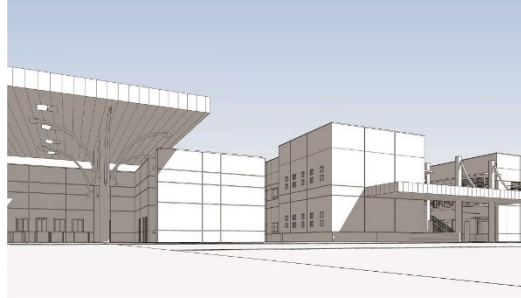




Long Beach Unified School District



School Construction Bond Program

**OWNER CONTROLLED
INSURANCE PROGRAM (OCIP) MANUAL**

August 24, 2022 to August 24, 2027

THIS MANUAL IS A CONTRACT DOCUMENT

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1.0 INTRODUCTION

Long Beach Unified School District (“The District”) has arranged for the School Construction Bond Program (“Project”) to be insured under its Owner Controlled Insurance Program (OCIP). An OCIP is an insurance program that insures Long Beach Unified School District, the General Contractor (“Contractor”) and all Enrolled Parties under Contract with The District, Contractor and other designated parties for work performed at the Project Site. Certain Subcontractors/Parties are excluded from this program, these parties are identified in Section 3 of this OCIP Manual. Participation in the program is mandatory but not automatic.

The OCIP provides the following insurance coverages for all Enrolled Parties:

- General/Excess Liability
- Workers’ Compensation

The following additional coverage(s) are provided outside of the OCIP:

- Builders’ Risk (District must enroll the project to obtain coverage)

The District will pay insurance premiums for the OCIP coverage described in this Manual. You should notify your insurance broker/insurer(s) of the coverages provided under this Program for “On-Site” activities to avoid the duplication of coverage and the related costs.

The District has elected to implement a **Bid Net Program**. Each bidder is required to **exclude** from its bid price its normal cost for insurance coverage. The credit for OCIP provided insurance to be deducted from the bid price should be based on the process described in Section 6, Subcontractor Insurance Credit Calculation.

This OCIP Manual will be a part of the bid specifications and bidders are expected to be familiar with the requirements prior to submitting their bid. In addition, this OCIP Manual will be incorporated by reference into the successful bidders awarding Contract and accordingly, all provisions require mandatory compliance.

Subcontractors shall not commence work at the Project Site until:

- a) If enrolled under this OCIP, having received a certificate of insurance issued by Alliant Insurance Services (OCIP Administrator), or
- b) If excluded under this OCIP, having provided a certificate of insurance as required in this OCIP Manual.

NOTE: Insurance coverages and limits provided under the OCIP 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.

1.1 About this Manual

This OCIP Manual was prepared by Alliant Insurance Services (Alliant) and The District. Alliant is the insurance broker and OCIP Administrator for this program.

This OCIP Manual:	This OCIP Manual does not:
Generally describes the OCIP	Provide coverage interpretations
Identifies responsibilities of the various parties involved in the Project with regards to the OCIP	Provide complete information about coverage
Provides a <i>basic</i> description of OCIP coverage	Supersede the terms of the specific policies
Describes audit and administration procedures for the OCIP	Provide answers to specific claims questions
Provides answers to basic questions about the OCIP	

Specific questions about the OCIP, its administration, or the coverage provided should be referred to the OCIP Program Manager identified in the Project Directory section immediately following this introduction.

1.2 Max EMR Requirement

The District's Owner Controlled Insurance Program ("OCIP") requires the contractor and their subcontractors of all tiers have a maximum Experience Modification Rating ("**EMR**") at the-time of enrollment into the OCIP. It is the Contractor's responsibility to ensure that it and its subcontractors meet the OCIP requirements, which includes the scopes of insurance required of the Contractor and its subcontractors that are NOT part of the scopes of insurance in the OCIP.

Maximum EMR = 1.24

NOTE: The information in this OCIP Manual is intended to outline the OCIP Program. If any conflict exists between this OCIP Manual and the OCIP Insurance Policies, the Policies will govern. This OCIP Manual may be updated and distributed during the course of the Project. Any revised versions shall replace and supersede any previously issued versions.

2.0 DIRECTORY

SECTION

2

THE DISTRICT / PROJECT OWNER

Long Beach Unified School District

THE DISTRICT ADDRESS

2425 Webster Ave
Long Beach, CA 90810

PROJECT EXECUTIVE

DAVID MIRANDA

Office: 562-997-7555

Email: dmiranda1@lbschools.net

RISK MANAGEMENT COORDINATOR

FERDOWS FAZELI

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Email: ffazeli@lbschools.net

OCIP BROKER / ADMINISTRATOR

Alliant Insurance Services

Construction Services Group
333 S. Hope St., Suite 3750
Los Angeles, CA 90071

OCIP PROGRAM MANAGER

MARTIN CUNNINGHAM II

Office: 213-443-2468

Cell: 213-280-4417

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OCIP PROGRAM ADMINISTRATOR

KATHLEEN DALESSANDRO

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OCIP CLAIMS ADVOCATES

WC CLAIMS ADVOCATE

MARIA PAREDES

Office: 213-443-2451

Email: mparedes@alliant.com

GL CLAIMS ADVOCATE

John Dice

Office: 510-695-5290

Email: john.dice@alliant.com

OCIP PORTAL – ALLIANT WRAPX

OCIP DOCUMENT SUBMISSION

Email: alliantwrapx@alliant.com

ONLINE ENROLLMENT, PAYROLL REPORTING & DOCUMENT MANAGEMENT

Website:

<https://alliantwrapx.alliant.com/contractorportal>

*Contact Kathleen Dalessandro for User Access

3.0 DEFINITIONS

SECTION 3

Additional Insured Entities

- Long Beach Unified School District

Bid Net Program

Subcontractors who ultimately will be enrolled in the OCIP are required to exclude the required insurance cost from their bid price, contract value and change orders.

Contract

The written agreement between The District and the Contractor, and the Contractor and its Subcontractors for specific work on the Project Site and also includes an agreement between a Subcontractor and lower-tiered Subcontractor.

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.

Enrolled Parties

Contractor, Subcontractors and other entities who have been awarded work and met the requirements to become enrolled in the OCIP as evidenced by a Certificate of Insurance issued by the OCIP Administrator. The District may, at its discretion, include a Subcontractor who, otherwise by definition, would be an Excluded Party.

Excluded Parties

Excluded Parties are not covered by the OCIP and are described as those performing the following activities:

- Hazardous materials remediation, removal and/or transport; Asbestos Abatement Contractors;
- Architects, Surveyors, Engineers and Soil Testing Engineers and their Consultants;
- Any person or entity that solely fabricates and/or manufactures any products, materials and/or supplies away from the Project Site;
- Equipment rental companies who perform equipment maintenance and do not provide operator;
- Vendors, Suppliers, Fabricators, Material Dealers, Truckers, Haulers, Owner/Operators (Independent Contractors), Drivers and others whose operation(s) and/or employee(s) is/are engaged solely in the loading, hauling and/or unloading of material, supplies and/or equipment to or from the Project Site;
- Subcontractors who do not perform any actual labor on the Project Site;
- Any other parties whom The District at its sole discretion, or through the OCIP Administrator, elects to exclude from the OCIP, even if otherwise eligible.

Insured

The District, Contractor and all Enrolled Parties named as an Insured on the OCIP Certificates of Insurance.

Insurer(s)

Insurance companies that provides coverage for the OCIP.

- Workers' Compensation/Employers' Liability – Old Republic
- Primary General Liability – Old Republic
- Excess Liability – Various

Maximum Experience Modification Rating ("EMR")

The maximum EMR for a contractor at the time of enrollment is 1.24. A Subcontractor with an EMR greater than 1.24 may not be allowed access to the project site.

Off-Site

Shall mean away from the Project Site. If locations are used solely in connection with performing work at the Project Site like storage yards, staging areas, Off-Site parking, field offices, etc., they can be added with the approval of The District and Insurer(s).

On-Site

Shall mean work inside the fence line of the Project Site (see below).

Owner Controlled Insurance Program (OCIP)

An insurance program under which General / Excess Liability and Workers' Compensation insurance are procured by The District to cover The District, Contractor and all Enrolled Parties while performing work at the Project Site.

Project Site

"Project Site" shall mean those areas designated in writing by the Long Beach Unified School District for performance of the Work and such additional areas as may be designated in writing by the Long Beach Unified School District for Contractor's use in performance of the Work. Subject to the notification and other requirements for off-site locations, the term "Site" shall also include (a) field office sites, (b) property used for bonded storage of material for the Project approved by the Long Beach Unified School District, (c) staging areas dedicated to the Project, and (d) areas where activities incidental to the Project are being performed by Contractor or Subcontractors covered by the worker's compensation policy included in the OCIP, but excluding any permanent locations of Contractor or such covered Subcontractors.

Subcontractor

Any individual, firm, or corporation undertaking construction or other services under a Contract with The District, Contractor or with another Subcontractor or lower-tiered Subcontractor to furnish labor, services, materials and/or equipment, and/or perform operations at the Project Site.

The District (aka Project Owner)

Long Beach Unified School District; Entity that determines which insurance coverage will be included, procures the policies and controls the insurance program.

4.0 OCIP INSURANCE COVERAGE

The District intends to maintain General/Excess Liability and Workers Compensation coverages until Final Completion; however, but in no event beyond 08/24/2027. Products/Completed Operations Coverage has been procured for a period of 10 years per policy terms. In addition, this program includes an Extension of Coverage for a 12 month period, under the General Liability in the event Enrolled Parties return to the Project Site to perform warranty or repair work, as defined by the policy.

The descriptions on these pages provides a summary only, please refer to the policies for actual Terms & Conditions. Copies of policies are available upon request.

4.1 Description of OCIP Coverages

COMMERCIAL GENERAL LIABILITY

	Limits of Liability Shared by All Insureds
General Aggregate (Reinstates Annually)	\$4,000,000
Products/Completed Operations Aggregate	\$4,000,000
Personal/Advertising Injury	\$2,000,000
Each Occurrence Limit	\$2,000,000
Fire Damage Legal	\$300,000
Medical Expense	\$10,000
Negligent Subcontractors Financial Responsibility - Each Occurrence	\$25,000
See Section 7 for Details.	

- A single General Liability policy will be issued covering all insureds; limits shared by all Insureds
- Products/Completed Operations Aggregate is a single limit for the entire policy term, including the Products/Completed Operations Extension period
- Products/Completed Operations Extension Coverage is for ten (10) years or the applicable Statute of Repose (whichever is less) per policy Terms & Conditions

EXCESS LIABILITY

	Limits of Liability Shared by All Insureds
Each Occurrence Limit	\$100,000,000
Annual General Aggregate Limit	\$100,000,000

WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY

Part One:	Workers' Compensation	Statutory Limit
Part Two:	Employer's Liability	Annual Limits Per Insured
	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

- A separate Workers' Compensation policy will be issued for each Enrolled Party.

4.2 Evidence of OCIP Coverages

The OCIP Administrator will provide a Certificate of Insurance evidencing General Liability and Excess Liability insurance to each Enrolled Party, each of whom will be a named insured on the policy. All Enrolled Parties will be issued an individual Workers' Compensation policy including Employer's Liability coverage. Other documentation including forms, posting notices, if any, will be furnished to all Enrolled Parties.

4.3 OCIP Termination or Modification

Notwithstanding any other provision of this OCIP Manual, it is The District's intent to keep the OCIP in force throughout the term of the Project. However, The District reserves the right to cancel, terminate or modify the OCIP. To exercise this option, The District will provide 15 calendar days advance, written notice to all Insureds covered under the OCIP.

Enrolled Parties will be required to immediately effect replacement insurance coverage, equivalent to what is currently required for Excluded Parties. The reimbursement for the cost of such replacement insurance will be calculated on a pro-rata portion of the Enrolled Parties **approved** Insurance Credit Worksheet. Written evidence of such insurance must be provided to The District prior to the actual cancellation or termination date of the OCIP.

4.4 OCIP Insurance Premiums

The District is responsible for the payment of the OCIP Premium. All return insurance premiums, insurance dividends, or monies due to or to become due in connection with the OCIP shall be to the benefit of The District and are hereby assigned to The District.

4.5 Additional Insurance Coverages

BUILDERS RISK INSURANCE

	Limits of Liability Shared by All Insureds per Project
Each Occurrence Limit	Project Specific Limits
Annual General Aggregate Limit	Project Specific Limits

The District shall obtain and maintain in force during the term of this Agreement, a Builders' Risk Insurance policy separate from the OCIP, which shall insure against all risks of physical loss and/or damage including flood, subject to all policy terms, conditions and exclusions, covering buildings and

materials in the course of construction, reconstruction or renovation. The Builders' Risk policy shall be endorsed to add Contractors of any tier as additional insureds, as their interests may appear. Unless required otherwise by the District, claims under Builders' Risk insurance are subject to a deductible amount of \$50,000. The responsible Contractor, Subcontractor, or Sub-Subcontractor shall pay the deductible amount. All Builders' Risk losses will be adjusted with and payable to the District or the Designee for the benefit of all parties as their interest may appear.

The District shall not be responsible for loss or damage to, or obtaining and/or maintaining in force insurance on temporary structures, construction equipment, tool or personal effects, owned or rented to or in the care, custody, and control of any Contractor, Subcontractor, or Sub-Subcontractor.

5.0 ENROLLED & EXCLUDED PARTIES REQUIRED COVERAGE

Enrolled and Excluded Parties will, at their own expense, carry and maintain at least the following insurance policies and minimum limits of liability on forms and with insurance companies acceptable to The District.

5.1 Required Coverages

WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY

Part One:	Workers' Compensation	Statutory Limit
Part Two:	Employer's Liability	Annual Limits Per Insured
	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 shall provide evidence of Workers' Compensation insurance for "Off-Site" activities.

Excluded Parties shall provide evidence of Workers' Compensation insurance applicable to "On-Site" and "Off-Site" activities.

Policy shall provide the following:

- a) Waiver of Subrogation in favor of the Additional Insured Entities
- b) 30 days advance Notice of Cancellation to Additional Insured Entities
- c) **No coverage exemptions will be accepted.** Coverage must be provided for the Contractor and Subcontractors Members, Executives and Officers
- d) If Subcontractors use an **Employee Leasing Firm** or **Professional Employer Organization (PEO)**:
 - They must notify The District and Contractor in writing, immediately, before any work commences On-Site.
 - Subcontractors must provide a certificate for Workers' Compensation from their PEO **and** their own Workers' Compensation Policy.
 - Subcontractors must secure under PEO's Workers Compensation Policy:
 - Alternate Employer Endorsement showing the Subcontractor as Alternate Employer
 - Waiver of Subrogation in favor of the Additional Insured Entities under the PEO's Workers' Compensation Policy.

BUSINESS AUTOMOBILE LIABILITY

Combined Single Limit: Bodily Injury and/or Property Damage	\$1,000,000
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All Enrolled and Excluded Parties must provide Automobile Liability insurance covering the operation, maintenance and use, loading and unloading of all owned, hired, and non-owned vehicles used in connection with the Project. Policy shall provide the following:

- a) Waiver of Subrogation endorsement in favor of the Additional Insured Entities
- b) 30 days advance Notice of Cancellation to Additional Insured Entities
- c) Additional Insured endorsement must be provided in favor of the Additional Insured Entities on an ISO form CA 2048 02 99 or its' equivalent
- d) Shall contain a Primary and Non-Contributory clause
- e) If work to be performed includes hauling or transporting any hazardous materials, then policy shall include the most current version of the ISO CA 99 48, Broadened Pollution Liability Endorsement, or its equivalent, and the MCS-90 shall also be attached to the policy.

GENERAL LIABILITY

	Enrolled Parties	Excluded Parties
General Aggregate	\$ 2,000,000	\$ 3,000,000
Products/Completed Operations Aggregate	\$ 2,000,000	\$ 3,000,000
Personal/Advertising Injury	\$ 1,000,000	\$ 3,000,000
Each Occurrence Limit	\$ 1,000,000	\$ 3,000,000

Enrolled Parties shall provide evidence of General Liability insurance for "Off-Site" activities.

Excluded Parties shall provide evidence of General Liability insurance applicable to "On-Site" and "Off-Site" activities.

Coverage is required to be on an Occurrence form and shall 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. Policy shall provide the following:

- a) Waiver of Subrogation endorsement in favor of the Additional Insured Entities
- b) 30 days advance Notice of Cancellation to Additional Insured Entities
- c) Additional Insured endorsement must be provided in favor of the Additional Insured Entities
- d) Shall contain a Primary and Non-Contributory clause, provided on ISO form CG 2010 11 85, or both ISO forms CG 2010 04 13 and CG 2037 04 13 (or its' equivalent).
- e) Policy must **not** contain any exclusion for or limitation applicable to residential construction, or to work or projects of the type contemplated by the Agreement.
- f) Policy shall not contain any endorsement or limitation (such as Endorsements CG 22 94 or 22 95) altering or eliminating coverage for work performed on your behalf by Subcontractors.
- g) Excluded Parties agree to continuously maintain Products-Completed Operations Coverage under its CGL and Umbrella/Follow Form Excess Liability policies for not less than the applicable statute of repose for liability arising out of the work or the Project.

AVIATION LIABILITY

In the event, any fixed aircraft, or rotary aircraft (helicopters) of any kind or any Unmanned Aerial Vehicles (Drones) are used in the connection for the Project Site and/or execution of the Work, then Contractor/Subcontractor must maintain Aviation Liability covering all owned, non-owned, and hired aircraft, used, operated, or hired by Contractor/Subcontractors in connection with the Project, including Bodily Injury, Property Damage, and Passenger Liability. The District, Contractor and the respective Subcontractor must be named as an Additional Insured with Primary and Non-Contributory wording. In addition, the policy limits must be in accordance with The District's requirements. Such insurance requirements will be determined as the need arises. In addition, if any aircraft is to be used to perform lifts at the project site, a "slung cargo" endorsement must be included to cover the full replacement value of any equipment or material being lifted. All such lifts must be coordinated with The District and Contractor for approval prior to lift execution.

WATERCRAFT LIABILITY

In the event any watercraft, of any kind are used in connection for the Project Site and/or execution of the work, then Contractor/Subcontractors must maintain Watercraft Liability, covering all owned, non-owned, and hired watercraft, used, operated, or hired by Contractor/Subcontractors in connection with the Project, including Bodily Injury. The District, Contractor and the respective Subcontractor must be named as an Additional Insured with Primary and Non-Contributory wording. In addition, the Policy Limits must be in accordance with The District's requirements. Such insurance requirements will be determined as the need arises.

PROFESSIONAL LIABILITY

Contractor is required to carry Contractors Professional Liability Coverage with a Retroactive Date that shall be no later than the date of first service from Contractor on the project. Contractor is required to carry coverage for a term extending through full Statue of Repose.

Contractors Professional Liability

Each Occurrence	\$ 1,000,000
Annual Aggregate	\$ 1,000,000
Maximum Deductible Permissible	\$ 1,000,000

If Subcontractors are required by the Specifications of their Scope of Work to furnish engineered drawings and calculations stamped by a qualified licensed design professional, the licensed design professional shall provide proof of Professional Liability coverage for Design Errors and Omissions with a limit as specified in the Contract.

If Subcontractors are performing Specialty Engineering (design/build) work in connection with the Project, then each Subcontractor shall obtain and maintain Professional Liability insurance with limits of not less than \$ 1,000,000 per claim and \$ 1,000,000 annual Aggregate, or limits carried, whichever are greater.

The Professional Liability insurance shall be maintained continuously in effect during the term of this Agreement through the applicable Statutes of Repose period.

RIGGERS LIABILITY

To the extent the Contractor/Subcontractors' Work requires it to provide power-operated equipment (as defined under OSHA 1926.1400 (a)) to hoist, lower or otherwise move a suspended load, then it shall provide riggers liability insurance. The limit for this coverage shall equal or exceed the full replacement cost value of the largest hoist intended to be made within its Scope of Work. This insurance shall name The District and Contractor as loss payees to this insurance.

POLLUTION LIABILITY

Contractor/Subcontractors whose work involves removal or treatment of hazardous materials are required to provide and maintain Contractors Pollution Liability insurance that will be primary and non-contributory to any Pollution Coverage provided under the OCIP. Such coverage will specifically schedule the type of Work defined in the Contract. The District will determine limits based on the nature of the Contract and the risk involved.

PROPERTY INSURANCE/CONTRACTOR'S EQUIPMENT FLOATER

Contractor/Subcontractors are advised to arrange their own insurance for owned and leased equipment and materials, whether such equipment is located at a Project Site or "in transit". Contractor/Subcontractors are solely responsible for any loss or damage to their personal property including, without limitation, property or materials created or provided under the Contract until installed at the Project Site, Contractor, Subcontractor or lower-tiered Subcontractor tools and equipment, scaffolding and temporary structures, whether owned, used, leased or rented by Contractor/Subcontractor. Coverage shall include a Waiver of Subrogation in favor of the Additional Insured Entities.

STORED MATERIAL/STORED MATERIALS IN-TRANSIT

Contractor, Subcontractor and lower-tiered Subcontractor shall provide an Installation Floater or Personal Property of Others Insurance written on a "Special" Broad Perils form for project-specific materials/or equipment stored at the Project Site or in an otherwise approved location or facility, or in-transit to the Project Site.

The insurance shall be in amounts to cover the Replacement Value of the goods being stored, and shall provide Coverage for "All Risks" of Direct Physical Loss or damage to the property stored or in-transit to the Project Site.

Waiver of Subrogation provision in favor of Additional Insureds, waiving rights of recovery between Subcontractor and any party for loss or damage to the property stored or in-transit, shall be included. Proof of such waiver shall be provided prior to the storage or shipment of the materials or equipment.

The Limits of Liability shown for the insurance required of the Contractor/Subcontractors are minimum limits only and are not intended to restrict the liability imposed on the Contractor/Subcontractors for Work performed under their Contract.

5.2 Qualifications of Insurers

Each Insurer who provides any insurance coverage required by this section must be duly licensed and/or authorized by the State of California to transact a property and/or casualty insurance business in the State of California. Insurers shall be rated A- VI or better by A. M. Best, unless otherwise approved in writing by the District.

5.3 Certificate of Insurance

Prior to commencing any work at the Project Site, Contractor and all Subcontractors must provide The District with a Certificate of Insurance on a standard ACORD form 25-S along with a copy of the policy

Schedule of Endorsement, satisfying all coverages and stipulations required in this OCIP Manual. A sample acceptable Certificate of Insurance is included in the Appendix Section. A current certificate must be provided for each period. Certificates should be sent to Alliant Insurance Services. Failure of any party to provide such certificates of insurance will not be relief from the responsibility to carry and maintain such insurance.

The certificate must evidence that each carrier has provided Additional Insured endorsements on all policies except Workers' Compensation and Waiver of Subrogation in favor of the Additional Insured Entities as applicable. The following are the **Additional Insured Entities** to be named on the above referenced endorsements:

1. Long Beach Unified School District, their respective officers, agents, and employees
2. Any additional entities as the District may request

Contractor and Subcontractors are responsible for monitoring their lower-tiered Subcontractors insurance documents, whether enrolled or excluded. The District reserves the right to disapprove the use of Subcontractors who are unable to meet the insurance requirements. Certificates evidencing compliance are to be available to The District, Contractor and OCIP Administrator upon request.

CERTIFICATE OF INSURANCE: Prior to mobilization and within three (3) days of renewal, change or replacement of coverage, Subcontractors will submit to The District and Contractor a Certificate of Insurance evidencing the coverage and limits as specified in this section.

5.4 Other Insurance Needed as Determined by Enrolled Parties

The OCIP, as previously outlined, is intended to afford broad coverage and relatively high limits of liability, but may not provide all the insurance needed. Enrolled Parties should have their insurance agent, broker or consultant review the coverages and limits outlined herein for adequacy against your existing program. In order to eliminate duplicate insurance premiums, Enrolled Parties should amend their insurance program to recognize coverage provided to them under this OCIP. It is suggested that Enrolled Parties' General Liability policies exclude coverage for this Project Site only to the extent coverage is provided for this Project by the OCIP. In this manner, any broadened coverages or limits under the Enrolled Parties' insurance program will still be available to them. Any type of insurance coverages or limits of liability in addition to what is afforded by the OCIP Policies that Subcontractors requires for its or their own protection, or required by the Contract or by Governmental Requirements, shall be Subcontractors sole responsibility and expense, and shall not be billed to The District or Contractor.

5.5 Survival Clause

The insurance requirements described in the OCIP Manual are not intended to, and shall not in any way, limit or quantify the liabilities and obligations each Subcontractor assumes pursuant to its contract. The insurance requirements are an independent contract provision and shall survive the termination or expiration of this contract or any subcontract.

5.6 No Release Clause

The District's procurement and provision of the OCIP shall in no way relieve the Subcontractor of any responsibility or liability under its contract, any applicable law, statute, regulation or order, except the responsibility of securing the OCIP coverages if, and commencing when, the Subcontractor becomes an Enrolled Party.

6.0 ENROLLED & EXCLUDED PARTIES RESPONSIBILITIES

The Subcontractor is required to cooperate with The District, Contractor and OCIP Administrator in all aspects of OCIP operation and administration.

RESPONSIBILITIES OF SUBCONTRACTORS INCLUDE BUT ARE NOT LIMITED TO:

- Enrollment in the OCIP, if eligible
- Providing each lower-tiered Subcontractor with a copy of the OCIP Manual
- Upon award, completion of all OCIP Enrollment forms and back up documents
- Ensuring that all lower-tiered Subcontractors are Enrolled in the OCIP, with the exception of those lower-tiered Subcontractors that are Excluded
- Reviewing and understanding coverages, exclusions, and limitations of OCIP policies
- Including OCIP provisions in all Subcontracts
- Providing timely evidence of insurance to the OCIP Administrator
- **Notifying the OCIP Administrator of all Subcontracts awarded**
- Cooperating with the OCIP Administrator's requests for information
- Complying with insurance, claim and safety procedures
- Notifying the Project Safety Manager and The District's Representative of all On-Site incidents immediately
- Paying any Financial Responsibilities promptly as required
- Notifying the OCIP Administrator of completed Subcontracts prior to Contract closeout.
- Notifying the OCIP Administrator immediately of any insurance renewal, cancellation, or non-renewal (Enrolled & Excluded Parties Required Coverage)
- Assisting with lower-tiered Subcontractor's compliance with all OCIP requirements
- Monitoring its lower-tiered Subcontractor's Certificates of Insurance
- Safety - Each Subcontractor is required to establish a written Safety Program and to provide a designated Safety Representative who is On-Site when any work is in progress. Minimum standards for Subcontractor Safety Programs are outlined in Contractor's Project Safety Standards.

The District, Contractor or its loss control representatives have the right to “Stop Work” when serious defective conditions, unsafe work activities, or life threatening hazards are identified. If deemed necessary, The District or Contractor may remove any Subcontractor or lower-tiered Subcontractor employees that violate these requirements.

NOTE: Subcontractor must acknowledge, that The District and the OCIP Administrator are not agents, partners, or guarantors of the insurance companies providing the OCIP Policies, that The District or OCIP Administrator is not responsible for any claims or disputes between or among Contractor, its Subcontractors or lower-tiered Subcontractors, and any OCIP Insurer(s), nor do they guarantee the solvency, or the availability of limits, of any OCIP Insurer(s).

6.1 Alliant WrapX

Alliant WrapX (WrapX) is a proprietary Risk Management Information System (RMIS). All relevant OCIP information will be captured and stored online in a “paperless” format through WrapX. Information to be stored includes Notice of Subcontract Award, Enrollment information, Certificates of Insurance, OCIP payroll, and Notice of Work Completion for all Subcontractors on a per Contract basis. Alliant will provide all OCIP Enrolled Parties with an email detailing instructions for utilizing the WrapX Contractor Portal upon receipt of a Notice of Subcontract Award for the Awarded Subcontractor.

Submission of all OCIP related documents should be sent by e-mail to:

alliantwrapx@alliant.com

If you should have any questions or require additional information about this process or other matters related to the OCIP, please contact your OCIP Administrator identified in Section 2 of this OCIP Manual.

6.2 Enrollment

Enrollment into the OCIP is required but not automatic. Subcontractors **must** complete the Enrollment online (see instructions in Section 8), and participate in the enrollment process for the OCIP coverage to apply. Access to the Project Site will **not** be permitted until the Enrollment is completed and approved by the OCIP Administrator.

Each Subcontractor shall provide details about its lower-tiered Subcontractors to the OCIP Administrator so that they may facilitate enrollment of all lower-tiered Subcontractors as well. Each Subcontractor and lower-tiered Subcontractor is responsible to complete their enrollment online to obtain coverage under the OCIP.

A separate Online Enrollment is required for each Contract for which you are performing Work; however, only one Workers’ Compensation policy will be issued for your firm.

Each Subcontractor who is enrolled into the OCIP will receive a Certificate of Insurance from Alliant Insurance Services, Inc. and a Project Welcome Letter acknowledging that they have been enrolled into the OCIP.

SUBCONTRACTOR BIDS

Subcontractor's bids shall **exclude** costs for insurance that The District will provide to all Enrolled Parties under the OCIP for work performed at the Project Site. The OCIP Administrator can help with your estimate, as well as provide assistance to your own insurance representative to ensure your insurance carriers do not charge for coverage provided under The District OCIP.

NOTICE OF SUBCONTRACT AWARD

The enrollment process begins with the Notice of Subcontract Award. Each hiring Subcontractor must complete a Notice of Subcontract Award form (see form in Section 8) for all lower tiered Subcontractors hired. A separate form is required for each contract awarded for which Subcontractor is performing work. This form must be completed and submitted to the OCIP Administrator prior to mobilization.

Once the Notice of Subcontract Award has been processed by OCIP Administrator, Subcontractor will receive an email providing access to the WrapX system and instructions on how to complete the online enrollment process.

SUBCONTRACTOR INSURANCE CREDIT CALCULATION

At the time the Subcontract Bid is submitted for work at the Project Site, Subcontractor shall exclude the estimate of the Subcontractor's Costs of Insurance for like kinds of coverages to be provided by the OCIP.

The Insurance Cost ("Insurance Credits"), should be calculated for all bid packages and subsequent change orders based on the process described herein. The Insurance Credit shall reflect the Subcontractor's and its lower-tiered Subcontractors' total Cost of Risk for insurance of the types provided by the OCIP. The Insurance Credit will be based on the Subcontractor's and lower-tiered Subcontractor's actual insurance company Premium Rates in force at time of Enrollment and Claim Costs Rates (in the event of a high deductible or self-insured retention program) plus Overhead and Profit (O&P). All self-insured retentions or deductibles will be the responsibility of the Subcontractor and lower-tiered Subcontractor. In no event shall any deductible or self-insured retention exceed \$50,000 for any line of insurance required herein, unless agreed to in writing by The District.

If Subcontractor's General Liability Policy includes Residential Exclusion, the Insurance Credit will be determined by confirmation from your Agent of cost to remove such Exclusion or The District will apply a 2.5% rate per Contract Value to your original estimated insurance credit. In the event that Subcontractor does not carry the required Umbrella/Excess Liability limit, The District's estimate for this line item will be 50% of the GL Rate. Lastly, if Overhead & Profit (O&P) is not included in the form, The District will arbitrarily apply a 10% to the Total Insurance Credit.

The District has the right to verify the Insurance Credit excluded from the bid packages. At The District's and/or OCIP Administrator's request Subcontractor and each of its lower-tiered Subcontractors shall submit all documentation in connection therewith, including, without limitation:

1. Copies of insurance policies and rate schedule pages,
 2. Deductible or retention pages,
 3. If applicable, information on self-insured retention programs and documentation of the Total Cost of Risk in any self-insured program, including five (5) year actuarial studies and prior loss histories

The OCIP Administrator will review the Insurance Credit information and other data submitted by Subcontractor for accuracy and make corrections if necessary. In the event of any discrepancy, the OCIP Administrator will inform The District and Subcontractor.

The Subcontractor hereby represents and covenants that all Insurance Credit information submitted to The District or to the OCIP Administrator to calculate any Insurance Credit is or shall be accurate and complete. The Subcontractor further agrees that The District is entitled to and may collect, from time to time, additional Insurance Credits resulting from any Scope changes, additional work, and inaccurate assumptions in the initial credit, or from information discovered during any audits which justify the taking of additional Insurance Credits. The initial Insurance Credit as well as any additional credits due to change orders or land audits will be deducted from your contract via a change order.

NOTICE OF WORK COMPLETION

When Enrolled Parties have completed their work On-Site and/or no longer have employees performing work at the Project Site, then Enrolled Parties shall complete a Notice of Work Completion Form (which must include any final project related payroll and/or receipts, as applicable) and submit it via the Alliant WrapX portal (see Section 8) or directly to OCIP Administrator. It is the Subcontractors responsibility to assure that each of their lower-tiered Subcontractors complete this form. This form must be completed separately for each Contract.

6.3 Change Order Procedures

Change orders will also be priced by the Subcontractor **to exclude** in their change order bid, the Cost of Insurance for the coverages that are provided by The District.

6.4 Payroll Reports

All Enrolled Parties must submit Monthly Payroll Reports identifying man-hours and payroll for all work performed at the Project Site on a “per contract” basis to the OCIP Administrator. The monthly man-hour reports should include supervisory and clerical personnel on site and shall certify all Work performed at or emanating directly from the Project Site. A Separate Monthly Payroll Report is required for each Contract for Work you are performing.

Payroll shall be reported online via the Alliant WrapX Contractor Portal:

<http://alliantwrapx.alliant.com/contractorportal>

6.5 Insurance Company Payroll Audit

All Enrolled Parties are required to maintain payroll records for the Project Site in accordance with the Basic Manual of Rules, Classifications, and Experience Rating Plan for Workers’ Compensation and Employers Liability Insurance. Such records shall allocate the payroll by Workers’ Compensation Classification(s), including any cost pertaining to the value of work in place, and shall exclude the excess or premium paid for overtime (i.e., only the straight time rate shall apply to overtime hours worked). Furthermore, such records shall limit the payroll for the Owners and Executive Officers as stated in manual rules. The purpose of such audits is to determine post-annual Project premium costs for the OCIP.

Enrolled Parties are required to participate in any audit conducted by the insurers for the OCIP, and to cooperate with the auditor(s) conducting such audit

6.6 Close-Out and Audit Procedures

A Notice of Work Termination Form should be submitted for final reporting and final audit of payroll, receipts and man-hours. The Close-Out and Audit process with The District / Contractor are expected to take no longer than thirty (30) days.

Final payment will not be released by The District / Contractor until all necessary forms have been submitted to and approved by the OCIP Administrator. Any penalties for which the Subcontractor or lower-tiered Subcontractor is responsible, will be considered at the time of Close-Out. Penalties will not be considered if previously reimbursed.

Insurer and The District reserves the right to conduct interim audits of all records pertaining to this project.

7.0 CLAIMS PROCEDURES

All Enrolled Parties are to report all injuries, occupational-related illnesses or property damage to the Project Safety Manager immediately. All Parties will instruct employees and other personnel to report, in writing, by the end of the business day, all Accidents and Occurrences of any type to the Project Safety Manager or Project Superintendent.

At The District's discretion, Subcontractors or lower-tiered Subcontractors may be assessed a \$5,000 penalty for any claims not reported by the end of the business day for each occurrence.

7.1 Liability Claims

Incidents at or around the Project Site resulting in damage to Property of others (other than your own Work product, i.e.; the public, tenants and visitors), or personal injury or death to a member of the public, must be reported immediately to the Claims Advocate, OCIP Administrator or the Carrier's Claims Coordinator. Complete and deliver an Incident Report to the OCIP Administrator within 24 hours of the Incident.

Do not voluntarily admit liability. Cooperate with The District or the OCIP Claims Advocate in the incident investigation.

In the event Enrolled Parties receive a lawsuit involving construction defect or related allegations that relates to the construction Project with which they are enrolled, the original document along with any service of suit documents shall be sent to:

ALLIANT GL CLAIM ADVOCATE: JOHN DICE

EMAIL: JOHN.DICE@ALLIANT.COM

OFFICE PHONE: 510-695-5290

NEGLIGENT SUBCONTRACTORS FINANCIAL RESPONSIBILITY

In the event of an occurrence that causes Property Damage, arising out of the performance of a particular Contractor's, Subcontractor's or lower-tiered Subcontractor's work, such Contractor, Subcontractor or lower-tiered Subcontractor shall promptly, upon request, pay its share of the cost \$25,000 per occurrence. In the event that a loss arises due to an occurrence with multiple Subcontractors or lower-tiered Subcontractors, the amount shall be paid per capita by the involved Subcontractors or lower-tiered Subcontractors. The District may collect such amount via a deductive change order and/or check.

If a lower-tiered Subcontractor is found negligent, the hiring Contractor or Subcontractor shall be solely responsible for obtaining reimbursement for the cost of such financial responsibility from the lower-tiered Subcontractor(s) attributable to their acts of omissions.

7.2 Workers' Compensation Claims

The main responsibility for all Enrolled Parties and Excluded Parties is first to see that the injured worker receives immediate medical care. Next, you should notify the Contractor's Safety Manager immediately in the event of a serious injury or accident. An Employers' First Report of Injury must be completed and submitted to the Contractors Safety Manager.

ALLIANT WC CLAIM ADVOCATE: MARIA PAREDES

EMAIL: mparedes@alliant.com

OFFICE PHONE: 213-443-2451

The District and their insurer will arrange with preferred medical providers for treatment of all minor or non-life threatening injuries. A list of the providers will be provided to all Enrolled Parties.

Subcontractors and lower tiered Subcontractors must designate an Onsite Safety Competent Person at the Project Site to take injured employees to the medical center, and to report the claim. This individual should remain with the injured employee at the center while he/she is being treated. The treating physician should provide a written description of whether or not the injured worker can return to work, a list of restrictions, if any, and the estimated length of time he/she will stay on modified duty.

The District and their insurer will arrange with the local 911 emergency ambulance services for response to any serious traumatic life threatening injuries.

RETURN TO WORK POLICY

All Enrolled Parties are required to comply with The District's Return-to-Work policy as outlined below. Failure on the part of the Enrolled Parties to comply with all aspects of this policy will result in a \$1,500 penalty per accident. This will be deducted from the Enrolled Parties pay requisition in the month during which the first indemnity payment to the injured worker is made.

Purpose: The purpose of the program is to place employees in temporary job positions while recovering from on-the-job injuries. The District and the Insurer are committed to working together to promote safety, recovery, and successful return of injured employees to temporary, modified work following a work related injury.

Procedures: All Enrolled Parties shall cooperate with the Insurer to facilitate the return to work of any injured employee capable of modified work status.

- a. The Insurer's adjuster will communicate with the managed care clinic or treating physician to determine the injured employee's temporary restrictions.
- b. Once the employee is released to modified work, the Insurer's adjuster will coordinate with the managed care nurse and/or treating physician and the employer to facilitate the injured employee's return to work.
- c. Upon being released to return to modified work, the injured employee will report to his/her employer for modified work assignment.
- d. The employer will obtain from the employee (and provide copies to The District) the return to work status instructions from the treating physician.
- e. The employer is required to accommodate the injured employee to the fullest extent and facilitate the return to work.

Follow Up/Communication with Insurer: It will be the responsibility of the Insurer's adjuster to maintain communication with the treating physician and employer to facilitate the prompt return to work of an employee to full work status. Should the employee reach maximum medical improvement and still be precluded from returning to full work status, the Insurer's adjuster will confer with The District, Contractor and the employer regarding reassignment of the employee or next steps.

7.3 Property and Builder's Risk Claims

Immediately report any damages to your Work or the Work of any other Contractor/Subcontractor to the on-site Contractor's Safety Supervisor. In addition, complete the Property Loss Notice Form, and submit it to the OCIP Program Manager within five days of the occurrence.

Contractor and/or Subcontractor shall be held responsible for a maximum applicable deductible of \$50,000.

7.4 Automobile Claims

No coverage is provided for automobile incidents under the OCIP. It is the sole responsibility of each Subcontractor to report incidents/claims involving their automobiles to their own insurers.

However, all incidents occurring in or around the Project Site must be reported to the OCIP Administrator. Incident investigations will occur and focus on liability arising out of the Project Construction activities that could result in future claims (i.e. due to the conditions of the roads, etc.). Each Subcontractor shall cooperate in the investigation of all automobile incidents.

All Incidents occurring in or around the Project Site MUST be reported

8.0 APPENDIX

- Enrollment - **ONLINE SUBMISSION**
- Notice of Subcontract Award – **ONLINE SUBMISSION**
To be completed by All Awarding Subcontractors for their lower-tiered Subcontractors
- Notice of Work Completion – **ONLINE SUBMISSION**
- Subcontractors Incident Report
- **SAMPLE** Certificate of Insurance

For assistance in getting access to the online system or with completing these forms, please contact:

Kathleen Dalessandro
ALLIANT INSURANCE SERVICES
Phone: 213-270-0156
E-mail: Kathleen.Dalessandro@alliant.com

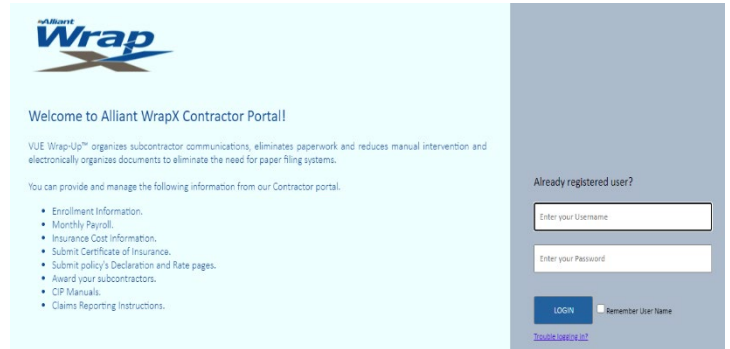
Access Contractor Portal

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

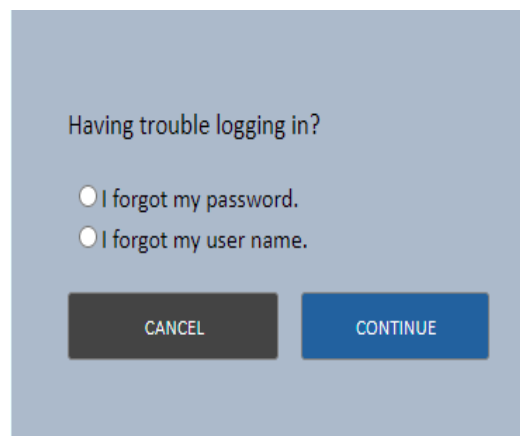
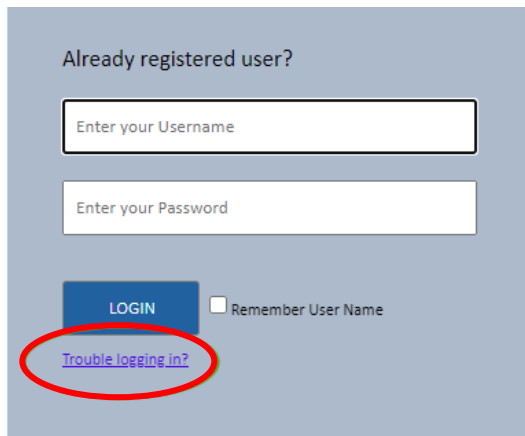
Once at the WrapX home page:

- 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**.

The screenshot shows the Wrap Contractor Portal interface. A sidebar on the left contains navigation links like Home, Contract, Reports, and Accounts. The main area displays a 'Contract Listing' table with columns for Contract #, Contract Status, ICW Status, Payroll Status, Non-CIP Status, Closeout Status, Project, Contractor, Subcontract, Start Date, and End Date. A filter dropdown is open over the 'Contract Status' column, showing options like Incomplete, Enrolled, Pending, Excluded, New, and Closed. The 'NEW' option is selected. A 'Filter' button is visible at the bottom of the dropdown.

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

The screenshot shows the 'Contract Summary' page for Contract # SE-001. It lists various sections with their status and a 'GO TO DETAILS' button for each. The sections include Enrollment (Incomplete), Missing Information (with a note about missing signature date), Document, Subcontract, Insurance Costs (Missing), Missing Information (with a note about missing ICW data), Non-CIP COI (Missing), Onsite Payroll (N/A), and Close Out (Missing). A green arrow points to a link that says 'Click here to download a summary report with your compliance information.'

- 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

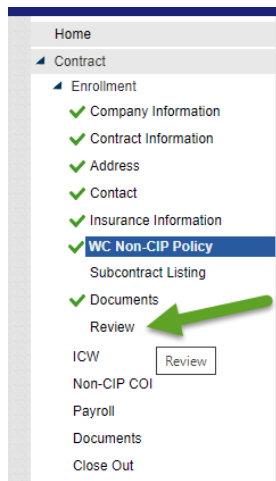
- After clicking **“GO TO DETAILS”**, you will be directed to the Enrollment Process. Any sections with missing data are notated with a red **X**, as shown below.
- Click on **“EDIT”**, in the section(s) where the additional data is needed.
- To quickly move to the next section, you can choose an item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

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

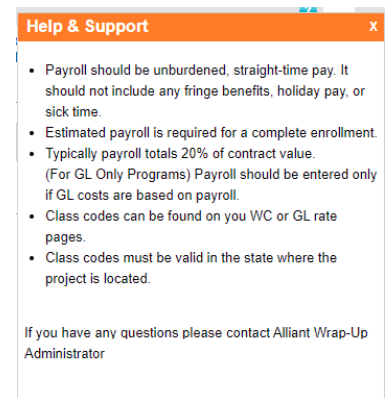
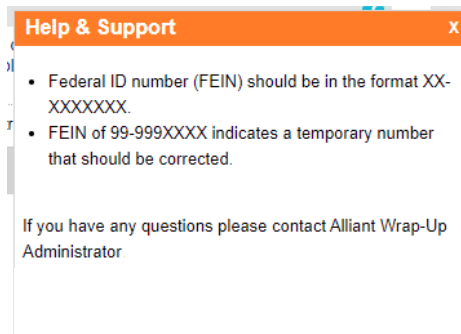


- Once all items have been properly added to the contract, Click on “[Review](#)”
- Scroll to the bottom of the screen
- Check the Electronic Signature box
- Enter your Name and Click Submit.

The screenshot shows the review form with the following elements:

- A checkbox labeled "I agree that the statements in this application are true and accurate to the best of my knowledge." is circled in green.
- A text input field for "Signature (print your name)" is highlighted with a green oval.
- An "Enrollment Date" field shows "05/02/2022".
- At the bottom, there are three buttons: "PRINT", "SUBMIT" (highlighted with a green arrow), and "SAVE FOR LATER".

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

Contract #

Business Name*

Business Type

Lookup

Contractor Name/DBA Federal ID [SEARCH](#) [CLEAR](#)

	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	

50 of 246 items

[CLOSE](#) [SELECT](#)

- **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 Project C
[Click here to download a summary report](#)

Enrollment (Enrolled)

All Information Submitted

Document

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

Subcontract

No. of Subcontracts : 2

Insurance Costs (N/A)

Not Applicable

Non-CIP COI (Compliant)

All Information Submitted

Onsite Payroll (Incomplete)

Missing payroll

• Mar 2022, Feb 2022, Jan 2022, Dec 2021, Nov 2021, Oct 2021, Sep 2021, Aug 2021, Jul 2021, Jun 2021, May 2021, Apr 2021, Mar 2021, Feb 2021, Jan 2021, Dec 2020, Jul 2020, Apr 2020, Mar 2020, Feb 2020, Jan 2020, Dec 2019, Nov 2019, Oct 2019, Sep 2019, Aug 2019, Jul 2019, Jun 2019, May 2019, Apr 2019, Mar 2019, Feb 2019, Jan 2019, Dec 2018, Nov 2018, Oct 2018, Sep 2018, Aug 2018, Jul 2018, Jun 2018, May 2018, Apr 2018, Mar 2018, Feb 2018, Jan 2018

Incomplete payroll

• Jun 2020 - Missing Day(s) : 21

Close Out (N/A)

Applies upon completion of onsite work

Contract #	Contract Status	ICW Status	Payroll Status	Non-C
TestCONT-009	Enrolled	Incomplete		
TestCONT-037	Incomplete	N/A		
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-Cont

- 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 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

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 this 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 : 1.67% Total limited payroll submitted till date is \$ 95.00

Contract #: TestCONT-001

Sample Project C (Project) Alliant - Test (99-9032103)

Report Date: 05/02/2022

Start Date: 06/10/2020 End Date: 06/30/2020

Signature: Title

☐ No activity on this contract during this period ☐ Is this final payroll for this contract?

Class Code	Man Hours	Gross Payroll (\$)	Reported Payroll (\$)
5146 - Fixtures or Furniture Installation			
5159 - Electrical Wiring			
9159B - 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 (CCP Program Administrator) (CCP Insurer) and, at its option Sample Sponsor.

PRINT **SUBMIT**

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

Home Hello, you are logged into the Contractor Portal.

Contractor Select

Contract Listing

Contract #	Contract Status	ICW Status	Payroll Status	Non-CIP Status	Closeout Status	Administrator's Review	Project	Contractor	Subcontract	Start Date
CONTRACTOR: Amartin HVAC - Test										
WCGLTEST-003	NKLL	Missing	Incomplete	N/A	N/A	Approved	WCGL-TEST TRAINING	Amartin HVAC - Test	View	11/23/2
CSSTP-012-Us...	NKLL	Incomplete	Incomplete	Missing	Missing	Approved	XXX	Amartin HVAC - Test	View	06/16/2
Test-1234	On Hold	N/A	N/A	N/A	Missing	Approved	O'Hare 21 - Terminal Area Plan	Amartin HVAC - Test	View	06/21/2
WCGLTEST-001	Incomplete	Pending Admin Va	Incomplete	N/A	N/A	Approved	WCGL-TEST TRAINING	Amartin HVAC - Test	View	01/31/2
GOT-TRAIN-003	Incomplete	Incomplete	N/A	N/A	N/A	Approved	GL-Only Test - Training	Amartin HVAC - Test	View	11/30/2
NYC-TEST-001	Incomplete	Missing	N/A	N/A	Missing	Approved	Training-NYC Project	Amartin HVAC - Test	View	11/22/2
MyTest-000	Incomplete	N/A	N/A	Missing	Missing	Approved	MyTestProy-EG	Amartin HVAC - Test	View	01/01/2
ABCD-005	Pending	N/A	Incomplete	Missing	N/A	Approved	ABCD Test112	Amartin HVAC - Test	View	06/01/2
Jenny-Test-000	Enrolled	N/A	N/A	Missing	N/A	Approved	Jenny Test Project1	Amartin HVAC - Test	View	01/01/2
WCGLTEST-002	Enrolled	Missing	Incomplete	N/A	N/A	Approved	WCGL-TEST TRAINING	Amartin HVAC - Test	View	10/01/2
Temp-001	Enrolled	N/A	N/A	Missing	Missing	Approved	Fieldstone Construction and Man...	My Company (Amartin HVAC	View	06/01/2
123456789	Excluded	N/A	N/A	Non-Compliant	N/A	Approved	Don Don	Amartin HVAC - Test	View	06/06/2
GOT-TRAIN-000	Excluded	N/A	N/A	N/A	N/A	Approved	GL-Only Test - Training	Amartin HVAC - Test	View	10/01/2

- 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

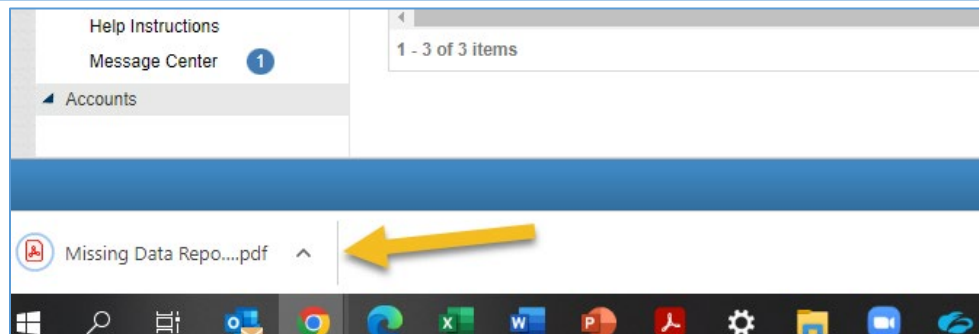
Contract #: WCGLTEST-002 Project: WCGL-TEST TRAINING (WCGLTEST) Contract Status: Enrolled Administrator's Review: Approved

Amartin HVAC - Test / WCGLTEST-002

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

Sub Contracts

Contract #	Contract Status	ICW Status	Payroll Status	Non-CIP Status	Closeout Status	Administrator's Review	Project	Contractor	Start Date
<input type="checkbox"/> WCGLTEST-002...	Incomplete	Missing	Incomplete	N/A	N/A	Approved	WCGL-TEST TRAINING	ABC Drywall - Test	01/31/2022
<input type="checkbox"/> WCGLTEST-002...	Enrolled	Missing	Incomplete	N/A	N/A	Approved	WCGL-TEST TRAINING	ABC Drywall - Test	11/30/2020
<input type="checkbox"/> 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

Missing Data Report
Training Sponsor
Controlled Insurance Program

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

Missing Information

- California Insurance Affirmation question has not been answered.
- EMR is missing
- Enrollment Signature Date is missing
- Estimated Payroll is missing

School Construction Bond Program



SUBCONTRACTOR'S INCIDENT REPORT FORM

Incident Location: _____

Injured Parties Name: _____

Injured Parties Address: _____

Injured Parties Home Phone: _____

Injured Parties Work Phone: _____

Date of Incident: _____

Description of Incident: _____

Action Taken: _____

EMS/Police/Fire Called: YES ☐ NO ☐

Where Injured Party Was Taken: _____

Witnesses: _____

Additional Remarks: _____

Report Made By: _____ Company: _____

Date: _____

PLEASE SUBMIT COMPLETED INCIDENT REPORT TO THE PROJECT SAFETY MANAGER



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 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 Broker/Agent Name & Address	CONTACT NAME: Agent/Broker Contact Information	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
INSURED Subcontractor Name & Address	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Insurance Company A	
	INSURER B: Insurance Company B	
	INSURER C: Insurance Company C	
	INSURER D: Insurance Company D	
INSURER E:		
INSURER F:		

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	Policy Number	Inception Date	Expiration Date	DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	X	X	Policy Number	Inception Date	Expiration Date	BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	X	X	Policy Number	Inception Date	Expiration Date	AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	Policy Number	Inception Date	Expiration Date	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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Long Beach Unified School District - Owner Controlled Insurance Program

The Certificate Holder and all contractually required entities (see attached addendum) are granted Additional Insured status on a Primary and Noncontributing basis on the general liability (ISO endorsement CG 20 37 04/13 and CG 20 10 04/13 or their equivalents), Automobile and Excess/umbrella liability policies. Waiver of Subrogation in favor of Certificate Holders applies to all policies. **WORKERS COMPENSATION, GENERAL LIABILITY AND EXCESS COVERAGES LISTED APPLY OFF-SITE FOR ALL OPERATIONS OF THE INSURED. ALL OTHER COVERAGES LISTED APPLY ON-SITE AND OFF-SITE.**

CERTIFICATE HOLDER**CANCELLATION**

Long Beach Unified School District
c/o Alliant Insurance Services
333 S Hope St. Suite 3750
Los Angeles, CA 90071

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Agent/Broker Signature

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**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY		NAMED INSURED Contractor Name Contractor Address
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

As per written contract or agreement, the following and their officials, employees and agents and any wholly owned subsidiaries or parent organizations, along with all Enrolled Parties are included as additional insureds:
Long Beach Unified School District, the Board, its officials, employees and agents.

SAMPLE FOR
ENROLLED



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS:	
INSURED Subcontractor Name & Address	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Insurance Company A	
	INSURER B: Insurance Company B	
	INSURER C: Insurance Company C	
	INSURER D: Insurance Company D	
	INSURER E:	
	INSURER F:	

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

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	X	Policy Number	Inception Date	Expiration Date	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	Policy Number	Inception Date	Expiration Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$	X	X	Policy Number	Inception Date	Expiration Date	EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	X	Policy Number	Inception Date	Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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Long Beach Unified School District c/o Alliant Insurance Services 333 S Hope St. Suite 3750 Los Angeles, CA 90071	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Agent/Broker Signature

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AGENCY		NAMED INSURED Contractor Name Contractor Address
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CARRIER	NAIC CODE	EFFECTIVE DATE:

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SAMPLE FOR EXCLUDED