
**WALSH CONSTRUCTION
COMPANY II, LLC**
Contractor Controlled Insurance Program
(CCIP)

UK Health Cancer Center Project

Insurance Manual

This Manual is a contract document.

Version: 04/04/2024

WALSH CONSTRUCTION COMPANY II, LLC
UK HEALTH CANCER CENTER PROJECT
CONTRACTOR CONTROLLED INSURANCE PROGRAM

Insurance Manual

Walsh Construction Company II, LLC

Address: 110 State Street Lexington, Kentucky 40503

TABLE OF CONTENTS

OVERVIEW.....	3
ABOUT THIS MANUAL	4
<i>What This Manual Does.....</i>	<i>4</i>
<i>What this Manual Does Not Do.....</i>	<i>4</i>
<i>CCIP Project Directory.....</i>	<i>6</i>
PROJECT DEFINITIONS.....	8
CCIP INSURANCE COVERAGE	11
EXCLUDED PARTIES.....	11
EVIDENCE OF COVERAGE.....	11
DESCRIPTION OF CCIP COVERAGES	11
SUBCONTRACTOR REQUIRED COVERAGE	14
VERIFICATION OF REQUIRED COVERAGES.....	14
SUBCONTRACTOR MAINTAINED COVERAGES.....	15
<i>Workers' Compensation and Employer's Liability.....</i>	<i>15</i>
<i>Commercial General Liability.....</i>	<i>16</i>
<i>Contractors Pollution Liability.....</i>	<i>17</i>
<i>Automobile Liability.....</i>	<i>17</i>
<i>Contractors' Equipment Floater.....</i>	<i>18</i>
<i>Professional Liability/Errors and Omissions.....</i>	<i>18</i>
<i>Additional Insured.....</i>	<i>18</i>
SUBCONTRACTOR RESPONSIBILITIES.....	19
SUBCONTRACTOR BIDS.....	20
IDENTIFYING SUBCONTRACTOR INSURANCE COSTS	20
ENROLLMENT	22
ASSIGNMENT OF PREMIUMS	22
PAYROLL REPORTS	23
CHANGE ORDER PROCEDURES	23
INSURANCE COMPANY PAYROLL AUDIT.....	23
CLOSEOUT AND AUDIT PROCEDURES.....	23
CCIP TERMINATION OR MODIFICATION	24
CLAIM PROCEDURES.....	25
GENERAL PROCEDURES	25
INVESTIGATION ASSISTANCE	25
WORKERS' COMPENSATION CLAIMS	26
GENERAL LIABILITY CLAIMS.....	27
AUTOMOBILE CLAIMS	27
BUILDER'S RISK CLAIMS.....	27
FORMS.....	28
INSURANCE COST WORKSHEET - FORM 1	29
NOTICE OF AWARD - NOA	30
Enrollment - FORM 3	31
ON-SITE PAYROLL REPORT - FORM 4	33
NOTICE OF WORK COMPLETION - FORM 5	35
EXHIBIT 1 – SAMPLE ENROLLED OFF-SITE CERTIFICATE OF INSURANCE	37
EXHIBIT 2 – SAMPLE EXCLUDED ON/OFF-SITE CERTIFICATE OF INSURANCE	38

Overview

Welcome to the Walsh UK Health Cancer Center Contractor Controlled Insurance Program (CCIP)

You should notify your insurer(s) to endorse your coverage to be excess and contingent over the CCIP coverage provided under this Program for on-site activities and the related costs.

Notice to Bidders

Each bidder is required to identify as an “add alternate” to their insurance costs for insurance coverage provided by the CCIP (Workers’ Compensation, General Liability and Excess Liability) using the Aon Form 1 – Insurance Cost Worksheet (Form 1) found in Section 7: Forms, and submit with their bid. Costs removed must include Workers’ Compensation, General Liability, Excess/Umbrella, and 15% for overhead and profit. If your Excess premium is flat rated, a formula to determine a cost is explained in Section 5: Subcontractor Responsibilities. All costs will be verified by the CCIP Administrator and removed from the Enrolled Party’s contract via an initial deductive change order. Walsh Construction Company II, LLC may modify this bidding and insurance cost identification process as necessary

NOTE:

Insurance coverages and limits provided under the CCIP are limited in scope and are specific to work performed after the inception date of your enrollment into this program. Your insurance representative should review this information. Any additional coverage you may wish to purchase will be at your option and expense.

OVERVIEW

About This Manual

Walsh Construction Company II, LLC is the **Sponsor** of this CCIP. Walsh Construction Company II, LLC and Aon Risk Solutions Central, Inc. (Aon) prepared the Insurance Manual. Aon is the **CCIP Administrator**. The manual is designed to identify, define and assign responsibilities for the administration of the CCIP for this project.

What This Manual Does

This Manual:

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

What this Manual Does Not Do

This Manual does not:

- Provide coverage interpretations
- Provide complete information about coverages and exclusions
- Provide answers to specific claims questions

Refer questions concerning the CCIP, its administration or coverages to the appropriate party identified in the Project Directory, in Section 2.

Commercial General Liability Obligation

Safety on the Project Site is important to Walsh Construction Company II, LLC. To encourage adherence to safe practices by all parties, Walsh Construction Company II, LLC will require the Subcontractor and all Sub-Subcontractors to pay the first ten thousand (\$10,000) of each Commercial General Liability property damage and bodily injury loss, including court costs, attorneys' fees and costs of defense to the extent losses are covered under the CCIP Commercial General Liability policy for those losses that are attributable to Subcontractor's Work, acts or omissions, or the Work, acts or omissions of any of its Subcontractors, or any other entity or party for whom Subcontractor may be responsible ("subcontractor General Liability obligation"). This "General Liability Obligation" is not compensable by the CCIP Insurance Policies and must be paid within 5 days of the billing date.

Workers' Compensation Obligation

Safety on the Project Site is important to the Walsh Construction Company II, LLC. To encourage adherence to safe practices by all parties, the Walsh Construction Company II, LLC will require the Subcontractor and all Sub-Subcontractors to pay the first five thousand (\$5,000) of each Workers' Compensation claim or loss, including expenses to the extent losses are covered under the CCIP Workers' Compensation, for claims from their employees. This "Workers' Compensation Obligation" is not compensable by the CCIP Insurance Policies and must be paid within 5 days of the billing date.

Safety on the Project Site is important to Walsh Construction Company II, LLC. To encourage adherence to safe practices by all parties, Walsh Construction Company II, LLC will require Enrolled Subcontractor and its sub-Subcontractor(s) to provide a modified return to work program for any of its employees injured under Workers' Compensation as part of the CCIP program.

Failure to provide reasonable accommodations will result in a penalty assessment to the Subcontractor of \$2,500 weekly until such time as the injured worker is returned to work. This "Workers' Compensation Obligation" is not compensable by the CCIP.

DISCLAIMER:

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

CCIP Project Directory

CCIP Administrator

Aon Risk Solutions Central, Inc.

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

**Account Specialist I
(Subcontractor Contact)
Eric Kalisz**

Telephone: 800-364-0495 Ext. 6
Fax: 800-363-6695
E-mail: acs.construction@aon.com

**Program Professional
Matthew Lundine**

Telephone: 312-381-4609
E-mail: matthew.lundine@aon.com

Insurance Carriers:

**Workers' Compensation & Employers Liability
[EL](Stop Gap):**

Arch Indemnity Insurance Company

General Liability [GL]:

Arch Insurance Company

Excess - Underlying Coverage

\$5MM Excess GL & EL

Arch Insurance Company

\$10MM Excess Of \$5MM

Starr Indemnity & Liability Company

\$10MM Excess Of \$15MM

Berkshire Hathaway Specialty
Insurance

**\$25MM Excess Of \$25MM
Quota-Share**

Ascot Insurance Company / QBE
Insurance Corporation

\$25MM Excess Of \$50MM

Swiss Re Corporate Solutions America
Ins. Corp.

\$25MM Excess Of \$75MM

Liberty (The Ohio Casualty Insurance
Company)

O V E R V I E W

Sponsor of this CCIP

Walsh Construction Company II, LLC

**Senior Superintendent
Chris Deiss**

**Telephone: 312-931-7571
E-mail: cadeiss@walshgroup.com**

**Project CCIP Administrator
Chris Zarvas**

**Telephone: 909-486-6231
E-mail: czarvas@walshgroup.com**

**Senior Safety Manager
Tim Bogowith**

**Telephone: 725-270-0682
E-mail: tbogowith@walshgroup.com**

**Regional HSE Manager
Scott Mladic**

**Telephone: 312-613-1993
E-mail: smladic@walshgroup.com**

Project Definitions

The following list includes key CCIP definitions.

CCIP:	A "CCIP" or Contractor Controlled Insurance Program is a coordinated insurance program providing certain coverages, as defined herein, for Walsh Construction Company II, LLC - The UK Health Cancer Center Project and eligible Enrolled Parties performing Work at the Project Site.
CCIP ADMINISTRATOR:	Aon Risk Solutions Central, Inc. 4 Overlook Point Lincolnshire, IL 60069 Construction Wrap-up Group
CCIP INSURER:	The insurance company(s) named on a policy or Certificate of Insurance providing coverage for the CCIP.
CCIP SPONSOR:	Walsh Construction Company II, LLC
CERTIFICATE OF INSURANCE:	A document providing evidence of existing coverage for a particular insurance policy or policies.
CONTRACT:	A written or oral agreement between Walsh Construction Company II, LLC and any Subcontractor or a written or oral agreement between a Subcontractor and its Sub-Subcontractors of any tier.
CONTRACTOR:	An individual, partnership, joint venture, corporation, limited liability partnership, undertaking the performance of the work under the terms of the contract.
COST OF THE WORK	Cost of the Work is defined as total construction cost minus owner's CCIP cost and fee.
ELIGIBLE PARTIES:	Parties performing labor or services at the Project Site who are eligible to enroll in the CCIP unless an Excluded Party.
ENROLLED PARTIES:	Those Eligible Parties who have submitted all necessary enrollment information as detailed in Section 5 and have

PROJECT DEFINITIONS

been accepted into the CCIP as evidenced by a Welcome Letter and Certificate of Insurance from the CCIP Administrator.

EXCLUDED PARTIES/EXCLUDED SUBCONTRACTORS:

At the discretion of Walsh Construction Company II, LLC, or subject to State regulations, the following parties will be excluded:

- (1) Hazardous materials remediation, removal and/or transport companies and their consultants;
- (2) Architects, surveyors, engineers, and soil testing engineers, and their consultants;
- (3) Vendors, suppliers, material dealers, truckers, haulers, drivers and others who merely transport, pickup, deliver, or carry materials, personnel, parts or equipment or any other items or persons to or from the Project Site;
- (4) Subcontractors of all tiers who do not perform any actual labor on the Project Site;
- (5) Walsh Construction Company II, LLC may include or exclude any parties or entities not specifically identified in this manual at its sole discretion, even if otherwise eligible.
- (6) Mobile crane owners and/or operators whose sole scope of work involves the lifting or placement of materials or equipment for other Contractor/Subcontractors;
- (7) Contractor/Subcontractors whose sole scope of work includes blasting and/or demolition.

INDEMNIFIED PARTIES

Walsh Construction Company II, LLC
The University of Kentucky, its affiliates and subsidiaries and their officers, agents, trustees and employees.

For all of the above their employees, officers and successors, directors, agents, representatives, and consultants.

PROJECT SITE OR PROJECT LOCATION:

Within the footprint of the project site as defined more fully in the contract documents and adjacent areas where incidental operations are performed, excluding permanent locations of any insured party.

PROJECT DEFINITIONS

SUBCONTRACTOR:	Those persons, firms, joint venture entities, corporation or other parties that have entered into a Contract with Walsh Construction Company II, LLC.
SUB-SUBCONTRACTOR:	Includes only those persons, firms, joint venture entities, corporation, or other parties that enter into a Contract with the Subcontractor to perform Work at the Project Site
SUBCONTRACTOR AND SUB-SUBCONTRACTOR INSURANCE COSTS:	The cost of insurance for a Subcontractor and its Sub-Subcontractors of all tiers to provide insurance coverage in form and limits as detailed in a Contract.
WELCOME LETTER:	A document issued by the CCIP Administrator, which confirms acceptance/enrollment of the applicant into the CCIP.
WORK:	Operations, as fully described in the Contract documents, performed at the Project Site.

CCIP Insurance Coverage

This chapter provides a brief description of the CCIP Coverage. Contractors should refer to the actual CCIP insurance policies for details concerning coverage, exclusions and limitations.

Excluded Parties

Excluded Parties are not granted any insurance coverage under the CCIP. At their effort and expense, **Excluded Parties** must meet the insurance requirements established in Section 4 and provide evidence of coverage to Walsh Construction Company II, LLC. Costs of insurance are to be included in the Subcontract amount.

Evidence of Coverage

Each Enrolled Party will be issued an individual Workers' Compensation policy provided by the CCIP primary insurer. The CCIP Administrator will provide a Certificate of Insurance evidencing Workers' Compensation, General Liability, and Excess liability to each Enrolled Party. Each will be added as an Additional Named Insured to the CCIP General Liability insurance policy. The Insurance Carrier will furnish other documents including claim forms, posting notices, etc., to each Enrolled Party. Copies of the General Liability policy will be available for review at Walsh Construction Company II, LLC upon request.

Disclaimer of Third Party Beneficiaries

Nothing contained herein is meant to confer any rights to any third parties. The provision of CCIP is meant for the protection of the Project and the Enrolled Parties, and is in no way intended for the benefit of the general public or any claimant against any insured party involved in the Project, enrolled or not enrolled.

Description of CCIP Coverages

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

Walsh Construction Company II, LLC will furnish the following coverages for the benefit of all Enrolled Parties performing Work at the Project Site.

CCIP INSURANCE COVERAGE

No coverages will continue past the date of substantial completion.

Workers' Compensation and Employer's Liability

Coverage: Statutory limits required by the Workers' Compensation laws of the State of Kentucky; along with Employer's Liability (Stop Gap) coverage.

Part One - Workers' Compensation:	Statutory Limit
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 Parties are to pay the first five thousand (\$5,000) of each Workers' Compensation claim or loss, including expenses.

Safety on the Project Site is important to Walsh Construction Company II, LLC. To encourage adherence to safe practices by all parties, Walsh Construction Company II, LLC will require Enrolled Subcontractor and its sub-Subcontractor(s) to provide a modified return to work program for any of its employees injured under Workers' Compensation as part of the CCIP program.

Failure to provide reasonable accommodations will result in a penalty assessment to the Subcontractor of \$2,500 weekly until such time as the injured worker is returned to work. This "Workers' Compensation Obligation" is not compensable by the CCIP.

- This coverage does **not** cover off-site operations. This coverage is primary for all occurrences at the Project Site for Enrolled Parties.

Commercial General Liability

Coverage: ISO Occurrence Form

	<u>Limits of Liability Shared by All Enrolled Parties</u>
General Aggregate	\$ 4,000,000
Products/Completed Operations Aggregate	\$ 4,000,000
Each Occurrence Limit	\$ 2,000,000
Personal/Advertising Injury	\$ 2,000,000

Enrolled Parties are to pay the first ten thousand (\$10,000) of each Commercial General Liability property damage and bodily injury loss, including court costs, attorneys' fees and costs of defense for those losses that are attributable to Enrolled Parties' Work, acts or omissions, or the Work, acts or omissions of any of its Subcontractors, or any other entity or party for whom Subcontractor may be responsible.

- This insurance is primary for all occurrences at the Project for Enrolled Parties.
- Defense costs are within the policy limits.
- This insurance will **NOT** provide coverage for products liability to any insured party, vendor, supplier, off-site fabricator, material dealer or other party for

CCIP INSURANCE COVERAGE

any product manufactured, assembled or otherwise worked upon away from the Project Site.

- This policy does not cover off-site operations of any Enrolled Party.
- Products & Completed Operations Extension beyond the substantial completion date of the Project with a single non-reinstated aggregate limit.
– For Ten (10) Years or the applicable Statue of Repose, whichever is less.
- A single General Liability policy will be issued for all Enrolled Parties with all Enrolled Parties Named as Insureds.
- Please refer to the actual policies for any limitations or exclusions.

Excess Liability

	<u>Limits of Liability Shared by All Enrolled Parties</u>
Each Occurrence Limit	\$ 100,000,000
Products/Completed Operations Aggregate	\$ 100,000,000
Annual General Aggregate Limit	\$ 100,000,000

- This policy does **not** cover off-site operations.
- Defense costs are within the policy limits.
- Excess Coverage includes coverage over the Project Site’s Employer’s Liability and Commercial General Liability policies for Enrolled Parties.
- Products & Completed Operations Extension beyond the substantial completion date of the Project with a single non-reinstated aggregate limit.
– For Ten (10) Years or the applicable Statue of Repose, whichever is less.
- All Enrolled Parties will be named as Insureds.
- Please refer to the actual policies for any limitations or exclusions.

Subcontractor Required Coverage

All Subcontractors are required to maintain coverage to protect against losses that occur away from the Project Site or that are otherwise not covered under the CCIP. All Certificates of Insurance must be submitted to the CCIP Administrator prior to Mobilization.

- Subcontractors are required to maintain insurance coverage for the duration of the Contract that protects Walsh Construction Company II, LLC from liabilities. These liabilities may arise from the Subcontractor's operations performed away from the Project Site, from coverages not provided by the CCIP, or from operations performed by Excluded Parties. The CCIP places Subcontractors into one of two main categories: Enrolled Parties or Excluded Parties.

Enrolled Parties are to provide evidence of Workers' Compensation, General Liability and Excess/Umbrella Liability insurance for *off-site activities* and Automobile Liability and any other insurance as per the insurance specifications in the Contract. See Sections 2 for the definition of Enrolled Parties.

Excluded Parties must provide evidence of Workers' Compensation, General Liability, Excess/Umbrella Liability, Automobile Liability, and any other insurance as per the insurance specifications in the Contract for all activities including **both on-site** and *off-site* activities as per the insurance specifications in the Contract. See Sections 2 for the definition of Excluded Parties.

Verification of Required Coverages

Subcontractors shall provide verification of insurance to the CCIP Administrator prior to mobilization and within five (5) days of any renewal, change or replacement of coverage. A sample of an acceptable Certificate of Insurance is provided in Section 7. **Please note the requirements for thirty (30) days notice of cancellation, waiver of subrogation and Additional Insured status.**

The Certificate of Insurance must name Walsh Construction Company II, LLC, their respective officers, agents and employees, the Indemnified Parties and any other additional entities as Walsh Construction Company II, LLC may request as Additional Insureds on a primary, non-contributory basis, on all Liability policies.

SUBCONTRACTOR-REQUIRED COVERAGE

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

The limits of liability shown for the insurance required of the Subcontractors and Sub-Subcontractors are minimum limits only and are not intended to restrict the liability imposed on the Contractors for work performed under their Contract. Additionally, the limits of liability shown before can be satisfied through a combination of primary and excess coverage. However, the primary policy must be no less than \$1,000,000. However, this shall be the minimum limit, and the actual policy limit shall control when greater.

Subcontractor shall provide and require its sub-subcontractors to provide insurance with the following minimum per occurrence limits. Subcontractor policy limits, if greater, shall control over minimum limits required herein. The limits required by this endorsement are minimum requirements, and the actual limits of any Policy that exceed these minimums shall be considered the required limit.

Subcontractor Maintained Coverages

Workers' Compensation and Employer's Liability

Part One -Workers' Compensation: Statutory Limit

Part Two -Employer's Liability (Stop Gap): Annual Limits:
Bodily Injury by Accident, each Accident: Refer to Contract
Bodily Injury by Disease, each employee Refer to Contract
Bodily Injury by Disease, policy limit: Refer to Contract

- Coverage will apply away from the Project Site for Enrolled Parties. Coverage will apply on and off-site for Excluded parties.

Such Policy shall include a Blanket Waiver of Subrogation for those agreed to by written contract.

Walsh Construction Company II, LLC

The University of Kentucky, its affiliates and subsidiaries and their officers, agents, trustees and employees.

For all of the above their employees, officers and successors, directors, agents, representatives, and consultants.

SUBCONTRACTOR-REQUIRED COVERAGE

Commercial General Liability

Commercial General Liability Insurance in a form providing coverage not less than the standard ISO Commercial General Liability insurance policy (“Occurrence Form”), including coverage from premises operations; independent contractors’ liability; products and completed operations; contractual liability; personal injury; and broad form property damage (including coverage for explosion, collapse, and underground hazards) with limits not less than the following:

	Enrolled Parties / Excluded Parties
Each Occurrence	Refer to Contract
General Aggregate	Refer to Contract
Products/Completed Operations Aggregate	Refer to Contract
Personal/Advertising Injury Aggregate	Refer to Contract

- Limits can be provided by a combination of a primary Commercial General Liability policy and Excess/Umbrella Liability policy.
- Coverage will apply away from the Project Site for Enrolled Parties.
- Coverage will apply on-site and off-site for Excluded Parties.
- All Parties shall maintain Products/Completed Operations Coverage for 10 years after contract completion.
- Enrolled Parties and Excluded Parties shall maintain a per project and per location aggregate.
- Such Policy shall include a Blanket Additional Insured endorsement as listed herein with respect to liability arising out of Subcontractor's work and Completed Operations, and a Blanket Waiver of Subrogation in favor of the Additional Insured's.

Additional Insured, this at minimum shall include:

Walsh Construction Company II, LLC

The University of Kentucky, its affiliates and subsidiaries and their officers, agents, trustees and employees.

For all of the above their employees, officers and successors, directors, agents, representatives, and consultants.

- Additional Insured coverage under the General Liability policy shall be Insurance Services Office Forms CG 20 10 10 01 and CG 20 37 10 01, providing coverage for liability arising out of the Subcontractor's and its sub-subcontractor's ongoing and completed operations. Alternates to these forms must be negotiated prior to the start of Work and be accepted by Contractor. Any endorsement limiting coverage to “sole negligence” or “independent acts” are not acceptable. Subcontractor and its sub-subcontractors shall furnish copies of additional insured endorsements with each certificate of insurance submission.
 - Subcontractor shall be responsible for any deductible or self-insured retention with respect to coverage afforded Additional

SUBCONTRACTOR-REQUIRED COVERAGE

Insureds. Any self-insured retention shall be identified on the Certificate of Insurance, with the endorsement attached to the Certificate of Insurance.

- Any self-insured retention which applies to the Additional Insured by the language of the endorsement or which disclaims any obligation of defense of a claim against an Additional Insured shall be considered a breach of these requirements, regardless of whether it is objected to by the Contractor, and failure to object by the Contractor or Owner shall not be considered a waiver of these requirements.
- Other -Additional Insureds, as may be required by contract.
- Subcontractor waives any and all rights of subrogation against the Additional Insured's

Contractors Pollution Liability

	Enrolled Parties / Excluded Parties
Each Occurrence	Refer to Contract
Aggregate	Refer to Contract

Automobile Liability

Single limit bodily injury and property damage combined arising from the limit not less than the following Limits of Liability:

Each Occurrence: Refer to Contract

- Limits can be provided by a combination of a primary Commercial Automobile Liability policy and Excess/Umbrella Liability policy.
- Coverage will apply **on and off** the Project Site. The CCIP does **not** cover Automobile Liability.
- Contractual liability, if not provided in the policy form, is to be provided by endorsement.
- If hazardous materials or waste are to be transported, the Commercial Automobile Liability policy will be endorsed with the MCS-90 endorsement in accordance with the applicable legal requirements and shall be endorsed to provide coverage for liability arising from release of pollutants (CA 9948 – Pollution Liability— Broadened Coverage for Covered Autos).

Such Policy shall include a Blanket Additional Insured endorsement as listed herein, and a Blanket Waiver of Subrogation in favor of the Additional Insured's.

Additional Insured, this at minimum shall include:

Walsh Construction Company II, LLC

The University of Kentucky, its affiliates and subsidiaries and their officers,

SUBCONTRACTOR-REQUIRED COVERAGE

agents, trustees and employees.

Others as required by Walsh Construction Company II, LLC
For all of the above their employees, officers and successors, directors, agents, representatives, and consultants.

Professional Liability

	Enrolled Parties / Excluded Parties
Each Occurrence	Refer to Contract
Aggregate	Refer to Contract

Contractors Equipment Floater

Subcontractor shall maintain Contractors’ Equipment Floater Insurance for owned or leased equipment and tools under its care, custody and control as required for the performance of Subcontractor’s duties. The CCIP does not provide coverage for Contractor’s Equipment.

Additional Insured and Waiver of Subrogation

Commercial General Liability, Automobile Liability, Excess / Umbrella Liability, Contractors Pollution Liability policies described above shall include the following as Additional Insured’s, and have a waiver of subrogation:

(the spelling of these parties must be exactly correct)

Additional Insured, this at minimum shall include:

Walsh Construction Company II, LLC

The University of Kentucky, its affiliates and subsidiaries and their officers, agents, trustees and employees.

For all of the above their employees, officers and successors, directors, agents, representatives, and consultants.

The coverage afforded to the Additional Insured under these policies shall be primary and non-contributory insurance. If the Additional Insured has other insurance that is applicable to the loss, such other insurance shall be in excess to the Subcontractor’s and Sub-Subcontractor’s insurance.
Any others as required by contract.

A Blanket Additional Insured Endorsement shall be provided so that the coverage afforded to the Additional Insureds shall apply to “Ongoing Operations” and “Completed Operations-Hazards.”

Subcontractor Responsibilities

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

The Subcontractors and Sub-Subcontractors are required to cooperate with Walsh Construction Company II, LLC and its CCIP Administrator in all aspects of CCIP operation and administration. The responsibilities of the Subcontractors and Sub-Subcontractors include, but are not limited to the following:

- Provide each Sub-Subcontractor with a copy of this Project Insurance Manual by including it in all subcontracts and incorporate this Manual into the subcontract.
- Identify the cost of insurance for CIP provided coverage (Workers' Compensation, General Liability and Excess/Umbrella Liability) by completing the **Aon Form 1 – Insurance Cost Worksheet** and submitting with bids.
- Enroll in the CCIP within 5 days of contracting or no less than 45 days before mobilization and assure each Subcontractor enrolls in the CCIP within 5 days of contracting or no less than 45 days before mobilization.
- Provide timely evidence of required insurance.
- Notify the CCIP Administrator and Walsh Construction Company II, LLC Project Manager of all Sub-Subcontracts awarded (first tier and subsequent tiers). Subcontractor shall cause all Sub-Subcontractors to submit a Notice of Award – NOA, Enrollment Form (Form-3) and Certificate of Insurance to the CCIP Administrator.
- Maintain and report monthly payroll records
- Cooperate with the CCIP Administrator's requests for information
- Comply with all insurance, claim and safety procedures
- Notify the CCIP Administrator immediately of any insurance cancellation or non-renewal of your own and Subcontractor-required insurance.
- Comply, and require all of its Subcontractors to comply with the CCIP Administrator's instructions to electronically enrolling in and reporting payroll on the AonWrap web-site.

SUBCONTRACTOR RESPONSIBILITIES

Subcontractor Bids

Walsh Construction Company II, LLC provides Workers' Compensation, General Liability and Excess Liability for all Enrolled Parties under the CCIP for Work performed at the Project Site.

Subcontractor Insurance Costs

The section below, "Identifying Insurance Costs," describes the procedures for bidding and further describes how each Eligible Party of all tiers insurance costs are determined. Section 7 of this Manual contains the necessary worksheets and instructions to help determine the Eligible Party's Insurance Costs. For assistance, please contact the CIP Administrator.

Identifying Insurance Costs

All Eligible Parties will identify their insurance costs as an "add alternate" using the Aon Form 1 – Insurance Cost Worksheet (Form 1) and submit with their bid. Costs removed must include costs for Workers' Compensation (WC), General Liability (GL), Excess/Umbrella and an overhead & profit percentage of 15%. The Costs of CCIP Coverages includes reduction in insurance premiums, related taxes and assessments, markup on the insurance premiums and losses retained through the use of the self-funded program, self-insured retention, or deductible program. The Cost of CCIP Coverages must include expected losses within any retained risk. The amount verified by CCIP Administrator will be removed through an initial deductive change order upon successful enrollment.

The Form 1 details the insurance costs for each Eligible Parties own insurance program, the estimated payroll in Kentucky reported payroll follows the guidelines of the Kentucky Department of Job and Family Services and the Federal Unemployment Tax Authority (FUTA) to determine reportable payroll. Gross Payroll, including premium pay for overtime and the projected contract amount (receipts). This information, along with the insurance documentation outlined below, is used by the CCIP Administrator to verify the adequacy of the submitted Subcontractor insurance cost.

Every Eligible Party is required to submit with its bid a completed Form 1 and copies of the following:

- Workers' Compensation Rate Page
- General Liability Rate Page
- Umbrella or Excess Rate Page
- Experience Mod Worksheet

The WC insurance costs will be calculated according to the rating pages on the policy based on the payroll incurred on the Project Site. All factors such as experience modifiers, credits, debits, taxes, surcharges, terrorism, and premium discount will be taken into account. (Please note that deductible credits will not be applied, as the CCIP provides first dollar coverage.)

SUBCONTRACTOR RESPONSIBILITIES

The GL insurance costs will be calculated according to your rates illustrated on the policy rating pages plus a loss rate (explained below) if your GL is on a large deductible program. (Please note that deductible credits will not be applied.)

The Verified Insurance Credit will be calculated by applying your fixed expense rates against the contract amount for work on the Project Site.

Composite Rated, Retro, SIR or Other Retention Programs (Loss-Sensitive programs).

The Verified Insurance Credit will be calculated by applying your fixed expense rates against the contract amount for work on the Project Site. A loss rate will also be calculated that will become a part of the Verified Insurance Credit. This will be calculated by taking five (5) years of your loss history and dividing it by the exposure basis during the five (5) year period. The losses should be capped at your current deductible, loss limit or retention. You must provide us with your first dollar losses so we can verify that the loss rate has been calculated correctly.

To calculate the Excess insurance costs multiply the fixed Excess rate on the policy by the exposure on the Project Site (payroll or receipts). If your Excess policy premium is not adjustable (flat premium), divide your Excess policy premium by the total exposure on your GL policy (payroll or receipts). Multiply this rate by the same exposure on the job site to determine the Excess insurance costs. Any other applicable taxes, surcharges and assessments should be applied as well.

EXAMPLE:

$$\frac{\text{Excess Policy}}{\text{GL Exposure (PR or Receipts)}} \times \text{Project Exposure}$$

When the Form 1 is completed incorrectly, or if scope has changed considerably after enrollment, the Enrolled Party will be asked to submit revised forms to the CCIP Administrator. The CCIP Administrator will also perform a recalculation based upon revised estimated exposures. A new Form 1 will be required if the estimated exposures on the NOA is different than the exposure on the Form 1.

The amount verified by CCIP Administrator will be removed through a deductive change order upon successful enrollment.

Note: Failure to submit any insurance forms as required by this manual or by contract may result in the withholding of payments until required documentation is received.

SUBCONTRACTOR RESPONSIBILITIES

Contract Modification / Change Order

All Contract modifications, including change orders, shall be priced by the Contractor and Subcontractors to **exclude** the cost of CCIP insurance coverages.

Enrollment

Upon successful award, each Subcontractor and Sub-Subcontractor shall provide details as necessary for CCIP enrollment in the Enrollment Form (Form-3). This form must be completed and submitted to the CCIP Administrator prior to mobilization in order to obtain coverage under the CCIP. The CCIP Administrator will provide access and instructions to on-line enrollment site www.aonwrap.aon.com.

Upon enrollment, the CCIP Administrator will issue to the Enrolled Party a Welcome Letter and a CCIP Certificate of Insurance acknowledging acceptance of the applicant into the CCIP. The insurance carrier will issue a separate Workers' Compensation policy to each Enrolled Party.

Note: Enrollment is not automatic!

Enrollment into the CCIP is required, but not automatic. Access to the Project Site will not be permitted until enrollment is complete. All Subcontractors and Sub-Subcontractors MUST complete the Enrollment Form and submit to the CCIP Administrator who will confirm complete enrollment into the CCIP. If a Subcontractor or Sub-Subcontractor obtains access to the site, with or without Walsh Construction Company II, LLC knowledge, the coverages provided under the CCIP will not be provided if Subcontractor is not enrolled.

Note:

Failure to submit any insurance forms as required by this Manual or by contract may result in the withholding of payments until required documentation is received.

Assignment of Premiums

Walsh Construction Company II, LLC pays the cost of the CCIP insurance coverage. All Enrolled Parties will assign, to Walsh Construction Company II, LLC, all adjustments, refunds, premium discounts, dividends, costs or any other monies due from the CCIP insurer(s). Enrolled Parties will assure that all the Enrolled Parties enrolled under them have executed such an assignment. The Enrollment Form supplied in Section 7 will be used for this purpose.

SUBCONTRACTOR RESPONSIBILITIES

Payroll Reports

By the 10th of each month, every Enrolled Party must submit on-line an Aon Form 4 – Payroll Report identifying man-hours and payroll for all work performed at the Project Site. This report shall classify the labor expended at each Project Site according to the Standard Workers' Compensation Insurance Classification and included in the Enrollment Form.

Upon successful enrollment, the CCIP Administrator will provide directions for the Subcontractor to electronically submit the Aon Form 4 – Payroll Report on the AonWrap web-site at www.aonwrap.aon.com. Each Enrolled Party will receive a login & password to grant access to the website. A monthly payroll entry shall be completed for each individual subcontract.

NOTE: The Monthly Payroll Report should include payroll for all CCIP qualified employees, including on-site supervisors and on-site clerical personnel. In Kentucky reported payroll follows the guidelines of the Kentucky Department of Job and Family Services and the Federal Unemployment Tax Authority (FUTA) to determine reportable payroll.

A monthly payroll report must be submitted for each month, including “zero (0) payroll” for those months where no on-site labor was expended, until completion of the work under each Contract. For those Subcontractors performing Work under multiple Contracts, a **separate** Aon Form 4 – Payroll Report is required for **each** Contract.

Note:

Failure to submit the payroll report, along with any form as required by this manual or by contract may result in the withholding of payments until required documentation is received.

Change Order Procedures

Change order proposals shall be submitted in the same manner, with the Cost of CCIP Coverages excluded from the base change order price.

Insurance Company Payroll Audit

It is important that you properly classify payrolls, as these are reported to the rating bureau for promulgation of future Experience Modifiers for your firm. All Enrolled Parties shall make available their books, vouchers, contracts, documents, and records, of any and all kinds, to the auditors of the CCIP insurance carrier(s) or Walsh Construction Company II, LLC representatives. Availability of records must be for a reasonable time during the policy period, any extension, or during a final audit period as required by the insurance policies.

Closeout and Audit Procedures

Submit the **Notice of Work Completion** form (Aon Form 5) when a Subcontractor and/or Sub-Subcontractor have completed its Work at the Project Site and no longer has on-site workers. The Aon Form 5 – Notice of Work Completion will initiate the final payroll report and audit of payroll and man-hours. Electronically submit the Aon

SUBCONTRACTOR RESPONSIBILITIES

Form 5 – Notice of Work Completion on the AonWrap web-site at www.aonwrap.aon.com. Should the Subcontractor return to the Project Site and work, they will do so under their own insurance program. The Subcontractor must also provide the CCIP Administrator with a Certificate of Insurance evidencing their coverage as detailed in the Contract.

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

CCIP Termination or Modification

Walsh Construction Company II, LLC may, for any reason, modify the CCIP Coverages, discontinue the CCIP, or request that Subcontractor withdraw from the CCIP upon thirty (30) days written notice. Upon such notice Subcontractor shall obtain and thereafter maintain during the performance of the Work, all ,or a portion thereof as specified by Walsh Construction Company II, LLC of the CCIP Coverages. The form, content, limits of liability, cost, and the insurer issuing such replacement insurance shall be subject to Walsh Construction Company II, LLC approval. The cost of the replacement coverage shall be at Walsh Construction Company II, LLC expense, but only to the extent of the applicable Costs of CCIP Coverages.

Drug-Free Workplace

Walsh Construction Company II, LLC is committed to providing a safe work environment for the health and well-being of its worksite. Walsh Construction Company II, LLC reserves the right to drug and alcohol test any worker involved in an employment-related incident or if there is a workplace injury.

Workers' Compensation, Return to Work Obligation

Safety on the Project Site is important to Walsh Construction Company II, LLC. To encourage adherence to safe practices by all parties, Walsh Construction Company II, LLC will require Enrolled Subcontractor and its sub-Subcontractor(s) to provide a modified return to work program for any of its employees injured under Workers' Compensation as part of the CCIP program.

Failure to provide reasonable accommodations will result in a penalty assessment to the Subcontractor of \$2,500 weekly until such time as the injured worker is returned to work. This "Workers' Compensation Obligation" is not compensable by the CCIP.

Claim Procedures

This section describes basic procedures for reporting various types of Claims: Workers' Compensation, and General Liability.

Not part of CCIP - Builder's Risk and damage to the Project.

General Procedures

All parties are to report all injuries, occupational-related illnesses, property damage or any other incidents to the Project Safety Management immediately. All Parties will instruct employees and other personnel to report, in writing, within 24 hours **all** Accidents and Occurrences of any type to the Walsh Construction Company II, LLC Project Safety Management.

Immediately call the Project Safety Manager or Project Superintendent in the event of the following:

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

Investigation Assistance

All Parties will assist in the investigation of any incident involving injury to persons or property. All Enrolled Parties will cooperate with the companies involved in adjusting any claim by securing and giving evidence and obtaining the participation and attendance of witnesses required for the investigation and defense of any claim or suit.

Workers' Compensation Claims

The main responsibility for any Party is first to see that the injured worker receives immediate medical care and you should immediately notify the Project Safety Management in the event of any injury or accident.

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

1. Contact designated first aid/medical personnel and transport the injured party to the on-site first aid or medical facility, as necessary.
2. Report all injuries or occupational-related illnesses within 24 hours to the Employer's Project supervisor and Walsh Construction Company II, LLC Project Safety Management.
3. Employer must complete an Incident Investigation Report and First Report of Injury Form and return to Walsh Construction Company II, LLC Project Safety Manager and Insurance/CCIP Manager within 24 hours of employee's notice of incident. The Project Safety Manager will then report the incident to the Corporate Insurance Department within 24 hours of receipt.
4. Supply the injured party with a Medical Information Claim Folder which shall include a Doctor's Initial Report Form, Walsh Construction Company II, LLC modified alternate duty program, Position Description and a Medical Authorization Form which are to be returned by the Injured Party to Walsh Construction Company II, LLC Project Safety Management by the end of the business day.
5. All Enrolled Parties will provide for modified alternate duty based upon the work abilities given to the Injured Party from the treating physician.
 - Safety on the Project Site is important to Walsh Construction Company II, LLC. To encourage adherence to safe practices by all parties, Walsh Construction Company II, LLC will require Enrolled Subcontractor and its sub-Subcontractor(s) to provide a modified return to work program for any of its employees injured under Workers' Compensation as part of the CCIP program.
 - Failure to provide reasonable accommodations will result in a penalty assessment to the Subcontractor of \$2,500 weekly until such time as the injured worker is returned to work. This "Workers' Compensation Obligation" is not compensable by the CCIP
6. Immediately send all subsequent medical return to work notes, inquiries or correspondence about an Injured Party to Walsh Construction Company II, LLC Project Safety Management.
7. No Injured Party will be allowed on a job site unless they have provided Walsh Construction Company II, LLC Project Safety Management with the proper return to work note, either full duty or modified duty.

General Liability Claims

All Parties must immediately report all incidents at the Project Site to Walsh Construction Company II, LLC Project Safety Management. As soon as the on-site personnel become aware of the incident, they must:

1. Take appropriate emergency measures to prevent additional injury or damage, including contacting police and fire authorities.
2. Immediately send all subsequent inquiries or correspondence about an insured loss or claim, including a summons or other legal documents, to the Walsh Construction Company II, LLC Project Safety Management immediately.

- A. Do not voluntarily admit liability.**
- B. Cooperate with Walsh Construction Company II, LLC and the CCIP insurer representatives in the accident investigation.**

Automobile Claims

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

HOWEVER, all accidents occurring in or around the Project site must be reported to Walsh Construction Company II, LLC Project Safety Management. All Parties shall cooperate in the investigation of all automobile incidents.

Builder's Risk Claims

No coverage is provided for Builder's Risk accidents under the CCIP. It is the sole responsibility of each Party to these report incidents.

All Builder's Risk accidents must be reported to Walsh Construction Company II, LLC Project Safety Management. All Parties shall cooperate in the investigation of all Builder's claims.

Forms

Section

7

This section contains the forms needed for administration of the CCIP.

Aon Form 1	Insurance Cost Worksheet
NOA	Notice of Award (<i>Example Only – completed on-line.</i>)
Aon Form 3	Enrollment Form
Aon Form 4	Payroll Report (<i>Example Only – reported on-line.</i>)
Aon Form 5	Notice of Work Completion (<i>Example Only – reported on-line.</i>)
Exhibit 1	Sample Certificate of Insurance for Enrolled Parties
Exhibit 2	Sample Certificate of Insurance for Excluded Parties

Note: For assistance in completing these forms, please contact:

CCIP Administrator – Eric Kalisz
 Aon Risk Solutions Central, Inc. - Illinois Division
 4 Overlook Point
 Lincolnshire, IL 60069
 Construction Wrap-up Group
 Telephone: 800-364-0495 Ext. 6
 E-mail: acs.construction@aon.com

Please show the project name and client number (Walsh UK Health Cancer Center / #----) and then any other information in the subject line when sending emails to acs.construction@aon.com.

Example: [Walsh UK Health Cancer Center / #-----/ Marcus Roofing / COI](#)

NOTE: Forms and Certificate of Insurance (COI) can be downloaded directly in AonWrap. Contact Eric Kalisz for assistance with downloading the COI directly in AonWrap.



INSURANCE COST WORKSHEET (Fixed Price Type Contracts)

**Walsh Construction Company II, LLC
UK Health Cancer Center**

A. Contractor Information: Federal ID # or Soc. Sec. #: 1

Company Name & dba: <u>2</u> Address: _____ City, State, Zip Code: _____ Telephone: _____ Fax: _____ Email Address: _____	Contact Information (address questions to...): <u>3</u> _____ _____ _____ _____ _____
--	--

B. Bid Information: Bid Package 1

Description of Work: 2

Proposed Contract Price \$: 3 Are you Submitting a bid to Walsh Construction Company II: 5 Yes No

Amount of Self Performed Work \$: 4 If No, identify to whom: 6

C. Workers' Compensation Insurance Information for Work Described Above: ^(a) (attach a separate sheet if necessary)

a State	b Class Code	c Description	d Rate <small>(per \$100 payroll)</small>	e Man-hours	f Payroll	g WC Premium <small>(Payroll * Rate / 100)</small>																
1																						
Totals				<u>2</u>	<u>3</u>	<u>4</u>																
Identify the Amount of Your Claim Retention <u>5</u>			Your Company's Workers' Compensation Experience Modifier: <u>6</u>																			
Employers Liability Rate: <u>8</u>			Modified Premium (line C4 x C6): <u>7</u>																			
			Employers Liability Premium: <u>9</u>																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">10 Modification & Discount Premium Factors</th> <th>11 Rate</th> <th>12 Amount</th> </tr> <tr> <td>MOD 1:</td> <td>+ OR -</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>MOD 2:</td> <td>+ OR -</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>MOD 3:</td> <td>+ OR -</td> <td>_____</td> <td>_____</td> </tr> </table>			10 Modification & Discount Premium Factors		11 Rate	12 Amount	MOD 1:	+ OR -	_____	_____	MOD 2:	+ OR -	_____	_____	MOD 3:	+ OR -	_____	_____	Total Modification Amount (Total of all amounts entered in column C12): <u>13</u>			
10 Modification & Discount Premium Factors		11 Rate	12 Amount																			
MOD 1:	+ OR -	_____	_____																			
MOD 2:	+ OR -	_____	_____																			
MOD 3:	+ OR -	_____	_____																			
Total Workers' Compensation Premium (line C7 + C9 + C13):						<u>14</u>																

D. General Liability: ^(a) Rate: 1 Based On: 2 Rate factor: 3 Identify the Amount of Your Claim Retention: 4

Total Payroll (C3) Per 100
 Contract Price (B3) Per 1,000
 Other _____

GL Premium (D2 x D1 + D3): 5

Excess/Umbri Liab: ^(a) Rate: 6 Based On: 7 Rate factor: 8

Total Payroll (C3) Per 100
 Contract Price (B3) Per 1,000
 Other _____

Excess/Umbri Premium (D7 x D6 + D8): 9

E. Builder's Risk/Installation Floater: ^(f) Rate: 1 Rate factor: 2 Builder's Risk/Installation Floater Premium (B3 x E1 + E2): 3

Per 100
 Per 1,000

F. Other Insurance Premiums: ^(f) (Enter total premium costs identified on page 2) 1

G. Totals

Total of all Insurance Premiums (Total of lines C14 + D5 + D9 + E3 + F1): 1

Overhead & Profit on Insurance Prem. %: 2 Refer to contract for % O/H & Profit Amount (G1 x G2): 3

Total Initial Insurance Cost (Total of lines G1 + G3): 4

Contractor's Initial Insurance Cost Rate: 5

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

Name: _____ Date: _____
(please print)


Title: _____ Signature: _____

Completion of this form is a required part of your bid/contract. Complete a separate form for each contractor, known subcontractor(s) and trades not currently awarded to a subcontractor. Duplicate this form as needed.

- (a) Please provide copies of the following documents to support your insurance cost calculations:**
- | | |
|--|--|
| <input checked="" type="checkbox"/> Schedule of Values | <input checked="" type="checkbox"/> General Liability declaration and rate pages |
| <input checked="" type="checkbox"/> Workers' Compensation declaration and rate pages | <input checked="" type="checkbox"/> Umbrella/Excess Liability declaration and rate pages |
| <input checked="" type="checkbox"/> Experience Modification worksheet | <input checked="" type="checkbox"/> May need to provide 5 years actual loss experience and exposure depending on claim retention. Check the insurance manual |

Email to: Eric Kalisz
Acs.construction@aon.com

Phone: 800-364-0495 Ext. 6

 NOA	NOTICE OF AWARD	Walsh Construction Company II UK Health Cancer Center
Sponsor Name		
Client #		
Project Name		
Subcontract To:		
Contract Type (Select One)		<input type="checkbox"/> Bid <input type="checkbox"/> Enrolled <input type="checkbox"/> Excluded
Company Name		
Federal ID		
Company Address, City, State, Zip Code		
Company Telephone		
Contact Name		
Contact Address, City, State, Zip Code		
Contact Telephone		
Contact Email		
Contract #		
Trade		
Work Description		
COI Requirements		
Contract (Total) Amount		\$
Self-Performed Amount		\$
Start Date (on site)		Click or tap to enter a date.
Estimated Completion Date		Click or tap to enter a date.
Comments		
Email to		
Email		ACS.construction@aon.com
Phone		

Examine your current Workers Compensation and General Liability Policies or contact your Insurance Agent to assist you with completing this form. *** NOTICE *** Enrollment is not automatic and requires the satisfactory completion of the Aon Form-3. Any other requirements can be found in the Insurance Manual.

A. Contractor Information: Federal ID # or Soc. Sec. #: 1
Business Information (headquarters) 2
Contact Information (address questions to..) 3
Company Name & dba:
Contact Name & Title:
Address:
City, State Zip Code:
Telephone:
Fax:
E.mail Address:
Indicate your Organization's Structure: 4 Corporation Joint Venture Partnership Sole Proprietor S-Corporation Other

B. Contract Information: Contract No.: 1
Date Contract Awarded: 2
Description of Work: 3
Proposed Contract Price \$: 4 Are you Submitting a bid to Walsh Construction Company II: 6 [] Yes [] No
Amount of Self Performed Work \$: 5 If No, identify to whom: 7
Start Date: 8 Actual Estimated Completion Date: 9 Actual Estimated

C. Contacts: (Complete if Applicable)
Table with 4 columns: Position, 1 Name & Title, 2 Phone, 3 Fax, 4 Email address
Rows: Project Mngr., Res. Engineer, Insurance, Contract Admin, Payroll, Claims, Safety Rep.
Provide Location of payroll records if different than Corporate address: 5
City, State, Zip Code: Phone: Fax:

D. Workers Compensation Insurance Information for Work Described Above: (attach a separate sheet if necessary)
Table with 5 columns: a State, b Class Code, c Description, d Man-hours, e Payroll
Totals 2 3

E. Provide your current Off-Site Workers Compensation Information: (for each state you will perform work in)
Table with 4 columns: Applicable State, Risk ID Number, Rating Bureau, Anniversary Rating Date
Your WC Insurance Carrier: 5
Policy #: 6 Effective Date: 7 Expiration Date: 8

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

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

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

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

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

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

4 What is your Experience Modification Factor?

H. **WARRANTY applicable to program insurance coverage**

1 Premiums for this Program are the responsibility of *Walsh Construction Company II* and I agree any and all return of premium, dividends, discounts, or other adjustments to any Program policy(ies) is assigned, transferred and set over absolutely to *Walsh Construction Company II*. This assignment applies to the Program policy(ies) as now written or as subsequently modified, rewritten or replaced. Rights of Cancellation for all Program insurance policy(ies) arranged by *Walsh Construction Company II* are assigned to *Walsh Construction Company II*.

2 I will pay the cost of premium(s) for non-Program insurance coverage, specified in the Contract Documents.

3 I authorized the release of all claim information for all insurance policies under this Program.

4 It is my responsibility to notify my insurance carrier(s) that I am enrolling in this Program.

5 The statements in this insurance application are true to the best of my knowledge.

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

Name: _____ Date: _____
(please print)

Title: _____ Signature: _____

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

Email to: Eric Kalisz
Acs.construction@aon.com
Phone: 800-364-0495 Ext: 6



On-Site Payroll Report - Form 4
Numbers reference attached instructions

Walsh Construction Company II, LLC
UK Health Cancer Center

Complete a Separate Form for Each Contract with Walsh Construction Company II, LLC.
Your report is due to the Aon Insurance Administrator, identified below, no later than the 10th day of the succeeding month.
Complete this report even though no work was performed; enter zero (0) for the Reportable Payroll.
Delay in providing this report may result in payments being withheld.

A. REPORT IDENTIFICATION

Period Beginning: ¹ _____ Period Ending: ² _____ Year: ³ _____

Subcontractor: ⁴ _____

Under Contract with: ⁵ _____

Contract #: ⁶ _____

B. ACTIVITY REPORT

a State	b Workers' Compensation Class Code	c Work Description	d Man-Hours	e Gross Payroll	f Reportable Payroll *
1					
TOTALS:			²	³	⁴

* Do not include premium (excess) overtime wages, use straight time wage rates only. You must also comply with all rules set forth by the Workers' Compensation Bureau in the state in which the work is performed.

C. ADDITIONAL DATA REQUIREMENTS :

1. _____

2. _____

3. _____

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

Name: _____ Date: _____
(please print)

Title: _____ Signature: _____

CHECK IF THIS IS YOUR LAST PAYROLL REPORT. COMPLETE AN AON FORM-5 "NOTICE OF WORK COMPLETION" AND INCLUDE WITH THIS PAYROLL REPORT.

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



On-Site Payroll Report - Form 4
INSTRUCTIONS

Walsh Construction Company II, LLC
UK Health Cancer Center

Page 2 of

2

The Subcontractor and every Subcontractor of any tier performing work at the Project Site for each Contract awarded must complete this form each month. The Subcontractor/Sub-Subcontractor must attach the completed report to their monthly pay request in order to receive interim payment. Subcontractors will be responsible for the submission of this form by their Subcontractors. Aon Risk Solutions can forward a supply of these forms to your company upon request.

A. Report Identification

- 1 Fill in the month and day for the beginning of the period you are reporting on.
- 2 Fill in the month and day for the ending of the period you are reporting on.
- 3 Fill in the year that applies to the reporting period.
- 4 Enter the name of your firm.
- 5 If you are a Sub-Subcontractor, identify the name of the firm you are contracted to. If you are a Subcontractor enter N/A
- 6 Provide your Contract Number

B. Activity Report

- 1 For each Workers' Compensation Class Code that applies to work performed during the reporting period, provide the following information:
 - a Identify the state in which the work was performed.
 - b Identify the Workers' Compensation Class Code that applies to the work performed during the period. (Most states use a four digit No.)
 - c Provide a brief description of the work by class code.
 - d Identify the number of Man-hours worked by your employees for each applicable class code.
 - e Provide the Gross Payroll paid to your employees. This should include overtime pay and vacation pay.
 - f Determine the Reportable Payroll. Reportable Payroll does not include the premium portion of any overtime pay (i.e. 45 hours X \$10.00/hr = 450.00 *do not include the premium overtime pay of \$5.00 for the 5 hours of overtime*)
- 2 Total the Man-hours provided on the payroll report.
- 3 Total the Gross Payroll provided.
- 4 Total the Reportable Payroll.

c. Additional Data Requirements: If questions are listed in this section of the form, they are unique to this project. Please refer to the Insurance Manual.

d. **Signature Block:** This form must be signed by a representative of your company with the authority to Verify the information is correct.

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



Notice of Work Completion - Form 5
Numbers reference attached instructions

Walsh Construction Company II, LLC
 UK Health Cancer Center

A. General Information

Subcontractor: 1

Under Contract with: 2

Contract #: 3

Description of Work Performed: 4

Date Work Completed: 5

Date this Contract Completed: 6

B. Work Completion

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

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

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

Address: 2

City, State, Zip Code: _____

Contact/Phone #: _____

C. Signature Block

The undersigned acknowledges request for termination of Coverage under the CIP as of the date indicated above for the specified Contract. Should we return to the work Site, we will be working under our own insurance program and must provide *Walsh Construction Company II, LLC* with a Certificate of Insurance showing our own Coverage as detailed in our contract.

SIGNED BY: 1
 Name & Title _____ Date _____

APPROVED BY: 2
 Project Manager (Name & Title) _____ Date _____

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

This form will be completed and returned to the CIP Administrator by the Subcontractor or Sub-Subcontractor whenever work is completed for each Contract or Subcontract. This form will initiate the final payroll audit process for the Subcontractor/Sub-Subcontractor identified in item 1. Final Payments and Release of Retainage will not occur until all payroll work is complete and finalized.

A. General Information

- 1 Provide the name of the Subcontractor completing their work.
- 2 Provide the name of the Entity this Subcontractor has a contract with.
- 3 Enter the contract number for the work being completed.
- 4 Provide a brief description of the work being completed.
- 5 Provide the Date the Work was completed.
- 6 Provide the Date the Contract was completed, if other the work completion date.

B. Work Completion

- 1a Enter the name of each Subcontractor that performed work for you that has also completed their work.
- b Enter Subcontractors Contract Number.
- c Provide a brief description of their work.
- d Provide the Date they completed their work.
- 2 Identify the physical location of where your payroll records are retained. Provide the Address, City, State, Zip Code, Contact Name and Telephone Number of the person responsible for maintaining the payroll information for audit purposes.

C. Signature Block

- 1 This form must be signed by a representative of your company with the authority to Verify that the information is correct.
- 2 Have this form approved by the Construction Manager for the Project Site.

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

EXHIBIT 1 – Sample Enrolled Certificate of Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provision or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Agent's Name & Address	Contact Name:		
	Phone (A/C, No, Ext)	FAX (A/C, No)	
	E-Mail Address		
	INSURER (S) AFFORDING COVERAGE		
INSURED Contractor or Subcontractor's Name & Address	INSURER A:	INSURANCE CARRIER NAME	NAIC #
	INSURER B:	INSURANCE CARRIER NAME	
	INSURER C:	INSURANCE CARRIER NAME	
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSTR LTR	TYPE OF INSURANCE	ADDL INSRD	SUBR WVD	POLICY NO.	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GEN. LIAB LITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	Y	REFER TO CONTRACT FOR REQUIRED LIMITS. For Off-Site Only			EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV NJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS – COMP/OP AGG	\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> H RED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	For On and Off-Site			COMB NED S NGLE L MIT (Ea accident)	\$2,000,000
							BOD LY INJURY (Per person)	\$
							BOD LY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			REFER TO CONTRACT FOR REQUIRED LIMITS. For Off-Site Only			EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS' COMPENSATION AND EMPLOYER'S LIAB LITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (MANDATORY IN NH) <input type="checkbox"/> IF YES, DESCR BE UNDER DESCRIPTION OF OPERATIONS below OTHER:		Y	For On and Off-Site			PER STATUE	OTHE-ER
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be used if more space is required) RE: Work performed at the Walsh Construction Company II, LLC UK Health Cancer Center Project, The University of Kentucky, its affiliates and subsidiaries and their officers, agents, trustees and employees and any additional entities as Walsh Construction Company II, LLC may request from time to time are Additional Insureds on a Primary and Non-contributing basis on the General Liability, Automobile and Excess/Umbrella Liability Policies. Waiver of Subrogation applies to all policies. General Liability and Workers' Compensation coverage applies only to operations away from the Project Site. Additional Insured endorsements for the General Liability policy must be attached. Excess Liability follows form over underlying policies.

CERTIFICATE HOLDER Aon Risk Services Central, Inc. 4 Overlook Point Lincolnshire, IL 60069 acs.construction@aon.com	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provision or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Agent's Name & Address	Contact Name:		
	Phone (A/C, No, Ext)	FAX (A/C, No)	
	E-Mail Address		
INSURED Contractor or Subcontractor's Name & Address	INSURER (S) AFFORDING COVERAGE		NAIC #
	INSURER A:	INSURANCE CARRIER NAME	
	INSURER B:	INSURANCE CARRIER NAME	
	INSURER C:	INSURANCE CARRIER NAME	
	INSURER D:		
	INSURER E:		

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
------------------	----------------------------	-------------------------

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSRD	SUBR WVD	POLICY NO.	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIAB LITY <input checked="" type="checkbox"/> COMMERCIAL GEN. LIAB LITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	Y	REFER TO CONTRACT FOR REQUIRED LIMITS. FOR ON AND OFF-SITE			EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV NJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS – COMP/OP AGG	\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	FOR ON AND OFF-SITE			COMB NED S NGL E L MIT (Ea accident)	\$2,000,000
							BOD LY INJURY (Per person)	\$
							BOD LY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			REFER TO CONTRACT FOR REQUIRED LIMITS.			EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
A	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (MANDATORY IN NH) <input type="checkbox"/> IF YES, DESCRIBE UNDER DESCRIPTION OF OPERATIONS below		Y	FOR ON AND OFF-SITE			PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000
	OTHER:							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be used if more space is required) RE: Work performed at the Walsh Construction Company II, LLC UK Health Cancer Center Project, The University of Kentucky, its affiliates and subsidiaries and their officers, agents, trustees and employees and any additional entities as Walsh Construction Company II, LLC may request from time to time are Additional Insureds on a Primary and Non-contributing basis on the General Liability, Automobile and Excess/Umbrella Liability Policies. Waiver of Subrogation applies to all policies. Additional Insured endorsements for the General Liability policy must be attached. Excess Liability follows form over underlying policies.

CERTIFICATE HOLDER	CANCELLATION
Aon Risk Services Central, Inc. 4 Overlook Point Lincolnshire, IL 60069 acs.construction@aon.com	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

©1988-2016 ACORD CORPORATION. All rights reserved.