquer"
- Allows newer, more effective and cost-saving strategies in risk management
- Potentially reduces cost of quality insurance for enrolled construction participants
- Generally reduces disputes between participants involved in the designated project(s)
- Mitigates risk through quick response
- Helps ensure timely response to claims to stay in compliance with "right-to-repair" laws
- Provides a unified defense towards potential litigation. Should a need arise for legal representation, all eligible and enrolled participants will be defended by a single highly-competent legal firm instead of all participants having to retain and pay for their own legal counsel at full price.
- Helps address potential claims before litigation can even start
- In conjunction with a comprehensive risk management program, helps to deter, mitigate and defend against frivolous lawsuits



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An OCIP/Wrap Insurance Program is designed to bring Commercial General Liability exposures under a single coverage umbrella that encompasses all enrolled participants for covered premises operations and completed operations claims that may arise on the designated project(s). The objective is to address a CGL claim in a fashion that provides a unified front, as opposed to the less effective splintered approach.

Another design objective of an OCIP is to mitigate disputes between construction participants of the project and reduce overall costs of doing business for all construction parties involved. A summary of Program benefits/intentions follows:



OCIP/Wrap Insurance Policy Specifications

Per the OCIP Insurance Binder, the Primary OCIP/Wrap Policy that is in place to cover the **Portland Public Schools OCIP** has the following specifications:

Carefully review all features, limits, and exclusions of the Wrap Insurance Policy with your insurance professional or legal counsel.

Program Sponsor:	Portland Public Schools
Primary Carrier:	Gemini Insurance Company
Primary Policy Number:	VCWP 001248
Policy Term/Effective Dates:	04/15/14 – 04/15/19
First Named Insured:	Portland Public Schools
Limits:	
Per Occurrence:	\$2,000,000
General Aggregate:	\$4,000,000
Products/Completed Ops Aggregate:	\$4,000,000
Personal & Advertising Injury:	\$2,000,000
CGL Deductible applicable to enrolled Contractors:	\$5,000 per claim
Aggregate of All GL Excess Layers:	\$100,000,000
Contractors Pollution Liability Agg:	\$50,000,000
CPL SIR applicable to enrolled Contractors:	\$10,000 per claim
Broker Firm:	Brown & Brown Northwest
Broker Name:	Craig Payne
Broker Phone Number:	503.219.3267

Contact the above-listed insurance broker for all specific questions as they relate to limits, endorsements and exclusions of the OCIP/Wrap Insurance Policy. Information above is based solely on the Insurance Binder(s) and may not reflect total or correct coverage limits, deductibles or self-insured retentions.



OCIP/Wrap Insurance Program: Enrollment Process

Our BPG Wrap Enrollment Specialists are there to work with you. We strive to make the Wrap Enrollment Process not only fast and efficient, but educational as well. We will help guide you through the process every step of the way. We are here so you can get on with what you do best – build quality projects.

The OCIP/Wrap enrollment process consists of the following steps:

1. **Secure Construction Contract:** As a recipient of a construction contract for the project, you may now be eligible to apply for enrollment in the OCIP/Wrap Program. This information is communicated to Builders Protection Group LLC (BPG). BPG Wrap Specialists will contact you to make introductions, collect basic contact information and go over the remaining steps for successful enrollment.
2. **Enrollment Packet Issuance:** A BPG Wrap Administrator will send an enrollment packet to you that contains various forms that will be required for the program. These forms will ask you basic information about your company, license numbers, and whether or not you will employ any Sub-Tier Subcontractors while on the job site. Complete these forms and return them to BPG using the contact info found at the end of this manual.
3. **Certificate Collection:** Before you can be enrolled, you must provide proof of the following:
 - **Workers' Compensation:** If you employ any employees in your organization, Workers' Compensation is required by Oregon law and you cannot work on this project without it. You must provide a copy of an insurance certificate that contains verification of your Workers' Compensation.
 - **Commercial Automobile Liability Coverage:** As with the Workers' Compensation, please provide proof of Business Automobile insurance coverage.
 - **General Liability:** While the OCIP/Wrap Insurance Policy is in fact primary for CGL, you must provide a copy of a certificate of insurance evidencing your existing CGL coverage for off-premises exposures.
 - **Valid License:** You must supply your valid contractor's license on the enrollment form in the appropriate area.

There may be additional insurance or other requirements. Please review your subcontract agreement for specifics.

You may submit these certificates in the same manner you did for the Enrollment forms.



The Wrap Enrollment process can be a quick and simple one. Make sure you contact Builders Protection Group LLC with any questions at 512.676.4305.


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- 4. Declarations/Rate Pages:** The OCIP policy premium for this project has been paid by Portland Public Schools but, since the policy covers all eligible and enrolled participants for covered claims, those participants are required to deduct their GL insurance costs from their bids. In order for Builders Protection Group LLC to verify the accurate insurance deduction amount for your company, it will be necessary to review the rates you are being charged under your existing CGL policy. Therefore, you will be required to submit copies of the Declarations and Rate pages from your current CGL policy. See page 13 for more details on this process.
- 5. Certificate Issuance:** Once all of the requested documents and certificates have been submitted and license verification has taken place, you will be issued a Certificate of Enrollment, designating your company as a successfully enrolled participant in the OCIP/Wrap Program. A copy of this certificate will also be forwarded to the Program Sponsor and the OCIP Broker.



	Builders Protection Group, LLC 240 Center Street El Segundo, CA 90245 310-356-4840
Owner Controlled Insurance Policy (OCIP) / Wrap Insurance Policy	
CERTIFICATE OF ENROLLMENT	
Certificate Issue Date:	_____
Policy Term:	_____
Covered Project:	_____
Project Address:	_____
City, State, ZIP:	_____
First Named insured:	_____
General Contractor:	_____
Enrolled Contractor Name:	_____
Firm Address:	_____
PRIMARY INSURANCE INFORMATION	
Carrier Name:	_____
Policy Number:	_____
General Liability Limits:	_____
Self Insured Retention:	_____
OCIP Administrator:	Builders Protection Group
Address:	240 Center Street
	El Segundo, CA 90245
Contact:	Wrap Administrator
Phone:	310-356-4840
<small>This Certificate evidences that you have been successfully enrolled in the OCIP Wrap insurance program for the 'designated project(s)' listed above, but does not supplant the terms and condition of the actual policy. For information regarding what is covered and what is not covered, as well as other terms and conditions, you are strongly urged to review the actual insurance policy with your insurance advisor. All sub-tier contractors to the 'Enrolled Contractor' working on the 'designated project(s)' are automatically included within this Certificate of Enrollment in the event that separate enrollment does not occur, however the 'Enrolled Contractor' is required to Notify Builders Protection Group LLC of these sub-tier contractors.</small>	



Covered Entities

In order for a Construction Participant to be eligible for coverage under the Portland Public Schools OCIP policy, it must enroll in the Wrap Program. Whether or not a party is considered covered under the OCIP/Wrap Insurance Policy is generally defined by the following:

Eligible Parties

- Enrolled General Contractor
- Enrolled Subcontractors working on-site with a valid license and other requisite documents/certificates
- Documented Sub-Tier Subcontractors

Ineligible Parties

- Non-enrolled Subcontractors
- Subcontractors with invalid/expired licenses & requisite certificates
- Sub-Tier Subcontractors that have not been declared
- Vendors/Suppliers
- Transport companies
- Companies that transport or remediate hazardous waste

An enrolled construction participant is a company that has successfully submitted their requisite documents to BPG's Wrap Administration Personnel and has received a Certificate of Enrollment issued by Builders Protection Group LLC. Should you need further information as to what constitutes an eligible or ineligible party, please contact Builders Protection Group LLC using the contact information found at the end of this manual.

NOTE:

Each Subcontractor is responsible for ensuring that all of its eligible Sub-Tier Subcontractors also complete the enrollment process.



Make sure that you know who is and who is not an eligible entity under the Wrap Policy. Contact BPG if you are unclear as to what/who may or may not be eligible.



OCIP Program – Insurance Benefits and Exclusions

The OCIP/Wrap Policy that covers this project is a powerful tool in protecting the Project and those that work on it. While the policy covers many aspects of possible claims, there are exclusions. The policy should be reviewed thoroughly by yourself, your legal counsel and insurance professional. Key components are:

- The Program includes a General Liability policy, which is designed to cover third-party property damage, bodily injury, personal and advertising injury losses. The limits of all GL policies under this Program are **\$102,000,000** per occurrence.
- Deductible applicable to enrolled Contractors for the Primary GL policy in this Program is: **\$5,000 per claim**
- Subject to the terms and conditions of the Policy, it covers all eligible and enrolled participants. This is a large benefit and makes for fewer headaches, should a claim arise.
- Following the construction period (completed operations), continuing third-party bodily injury and property damage coverage will carry through the Statute of Repose for all eligible and enrolled participants for a period of up to 10 years.
- Contractors Pollution Liability up to **\$50,000,000** in limits.
- SIR applicable to enrolled Contractors for the Contractors Pollution Liability policy in this Program is: **\$10,000 per claim**

NOTE:

Coverage under the OCIP applies only to the designated project(s), and is subject to the exclusions, terms and conditions more specifically set forth in the OCIP policy, with limits of liability shared by all insureds.

Existence of the OCIP **does not relieve** Program participants of any tier **from any obligations** they may have for obtaining other forms of coverage. On request, Program participants have the opportunity to read and analyze a copy of the OCIP policy or policy binder, which will be provided to them by the Program Sponsor, Contractor or OCIP Broker, to determine whether or not, and the extent to which, the OCIP policy, meets the needs of the Contractors and/or lower tier Subcontractors. Program participant acknowledges that: 1) neither Program Sponsor, OCIP Administrator, nor other Program participant is an agent, broker, partner or guarantor of the insurance company or companies providing coverage under the OCIP (each such insurer, an “OCIP Insurer”); 2) neither Program Sponsor, OCIP Administrator, nor other Program participant is an insurer or is in the business of insurance; 3) neither Program Sponsor, OCIP Administrator, nor other Program participant has at any time provided legal advice to Contractor or lower tier subcontractors, and; 4) neither Program Sponsor, OCIP Administrator, nor other Program participant is responsible in any way for determinations of coverage under the OCIP, payment or non-payment of claims or losses by the OCIP Insurers, the claims handling of the OCIP Insurers, or for the present or future solvency or financial condition of the OCIP Insurers.



An OCIP (Wrap-Up) insurance policy can make for fewer headaches, should a claim arise.



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Your Role and Responsibilities in the Program

As a participant in the Portland Public Schools OCIP Program, you have certain responsibilities. The first step is to enroll your company through Builders Protection Group LLC.

Please keep in mind that the BPG staff is here to help you. While there are certain requirements and documents involved in this process, make sure you let us know how we can make this as easy and educational for you as possible.

Once you have completed the requisite OCIP enrollment forms, you can simply fax in your required certificates. Then, a Certificate of Enrollment will be sent to you providing proof of enrollment.

Required Coverage Maintenance – Away From Project(s)

In addition to the required coverage that all contractors must have by law, each participant must be able to demonstrate coverage for any work performed away from the project site by submitting a Certificate of Insurance (COI).

By signing the OCIP Enrollment form (included in your enrollment packet), you consent to provide proof of Commercial General Liability for operations away from the project site. In addition to proof of CGL coverage, you must provide proof of Commercial Auto Liability Insurance and Workers' Compensation, if applicable.

Direct Contact/Paper-Based: Provide to Builders Protection Group LLC the following documents:

- Program Enrollment Form (Form 1-A)
- Subcontract Schedule (Form 1-B) declaring the use of any Subcontractors
- Insurance Credit Worksheet Form (Form 1-C)
- A copy of your company's Workers' Compensation Certificate (COI), if applicable
- A copy of your company's Automobile Insurance Certificate (COI)
- A copy of your company's Commercial General Liability (CGL) Certificate (COI) on projects away from the current project
- A copy of your company's current CGL Declarations and Rate pages

The above documents can be submitted to Builders Protection Group LLC using the contact info found at the end of this manual.



Enrollment in the Wrap Program is not automatic. You should understand your responsibilities as a Wrap Participant and what you must do to be successfully enrolled. Contact Builders Protection Group LLC with any questions you may have.

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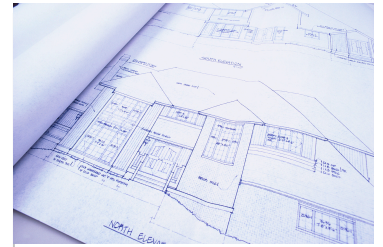


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In addition to enrollment, you are obligated to:

- Perform all warranty work as outlined in your Subcontract Agreement for the noted statute of repose.
- Notify Builders Protection Group LLC immediately of any material changes to your company in regards to address, contact names, contact numbers, license changes, etc.
- Notify Builders Protection Group LLC immediately of any and all Subcontractors of any tier you intend to use on the project. Any Subcontractors of any tier not enrolled may not be covered under the OCIP policy. The Subcontractors' information can be submitted by completing the requisite information on Form 1-B.
- Work within all set guidelines for claims reporting and safety as is determined through your construction contract. All questions on this should be directed to Builders Protection Group LLC or the party with which you have a contract. Complete and submit the Wrap Program Incident Reporting Form (attached to this manual).
- Ensure that all licenses and insurance certificates are maintained in valid status throughout the course of the project(s).

No eligible construction participant will be permitted on the project jobsite until they have been enrolled.



While it is not necessary to cover the project on your own CGL policy, you must provide evidence of CGL coverage away from the project site.

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Enrollment of Subcontractors of Any Tier

If you are employing a Subcontractor, you must declare them on a Subcontractor Schedule (Form 1B) (included in your enrollment packet). Please submit this form with your other enrollment documents. If you need another copy of Form 1B, please contact BPG Wrap Services.



 Builders Protection Group LLC
Wrap Administration Services

SUBCONTRACTOR SCHEDULE (FORM – 1B)

Fill out the table below with the appropriate information on all Subcontractors (**construction participants with which you have a direct contract**) to be used on the project. We understand that you may not have a complete list of all Subcontractors at this time. **If you are certain you will not be hiring any Subcontractors, please mark the fields below as N/A or None.** Include this Form with your OCIP Wrap-Up Enrollment Form 1-A. Please inform Builders Protection Group LLC if additional forms are required.

Send this form in with the other enrollment forms to your BPG Wrap Administrator:

Via FAX: 310.321.5352

Via E-MAIL: mario@buildersprotect.com

Via MAIL: Attention: Mario Serna (Portland Public Schools OCIP)
Builders Protection Group LLC
4860 West 147th Street
Hawthorne, CA 90250

Subcontractor #1

Company Name	_____	Address #1	_____
Contact Name	_____	Address #2	_____
Phone Number	_____	City, State, ZIP	_____
Fax Number	_____	Contract Amount	\$_
E-Mail Address	_____	CCB#	_____
Scope of Work	_____		

Subcontractor #2

Company Name	_____	Address #1	_____
Contact Name	_____	Address #2	_____
Phone Number	_____	City, State, ZIP	_____
Fax Number	_____	Contract Amount	\$_
E-Mail Address	_____	CCB#	_____
Scope of Work	_____		

Subcontractor #3

Company Name	_____	Address #1	_____
Contact Name	_____	Address #2	_____
Phone Number	_____	City, State, ZIP	_____
Fax Number	_____	Contract Amount	\$_
E-Mail Address	_____	CCB#	_____
Scope of Work	_____		

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If you are employing any Subcontractors of any tier, you must provide requisite information on them on a Form 1-B (provided in your Enrollment Packet).

In order for any work performed by any of your Subcontractors to be covered under the Wrap Insurance Program, you must complete the Subcontractor Schedule (Form-1B) pictured above. A copy of this form is included in your enrollment packet.

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Required Coverage – Subcontractors of Any Tier

If you are a construction participant that will be employing the services of any Subcontractor you must ensure (and consistently monitor) that each Sub has:

- Valid contractor license
- Auto liability insurance
- General liability insurance
- Workers' compensation insurance (if applicable)

If any changes occur to a Subcontractor's insurance status, all changes must be made known to Builders Protection Group LLC immediately.





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Participant Verification of Insurance Cost

Because the insurance program that covers this project is an OCIP Wrap Program, this project need not be reflected on your existing Commercial General Liability (CGL) insurance policy(ies). As such, when you are being audited by your existing CGL carrier, you may decide to exclude this project from your own coverage so you should receive a premium credit. Keep in mind, your work is being insured against covered CGL claims under the OCIP, **not** under your own CGL policy. The OCIP policy premium for this project has been paid by the Program Sponsor, but since the policy covers all eligible and enrolled participants for covered claims, those participants are required to deduct their own GL insurance costs from their bids.

As an enrolled participant, your deduct amount will be verified by the Wrap Administrator, Builders Protection Group LLC. This deduct is determined based on your scope of work and total contract value or estimated payroll, depending on how you are charged by your current CGL carrier. Any change orders will likewise have this deduction verified.

In order for Builders Protection Group LLC to verify the accurate deduct amount for your company, it will be necessary to review the rates you are being charged under your existing CGL policy in effect at the time of your enrollment. Therefore, you will be required to submit copies of the Declarations and Rate pages from your current CGL policy along with your completed Enrollment package documents.

Before you can be enrolled, the above-mentioned deduct will be verified and submitted to the Program Sponsor. This avoids any potential confusion later in the project and ensures that coverage does not become interrupted for your portion of the project.

If you have employed any Subcontractors, it is the task of your organization to realize any insurance deducts from those Subcontractors.

Should there be any return of any insurance premiums, the Sponsor retains sole claim to these funds.



This OCIP Wrap Program is designed to protect all enrolled participants, including you and your company. As such, each participant will be required to deduct the costs of their own GL coverage from their bids.



Safety Program

You must have a safety program in place to help ensure the safety of all personnel on the job site. Before beginning work on the project, your Safety Program should be submitted for review to the Sponsor or Sponsor's representative within 15 days of the enrollment in the Program.

Safety is of the utmost importance and, as such, sufficient safety programs and precautions must be put into place. The Sponsor reserves the right to audit any of the construction participants' safety programs. Should it be determined that the safety program is deficient in any way; the Sponsor may make recommendations to bring the program in line with its requirements. If the construction participant does not comply with these requirements, then the Sponsor retains the right to disqualify the contractor from the Wrap Insurance Program.

Your contract contains specific wording as it relates to safety and accident prevention. You must ensure that you comply with those guidelines, or that your program surpasses the standards listed in that section. In the event of a dispute as it relates to which program is to be followed, the guidelines set forth in the contract will always supersede other guidelines.

If you are employing any Subcontractors, you are solely responsible for the safety program compliance of any of those individuals/firms.



Safety is the most important focus on any job site. Ensure that you have your safety program submitted to the Sponsor and that you understand the Safety Program requirements as they are outlined in your contract.



Emergency Contingency Plans

Each company represented in the project and that has been successfully enrolled must ensure it has a contingency plan in place for the following potential scenarios:

- Onsite injuries, both major and minor
- Plan to avoid and/or treat injuries arising from natural disasters/conditions including floods, earthquakes, fires, high wind, tornadoes, hurricanes, and lightning storms
- Hazmat scenarios
- Potential damage/injury to any person(s) not associated with the project including the public and property outside of the lines of the Project
- Injuries to the general public on/or adjacent to the work site



Always have a contingency plan in place for emergency situations such as the ones listed to the left.



Incident/Claims Reporting

Liability Claims

Throughout the course of the Program, there may be a scenario that arises where a claim may be reported. It is critical that the process for handling these situations is carefully followed. Various types of claims can be classified as the following:

- Property Damage
 - On-Site Work: Throughout construction or completed construction
 - Off-Site Work: This typically involves surrounding property, neighboring areas, etc. Most of this happens throughout the course of construction
 - Completed Ops: This arises from damage that occurs after the project's units have been completed. These are what may be commonly referred to as construction defect issues - scenarios such as leaky roofs, flooring issues, etc. Situations from these types of scenarios can lead to costly and prolonged litigation. If properly handled, most of these issues can be resolved without further incident.
- Bodily Injury
 - Non-Participant: Anybody not covered by the policy/Program. This could include the general public.
 - Participant: Injury to covered parties on the job-site.



The key to keeping claims cost down is quick, accurate, and complete reporting of any problems as they arise. Should an incident occur, notify Builders Protection Group LLC within twelve (12) hours of the occurrence.

The Reporting Claims Process

Reporting claims in a timely manner is absolutely critical to keep the claims cost down and to help mitigate the chances for any issue to be blown out of proportion into something far bigger than necessary. Each participant has a responsibility for ensuring that a claim is reported both quickly and accurately.

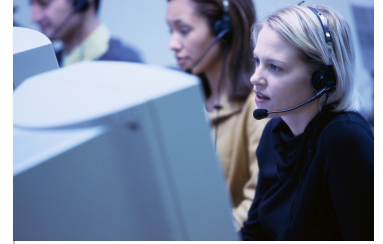
Should a claim arise, you **MUST** let the Program Administrator (Builders Protection Group LLC) know within twelve (12) hours of the occurrence. While an incident/claim that arises from any automobile-related issue is not generally covered away from the project site, it **MUST** be reported in the same fashion as any other issue. A Wrap Program Incident Reporting Form can be found at the back of this manual. The process of claims reporting is a fact-based process so subjective opinions of interpretation should be avoided when both reporting and speaking to parties outside the Program. You should contact BPG by phone to make us aware of the issue and then fax in the Wrap Program Incident Reporting Form with any accompanying documentation to our offices.



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Program Administration Contact Information

Builders Protection Group LLC is the Program Administrator. Below is a summary of useful contact information that will help you answer any questions that you may have. All questions should initially be directed to Builders Protection Group LLC.



Program Administrator

Company:	<u>Builders Protection Group LLC</u>
Address:	<u>201 W Howard Lane</u>
City, State, ZIP	<u>Austin, Texas 78753</u>
Phone:	<u>512.676.4305</u>
Fax:	<u>512.676.4347</u>
E-mail:	<u>brandee@buildersprotect.com</u>

OCIP Insurance Broker

Company:	<u>Brown & Brown Northwest</u>
Contact Name:	<u>Craig Payne</u>
Address:	<u>2701 NW Vaughn Street</u>
Suite:	<u>340</u>
City, State ZIP:	<u>Portland, OR 97210</u>
Phone:	<u>503.219.3267</u>
E-mail:	<u>cpayne@bbnw.com</u>

*If you have questions,
Builders Protection
Group LLC is here to
help you through the
process so you can
focus on what you do
best – creating quality
buildings.*

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Portland Public Schools OCIP Program – Incident Reporting Form

Instructions:

- Call Builders Protection Group LLC to report the incident/claim at **310.356.4840** within twelve (12) hours. Have all relevant information (listed below) ready.
- Complete this form in its entirety. If this form has insufficient room to provide adequate description of events or involved individuals, please use additional paper.
- Fax this form to Builders Protection Group LLC at 310.321.5352 (**Attn: Claims Reporting – EXPEDITE**) or email: claims@buildersprotect.com
- A copy of this will be forwarded to the Program Insurance Broker by Builders Protection Group LLC.

Company Name: _____

Project Name: _____

Date/Time of Incident: _____

Date of Report: _____

Reporting Individual: _____

Individual's Phone #: _____

Individuals Involved: _____

Description of Incident: _____

ATTACHMENT E



Builders Protection Group LLC
Wrap Administration Services

Portland Public Schools OCIP - Enrollment Forms – Submission Guidelines

To: **Construction Participant**

From: Builders Protection Group LLC

You have been designated as a recipient of a construction contract on a project included in the **Portland Public Schools OCIP** program (OCIP Program). The Commercial General Liability and Contractors Pollution Liability for this project is administered through an OCIP (Owner Controlled Insurance Policy), commonly called a “Wrap” or “Wrap-Up” Program. Builders Protection Group LLC has been retained as the Wrap Administrator for the OCIP Program. It is our job to assist you in understanding the OCIP Program and your obligations under it. Your participation begins with the completion of this OCIP enrollment packet. Included in this packet are the following documents:

- √ Explanation of Requirements
- √ OCIP/Wrap-Up Enrollment Form (Form 1-A)
- √ Subcontractor Schedule (Form 1-B)
- √ Insurance Credit Worksheet (Form 1-C)

If any of the above-listed documents are not included with this packet, please notify the Wrap Administrator immediately by calling 512-676-4305 (phone) or e-mail at brandee@buildersprotect.com.

To enroll in the OCIP and have permission to begin work on the project, it is your responsibility to provide the following to Builders Protection Group LLC:

- Completed OCIP Wrap-Up Enrollment Form 1-A.
- Complete OCIP Wrap-Up Enrollment Form 1-B. Please include all information on any and all Subcontractors of any tier. This form must be completed no less than **ten (10) days** prior to any Subcontractor(s) beginning onsite work on the project.
- Completed Insurance Credit Worksheet Form 1-C.
- Evidence/Certificates of insurance for Automobile Liability, Workers’ Compensation, and Commercial General Liability **activities outside/away from the project Site/location**.
- Declarations/Rate pages from your current CGL insurance policy.

ATTACHMENT E



Builders Protection Group LLC Wrap Administration Services

Please ensure the information on the form is complete in its entirety. Personnel from a company that has not been completely documented (including the above-listed documents) will not be allowed onto the project jobsite.

After faxing/e-mailing the OCIP Wrap-Up Enrollment Form 2-A, Subcontractor Form 2-B (if applicable), Insurance Cost Worksheet 2-C, requested Certificates of Insurance **and** Declarations/Rate pages, please retain original copies for your files.

Please direct all questions regarding the above and immediately submit via fax or e-mail all completed forms and documents named in their entirety to:

Builders Protection Group LLC
512-676-4305 (phone)
512-676-4347 (fax)
brandee@buildersprotect.com

Please direct all questions with regards to the Wrap insurance *policy* and corresponding *coverage* to:

Craig Payne
Brown & Brown Northwest
503.219.3267
cpayne@bbnw.com

Respectfully,

Brandee Beebe

Wrap Administrator/ Project Manager
Builders Protection Group LLC

ATTACHMENT E



Builders Protection Group LLC
Wrap Administration Services

Explanation of Requirements

Evidence/Certificates of Insurance Needed for OCIP Wrap Enrollment

In order to be successfully enrolled in this project's OCIP insurance Program, we need to collect copies of a few key documents. From time to time, we get questions as to why the insurance carrier requires these items. Below is a quick explanation for each required document. If you would like to go over these items with us further, please feel free to contact Builders Protection Group LLC at 512-676-4305.

General Liability – Please provide Builders Protection Group LLC with evidence of Commercial General Liability (CGL) insurance for any of your activities performed outside/away from this project site/location.

Why this is needed for Wrap Enrollment: To show evidence/proof of CGL coverage for all other projects outside of this project. This evidence/proof will help protect the Wrap Insurance Policy against exposures arising from work done outside/away from this Project Site/Location.

Workers' Comp – Please provide Builders Protection Group LLC with evidence/proof of Workers' Compensation insurance for your own employees. If your company is exempt from Workers' Compensation requirements, please provide us with proof/letter on your letterhead stating you have no employees working for your company and that you are exempt from Workers' Compensation insurance.

Why this is needed for Wrap Enrollment: To show evidence/proof that your employees are protected/covered for workplace accidents that could happen to one of them while working on this or any other projects for your company.

Auto Liability – Please provide Builders Protection Group LLC with evidence/proof of Automobile Liability insurance for any/all automobiles driving to and from the project site/location.

Why this is needed for Wrap Enrollment: To show evidence/proof that any/all automobiles are covered in case an accident should occur while driving to and/or from the project site/location and/or onto the premises of the Project Site/Location.

NOTE: Depending on the scope of your work, there may be additional insurance requirements including, but not limited to, specific ACORD Form #'s, minimum AM Best ratings, Umbrella/Excess Liability, Additional Insured Endorsements, Waivers of Subrogation, and/or Professional Liability. **Please review your contract for specifics on additional insurance requirements beyond those described above.**

ATTACHMENT E



Builders Protection Group LLC
Wrap Administration Services

Explanation of Requirements

CGL Insurance Declarations/Rate Pages Needed for OCIP Wrap Enrollment

In order to be successfully enrolled in this project's OCIP insurance Program, we need to collect copies of a few other key documents as well. Oftentimes, we get questions as to why the Sponsor requires these items. Below is a quick explanation for each required document. If you would like to go over these items with us further, please feel free to contact Builders Protection Group LLC at 512-676-4305.

Because the insurance program that covers this project is an OCIP Wrap Program, this project may not be reflected on your existing Commercial General Liability (CGL) insurance policy(ies). As such, when you are being audited by your existing CGL carrier you may decide to exclude this project from your own coverage so you may receive a premium credit. The OCIP policy premium for this project has been paid by the Portland Public School District, but in order for the District to measure the overall "avoided" insurance cost if it had not chosen to purchase an OCIP Wrap Program, it will be necessary to calculate each enrolled participant's Insurance Credit.

As an enrolled participant, your Insurance Credit will be calculated by Builders Protection Group LLC. This cost savings is determined based on your scope of work and total contract value or estimated payroll, depending on how you are charged by your current CGL carrier, as found on your Declarations and Rate page(s) in effect at the time of your enrollment. In order for Builders Protection Group LLC to calculate an accurate cost savings, it will be necessary to review the rates you are being charged under your existing CGL policy.

Declarations Page – Please provide Builders Protection Group LLC with documentation/verification of your current Commercial General Liability (CGL) Declarations page. This is usually the first page(s) of your CGL policy.

Why this is needed for Wrap Enrollment: Generally speaking, this is to verify that the First Named Insured is your company name, that your policy term is currently active, and that your policy number matches the policy number on the accompanying Rate page document required below. This documentation assists us to fairly and accurately determine the appropriate rate to calculate your OCIP Insurance Credit.

Rate Page(s) – Please provide Builders Protection Group LLC with documentation/verification of your current Commercial General Liability (CGL) Rate page(s). This page will usually state a rate based on either Revenue or Payroll per \$100 or per \$1,000.

Why this is needed for Wrap Enrollment: This is to identify your existing CGL policy premium rate for your scope of work performed on this Project and to verify that your policy number matches the policy number on the accompanying Declarations document required above. This documentation assists us to fairly and accurately determine the appropriate rate to calculate your OCIP Insurance Credit.

ATTACHMENT E



Builders Protection Group LLC
Wrap Administration Services

Explanation of Credit Calculations

Methodology Used to Determine OCIP Credits

The OCIP cost savings will be determined by examining the rating method your existing CGL insurance carrier uses to charge you for your premium. There are three main methods that CGL carriers utilize. Below is a quick explanation of each of the three methods. If you would like more details on this process, please feel free to contact Builders Protection Group LLC at 512-676-4305.

Receipts – The rates for some Commercial General Liability (CGL) policies are based on the contractor's gross receipts (sales). This is the total amount of your contract value for work performed on the project. Usually, the gross amount is then divided by 1,000 and then multiplied by a numerical rate assigned for your scope of work, also called a "classification code". If you normally perform multiple scopes of work, your policy may assign a different rate depending on the relative risk assessment of each "class code" or type of work. As one might expect, work that is riskier will generally be charged a higher rate than work that is less hazardous to perform and/or less prone to become a hazard later on.

Let's look at an example: Goode Werks has a CGL policy rate based on gross receipts (sales). Goode Werks' total receipts for the OCIP project are \$75,000 (found in its contract). Goode Werks' CGL rate is \$12.36 per \$1,000 of sales (found on its CGL policy Rate page(s)).

$\$75,000 \text{ divided by } \$1,000 \text{ multiplied by } \$12.36 = \$927$ (the amount of Goode Werks' OCIP credit)

Payroll – The rates for some Commercial General Liability (CGL) policies are based on the contractor's payroll. This is the gross amount of your total payroll for work performed on the project. Usually, the gross amount is then divided by 100 and then multiplied by a numerical rate assigned for your scope of work, also called a "classification code". If you normally perform multiple scopes of work, your policy may assign a different rate depending on the relative risk assessment of each "class code" or type of work. As one might expect, work that is riskier will generally be charged a higher rate than work that is less hazardous to perform and/or less prone to become a hazard later on.

Let's look at an example: Goode Werks has a CGL policy rate based on its payroll. Goode Werks' total payroll for the OCIP project is \$35,000 (found in its contract amount). Goode Werks' CGL rate is \$2.62 per \$100 of payroll (found on its CGL policy Rate page(s)).

$\$35,000 \text{ divided by } \$100 \text{ multiplied by } \$2.62 = \$917$ (the amount of Goode Werks' OCIP credit)

Other – The rates for some Commercial General Liability (CGL) policies are based on some method other than either total gross receipts (sales) or payroll. This could be a rate based on square footage, work hours, # of employees, a composite rate or some other factor. Since it may be difficult to determine a numerical "rate" for your work, Builder Protection Group LLC may assess a fair credit based on current comparable rates for similar trades, records of which are maintained in our extensive database.

Let's look at an example: Goode Werks has a CGL policy rate based on a non-standard method. The rate usually charged for trades similar to Goode Werks is 0.12% of contract value (found in our database). Goode Werks' total contract amount for the OCIP project is \$75,000 (found in its contract).

$\$75,000 \text{ multiplied by } 0.012 = \900 (the amount of Goode Werks' OCIP credit)

ATTACHMENT E



Builders Protection Group LLC
Wrap Administration Services

OCIP WRAP-UP SUBCONTRACTOR ENROLLMENT FORM (FORM 1-A) PORTLAND PUBLIC SCHOOLS

PROJECT INFORMATION

Project Name _____

Type of Work to be Done _____

Est. Start Date _____ Est. End Date _____

SUBCONTRACTOR INFORMATION

Company Name _____ License # _____

LLC Ptshp Corp Other _____ Federal ID # _____

Company Address _____ Suite _____

City _____ State _____ ZIP _____

Office Contact _____ Phone _____ Fax _____

E-Mail _____

Site Contact _____ Phone _____ Fax _____

E-Mail _____

SUBCONTRACTOR INSURANCE INFORMATION

General Liability Carrier _____ CGL Policy # _____

Workers' Comp. Carrier _____ WC Policy # _____

Business Auto. Carrier _____ Policy # _____

Fill out the **Sub- tier contractor Form 1-B** (provided with your enrollment documents) with the appropriate information on all **Sub- tier contractors** intended to provide services on the project. This form must be completed and submitted **ten (10) days** prior to any Subcontractors performing any onsite work. If you have employed any Subcontractors, it is the task of your organization to recover any insurance deducts from that Subcontractor. Fill out the Insurance Credit Worksheet Form 1-C (provided with your enrollment documents).

ATTACHMENT E



Builders Protection Group LLC
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NOTE: The **following** information must also be submitted with this application:

- Copy of **Certificate of Insurance for Workers Compensation, Auto and General liability**, with **Your General Contractors** name as the certificate holder
- Either a blanket Additional Insured endorsement** for your **General Liability** with your GL policy number on it or one naming the **following**:
 - **School District No. 1J, Multnomah County, OR (Portland Public Schools)** 501 N. Dixon Street Portland, OR 97227
 - Your **General Contractors** Name.
- Copy of **Declarations and Rate pages** from your current CGL policy

I hereby certify to the best of my knowledge that all of the above information is true and accurate in all respects and I am requesting to be enrolled in the OCIP referenced in this document.

Signed on this _____ day of _____, 20____

Authorized Representative Signature: _____

Printed Name: _____

Title: _____

Send this form and/or direct any questions to the Wrap Administrator:

Brandee Beebe
Builders Protection Group LLC
201 W Howard Lane
Austin, Texas 78753
512-676-4305 (Phone)
512-676-4347 (fax)
brandee@buildersprotect.com

ATTACHMENT E



Builders Protection Group LLC
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SUB CONTRACTOR SCHEDULE (FORM 1-B)

Fill out the table below with the appropriate information on all **Sub tier contractors (construction participants with which you have a direct contract)** to be used on the project. We understand that you may not have a complete list of all Subcontractors at this time. **If you are certain you will not be hiring any Subcontractors, please mark the fields below as N/A or None.** Include this Form with your OCIP Wrap-Up Enrollment Form 1-A. Please inform Builders Protection Group LLC if additional forms are required.

Send this form in with the other enrollment forms to your BPG Wrap Administrator:

Via FAX: 512-676-4347

Via E-MAIL: brandee@buildersprotect.com

Via MAIL: Attention: Brandee Beebe (Portland Public Schools OCIP)
Builders Protection Group LLC
201 W Howard Lane
Austin, Texas 78753

Sub tier contractor #1

Company Name	_____	Address #1	_____
Contact Name	_____	Address #2	_____
Phone Number	_____	City, State, ZIP	_____
Fax Number	_____	Contract Amount	\$ _____
E-Mail Address	_____	CCB#	_____
Scope of Work	_____		

Sub tier contractor #2

Company Name	_____	Address #1	_____
Contact Name	_____	Address #2	_____
Phone Number	_____	City, State, ZIP	_____
Fax Number	_____	Contract Amount	\$ _____
E-Mail Address	_____	CCB#	_____
Scope of Work	_____		

Sub tier contractor #3

Company Name	_____	Address #1	_____
Contact Name	_____	Address #2	_____
Phone Number	_____	City, State, ZIP	_____
Fax Number	_____	Contract Amount	\$ _____
E-Mail Address	_____	CCB#	_____
Scope of Work	_____		

ATTACHMENT E



Builders Protection Group LLC
Wrap Administration Services

Subcontractor Form 2-B

Sub tier contractor #4

Company Name	_____	Address #1	_____
Contact Name	_____	Address #2	_____
Phone Number	_____	City, State, ZIP	_____
Fax Number	_____	Contract Amount	\$ _____
E-Mail Address	_____	CCB#	_____
Scope of Work	_____		

Sub tier contractor #5

Company Name	_____	Address #1	_____
Contact Name	_____	Address #2	_____
Phone Number	_____	City, State, ZIP	_____
Fax Number	_____	Contract Amount	\$ _____
E-Mail Address	_____	CCB#	_____
Scope of Work	_____		

Sub tier contractor #6

Company Name	_____	Address #1	_____
Contact Name	_____	Address #2	_____
Phone Number	_____	City, State, ZIP	_____
Fax Number	_____	Contract Amount	\$ _____
E-Mail Address	_____	CCB#	_____
Scope of Work	_____		

Sub tier contractor #7

Company Name	_____	Address #1	_____
Contact Name	_____	Address #2	_____
Phone Number	_____	City, State, ZIP	_____
Fax Number	_____	Contract Amount	\$ _____
E-Mail Address	_____	CCB#	_____
Scope of Work	_____		



ATTACHMENT E

Builders Protection Group LLC
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INSURANCE CREDIT WORKSHEET (FORM 1-C)
PORTLAND PUBLIC SCHOOLS OCIP

PROJECT NAME: _____

CONTACT INFO:

Sub-contractor Name: _____
Address, City, ST Zip Code: _____
Contact Person: _____ Title: _____
Phone: _____ Fax: _____
email: _____

CONTRACT DETAILS:

Work Performed: _____
% Self-Performed: _____
Are you performing: Asbestos removal Hazardous waste remediation
 Supplying materials ONLY _____

Premium is based on: Sales/Receipts Contract Amount: \$ _____
 Payroll Est. Payroll Amount: \$ _____
 Other Please describe: _____

GL Rate: \$ _____

Premium is calculated (pick one): Per \$100 Per \$1,000

Calculated Premium: \$ _____

By signing below, I hereby warrant that the information provided on this Worksheet is complete and accurate to the best of my knowledge. I will provide documentation from my **CGL policy** that supports the information on this Worksheet. I agree that my payroll may be audited in the event that my reported payroll is less than the industry standard for my trade.

Signature

Title

Date

Please complete and return via fax at **512-676-4347** or email to brandee@buildersprotect.com.

Your GL Rate and Declarations pages must accompany this worksheet!