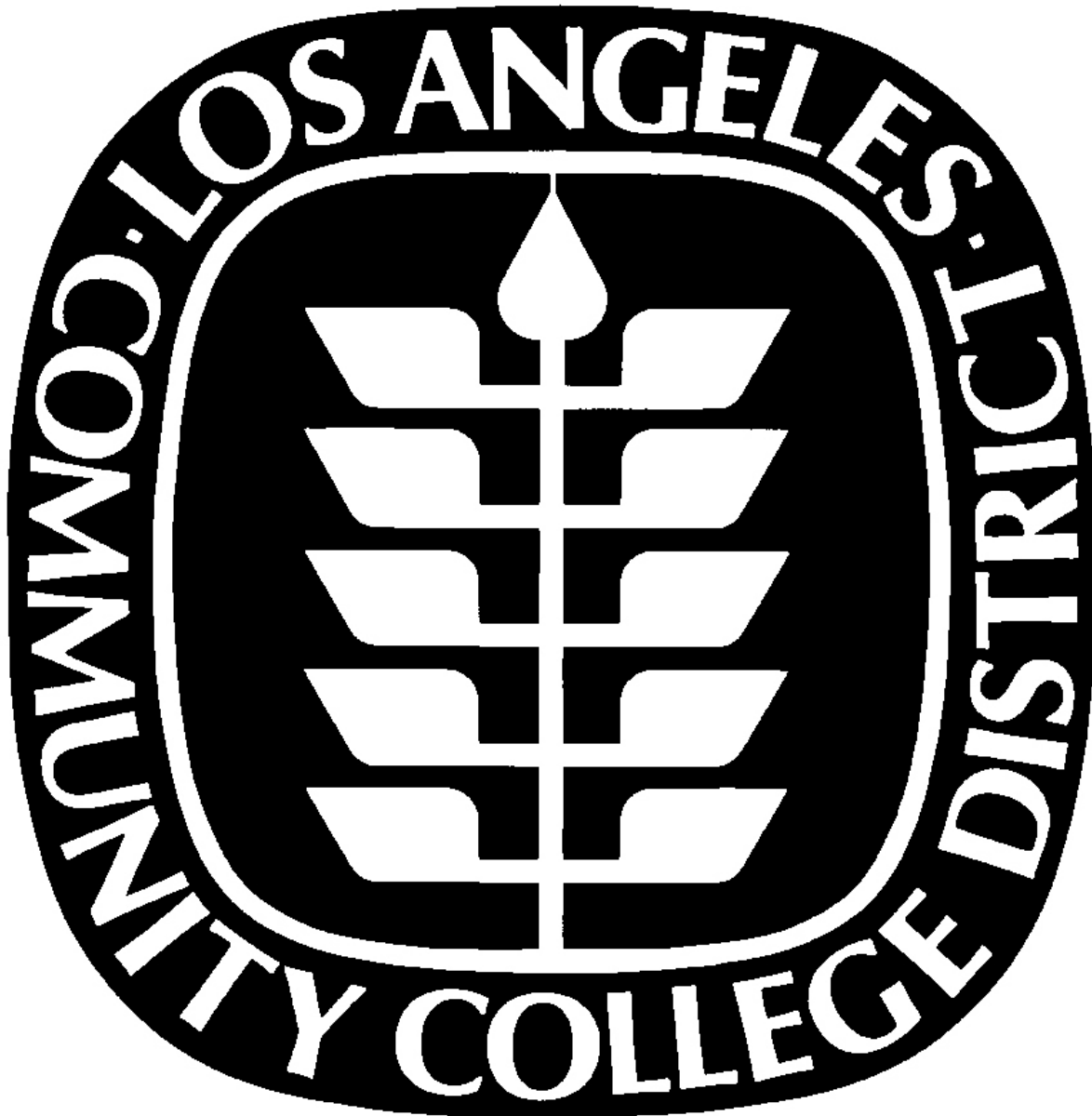


LOS ANGELES COMMUNITY COLLEGE DISTRICT



OWNER CONTROLLED INSURANCE PROGRAM

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## Reference Guide

12<sup>th</sup> Edition - July 2022 REVISION #2



# Owner Controlled Insurance Program

## Reference Guide

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The information in this Reference Guide is intended to serve as a guide for the administration of the Los Angeles Community College District's LACCD Owner Controlled Insurance Program for Contractors, Subcontractors, College Project Managers, and others who are part of Build-LACCD. This Reference Guide serves as a ready reference tool, and every effort has been made to assure accuracy. However, the construction contract documents between the individual Contractor and the District, as well as the insurance policies, are the governing documents defining the responsibilities and roles of the various parties. In the event of conflict between either this document and the contract documents or the insurance policies, the contracts/policies will govern. This Reference Guide is subject to change and reissue as needed to remain concurrent with changes in the Program.

Los Angeles Community College District

Build-LACCD

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# SECTION 1 - OVERVIEW

## Welcome to the LACCD Owner Controlled Insurance Program.

LACCD has elected to insure all eligible construction projects under the LACCD Owner Controlled Insurance Program (OCIP). An OCIP, is a consolidated insurance program that inures the District, Enrolled Contractors and their Enrolled Subcontracts, and other designated parties for **Work performed at the Project Site(s)**. Certain Contractors and Subcontractor are ineligible for this program. These parties are identified in the definitions section of this Reference Guide.

Coverage under the OCIP includes workers' compensation, general liability, and excess liability. In addition, LACCD has purchased course of construction insurance (builder's risk) for property that will become part of the finished work. **There is no coverage under the OCIP for Contractor-owned property such as equipment nor is there coverage for delay costs.**

LACCD will pay the insurance premiums for the OCIP coverages described below. Contractors and Subcontractor should notify their insurance broker/insurer(s) of the coverages provided under this OCIP for on-site activities to avoid duplication of coverage. Each Eligible bidder is required to exclude from its bid price its normal cost for the insurance coverages that will be provided by LACCD. Bidders may be required to verify the insurance costs excluded from their bids through audit or on request.

**See Section 7** of this guide for samples of forms that will assist you in identifying your insurance cost. The OCIP administrator (see page 9) can assist in determining insurance costs.

Contractors and Subcontractors should be aware that certain requirements for Contractor-provided insurance apply in addition to coverage provided under the OCIP. Please refer to Section 4 of this Reference Guide and to insurance conditions section of the construction contract documents.

**Note:** Insurance coverages and limits provided under the OCIP are limited in scope and are specific to this project only. Your insurance representative should review this information. Any additional coverage you may wish to purchase will be at your option and expense.

## ABOUT THIS REFERENCE GUIDE

This Reference Guide is designed to identify, define and assign responsibilities for compliance with requirements, completion of documents and forms, and administration of the OCIP.

### What This Reference Guide Does:

- ✓ Identifies responsibilities of various parties involved in the project
- ✓ Provides a basic description of the OCIP operation
- ✓ Describes audit and administrative procedures
- ✓ Provides answers to basic questions about the OCIP
- ✓ Will be updated throughout the course of the Program as necessary

### What This Reference Guide Does Not Do:

- Provide coverage interpretations
- Provide completion information about coverages
- Provide answers to specific claims questions
- Replace or supersede any of the contract documents or insurance policies applicable

Specific questions about the OCIP, its administration, and the coverages provided should be referred to the appropriate party identified in the Project Direction (next section).

### Disclaimer

The information in this guide is intended to outline the OCIP. If conflict exists between this guide and the OCIP insurance policies or Contracts between the LACCD and Contractor, the policies or Contracts will govern.

## KEY INFORMATION

This Reference Guide includes several important sections that provide quick reference information for Contractors and Subcontractors. Among these are:

- Definitions (page 7)- a list of words used in the Reference Guide and their meanings
- Project Directory (page 9)- listing of key contact people who can provide further information
- Forms (p)- copies of OCIP forms and instructions for their use

# DEFINITIONS

**Approved Additional Sites** Storage yards or staging areas used solely in connection with performance of work at the Project Site, approved by LACCD and the insurer and scheduled on the insurance policies

**Certificate of Insurance** A document providing evidence of the existence of coverage for a particular insurance policy or policies

**Confirmation Letter** A letter issued by the OCIP administrator usually accompanied by a Certificate of Insurance confirming acceptance into the OCIP

**Contract** A written agreement between LACCD and the Contractor for specific work; an agreement between a Contractor and any tier of Subcontractor.

**Contractor** The properly licensed person, firm, joint venture, corporation, or other party

**Contractor Obligation** The amount the Contractor or Subcontractor is responsible for paying as its contribution for settlement of an insured loss, including defense to the extent losses are attributable to the work, acts, or omissions, of Contractor or any of its Subcontractors

**Eligible Parties** Parties performing labor or services at the Project site, unless an Excluded Party

**Employer** Any individual, firm, or corporation that provides direct construction labor for work performed at the Project Site

**Enrolled** Those eligible Contractors and Subcontractors who have submitted all necessary enrollment forms and have been accepted into the OCIP as evidence by a Confirmation Letter and Certificate of Insurance

**Excluded Parties** “Excluded Parties” are:

- Architects, surveyors, engineers, and soil testing engineers, and their consultants; Hazardous Substances remediation, removal, and/or transport companies and their consultants
- Temporary fencing contractors, crane operators, scaffolding suppliers / erectors, and elevator installation, repair or maintenance contractors.
- Vendors, suppliers, fabricators, material dealers, truckers, haulers, drivers and others who merely transport, pick up, deliver or carry materials, personnel, parts or equipment or any other items or persons to or from the Site;
- Contractors and their Subcontractors who do not perform any actual labor on the site
- Persons or entities who are not Enrolled Parties; or

- Any other persons or entities not identified as an Enrolled Party in above, or who, whether or not they qualify as Enrolled Parties, are expressly excluded by District, in its sole discretion, from participation as Enrolled Parties.

**Insured** LACCD, Enrolled Contractors and Enrolled Subcontractors, and any other party so identified in the insurance policies

**Insurer** The insurance companies named on a policy or certificate of insurance that provide coverage for the OCIP

**OCIP** LACCD Controlled Insurance Program—a consolidated insurance program providing specific insurance coverages as described in this Reference Guide for Work at the Project Site(s)

**OCIP Administrator** Alliant Insurance Services, Inc.

**On-Site Activities** Those activities “at or emanating from” the Project Site

**Program** LACCD construction and renovation projects eligible and enrolled in the OCIP

**Program Risk Manager** Albert Risk Management Consultants

**Project Site** “Project Site” shall mean those areas designated in writing by LACCD for performance of the Work and such additional areas as may be designated in writing by LACCD for Contractor’s use in performance of the Work. Subject to the notification and other requirements for off-site locations described on page 16, the term “Site” shall also include (a) field office sites, (b) property used for bonded storage of material for the Project approved by LACCD, (c) staging areas dedicated to the Project, and (d) areas where activities incidental to Project are being performed by Contractors or Subcontractors covered by the workers’ compensation policy included in the OCIP, but excluding any permanent locations of Contractors or such covered Subcontractors

**Subcontractor** Those persons, firms, joint ventures, corporations, or other parties that enter into a Contract with a Contractor to perform Work relating to LACCD construction projects

**Work** Operations as fully described in the Contract, performed at or emanating directly from the Project site; the entire completed construction or the various separately identifiable parts required to be furnished under the Contract documents



# SECTION 2 - OCIP PROJECT DIRECTORY

## OCIP ADMINISTRATOR

Alliant Insurance Services

701 B Street, 6<sup>th</sup> Floor

Tel. 619-238-1828

San Diego, CA 92101 (License No. 0C36861)

Fax. 619-699-2111

**Program Manager** - Mike Davidson.....619-849-3858

E-mail.....[mdavidson@alliant.com](mailto:mdavidson@alliant.com)

**Program Administrator** - Annette Welnetz .....619-849-4685

Email.....[Annette.Welnetz@alliant.com](mailto:Annette.Welnetz@alliant.com)

**OCIP Document Submission**.....[alliant@wrapx.com](mailto:alliant@wrapx.com)

**Online Enrollment, Payroll Reporting, and Document Management**

**Website**..... <https://alliantwrapx.alliant.com/ContractorPortal/>

\*Contact Program Administrator for User Access

## PROGRAM RISK MANAGEMENT AND SAFETY

1055 Corporate Center Drive

Monterey Park, CA 91754

**Construction Risk Management** - Olivia Raese.....916-842-5203

E-mail.....[olivia.raese@build-laccd.org](mailto:olivia.raese@build-laccd.org)

**Safety** - Steve Fraser.....442-888-0965

E-mail.....[steve.fraser@build-laccd.org](mailto:steve.fraser@build-laccd.org)

## **SECTION 3 - OCIP INSURANCE COVERAGE**

This section provides a brief description of OCIP Coverages and should be read in conjunction with the Insurance Conditions of Construction Documents. Refer to the actual policies for details concerning coverage.

### **COVERED PARTIES**

Parties covered as named insureds include LACCD, Enrolled Contractors, and Enrolled Subcontractors. Parties included as additional insureds may include some local municipalities, some utility owners, and any other party that LACCD is required under contract to add as additional insured.

### **EXCLUDED PARTIES**

Excluded Parties, as defined in Section 1 of this Reference Guide, are precluded from OCIP coverage.

LACCD reserves the right, at its sole discretion, to include or exclude any Contractor or Subcontractor from the OCIP, even if the Contractor or Subcontractor is eligible to enroll in the OCIP.

### **EVIDENCE OF OCIP COVERAGE**

Each Enrolled Contractor and Enrolled Subcontractor will be issued an individual workers' compensation policy. The OCIP Administrator will provide a Certificate of Insurance evidencing workers' compensation, general liability, and excess liability insurance to each Enrolled Contractor and Enrolled Subcontractor, each of whom will be named insured on the OCIP policies. Other documentation, including workers' compensation claim reporting forms, posting notices, etc., will be furnished to each Enrolled Contractor and Enrolled Subcontractor. Complete copies of policies may be requested from the OCIP Administrator.

### **SUMMARY OF OCIP COVERAGES**

The following sections describe the insurance policies that LACCD has included in the OCIP. These are summaries only. Refer to the policies for actual terms, conditions, exclusions, and limitations. In the event of conflict between the policies and these summaries, the policies govern.

**Workers' Compensation and Employers' Liability**

**Annual Limits per Insured**

**Part One** – Workers' Compensation..... Statutory

**Part Two** – Employers' Liability

Bodily Injury by Accident, each Accident.....\$1,000,000

Bodily Injury by Disease, each employee.....\$1,000,000

Bodily Injury by Disease, policy limit..... \$1,000,000

**Each Enrolled** contract and Enrolled Subcontract will be issued a separate workers' compensation policy.

**Commercial General Liability**

**Limits of Liability Shared by All Insureds**

General Aggregate.....\$4,000,000

Products/Completion Operations Aggregate.....\$4,000,000

Personal/Advertising Injury Aggregate.....\$2,000,000

Each Occurrence Limit ..... \$2,000,000

**General Liability Contractor Obligation** Contractor shall be responsible, at its own expense, for a sum equal to its deductible or self-insured retention under its corporate commercial general liability policy subject to a minimum of \$5,000 each occurrence including court costs, attorney fees, and cost of defense for bodily injury or property damage to the extent losses payable are attributable to Contractor's Work, acts or omissions, or the acts or omissions of any of its Subcontractors or any other entity or person for whom Contractor may be responsible. Proof of such deductible or self-insured retention under corporate general liability policy shall be provided upon notice of claim. If contractor performs any work to remedy damage covered by such policies, all such work shall be subject to the terms and conditions of the Contract Documents including but not limited to the pricing requirements for additional work set forth therein.

**Excess Liability**

**Limits of Liability Shared by All Insureds**

Each Occurrence Limit.....\$100,000,000

Annual General Aggregate Limit.....\$100,000,000

**Builder's Risk** LACCD will insure, through its Builder's Risk insurance program, all Work while in the course of construction, reconstruction, remodeling, or alteration, including materials incorporated in the Work, against physical loss or damage resulting from the perils normally insured under a "Specified Perils Course of Construction" policy with a Contractor obligation equal to its deductible or self-insured retention under its corporate builder's risk policy (subject to a minimum of \$5,000) for any loss in the event of damage to the Work. Proof of such deductible or self-insured retention under its corporate builder's risk policy shall be provided

upon notice of claim. The term “materials incorporated in the Work” used in this paragraph shall mean materials furnished while in the transit to, stored at, or in permanent place at the Project Site(s). If Contractor performs any work to remedy damage covered by such policies, all such work shall be subject to the terms and conditions of the Contract Documents including but not limited to the pricing requirements for additional work set forth therein.

**Note** Contractors are advised to arrange their own insurance for Contractor-owned equipment and materials not intended for inclusion in the project. The OCIP will not cover Contractor property. **Builder’s risk coverage provided by the District DOES NOT include coverage for DELAY COSTS.** The descriptions above provide a summary of coverages only. Contractors should refer to the policies for actual terms and conditions.

**Builder’s Risk Contractor Obligation.** Contractor will be responsible for a sum equal to its deductible or self-insured retention under its corporate builder’s risk policy (subject to a minimum of \$5,000) for any loss due under the Districts builder’s risk insurance program for damage to work of Contractor or any Subcontractor of any tier including damage to work of other Contractors.

## LIMITATIONS OF OCIP COVERAGES

The insurance provided under the OCIP does not extend coverage for products liability to any insured party, vendor, supplier, material dealers, or others for any products manufactured, assembled, or otherwise worked upon away from the Project Site(s). There is no Workers’ Compensation coverage for work performed away from the Project Site(s).

## OCIP TERMINATION OR MODIFICATION

LACCD reserves the right to terminate or modify the OCIP or any portion thereof. If LACCD exercises this right, Contractors will provide notice as required by the terms of their individual contracts. At its option, LACCD may procure alternate coverage or may require the Contractors to procure and maintain alternate insurance coverage.

# SECTION 4 - CONTRACTOR'S REQUIRED COVERAGE

All Contractors and Subcontractor shall maintain coverage to protect against losses that occur away from the Site or that are otherwise not covered under the OCIP.

Contractors and Subcontractors are required to maintain insurance that protects LACCD from liabilities arising from operations performed away from the Project site, for certain coverage not provided by the OCIP, and for operations performed by excluded parties.

Verification of insurance may be submitted in the form of a Certificate of Insurance on a standard ACORD Form 25-S. Please note requirements for thirty (30) day notice of cancellation, waiver of subrogation, and additional insured status. An Additional Insured endorsement for each policy naming LACCD and other parties as referenced by Article 11 of the General Conditions of the Construction Contract shall be provided. Insurers shall be rated A-: VI or better by A.M. Best.

**Contractors are responsible to monitor Subcontractors' (including EXCLUDED Parties) evidence of insurance.** LACCD reserve the right to disapprove use of Subcontractors unable to meet the insurance requirements. Certificates evidencing compliance shall be available to LACCD or the OCIP Administrator on request.

## **Note: Evidence of Compliance Required**

Prior to mobilization and within three (3) days of any renewal, change, or replacement of coverage, Contractors shall submit to LACCD a Certificate of Insurance evidencing the coverage as specified in this section with a 30-day notice of cancellation provision. General and Excess Liability Policies shall include LACCD and others as required in the contract, and those Policies shall be primary and non-contributory. An Additional Insured endorsement providing completed operations coverage shall be included for the general liability policy.

## **Note: Insurance Requirements Not Limiting**

The limits of liability shown for the insurance required of the Contractor and Subcontractors are *minimum* limits only and do not restrict the liability imposed on the Contractor and Subcontractors for Work performed under their Contract.

# Contractor-Provided Coverage Specifications

## Automobile Liability

Covering all owned, hired, and non-owned automobiles, trucks, and trailers with coverage not less than that of the commercial Business Auto Policy with limits not less than **\$2,000,000 Combined Single Limit** each accident for Bodily Injury and Property Damage. Coverage shall apply both on and away from the Project Site. Contractor’s contract with each subcontractor shall require auto liability coverage for the subcontractor with the same requirements imposed on the Contractor except with limits no less than \$1,000,000 combined single limit.

**All Contractors** shall provide evidence of automobile liability insurance. The OCIP does not provide automobile liability coverage.

<b>Worker’s Compensation</b>	<b>Minimum Limits of Liability</b>
<b>Part One</b> -Workers’ Compensation.....	Statutory Limit
<b>Part Two</b> -Employer’s Liability	<b>Annual Limit</b>
Bodily Injury by Accident, each Accident.....	\$1,000,000
Bodily Injury by Disease, each employee.....	\$1,000,000
Bodily Injury by Disease, policy limit.....	\$1,000,000

**Enrolled Contractors** shall provide evidence of Workers’ Compensation insurance for off-site activities, including design work. **Excluded Contractors** shall provide evidence of Workers’ Compensation insurance applicable to this project and off-site.

<b>Commercial General Liability/Umbrella Liability</b>	<b>Minimum Limits of Liability</b>
General Aggregate.....	\$2,000,000
Products/Completed Operations Aggregate.....	\$2,000,000
Personal/Advertising Injury Aggregate.....	\$1,000,000
Each Occurrence Limit.....	\$1,000,000

Coverage shall be on an Occurrence form providing coverages no less than coverage provided under the Insurance Services Office form CG 00 01 and must apply to bodily injury and property damage for operations (including explosion, collapse, and underground coverage), independent Contractors, products and completed operations. Limits can be provided by a combination of a primary Commercial General Liability policy and Excess or Umbrella Liability Policy

**Enrolled Contractors** shall provide evidence of General Liability insurance for off-site activities. **Excluded Contractors** shall provide evidence of General Liability insurance applicable to this project and must add LACCD and other Parties as Additional Insureds to the policy.

### **Watercraft and Aircraft Liability**

Should either watercraft or aircraft of any kind be used by Contractor, Subcontractor of any tier, or by anyone else on its behalf, Contractor or Subcontractor shall maintain or cause the operator of the watercraft or aircraft to maintain Liability insurance with a minimum Combined Single Limit for Bodily Injury and Property Damage including Passengers to be determined by LACCD. The policies should add LACCD and others as required as Additional Insured with primary and non-contributory wording.

### **Professional Liability**

All professional service firms must provide appropriate professional liability insurance. Architects and engineering firms must provide insurance covering liability arising out of design errors and omissions with a limit of not less than \$2,000,000 per claim for design prime Contractors. Design Build contractors shall provide Design Build Liability insurance with a limit of not less than \$2,000,000 per claim.

**LACCD does not provide Professional Liability insurance for Contractors or Subcontractors.**

### **Pollution Liability**

Contractor's pollution liability insurance (for Contractors or Subcontractors performing Hazardous Substance remediation or as required by District) shall be written on a form acceptable to District providing coverage for liability arising out of sudden, accidental and gradual pollution. The policy limit shall be no less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate. When this insurance is required, all activities comprising the Work shall be specifically scheduled on the policy as "covered operations." The policy shall provide coverage for the hauling of waste from the Site to the final disposal location, including non-owned disposal sites. Products/completed operations coverage shall extend a minimum of three (3) years after Final Completion. Coverage shall be included on behalf of the insured for covered claims arising out of the actions of independent Contractors. If the insured is using Subcontractors said policy must include work performed "by or on behalf" of the insured. Said policy shall contain no language that would invalidate or remove the insurer's duty to defend or indemnify for claims or suits expressly excluded from coverage. Said policy shall specifically provide for a duty to defend on the part of the insurer. If the covered operations involve Hazardous Substances remediation under a subcontracting arrangement, Contractor shall insure that the Subcontractor performing the remediation complies with this requirement. Such Subcontractors shall be ineligible for the OCIP.

## **Property Insurance**

Contractors and Subcontractors shall arrange their own insurance for owned and leased equipment, whether such equipment is located at a Project Site or “in transit”. Contractors and Subcontractors are solely responsible for any loss or damage to their personal property including Contractor tools and equipment, scaffolding and temporary structures, whether owned, used, leased, or rented by the Contractor or Subcontractor. Contractors and Subcontractors are also responsible for any loss or damage to property or materials created or provided under the Contract until the property or materials arrive at the Project Site(s).

### **Note: All Limits Shown Above Are Minimums**

For specific Contracts where—in the sole opinion of LACCD Program Management—the hazards or nature of the work require special protection and which are Excluded from the OCIP, the Program may require additional coverage or limits from the Contractor.

### **Note: Waivers Required**

Contractor Workers’ Compensation, General Liability, Automobile, Umbrella or Excess Liability and Property insurers shall provide Waivers of Subrogation in favor of LACCD and other parties as may be designated in the Contract.



# SECTION 5 - CONTRACTOR AND SUBCONTRACTOR RESPONSIBILITIES

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

Contractors and Subcontractors are required to cooperate with LACCD and its OCIP Administrator in all aspects of OCIP operation and administration. Responsibilities of the Contractor and Subcontractor are defined in the Contract and include:

- Removing the cost of insurance from bids as appropriate and providing supporting documentation in the form of rate and/or dec pages
- Include copies of Workers Compensation, General Liability and Excess Liability policy rating pages with OCIP enrollment
- Providing each Subcontractor this Reference Guide and Project Safety Standards
- Reviewing and understanding coverages, exclusions, and limitations of OCIP policies
- Enrolling in the OCIP, if eligible, prior to mobilization on the Site(s)
- Including OCIP provisions in all subcontracts as appropriate
- Providing timely evidence of other insurance or Contractor required insurance to the OCIP Administrator prior to mobilization on the Site(s) including notice of deductible or self-insured retention on required general liability and builder's risk coverage
- Notifying the OCIP Administrator of all subcontracts awarded
- **Maintain and report monthly OCIP payroll records (MANDATORY)**
- Cooperating with the OCIP Administrator's requests for information
- Complying with insurance, claim, and safety procedures
- Promptly reporting ALL on-site incidents to the Campus Project Manager, Safety Representative, and OCIP Administrator
- Paying General Liability or Builder's Risk Contractor Obligations promptly
- Providing releases for all parties contributing to cost of, or receiving proceeds from, claim payments
- Notifying the OCIP Administrator of any insurance cancellation or non-renewal (contractor-required insurance)
- Ensuring that Subcontractors comply with all appropriate provisions above
- Cooperating with insurer claims personnel and auditors

## Contractor Bids

Since LACCD provides insurance for all Enrolled Parties under the OCIP for work performed at the Project Site, Contractor and Subcontractor bids and change orders should exclude insurance costs for these coverages as required in the Contract. Section 7 of this Reference Guide

contains worksheets that are used to help identify insurance costs for this Project. These worksheets should be returned with your Bid to identify the credit applied. The OCIP Administrator can also help with your estimate. The section below, “Adjustments for Costs of OCIP Provided Coverages”, describes the procedure for bidding—and how the Contractor must remove the cost of the OCIP-provided insurance for Contractor and all Subcontractors—from the bid. After Award of Contract, sample copies for the Workers’ Compensation, General Liability, and Builder’s Risk policies are available by request to the OCIP Administrator. Parties seeking copies of the policies prior to award of the contract should contact the Build LACCD procurement staff overseeing the bid process.

**Note:**

Before estimating insurance, costs or contacting your insurance representative about excluding this project from regular coverage, you should read this Reference Guide in its entirety.

## Adjustment for Costs of OCIP Provided Coverages

Each eligible Contractor and Subcontractor is required to **exclude** the cost of OCIP provided insurance coverages from its bid price for the proposed scope of work (including subcontracted work whether or not the Subcontractor is identified at the time of the bid).

**See Section 7** for forms that can help identify your insurance costs. See Section 2 for information on contacting the OCIP Administrator.

**Note:**

The OCIP Insurance Cost and Enrollment Sheet must be submitted to the OCIP Administrator in order to enroll in the OCIP. Full details on this requirement are provided in the following subsection of this Reference Guide.

Change orders will be similarly priced by the Enrolled Parties to exclude the cost of OCIP provided insurance coverages. Under LACCD’s OCIP, the final payroll is determined through an audit conducted by the OCIP insurer.

Contractors are responsible for ensure that their Subcontractors of all tiers also deduct the cost of the OCIP provided insurance coverages from their bids. In addition, Subcontractors are required to identify the amount of insurance credit applied to the bid by completing the Insurance Cost and Enrollment Sheet.

## Enrollment

Each Contractor shall provide details about its Subcontractors as necessary to enroll them in the OCIP. The Contractor and Subcontractor must complete the enrollment form online or complete Form A: OCIP Cost and Enrollment Sheet. The form must be completed and submitted to the OCIP Administration **prior** to mobilization on the Site(s) to obtain coverage under the OCIP. **A new Enrollment Application is required from the Contractor or Subcontractor for each new contract awarded. Enrollment for other LACCD projects and contracts does not result in automatic enrollment in new projects and contracts.**

**See Section 7** for OCIP enrollment forms.

Each Enrolled Contractor or Enrolled Subcontractor will receive a Confirmation Letter. A Confirmation Letter is a letter issued by the OCIP Administrator that confirms acceptance of the applicant into the LACCD OCIP. On-site work should not begin until you have received written confirmation of your coverage under the OCIP. Contractors and Subcontractors must comply with all terms of this Reference Guide, and the Program Health, Safety and Environmental Plan, for contract compliance.

**Note: Enrollment Not Automatic**

Enrollment into the OCIP is required, but not automatic. Eligible Contractors and all eligible Subcontractors **MUST** complete the enrollment forms and participate in the enrollment process for OCIP coverages to apply. Access to the Project Site will not be permitted until the enrollment is complete. All contractors and subcontractors must enroll in the OCIP for each individual Project or Contract they are awarded.

## Assignment of Return Premiums

The cost of the OCIP insurance coverages will be paid by LACCD. LACCD will be the sole recipient of any return OCIP premiums or dividends. All Enrolled Contractors and Enrolled Subcontractors shall assign to LACCD all adjustments, refunds, premium discounts, dividends, credits, or any other monies due from the OCIP insurers. Contractors shall assure that each Enrolled Subcontractor shall execute such an assignment. The construction contract also stipulates Contractor and Subcontractor assignment of premiums to LACCD.

## Payroll Reports

Each Enrolled Contractor and Enrolled Subcontractor of every tier must report their monthly, i.e. first of the month to the last of the month, OCIP payroll identifying worker-hours and payroll with Workers' Compensation classification code for all Work performed at the Project Site. This information will be used to provide LACCD's insurers with information required for determining LACCD's insurance premiums.

All Enrolled Parties must report their on-site payroll by the 10<sup>th</sup> of the following month either using the Alliant Wrap X Contractor Portal or by completing Form C: OCIP Payroll Reporting

Form and submitting to the OCIP Administrator. Access information will be provided at the time of your enrollment into the OCIP. The monthly worker-hour and payroll information should include any supervisory and clerical personnel that are on-site, and cover all Work performed at or emanating from each Project Site. If no on-site work was performed during the payroll reporting period, the information must be submitted indicating zero.

**Note: Reporting Mandatory**

Failure to submit payroll reports as required may result of withholding of payments until required documentation is received.

**Note: Separate Reports Required**

A separate Monthly Payroll Report is required for each Contract for Work you are performing. This report is not a Certified Payroll Reporting (CPR) form. Certified Payroll and OCIP payroll are not related. Any Certified Payroll Reports submitted online or to the OCIP Administrator will not be accepted.

## Insurance Company Payroll Audit

Each Enrolled Contractor and Enrolled Subcontractor is required to maintain payroll records for each Contract. Such records will allocate the payroll by Contract and by Workers' Compensation classification(s) code and exclude the excess or premium paid for overtime ((i.e., only the straight time rate will apply to overtime hours worked). Furthermore, such records will limit the payroll for Executive Officers and Partners/Sole Proprietors to the limitations as stated in the state manual rules.

All Enrolled Parties must properly classify payrolls, as these are reported to the rating bureau for promulgation of future Experience Modifiers for said form. All Parties shall make available their payroll records, vouchers, contracts, documents, and records—of any and all kinds—to the auditors of the OCIP insurer(s) and LACCD's representatives. Availability of records must be for the policy period, any extension, or during a final audit period as required by the insurance policies.

The **OCIP Insurer** is the insurance company named on the policy or on the Certificate of Insurance that provides coverage for the OCIP.

## Completion of Work

Each Enrolled Contractor and Enrolled Subcontractor of every tier must submit Form D: Notice of Work Completion when their on-site Work is complete and they no longer have workers on Site. The Notice of Work Completion must be submitted to the OCIP Administrator.

Alternative to the Notice of Work Completion, close out may be submitted online via the Wrap X Contractor Portal and an alert of submission provided to the OCIP Administrator.

Final Payment will not be released by the District until all necessary forms have been submitted to the OCIP Administrator.

Parties no longer Enrolled in, or covered by, the OCIP shall obtain and maintain—and shall require each of their Subcontractors of all tiers to obtain and maintain—the insurance coverage herein all operation at and away from the Project Site.

## Claims Reporting

Each Contractor and Subcontractor shall follow claims procedures established by the OCIP Administrator. Contractors and Subcontractors agree to assist and cooperate in every manner possible with the adjustment of claims and demands. Refer to Section 6 of this Reference Guide.

A claims kit will be provided to all Contractors. It will include details about claim reporting and is intended for use at the job Site.

A manual establishing minimum standards for Contractor safety programs will be provided to all Contractors

## Safety and Standards Prequalification

Each Contract and Subcontractor is required to have a written safety program and to provide a designated safety representative who is on-site when any Work is in progress. Minimum standards for Contractor safety programs are outlined in the Program's Health, Safety, and Environmental Plan. Contractors must pre-qualify their Subcontractors for safety according to the standards in the Reference Guide.

**A Maximum Allowable Experience Modification Rate (EMR) of 1.24 is established for Contractors working on the Program.**

Any Contractor or Subcontractor of any tier with an EMR greater than 1.24 will not be permitted to work on the Program and are ineligible to enroll in the OCIP. Questions regarding safety standards should be directed to Program Safety identified on page 10 of this Reference Guide.

## Change Order Procedures

Change orders must also exclude the Contractor's and its Subcontractors' cost of OCIP provided insurance coverages. The OCIP Administrator can help determine these costs.

## Close out and Audit Procedures

The Enrolled Contract and Enrolled Subcontracts must submit a Form D: Notice of Work Completion or an Online Close out when a Contractor and/or lower tier Subcontractor has completed its Work at the Project Site(s) and no longer has workers on Site. LACCD will not authorize issuance of final payment until, among other things, all necessary forms have been submitted to the OCIP Administrator. Any General Liability or Builder's Risk Contractor Obligation for which the Contractor or Subcontractor of any tier is responsible will be considered at the time of close out. General Liability or Builder's Risk Contractor Obligation previously paid will not be considered as part of the close out.

# SECTION 6 - CLAIMS PROCEDURES

This section describes basic procedures for reporting various types of claims: Workers' Compensation, liability, and damage to the project.

## Workers' Compensation Claims

**First see that the injured worker receives immediate medical care if needed.** Call 911 for emergency ambulance response to any life-threatening injuries and contact the campus Sheriff's office. In the event of a serious injury, immediately notify the OCIP Administrator, Program Safety, and the Campus Project Manager.

A Claims Kit will be provided to all Contractors. It will include details about claim reporting and is intended for use at the job site. Additional kits or forms are available from the OCIP Administrator.

To report a Workers' Compensation claim either:

1. Complete the Form 5020: Employer's First Report—which can be found in your Claims Kit—and email it to [clclaimreports@libertymutual.com](mailto:clclaimreports@libertymutual.com)

**OR**

2. Call the claim into the toll-free Intake and Referral line number: **800-362-0000**. This line will complete the 5020 over the phone and fax a copy to the employer, the insurance company (Liberty Mutual), Build LACCD Safety Manager as well as the OCIP Administrator. This number is available 24 hours a day, 7 days a week.

A list of available medical providers (can you look at the old list and let me know if they are the same, I will make a new chart) for each campus is included in Section 7 of this Reference Guide.

Contractors and Subcontractors must designate a representative at the site to take injured employees to the medical treatment center and to report the claim. This individual is to remain with the injured employee at the medical treatment center while he/she is being treated. The treating physician should provide a written description of the injured employee's ability to return to work, a list of restrictions—if any, and the estimated length of time the injured worker must be on modified duty—if appropriate. LACCD requires transitional modified work to keep injured workers gainfully employed during the recovery.

**The Carve-out** program requires that all Workers' Compensation claims are subject to alternative dispute resolution (ADR). Information will be provided separately to each Contractor and Subcontractor.

**Assistance** with any OCIP issue can be found by calling the OCIP Administrator.

## Liability Claims

Accidents at or around the Project Site(s) resulting in damage to property of others (other than your own work product) or bodily injury or death to a member of the public, **must be reported immediately to the OCIP Administrator**. Complete and deliver the Superintendent's Incident Report, including names, addresses, date, time, photos, etc. to the OCIP Administrator within 24 hours of the incident. Provide proof of Contractor deductible or self-insured retention upon notice of claim.

Do not admit liability. Cooperate with the LACCD and the OCIP insurer representatives in the accident investigation.

## Property (Builder's Risk) Claims

Report incidents or possible claims by immediately notifying the OCIP Administrator of any physical damage to the Project. Provide proof of Contractor deductible or self-insured retention upon notice of claim.

**The District provided Builder's Risk insurance DOES NOT cover Contractors' equipment or DELAY COSTS.**

## Automobile Claims

No coverage is provided for contractors for automobile accidents under the OCIP. It is the sole responsibility of each Contractor and Subcontractor to report accidents involving their automobiles or other vehicles to their own insurers.

Even though the OCIP does not cover Auto Liability, all accidents occurring in or around the job site must be reported to the OCIP Administrator. The accident will be investigated to determine any liability arising out of the Project construction activities that could result in future claims (e.g. due to the conditions of the road, etc.). Each Contractor and Subcontractor shall cooperate in the investigation of all automobile accidents.

## Pollution Incidents

**IMPORTANT:** Report all incidents or possible claims by immediately notifying the OCIP Administrator of any known or suspected pollution incidents.



# SECTION 7 - APPENDIX

This section contains the forms needed for reporting claims, reporting payroll, and other administration of the OCIP.

Form A	Contractor Insurance Cost and Enrollment Sheet
Form B	Notice of Subcontractor Award Form
Form C	On-Site Payroll Reporting Form
Form D	Notice of Work Completion
	Alliant Wrap X Online Enrollment Process
	Available Medical Providers by Campus

## Note

For assistance in completing these forms, please contact

Annette Welnetz—OCIP Administrator 619-849-4685

Katie Gatti—OCIP Assistant Program Manager 619-849-3896

## Form A: Contractor Insurance Cost and Enrollment Sheet LACCD OCIP

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Person to Contact \_\_\_\_\_

Email Address of Contact \_\_\_\_\_

Telephone/Fax \_\_\_\_\_

Federal ID Number \_\_\_\_\_

Type of Work \_\_\_\_\_

Campus/Project Location \_\_\_\_\_

Regarding your own business insurance, please answer the following:

Workers' Compensation Insurance  
**Who is your insurance company?** \_\_\_\_\_

**What is your WC policy number?** \_\_\_\_\_

**What is your WC policy expiration date?** \_\_\_\_\_

**Provide your WC Rating Board Number:** \_\_\_\_\_

**Contract Value:** \_\_\_\_\_

**Estimated % of self-performed Work** \_\_\_\_\_

**Start date at the project Site** \_\_\_\_\_

**Hiring Contractor** \_\_\_\_\_

Work Classification	Est. Man Hours	Estimated Payroll	WC Rate per \$100	Premium Cost
Totals				

At this point, compute your net cost of Workers' Compensation Insurance:

Times experience modifier	
Equals modified premium	
Plus/Minus Rate Deviations	
Less: Any Premium Credits	
<b>TOTAL WORK COMP. COSTS</b>	

Calculate your estimated Liability Insurance Cost:

	Your Current Policy Rate	(x)	Payroll or Receipts	(=)	Premium Cost
CGL					
Excess					
<b>Liability Premium Costs</b>					
Your subtotal cost for insurance (WC & Liability)					
Overhead & Profit on Insurance Premium (%)					
Total lower tier subcontractor insurance credit (Form B)					
Total Initial Insurance Credit					

<b>Signed by:</b> _____	Print Name & Title: _____	Date: _____
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**Form B: Notice of Subcontract Award Form  
LACCD OCIP**

<b>CONTRACTOR MAKING AWARD:</b>	<b>ALLIANT ASSIGNED CONTRACT NUMBER</b>
<b>CAMPUS &amp; NAME OF PROJECT:</b>	
<b>BY:</b>	<b>TITLE:</b>
<b>PHONE:</b>	<b>FAX:</b>
<b>EMAIL:</b>	<b>DATE:</b>

<b>WE HAVE AWARDED A SUBCONTRACT AS FOLLOWS:</b>	
<b>SUBCONTRACTOR NAME:</b>	
<b>ESIMATED PROJECT START DATE:</b>	<b>CONTRACT VALUE:</b>
<b>SCOPE OF WORK</b>	
<b>SUBCONTRACTOR ADDRESS:</b>	
<b>CONTACT NAME:</b>	<b>EMAIL:</b>
<b>PHONE:</b>	<b>FAX:</b>

## Form C: Monthly On-Site Payroll LACCD

**THIS REPORT MUST BE SUBMITTED TO ALLIANT INSURANCE SERVICES ON A MONTHLY BASIS  
Complete a separate form for each month and/or contract.**

Report#: \_\_\_\_\_ Month Ending: \_\_\_\_\_

Check if this is your First Payroll report.     Check if payroll is \$0 for the month.

CONTRACTOR NAME:	CONTRACT #:
------------------	-------------

Workers' Compensation Class Code	Work Description	Total Monthly Man Hours	Gross Payroll	Reportable Payroll*
TOTAL				

Check if this is your Last Payroll Report. Complete Notice of Work Completion and send with this payroll report.

I certify that the above information is correct	
Signature:	Date:
Name:	Title

\*Do not include overtime wages, use straight time wage rates only. No fringe benefits, sick time or holiday pay.\*

**Please return by Email**

Annette Welnetz  
701 B Street 6<sup>th</sup> Floor  
San Diego, CA 92101

email: [Annette.Welnetz@alliant.com](mailto:Annette.Welnetz@alliant.com)  
phone: (619) 849-4685

## FORM D-Notice of Work Completion LACCD

The following Contractors and Subcontractors have completed their Work at the Site under their contract with our firm on the date below:

Campus & Name of Project:	
Contractor's Legal Name:	
Contractor's Address:	
Alliant Assigned Contract Number:	
Final Contract Value:	Last Day on Site:
Work Performed:	

List Subcontractors, if any, which are included in this Work, last day on Site, and final contract value for each:

Contractor Name	Last Day on Site	Final Contract Value

Final Insurance Audits may be made from records located at:

---



---

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

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

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

Title: \_\_\_\_\_

## Access Contractor Portal

An account will be created for all users upon submittal of Notice of Award (NOA). *If you are already registered, log in and proceed to Completing Enrollments on Page 3 below.* Open the Alliant WrapX

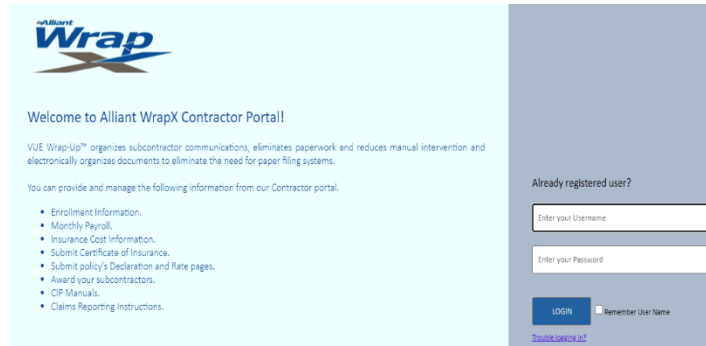
Contractor Portal URL in a web browser: <https://alliantwrapx.alliant.com/ContractorPortal/>

The Alliant WrapX Contractor Portal login screen will be displayed.

### How to Log In

Once at the WrapX home page:

- Contact the Alliant CIP Administrator to obtain a **Username**.
- Enter your unique **Username** and enter your **Password**.
- Click on the “**LOGIN**” button to gain access to the secure WrapX Contractor Portal.
- Please note that the first time you log on you will be requested to change your password.
- If you forgot your password or ID, click on “**Trouble logging in?**” and follow the instructions.



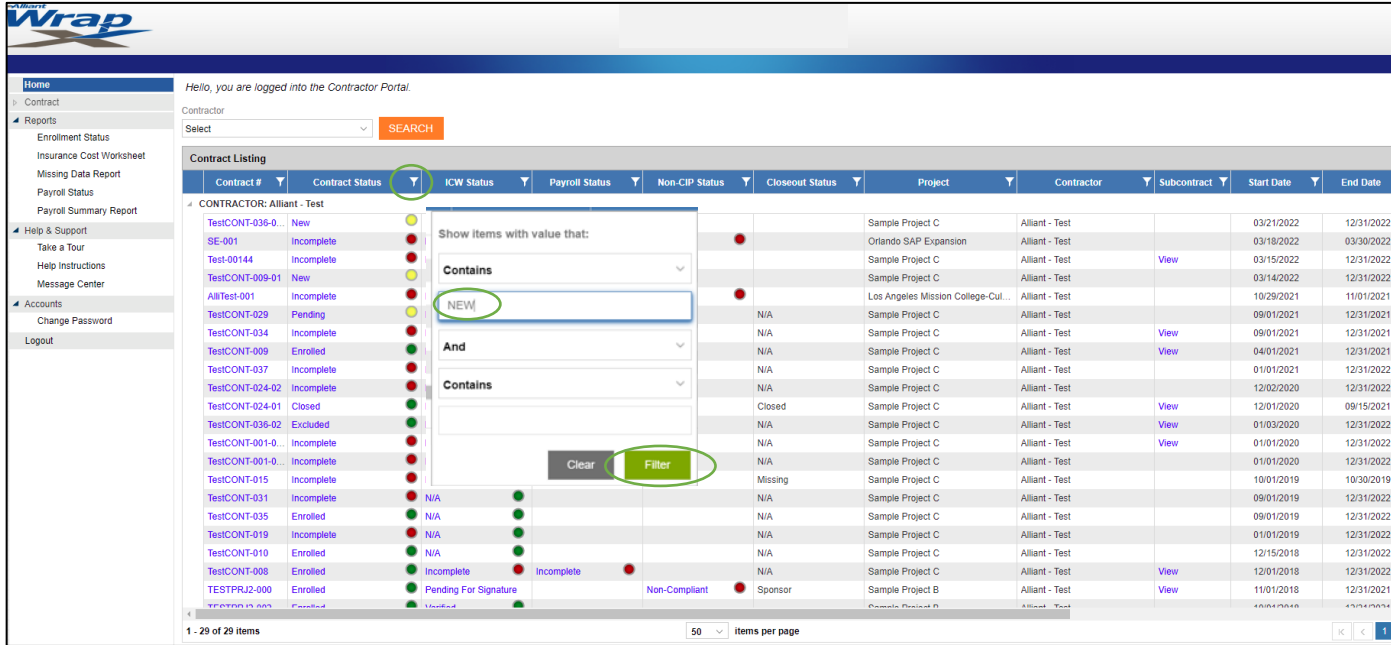
### Forgot Username or Reset Password Screen

If you forgot your username or password, click on “[Trouble logging in?](#)” and follow system prompts.

Once all required information has been submitted (ex: email address and/or username), temporary credentials will be directly sent to contractor. If a temporary password is not received within a few minutes, please check your spam folder, or reach out to Alliant CIP Administrator.

# Completing Enrollments

- To find your newly added contract(s), filter your contracts by **New**.
- Contracts that are in process for enrollment will show a status of **Incomplete** or **Pending**.

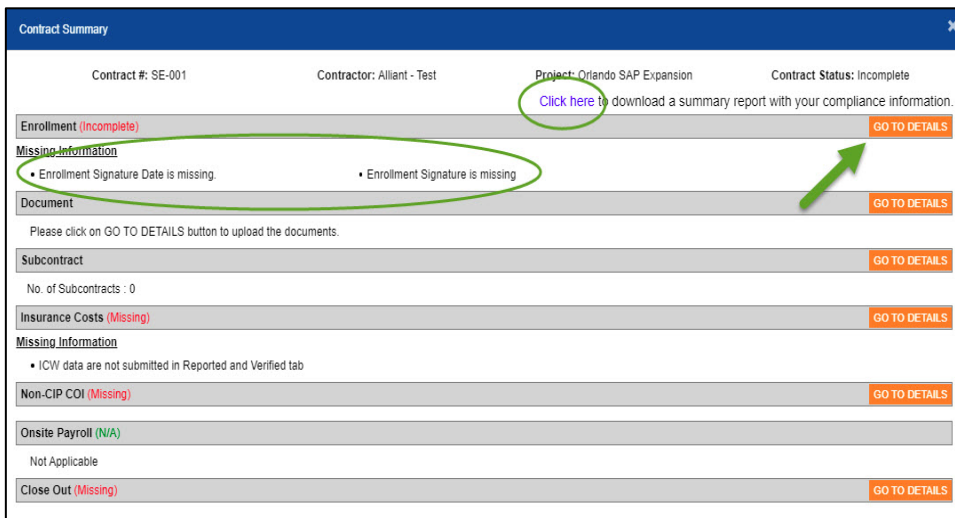


## Contract Status

### Color Codes

- Click on the Contract Number of the contract you need to update, to begin the process. The enrollment wizard will start on the Review page. Any section that is not compliant will be listed in **RED**.
- Areas of concern can be identified by finding the Missing Information, as shown below.

#	Contract Status	Color
1	Incomplete	RED
2	Enrolled	BLUE
3	Pending	Green
4	Excluded	Black
5	New	Yellow
6	Closed	Brown



- If you wish to run a report summarizing all information required to complete the enrollment, choose "**Click here**" at the top of the screen, to run and download the report

- Choose “[GO TO DETAILS](#)” to begin updating the contract
- After clicking “[GO TO DETAILS](#)”, you will be directed to the Enrollment Process. Any sections with missing data are notated with a red **X**, as shown below.
- Click on “[EDIT](#)”, in the section(s) where the additional data is needed.
- To quickly move to the next section, you can choose an item shown as incomplete (with a red **X**)

Home Application For Enrollment

In order for your company to be considered enrolled and covered under the Wrap Up Insurance, you must complete the details below. Any missing information may result in your contract being Incomplete and could delay insurance coverage. You will receive notices for any missing details required to complete and process your application. If you do not qualify for Wrap Up coverage, we will notify you. If your company qualifies for coverage and once all enrollment details have been provided, you will receive a copy of your Welcome Letter and Certificate of Insurance evidencing coverage in the Wrap Up.

Contract # TestCONT-036-02-01 Project Sample Project C (SprojectC) Contract Status: New Administrator's Review: Pending Contractor Subcontractor

Contract Information

Click the link in the left menu to open Enrollment Wizard and add/update information for each respective section.  
If you have any questions please contact Wrap-Up Administrator

**Company Information**

Project: Sample Project C  
Contractor Legal Name: Alliant - Test  
Federal ID: 99-9932103  
DBA:  
Business Type: Corporation  
License: Test

**Contract Information**

Any plans to Subcontract work on this contract? is required.

Estimated Contract Start Date: 03/21/2022  
Parent Contractor Name: Alliant - Test  
Estimated Contract Value: \$10,000.00  
Self performed Value:  
Description of Work: Stuff  
Trade:  
Any plans to Subcontract work on this contract?:


**Address**

- Please select Address Type.
- Please provide Street Address1.
- Please provide City.
- Please provide State.
- Please provide Zip Code.

Enter the missing data and click “[NEXT](#)” to proceed to the next section



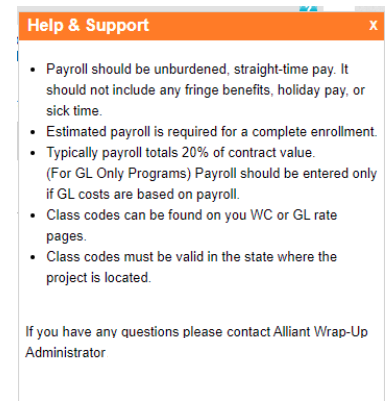
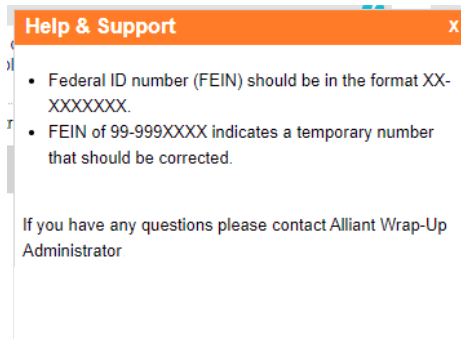
## Updating Address

- If your address already exists in the system, you may choose **“[Select Existing Address](#)”** Otherwise, enter the data as required
- To add a second address  Click on the Green Plus sign
- Choose **“[NEXT](#)”** to proceed through the data entry

## Reviewing Enrollment

- Once all items have been properly added to the contract, Click on **“[Review](#)”**
- Scroll to the bottom of the screen
- Check the Electronic Signature box
- Enter your Name and Click Submit.

If you have any questions while entering information, please use the [Help & Support](#) pop-out window to get on the spot help tailored to the section you are reviewing.



## Information Required for Enrollment in the System

Usual Information Required for Enrollment		
	Item	Help
1	<b>Contractor FEIN – Federal ID Number</b>	This is a 9 digit company number that is required for enrollment
2	<b>Contract Description</b>	Detailed Scope of work
3	<b>Start Date at project site</b>	Day physical work starts at jobsite
4	<b>Contractor Address</b>	Physical address of office. Any P.O. Box should be entered under Mailing address
5	<b>Workers' Compensation Class Codes for onsite work</b>	A four digit code that is state specific and can be located in your company WC rate pages
6	<b>Estimated Man hours and Payroll</b>	Entered For each class code
7	<b>Experience Modifier (EMR)</b>	Located in your company WC rate pages and entered as a decimal number (ex: 125% = <b>1.25</b> or 75% = <b>0.75</b> )
8	<b>WC Offsite Carrier/Policy #/Term</b>	Corporate WC carrier name/policy number
9	<b>Other basic information about the contract</b>	Contract Value; contact information for Company and/or Payroll; etc.

# Alliant WrapX Notice of Award Process

- Notice of Award (NOA) is required to be submitted by a contractor subcontracting out any work at <https://alliantwrapx.alliant.com/ContractorPortal>
- **An NOA is required for any contractor whether the contractor is an Enrolled or Excluded Party.**
- Please contact the Alliant CIP Administrator if you have not been given a login ID and Password.
- After logging into the system, find your contract and Click on the contract number
- Find the Subcontract section and Click on **“GO TO DETAILS”**

TestCONT-029	Pending	●	N/A
TestCONT-034	Incomplete	●	Pending
TestCONT-009	Enrolled	●	Incomplete
TestCONT-037	Incomplete	●	N/A
TestCONT-024-02	Incomplete	●	Incomplete
TestCONT-024-01	Closed	●	Incomplete

Contract #: TestCONT-009      Contractor: Alliant - Test      Project: Sample Project C      Contract Status: Enrolled

[Click here to download a summary report with your compliance information.](#)

**Enrollment (Enrolled)** [GO TO DETAILS](#)

**All Information Submitted**

**Document** [GO TO DETAILS](#)

Please click on GO TO DETAILS button to upload the documents.

**Subcontract** [GO TO DETAILS](#)

No. of Subcontracts : 1

**Insurance Costs (Incomplete)** [GO TO DETAILS](#)

**Missing Information**

- Click **Add Subcontract** to add a new Subcontractor.

receive notices for any missing details required to complete and process your application. If you do not qualify for Wrap up coverage, we will notify you. If your company qualifies for coverage and once all enrollment details have been provided, you will receive a copy of your Welcome Letter and Certificate of Insurance evidencing coverage in the wrap up.

Contract #: TestCONT-009      Project: Sample Project C (SProjectC)      Contract Status: Enrolled      Administrator's Review: Pending Contractor Submission

Alliant - Test / TestCONT-009

[Add Subcontract](#) | [Edit Subcontract](#) | [Delete Subcontract](#)

Contract #	Contract Status	ICW Status	Payroll Status	Non-CIP Status	Closeout Status	Project	Contractor	Start Date	End Date	Contract Value
<input type="checkbox"/> TestCONT-009-01	New	●				Sample Project C	Alliant - Test	03/14/2022	12/31/2022	\$25,000.00

- Click on the Magnifying Glass to search for subcontractor by name.
- \*Utilizing the search feature will prefill other items such as Federal ID Number (FEIN) or Trade, and it will allow for quicker entry of contact and address information.

Contract #

Business Name\*

Business Type

- Enter Subcontractor information, as well as contract information for each contract.

**Lookup**

Contractor Name/DBA:       Federal ID:

Contractor Name	Federal ID	DBA
<input type="radio"/> A & F Electrical Testing	99-9997449	
<input type="radio"/> AB & A Test Company, Inc.	95-3997944	
<input type="radio"/> ABC Drywall - Test	99-0000003	We Do Plaster too
<input type="radio"/> ABC Plumbing Contractor - Test	99-0000002	
<input type="radio"/> ABC Testing Inc.	99-9990377	
<input type="radio"/> About Electrical - Test	99-9999887	123
<input checked="" type="radio"/> About Electrical - Test	99-9999887	456
<input type="radio"/> Absolute Testing Services, Inc.	99-9995600	

1 of 246 items      50 items per page

- **All Yellow fields are required for entry**
- Search by Company Name or by FEIN
- Click **“SEARCH”**
- Choose the correct Company
- Click **“SELECT”**
- Complete the entry for the NOA.

Click **“SUBMIT”** if this is the only NOA you need to submit.

Click "[SAVE & ADD NEW](#)" if there are additional Subcontractors to add.

- After NOA submission, Alliant CIP Administrator will reach out to your subcontractor for enrollment.

## How to Report CIP Payroll

Payroll is reported via the Alliant WrapX Contractor Portal. Credentials are typically provided at the time of enrollment. If you are joining the project after enrollment, or are otherwise in need of a username and password, please contact the Alliant CIP Administrator.

- Log into the Contractor Portal
- Find the contract where you would like to enter payroll for the month.
- If any payroll is missing, you will see the Payroll Status as **Incomplete**
- Click on the Contract number to open the Contract Summary

**Contract Summary**

Contract #: TestCONT-001    Contractor: Alliant - Test    Project: Sample

**Enrollment (Enrolled)**

**Document**

**Subcontract**    [GO TO DETAILS](#)

No. of Subcontracts : 2

**Insurance Costs (N/A)**

**Non-CIP COI (Compliant)**    [GO TO DETAILS](#)

**Onsite Payroll (Incomplete)**    [GO TO DETAILS](#)

**Missingly payroll**

**Incomplete payroll**

• Jun 2020 - Missing Day(s) : 21

**Close Out (N/A)**    [GO TO DETAILS](#)

Contract #	Contract Status	ICW Status	Payroll Status	Non-CIP
TestCONT-009	Enrolled	Incomplete		
TestCONT-037	Incomplete			
TestCONT-024-02	Incomplete	Incomplete	Incomplete	
TestCONT-024-01	Closed	Incomplete		
TestCONT-036-02	Excluded	N/A		
TestCONT-001-0...	Incomplete	Missing		
TestCONT-001-0...	Incomplete	Incomplete		
TestCONT-015	Incomplete	N/A		
TestCONT-031	Incomplete	N/A		
TestCONT-035	Enrolled	N/A		
TestCONT-019	Incomplete	N/A		
TestCONT-010	Enrolled	N/A		
TestCONT-008	Enrolled	Incomplete	Incomplete	
TESTPRJ2-000	Enrolled	Pending For Signature		Non-CIP

- Find Onsite Payroll section
- Click on "[GO TO DETAILS](#)" to begin payroll entry process

If payroll is delinquent:

- System will default to the latest missing payroll
- The missing dates will be pre-filled
- For a New Entry, manually add

**Payroll**

Please report your payroll details below. The payroll amounts should be reported for all employees working onsite and should only include the hours and dollar amounts for the time onsite. Refer to your Wrap Up Manual for details of how to report overtime, bonuses and other payroll exceptions. The records highlighted in red are missing monthly reports and should be reported immediately. If you have no work onsite during that period, please indicate this by check marking. No activity on Jobsite during this period? Please mark your last report as the "Final Payroll" to indicate once your work is complete.

Total % of Estimated Payroll : 1.87%    Total limited payroll submitted till date is \$ 55.00

Contract #: TestCONT-001

Sample Project C (Spec/CC) Alliant - Test (99.9932193)

Report Date: 05/02/2022

Start Date: 06/19/2020    End Date: 06/30/2020

Signature: \_\_\_\_\_    Title: \_\_\_\_\_

No activity on this contract during this period     This final payroll for this contract

Class Code	Man Hours	Gross Payroll (\$)	Reported Payroll (\$)
5140 - Fixtures or Furniture Installation			
5190 - Electrical Wiring			
9150B - Exec Supervisor or Exec Superintendent			
	0.00	\$0.00	\$0.00

Intentionally under reporting payroll is a violation of the CCP procedures and will constitute a breach of contract. Subcontractor submitted payroll will be audited by Alliant Insurance Services (CCIP Program Administrator), (CCIP Insurer) and, at its option Sample Sponsor.

[PRINT](#)    [SUBMIT](#)

- the dates for the month
- Complete the payroll entry by entering Man hours and Payroll, (Straight time, unburdened payroll)
  - Clicking on the [No Activity](#) box will prefill 0 (zero) for man hours and payroll for all lines for the month
  - Clicking on the [Final Payroll](#) box will initiate the closeout of the contract. Payroll is still due until the closeout is accepted by the GC and completed by the Alliant CIP administrator
  - Click Submit to complete the payroll entry
  - Choose the Next month that should be entered, or click on Home to return to the main screen

**Certified Payroll is not considered the same as CIP Payroll. Please note that any Certified Payroll Reports submitted to Alliant WrapX will not satisfy the CIP Payroll Requirement.**

# How to review Subcontractor Status

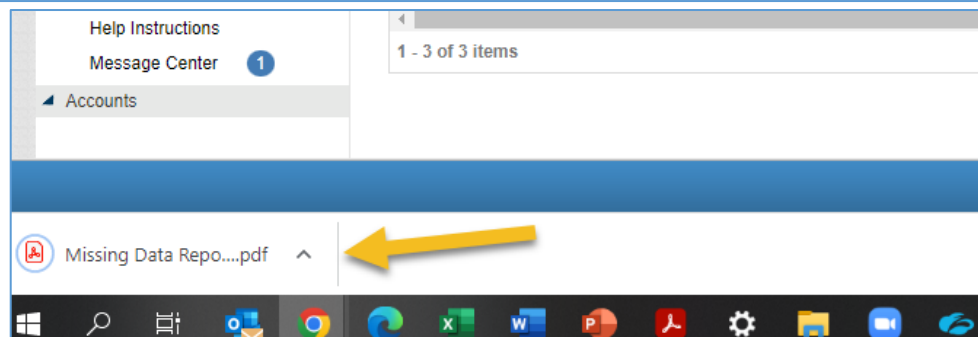
If you have subcontracted some of your work, it is important to review the status of your subcontractor(s) to see where they are at in their enrollment process. If your subcontractor is incomplete with their CIP enrollment, they are not authorized to work onsite. To review what may be missing from your subcontractors contract, please follow the below steps:

- From the Home Screen, locate your contract
- After locating your contract, Click on “View” in the Subcontractor column to review the list of subcontracts on this contract

Contract #	Contract Status	ICW Status	Payroll Status	Non-CIP Status	Closeout Status	Administrator's Review	Project	Contractor	Subcontract	Start Date
WCGLTEST-003	NKLL	Missing	Incomplete	N/A	N/A	Approved	WCGL-TEST TRAINING	Amartin HVAC - Test	View	11/23/22
CSSITP-012-Uj...	NKLL	Incomplete	Incomplete	Missing	Missing	Approved	XXX	Amartin HVAC - Test	View	06/16/22
Test-1234	On Hold	N/A	N/A	N/A	Missing	Approved	O'Hare 21 - Terminal Area Plan	Amartin HVAC - Test	View	06/21/22
WCGLTEST-001	Incomplete	Pending Admin Ve...	Incomplete	N/A	N/A	Approved	WCGL-TEST TRAINING	Amartin HVAC - Test	View	01/31/22
GOT-TRAIN-003	Incomplete	Incomplete	N/A	N/A	N/A	Approved	GL-Only Test - Training	Amartin HVAC - Test	View	11/30/22
NYC-TEST-001	Incomplete	Missing	N/A	N/A	Missing	Approved	Training-NYC Project	Amartin HVAC - Test	View	11/22/22
MyTest-000	Incomplete	N/A	N/A	Missing	Missing	Approved	MyTestProj-EG	Amartin HVAC - Test	View	01/01/22
ABCD-005	Pending	N/A	Incomplete	Missing	N/A	Approved	ABCD Test112	Amartin HVAC - Test	View	06/01/22
Jenny-Test-000	Enrolled	N/A	N/A	Missing	N/A	Approved	Jenny Test Project1	Amartin HVAC - Test	View	01/01/22
WCGLTEST-002	Enrolled	Missing	Incomplete	N/A	N/A	Approved	WCGL-TEST TRAINING	Amartin HVAC - Test	View	10/01/22
Temp001	enrolled	N/A	N/A	Missing	Missing	Approved	Fieldstone Construction and Man...	My Company (Amartin HVAC...	View	06/01/22
123456789	Excluded	N/A	N/A	Non-Compliant	N/A	Approved	Don Don	Amartin HVAC - Test	View	06/06/22
GOT-TRAIN-000	Excluded	N/A	N/A	N/A	N/A	Approved	GL-Only Test - Training	Amartin HVAC - Test	View	10/01/22

- To understand what is missing for one of the subcontracts, click on the word “Incomplete” or “Missing” for that subcontract. This will generate a Missing Data Report for that subcontractor

Contract #	Contract Status	ICW Status	Payroll Status	Non-CIP Status	Closeout Status	Administrator's Review	Project	Contractor	Start Date
WCGLTEST-002...	Incomplete	Missing	Incomplete	N/A	N/A	Approved	WCGL-TEST TRAINING	ABC Drywall - Test	01/31/2022
WCGLTEST-002...	Enrolled	Missing	Incomplete	N/A	N/A	Approved	WCGL-TEST TRAINING	ABC Drywall - Test	11/30/2020
WCGLTEST-002...	Incomplete	Missing	Incomplete	N/A	N/A	Approved	WCGL-TEST TRAINING	Amartin HVAC - Test	06/10/2022



- Open the Missing Data Report to see what the contractor is missing

Report generated for: Contract: WCGLTEST-002-02	
<b>Missing Data Report Training Sponsor Controlled Insurance Program</b>	
Contract #	: WCGLTEST-002-02
Contractor	: ABC Drywall - Test
Project	: WCGL-TEST TRAINING
Period	: 01/31/2022 - 12/31/2025
Contract Status	: Incomplete
Work Description	: Drywall
Authorized to work Onsite	: No
Enrollment	
Status: Incomplete	
<u>Missing Information</u>	
<ul style="list-style-type: none"> <li>• California Insurance Affirmation question has not been answered.</li> <li>• EMR is missing</li> <li>• Enrollment Signature Date is missing</li> <li>• Estimated Payroll is missing</li> </ul>	

## Available Medical Providers by Campus

### **District Office (770 Wilshire Boulevard Los Angeles, CA 90017)**

#### **Clinics**

- **Tri County Medical Group, Inc. (Approximate Distance: 0.5 mi)**  
1200 Wilshire Blvd Ste 205, Los Angeles, CA 90017, 213-250-5106
- **Southern Calif Medical Group (Approximate Distance: 2.2 mi)**  
3320 S Hill St, Los Angeles, CA 90007, 213-749-5386
- **White Memorial Occupational Medical Center (Approximate Distance: 2.6 mi)**  
1904 Bailey St Suite 100, Los Angeles, CA 90033, 323-264-1181
- **Kaiser On-the-Job Occupational Health Center (Approximate Distance: 4.0 mi)**  
1526 N Edgemont St, Los Angeles, CA 90027, 323-783-6621

#### **Hospitals**

- **Good Samaritan Hospital (Approximate Distance: 0.5 mi)**  
1125 Wilshire Blvd, Los Angeles, CA 90017, 213-977-2121,
- **California Hospital Medical Center (Approximate Distance: 0.9 mi)**  
1401 S Grand Ave, Los Angeles, CA 90015, 213-748-2411

### **Los Angeles City College (855 N. Vermont Avenue, Los Angeles, CA 90029)**

#### **Clinics**

- **Tri County Medical Group, Inc. (Approximate Distance: 2.8 mi)**  
1200 Wilshire Blvd Suite 205, Los Angeles, CA 90017, 213-250-5106
- **Midway Industrial Healthcare Services (Approximate Distance: 4.4 mi)**  
5901 W Olympic Blvd Suite 203, Los Angeles, CA 90036, 323- 930-1331
- **Citizens Medical Group (Approximate Distance: 3.0 mi)**  
1300 N La Brea Ave, Los Angeles, CA 90028, 323- 464-1336
- **Kaiser On-the-Job Occupational Health Center (Approximate Distance: 0.8 mi)**  
1526 N Edgemont St, Los Angeles, CA 90027, 323- 783-6621

#### **Hospitals**

- **Hollywood Presbyterian Medical Center (Approximate Distance: 0.6 mi)**  
1300 N Vermont Ave, Los Angeles, CA 90027
- **St. Vincent Medical Center (Approximate Distance: 2.0 mi)**  
2131 W 3rd St Floor 4, Los Angeles, CA 90057, 213-484-7111

### **East Los Angeles College (1301 Avenida Cesar Chavez, Monterey Park, CA 91754)**

#### **Clinics**

- **Southern California Immediate Medical Center (Approximate Distance: 4.2 mi)**  
6538 Telegraph Rd, Commerce, CA 90040, 323-726-3212
- **White Memorial Occupational Medical Center (Approximate Distance: 4.0 mi)**  
1904 Bailey St Suite 100, Los Angeles, CA 90033, 323-264-1181

#### **Hospitals**

- **Alhambra Hospital Medical Center (Approximate Distance: 2.7 mi)**  
100 S Raymond Ave, Alhambra, CA 91801, 626-570-1606
- **Monterey Park Hospital AHMC (Approximate Distance: 0.4 mi)**  
900 S Atlantic Blvd, Monterey Park, CA 91754, 626-570-9000
- **Garfield Medical Center (Approximate Distance: 1.7 mi)**  
525 N Garfield Ave, Monterey Park, CA 91754, 626-573-2222

### **Los Angeles Harbor College (1111 Figueroa Place, Wilmington, CA 90744)**



### **Clinics**

- **Providence Torrance Urgent Care-Torrance (Approximate Distance: 4.0 mi)**  
2382 Crenshaw Blvd Suite 5, Torrance, CA 90501, 310-618-9200
- **Western Medical Group (Approximate Distance: 4.3 mi)**  
21081 S Western Ave Suite 150, Torrance, CA 90501, 310-782-3333

### **Hospitals**

- **Providence Little Company of Mary Medical Center San Pedro (Approximate Distance 3.4 mi)**  
1300 W 7th St, San Pedro, CA 90732, 310-832-3311
- **Torrance Memorial Medical Center (Approximate Distance: 4.2 mi)**  
330 Lomita Blvd, Torrance, CA 90505, 310-325-9110

## **Los Angeles Mission College (13356 Eldridge Ave, Sylmar, CA 91342)**

### **Clinics**

- **Serra Community Medical Clinic (Approximate Distance: 5.4 mi)**  
9375 San Fernando Rd, Sun Valley, CA 91352, 818-768-3000
- **Healthline Medical Group (Approximate Distance 8.7 mi)**  
15211 Vanowen St Suite 105, Van Nuys, CA 91405, 818-997-7711
- **Alonso Medical Group (Approximate Distance: 8.7 mi)**  
15216 Vanowen St, Van Nuys, CA 91405, 818-785-7875
- **Kaiser Permanente On-the-Job Occupational Health-Panorama City Medical Center (Approximate Distance: 6.6 mi)**  
13652 Cantara St First Floor, Panorama City, CA 91402, 818-375-2000

### **Hospitals**

- **Providence Holy Cross Medical Center-Mission Hills (Approximate Distance: 3.3 mi)**  
15031 Rinaldi St, Mission Hills, CA 91345, 818-365-8051

## **Pierce College (6201 Winnetka Ave Suite 363, Woodland Hills, CA 91371)**

### **Clinics**

- **Kaiser Permanente WH Medical Center (Approximate Distance: 1.2 mi)**  
5601 De Soto Ave, Med Office Tower Entrance 4, Woodland Hills, CA 91367, 818-719-2000
- **Family Urgent Care and Industrial Medical Clinic (Approximate Distance: 4.6 mi)**  
16661 Ventura Blvd #108, Encino, CA 91436, 818-808-2828

### **Hospitals**

- **Kaiser Permanente WH Medical Center Emergency Room (Approximate Distance: 1.2 mi)**  
5601 De Soto Ave, Woodland Hills, CA 91367, 818-719-2000
- **Providence Tarzana Medical Center: Emergency Room (Approximate Distance: 2.4 mi)**  
18321 Clark St, Tarzana, CA 91356, 818-881-0800

## **Los Angeles Southwest College (1600 West Imperial Highway, Los Angeles, CA 90047)**

### **Clinics**

- **Bayside Medical Center (Approximate Distance: 1.3 mi)**  
2301 W El Segundo Blvd, Hawthorne, CA 90250, 323-757-2118
- **Superior Care Medical Center (Approximate Distance: 3.1 mi)**  
15401 S Main St, Gardena, CA 90248, 310-225-3640
- **Kaiser On-the-Job Occupational Health Center (Approximate Distance: 4.3 mi)**  
110 N La Brea Ave 3<sup>rd</sup> Floor, Inglewood, CA 90301, 800-954-8000

### **Hospitals**

- **Centinela Hospital Medical Center (Approximate Distance: 2.8 mi)**  
555 E Hardy St, Inglewood, CA 90301, 310-673-4660

## **Los Angeles Trade Technical College (400 W Washington Blvd, Los Angeles, CA 90015)**

### **Clinics**

- **Tri County Medical Group, Inc. (Approximate Distance: 1.4 mi)**  
1200 Wilshire Blvd Suite 205, Los Angeles, CA 90017, 213-250-5106
- **Southern Calif Medical Group (Approximate Distance: 1.0 mi)**  
3320 S Hill St, Los Angeles, CA 90007, 213-749-5386
- **Kaiser On-the-Job Occupational Health Center (Approximate Distance: 4.7 mi)**  
1526 N Edgemont St, Los Angeles, CA 90027, 323-783-6621

### **Hospitals**

- **California Hospital Medical Center (Approximate Distance 0.4 mi)**  
1401 S Grand Ave, Los Angeles, CA 90015, 213-748-2411
- **Good Samaritan Hospital (Approximate Distance: 1.4 mi)**  
1125 Wilshire Blvd, Los Angeles, CA 90017, 213-977-2121

## **Los Angeles Valley College (5800 Fulton Avenue, Valley Glen, CA 91401)**

### **Clinics**

- **Serra Community Medical Clinic (Approximate Distance: 4.2 mi)**  
9375 San Fernando Rd, Sun Valley, CA 91352, 818-768-3000
- **Healthline Medical Group (Approximate Distance 2.7 mi)**  
15211 Vanowen St Suite 105, Van Nuys, CA 91405, 818-997-7711
- **Alonso Medical Group (Approximate Distance: 2.7 mi)**  
15216 Vanowen St, Van Nuys, CA 91405, 818-785-7875
- **Kaiser Permanente On-the-Job Occupational Health-Panorama City Medical Center (Approximate Distance 3.1 mi)**  
13652 Cantara St First Floor, Panorama City, CA 91402, 818-375-2000

### **Hospitals**

- **Valley Presbyterian Hospital (Approximate Distance: 2.6 mi)**  
15107 Vanowen St, Van Nuys, CA 91405, 818-782-6600
- **Mission Community Hospital (Approximate Distance: 3.7 mi)**  
14850 Roscoe Blvd, Panorama City, CA 91402, 818-787-2222

## **West Los Angeles College (9000 Overland Avenue, Culver City, CA 90230)**

### **Clinics**

- **Healthpointe Westchester Medical Clinic (Approximate Distance 3.1 mi)**  
8610 S Sepulveda Blvd, Los Angeles, CA 90045, 310-641-0333
- **Venice Culver Marina Urgent Care (Approximate Distance 2.0 mi)**  
12212 Washington Blvd, Los Angeles, CA 90066, 310-391-5241
- **Kaiser Permanente West Los Angeles Medical Center (Approximate Distance: 2.5 mi)**  
6041 Cadillac Ave, Los Angeles, CA 90034, 323-857-2000
- **Kaiser Permanente Culver Marina Medical Offices (Approximate Distance: 1.8 mi)**  
12001 Washington Blvd, Los Angeles, CA 90066, 800-954-8000

### **Hospitals**

- **Kaiser- West Los Angeles Medical Center (Approximate Distance 2.5 mi)**  
6041 Cadillac Ave, Los Angeles, CA 90034, 833-574-2273
- **Cedars-Sinai Marina Del Rey Hospital (Approximate Distance: 3.2 mi)**  
4650 Lincoln Blvd, Marina Del Rey, CA 90292, 310-823-8911

# OCIP Frequently Asked Questions

## **What is an Owner Controlled Insurance Program (OCIP)?**

An “Owner Controlled Insurance Program” (OCIP) or “wrap-up” is a consolidated insurance program whereby the insurance for the Owner—in this case LACCD—and eligible and enrolled subcontractors provided through a master program for each line of coverage.

## **HAVE OCIPs been used previously or is this a new concept?**

OCIPs have been used successfully in commercial construction for decades. In the past decade, OCIPs have become the dominant method for insuring large public works.

## **Why does the District want to do an OCIP?**

The driving force behind the decision to implement an OCIP is to assure comprehensive coverage and high limits of insurance for LACCD construction projects. There are many other reasons, including possible savings and elimination of cross-suits.

## **Who pays for the OCIP coverages?**

The District pays the OCIP premium to the insurance company.

## **What coverages are provided under the District OCIP?**

The OCIP will provide General Liability, Workers’ Compensation, and Excess Liability for all eligible and enrolled contractors. Separately, Builder’s Risk and Contractor’s Pollution Liability Coverage are provided by the District.

## **What coverages are not included in the OCIP?**

Automobile liability, professional liability coverages, coverage for the contractor’s own property, and costs for delay are not included in the OCIP. Contractors and Subcontractors also will be required to provide their own General Liability and Workers’ Compensation coverage for off-site activities and automobile coverage for both on-site and off-site. Other coverages may be required of certain contractors depending on the nature of the work. The District may purchase additional coverages for its own protection.

## **Are there any special enhancements provided by the OCIP policy?**

The General Liability and Excess Liability policies provide the following coverages that are not readily available to all subcontractors. Products/Completed Operations coverage is extended ten years (current status of limitations) beyond the final acceptance of the project. The OCIP policy will respond to covered losses that occur up to the statute of limitation dates.

While not a specific coverage enhancement, the fact that all parties have the same coverage is a real benefit of an OCIP. The District can now be confident all insured parties have met their liability insurance requirements and the subcontractors can now be sure their policies provide the coverage for the Work they are performing and are contractually obligated to provide.

### **What limits of coverage will be purchased for the District's OCIP?**

The combined General Liability and Excess Liability limits are as following:

\$102,000,000	Per Occurrence
\$104,000,000	General Aggregate
\$104,000,000	Products/Completed Operations Aggregate

These limits cover all insureds and will be shared with all projects in the OCIP. Aggregates (policy maximums) are annual except for Products/Completed Operations, which is a one-time limit.

### **Are there any deductibles that apply to the subcontractors?**

In lieu of a deductible, the District may hold each Contractor responsible for all or a portion of the deductible as a "contractual obligation" for any losses which are the responsibility of the Contractor that either result in damage to the work or liability claims made against any party covered by the OCIP liability policy. This contractual obligation is like a policy deductible except the Contractor will pay the money directly to the District. The Contractor will be responsible for a sum equal to its deductible or self-insured retention under its corporate general liability policy (in the case of a general liability claim) or builder's risk policy (in the case of a builder's risk claim) subject to a minimum of \$5,000 each occurrence for losses covered under the insurance programs.

### **How does this affect my regular insurance?**

You should discuss this with your insurance broker. Generally, your regular insurer(s) (General Liability and Workers' Compensation) will not charge for the portion of your work done under an OCIP, but will exclude losses arising out of Work done on the OCIP (covered by the OCIP insurers).

### **How do this affect my bid?**

Contractors will be asked to bid all of their work, including change orders, net of insurance costs. To assist in identifying insurance costs, please refer to the forms section of the OCIP Reference Guide for the Insurance Credit Worksheet. A separate form can be used for your self-performed work, each identified subcontractor and for unidentified subcontractors at the time of the bid. The worksheets are to assist you in identifying and removing the amount of insurance costs from your bid to help you remain competitive. The form should be returned with your bid to identify the amount of insurance credit you applied.

### **Who must participate in the OCIP?**

All Eligible Contractors must participate in the OCIP. Certain Contractors are not eligible including consultants, surveyors, hazardous waste abatement contractors, suppliers, and transportation companies. See the OCIP Reference Guide Definitions for a complete listing of excluded Contractors.

### **Who should I contact if I have questions?**

Many questions are answered in the District's OCIP Reference Guide distributed with bid information. Any other questions during the bidding process must be referred to the District's Program Manager. Once your company has been awarded a contract, you may direct your questions to the OCIP Administrator team or the Construction Risk Manager identified in the Directory of the OCIP Reference Guide.