

Contractor Controlled Insurance Program (CCIP)
GENERAL LIABILITY ONLY
Morganti Texas, Inc.
Hidalgo County Courthouse

CCIP Insurance Manual

This Manual is a Contract Document

Table of Contents

	<i>Section 1</i>	2
Section 1	OVERVIEW	3
	ABOUT THIS MANUAL	4
	<i>What This Manual Does</i>	4
Section 2	<i>What this Manual Does NOT Do</i>	4
	CCIP PROJECT DIRECTORY	5
Section 3	CCIP ADMINISTRATION	5
Section 4	PROJECT DEFINITIONS	6
	CCIP INSURANCE COVERAGE	8
	EXCLUDED PARTIES	8
	EVIDENCE OF COVERAGE	8
Section 5	DESCRIPTION OF CCIP COVERAGES	8
	SUBCONTRACTOR REQUIRED COVERAGE	11
	VERIFICATION OF REQUIRED COVERAGES	11
	SUBCONTRACTOR MAINTAINED COVERAGES	12
	PROPERTY INSURANCE	12
Section 6	WATERCRAFT AND AIRCRAFT LIABILITY	12
	SUBCONTRACTOR RESPONSIBILITIES	13
	SUBCONTRACTOR BIDS	13
	IDENTIFYING SUBCONTRACTOR AND SUB-SUBCONTRACTOR INSURANCE COSTS	14
	ENROLLMENT	14
	ASSIGNMENT OF PREMIUMS	14
	SAFETY STANDARDS AND SUBCONTRACTOR PREQUALIFICATION	15
	CHANGE ORDER PROCEDURES	15
	CLOSEOUT AND AUDIT PROCEDURES	15
Section 7	CCIP TERMINATION OR MODIFICATION	15
	CLAIM PROCEDURES	16
	GENERAL PROCEDURES	16
	INVESTIGATION ASSISTANCE	16
	WORKERS' COMPENSATION CLAIMS	16
	LIABILITY CLAIMS	17
	PROPERTY CLAIMS	17
	AUTOMOBILE CLAIMS	17
Section 8	POLLUTION CLAIMS	17
	FORMS	18

Overview

Welcome to Morganti Texas, Inc. Contractor Controlled Insurance Program (CCIP)

Morganti has arranged for the Hidalgo County Courthouse project to be insured under an Contractor Controlled Insurance Program (CCIP). An CCIP is an insurance program for Morganti and all Enrolled Subcontractors that provides certain insurance for Work performed at the Project Site. All Enrolled Parties have uniform coverage and uniform limits. However, certain Subcontractors are excluded from this program. These parties are identified in Section 3 of this manual.

You should notify your insurer(s) to endorse your coverage for on-site activities and related costs to be excess and contingent over the CCIP coverage provided under this Program. Each bidder is to bid **without** the cost of their on-site general liability primary and excess insurance.

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. Enrollment into the CCIP will take place before you start work on site. Your insurance representative should review this information.

About This Manual

Morganti Texas, Inc. (Morganti) and Aon Risk Services (Aon) prepared this Insurance Manual. Morganti is the **Sponsor** for this CCIP. Aon is the **CCIP Administrator** for this CCIP. 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:

- 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.

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. If any conflict exists between this manual and the Subcontract Agreement, the Subcontract Agreement controls.

CCIP Project Directory

CCIP Administration

Aon Risk Services, Inc. 53 State Street Boston, MA 02109	
---	--

Specialists Handling All Matters for Subcontractors:	(Fax) 800-363-6695 (E-mail) acs.construction@aon.com
Please show as a regarding on all faxes and emails: <i>Morganti Texas, Inc. CCIP Customer #10755562</i>	

Program Manager Frank Kilburg	(Telephone) 617 457-7766 (Cell) 847 409-4046 (E-mail) frank.kilburg@aon.com
---	--

Program Administrator Rebecca Nester	(Telephone) 202-969-3287 (E-mail) rebecca.nester@aon.com
--	---

Morganti Texas, Inc.

Project Manager Brian Pippin	(Cell) 210 559-7766 (E-mail) bpippin@morganti.com
--	--

Project Definitions

The following list includes key CCIP definitions.

CCIP:	An "CCIP" or Contractor Controlled Insurance Program is a coordinated insurance program providing certain coverages, as defined herein, for Morganti and eligible Enrolled Parties performing Work at the Project Site.
CCIP Administrator:	Aon Risk Services, Inc.
CCIP Insurer:	The insurance company (ies) named on a policy or certificate of insurance providing coverage for the CCIP.
CCIP Sponsor:	Morganti Texas, Inc. (Morganti)
Certificate of Insurance:	A document providing evidence of existing coverage for a particular insurance policy or policies.
Eligible Parties/Eligible Subcontractor:	Parties performing labor or services at the Project Site who are eligible to enroll in the CCIP unless it is an Excluded Party.
Enrolled Parties/Enrolled Subcontractor:	Those eligible Subcontractors who have submitted all necessary enrollment information as detailed in Section 6 and have been accepted into the CCIP as evidenced by a Welcome Letter and Certificate of Insurance from the CCIP Administrator.

PROJECT DEFINITIONS

Excluded Parties/Excluded Subcontractors:	<p>At the discretion of Morganti, or subject to State regulations, the following parties will be excluded:</p> <ol style="list-style-type: none">(1) Hazardous materials remediation, removal and/or transport companies and their consultants;(2) Architects, engineers, and soil testing engineers, and their consultants;(3) Vendors, suppliers, fabricators, 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, and any of their respective Sub-Subcontractors, who do not perform any actual labor on the Project Site;(5) Subcontractors/Vendors performing work under a professional services agreement (e.g. a land surveyor)(6) Any parties excluded from participation in the CCIP by law.(7) Subcontractors performing site security or subcontractors performing demolition that utilizes explosives; and(8) Morganti may include or exclude any parties or entities not specifically identified in this manual at its sole discretion, even if otherwise eligible.
Project Site:	<p>Generally defined as the “project location” (designated in this manual and more fully identified in the subcontract) and adjacent or nearby areas where incidental operations are performed excluding permanent locations of any insured party.</p>
Subcontract:	<p>A written or oral agreement between the Contractor/Sponsor and the Subcontractor, including Sub-Subcontractors of any tier.</p>
Subcontractor:	<p>Includes only those persons, firms, joint venture entities, corporations, or other parties that enter into a Contract with Morganti or its Subcontractors to perform Work at the Project Site</p>
Welcome Letter:	<p>A document issued by the CCIP Administrator, which confirms acceptance/enrollment of the applicant into the CCIP.</p>
Work:	<p>Operations, as fully described in the Subcontract, performed at the Project Site.</p>

CCIP Insurance Coverage

This chapter provides a brief description of the CCIP Coverage. Subcontractor 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. **Excluded Parties** must meet the insurance requirements established in Section 5.

Evidence of Coverage

The CCIP Administrator will provide a Certificate of Insurance as evidence of general liability and excess liability insurance coverage provided to each Enrolled Party. Each Enrolled Party will be added as a named insured to the CCIP general liability insurance policy. The CCIP Insurer will furnish other documents to Enrolled Parties, including claim forms, and will post notices, etc. Copies of the general liability policy will be available upon written request.

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.

Morganti will furnish the following coverages for the benefit of all Enrolled Parties performing Work at the Project Site.

Commercial General Liability

Insurance Carrier: Chubb – Westchester Surplus Lines Insurance Company

Coverage: Third Party Bodily Injury and Property Damage Liability.

A single general liability policy will be issued for all Enrolled Parties with all Enrolled Parties Named as Insureds

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

- This insurance will **NOT** provide coverage for products liability to any insured party, vendor, supplier, off-site fabricator, material dealer or other party for any product manufactured, assembled or otherwise worked upon away from the Project Site.

O C I P I N S U R A N C E C O V E R A G E

- This policy does **not** cover off-site operations.
- Ten (10) years or Statute of Repose, whichever is less, Products & Completed Operations Extension beyond final acceptance of the entire Project with a single non-reinstated aggregate limit. Notification provided by the CCIP Administrator.
- **The policy contains exclusions.** Some of these exclusions are: Asbestos; Discrimination & Wrongful Termination; Architects & Engineers Errors & Omissions; Owned & Non-owned Aircraft, Watercraft, and Automobile Liability; Nuclear Broad Form Liability, Pollution except hostile fire.

Excess Liability

Single excess liability policies will be issued for all Enrolled Parties.

Insurance Carrier: **Chubb – Westchester Surplus Lines Insurance Company**

	Limits of Liability <u>Shared by All Enrolled Parties</u>
Each Occurrence Limit	<u>\$ 10,000,000</u>
Products/Completed Operations Aggregate Per Project	<u>\$ 10,000,000</u>
Annual General Aggregate Limit Per Project	<u>\$ 10,000,000</u>

- Policy follows form (provisions, coverages, exclusions, etc.) of underlying Commercial General Liability policy wording.
- This policy does **not** cover off-site operations.

Insurance Carrier: **Chubb – ACE Property and Casualty Insurance Company**

	Limits of Liability <u>Shared by All Enrolled Parties</u>
Each Occurrence Limit	<u>\$ 15,000,000</u>
Products/Completed Operations Aggregate Per Project	<u>\$ 15,000,000</u>
Annual General Aggregate Limit Per Project	<u>\$ 15,000,000</u>

- Policy follows form (provisions, coverages, exclusions, etc.) of underlying Commercial General Liability policy wording.
- This policy does **not** cover off-site operations.

Insurance Carrier: **Colony Specialty Insurance Company**

	Limits of Liability <u>Shared by All Enrolled Parties</u>
Each Occurrence Limit	<u>\$ 25,000,000</u>
Products/Completed Operations Aggregate Per Project	<u>\$ 25,000,000</u>
Annual General Aggregate Limit Per Project	<u>\$ 25,000,000</u>

- Policy follows form (provisions, coverages, exclusions, etc.) of underlying Commercial General Liability policy wording.
- This policy does **not** cover off-site operations.

OCIP INSURANCE COVERAGE

**Insurance Carrier: Sompo International & Navigators Specialty Insurance Company
(Quota Share)**

	Limits of Liability Shared by All Enrolled Parties
Each Occurrence Limit	<u>\$ 50,000,000</u>
Products/Completed Operations Aggregate Per Project	<u>\$ 50,000,000</u>
Annual General Aggregate Limit Per Project	<u>\$ 50,000,000</u>
<ul style="list-style-type: none">▪ Policy follows form (provisions, coverages, exclusions, etc.) of underlying Commercial General Liability policy wording.▪ This policy does not cover off-site operations.	

Property of Subcontractors Note:

Subcontractors are advised to arrange their own insurance for rented, owned, leased or borrowed equipment and materials not intended for inclusion in the Project. Neither the Builders Risk policy nor the CCIP will cover Subcontractor property.

Subcontractor Required Coverage

Subcontractors and all Sub-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.

Subcontractors and Sub-Subcontractors are required to maintain insurance coverage for the duration of the Subcontract that protects Morganti from liabilities. These liabilities may arise from the Subcontractor's operations performed away from the Project Site, from operations not covered 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 General Liability and Excess/umbrella liability insurance for *off-site activities* and Worker's Compensation, Automobile Liability and any other insurance in accordance with the insurance specifications in the Subcontract. See Sections 3 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 in accordance with the insurance specifications in the subcontract for all activities including **both on-site and off-site** activities as per the insurance specifications in the Subcontract. See Sections 3 for the definition of Excluded Parties.

Verification of Required Coverages

Subcontractors shall provide verification of insurance to Morganti prior to mobilization and within three (3) days of any renewal, change or replacement of coverage. Refer to your Subcontract Agreement for complete insurance requirements.

Subcontractors are responsible for monitoring their Sub-Subcontractor's Certificates of Insurance. Morganti reserves the right to disapprove the use of Subcontractors that are unable to meet the insurance requirements, or who do not meet other Morganti policy requirements.

The limits of liability shown in the Subcontract Agreement 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 Subcontractors for work performed under their Subcontract.

SUBCONTRACTOR - REQUIRED COVERAGE

Failure of any Enrolled Party or any Excluded Party from the Morganti CCIP program to file the required Certificates of Insurance will not relieve such party of its responsibility to carry and maintain such insurance. Morganti and its representatives have the right to stop work or prevent any non-enrolled Subcontractor or lower Subcontractor of any tier from entering the Project Site until the Subcontractor's Certificate of Insurance has been submitted and approved. Denial of site access for this reason will not result in an acceptable claim for "cause for delay."

Subcontractor Maintained Coverages

The subcontract details insurance requirements for Enrolled and Excluded Party(s). The "Property Insurance" and "Watercraft and Aircraft Liability" sections below apply to both Enrolled and Excluded Parties.

Property Insurance

Subcontractors must provide their own insurance for owned, leased, rented and borrowed equipment, whether such equipment is located at a Project Site or "in transit." Subcontractors are solely responsible for any loss or damage to their personal property including, without limitation, property or materials created or provided under the Subcontract until installed at the Project Site, Subcontractor tools and equipment, scaffolding and temporary structures.

Watercraft and Aircraft Liability

The operator of any watercraft or aircraft of any kind must maintain liability insurance naming Morganti and the respective Subcontractor as an additional insured with primary and non-contributory wording. In addition, the limit of liability must be satisfactory to Morganti. Such project-specific insurance requirements will be determined as the need arises.

Subcontractor Responsibilities

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

Subcontractors and any Sub-Subcontractors are required to cooperate with Morganti and its CCIP Administrator with 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 CCIP Insurance Manual by including it in all Sub-Subcontracts.
- Complete all Forms in order to Enroll in the CCIP within 5 days of your award of the Subcontract on the project or no less than 45 days before mobilization and assure each Sub-Subcontractor enrolls in the CCIP within these timeframes.
- Provide timely evidence of required insurance to Morganti.
- Notify the CCIP Administrator and Morganti's Project Team of all Sub-Subcontracts awarded (first tier and subsequent tiers). Subcontractor shall cause all Sub-Subcontractors to submit Form 3.
- Comply with all CCIP claim procedures.
- Notify the CCIP Administrator immediately of any insurance cancellation or non-renewal of your own and Sub-Subcontractor-required insurance.

Subcontractor Bids

Morganti provides general liability and excess liability insurance for all Enrolled Parties under the CCIP for Work performed at the Project Site. The section below describes the procedures for bidding and how CCIP insurance amounts are paid. The CCIP Administrator can also help with this calculation.

See Section 2 for information on contacting the CCIP Administrator.

Identifying Subcontractor and Sub-Subcontractor Insurance Costs

Subcontractor and each Sub-Subcontractor shall bid the Project net of on-site insurance costs. Subcontractor shall **exclude** the Cost of CCIP Coverage in its bid, and ensure that each Sub-Subcontractor of every tier **excludes** the cost of CCIP coverage in their respective bids. The costs of CCIP coverage is defined as the amount of Subcontractor's and its Sub-Subcontractors' reduction in insurance costs due to eligibility for CCIP coverages. The costs of CCIP coverage 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 coverage must include expected losses within any retained risk. Subcontractor must deduct the cost of CCIP coverage for all Sub-Subcontractors in addition to their own cost of CCIP coverage. Change Orders must be priced to **exclude** the cost of CCIP coverage.

Enrollment

See Section 8 for sample CCIP forms.

Each Subcontractor and Sub-Subcontractor shall provide details about its Sub-Subcontractors as necessary for CCIP enrollment. All of the information requested on the **Enrollment Application** form (Aon Form 3) in Section 8 is required for enrollment. This form must be completed and submitted to the CCIP Administrator prior to mobilization to obtain coverage under the CCIP.

The CCIP Administrator will issue to each Enrolled Party a Welcome Letter and a CCIP Certificate of Insurance acknowledging acceptance of the applicant into the CCIP.

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. Eligible Subcontractors and Sub-Subcontractors MUST complete the enrollment forms and submit them 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 Morganti's knowledge, CCIP coverage will not be provided if sub is not enrolled. Unenrolled/excluded Subcontractors do not have any insurance coverage under the CCIP.

Assignment of Premiums

Morganti pays the cost of the CCIP insurance coverage. All Enrolled Parties will assign, to Morganti, all adjustments, refunds, premium discounts, dividends, costs or any other monies due from the CCIP insurer(s). Subcontractors will assure that Sub-Subcontractor has executed such an assignment. The **Enrollment Application** form (Aon Form 3) supplied in Section 8 will be used for this purpose.

Safety Standards and Subcontractor Prequalification

Each Subcontractor and Sub-Subcontractor is required to have a written safety program and to provide a designated competent safety representative who is on-site when the Work of the Subcontractor is in progress.

Subcontractors must pre-qualify their Sub-Subcontractors for compliance with required safety standards. Sub-Subcontractors that are incapable of meeting the minimum safety standards do not possess the required minimum occupational safety and health qualifications required to work on Morganti's Projects. All Subcontractors shall meet and/or exceed all Morganti and OSHA Safety Standards.

Change Order Procedures

Subcontractors are to price Change Orders to **exclude the** Insurance Costs that are covered in the CCIP, unless otherwise directed by Morganti.

Closeout and Audit Procedures

Submit the **Notice of Work Completion** form (Aon Form 5) when a Subcontractor and/or Sub-Subcontractor has completed its Work at the Project Site and no longer has on-site workers. A copy of the AON Form 5 with instructions on the proper method for completion is found in Section 8.

In addition to completing all other requirements of the Subcontract Agreement, Morganti will not release final payment until all necessary forms have been submitted and accepted by the CCIP Administrator.

CCIP Termination or Modification

Morganti reserves the right to terminate or modify the CCIP or any portion thereof with written notice. If Morganti exercises this right, Subcontractors will be provided notice as required by the terms of their individual contracts. At its option, Morganti may procure alternate coverage or may require the Subcontractors to procure and maintain alternate insurance coverage.

In the event the Subcontractor is required to provide alternate insurance, due to termination of the CCIP, the final insurance cost will recognize the cost to furnish such insurance. Subcontractor must submit evidence of the cost of the alternate insurance to Morganti, if requested.

Claim Procedures

This section describes basic procedures for reporting various types of Claims: workers' compensation, Liability, and damage to the Project.

General Procedures

All Subcontractors of every tier will instruct employees and other persons working directly or indirectly on the Subcontractor's behalf to report all injuries, occupational-related illnesses, property damage or any other incident of any type to the Project Manager.

The Project Manager's Contact information can be found in Section 2 of this manual.

Immediately call the Project Manager in the event of the following:

- Any injury for which an ambulance is called
- Injury to head or neck
- Possible injury to back or spinal cord
- Unconscious employee
- Possible blindness
- Amputation of limbs
- Fatality
- Heart attack or stroke
- Hospitalization
- Property damage – all damage to property should be reported to include public property, tenant property and property of vendors

Investigation Assistance

All Parties will assist in the investigation of any incident(s) involving injury to persons or damage to property. All 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

No coverage is provided for workers' compensation accidents under the CCIP. It is the sole responsibility of each Subcontractor of any tier to report accidents/claims involving their employees to their own insurers.

CLAIM PROCEDURES

All accidents occurring in or around the Project site must be reported to the Project Manager. Accident 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 Party shall cooperate in the investigation of all workers' compensation accidents.

Liability Claims

Subcontractors must immediately report all accidents at the Project Site involving the public, tenants, and visitors to the Project Manager. As soon as the on-site personnel become aware of the accident or occurrence, they must:

1. Take appropriate emergency measures to prevent additional injury or damage, including contacting police and fire authorities as required by law.
2. Subcontractors are to coordinate with Morganti's team to complete the "Liability Incident Report Form" the same day.
3. The Project Manager will follow the procedures established at the start of the job to ensure that all claims are immediately filed with the proper Insurance Carrier.
4. Immediately send all subsequent inquires or correspondence about an insured loss or claim, including a summons or other legal documents, to Morganti immediately.

Property Claims

Report any damage to your work or the work of any other Subcontractor to the Project Manager.

Automobile Claims

Automobile claims are not covered under the CCIP Program.

It is the sole responsibility of each Party to report accidents/claims involving their automobiles to their own insurer. Each Party shall cooperate in an investigation of all automobile accidents (accidents involving other vehicles, injury to an individual, or damage to the public or property).

Pollution Claims

Pollution claims are not covered under the CCIP Program.

Subcontractors must immediately report all accidents at the Project Site involving the any circumstance where hazardous materials are identified or is inadvertently spilled onsite to the Project Manager.

Section

8

Forms


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

- Aon Form 3 Enrollment Application
- Aon Form 5 Notice of Work Completion

Note

For assistance in completing these forms, please contact the CCIP Insurance Administrator – Aon Risk Services:

Fax: 800-363-6695
(E-mail) acs.construction@aon.com

	Enrollment Application - Form 3 Numbers reference attached instructions	Morganti Texas, Inc. CCIP – Hidalgo County Courthouse Page 1 of 3
---	---	--

Examine your current 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 Form-3. In addition, submit a Certificate of Insurance providing evidence of your *off-site* coverage. Please refer to the Insurance Manual for coverage requirements.

A. Contractor Information:

Federal ID # or Soc. Sec. #: ¹ _____

Business Information (headquarters)

Contact Information (address questions to)

Company Name & dba: ² _____
 Contact Name & Title: _____
 Address: _____
 City, State Zip Code: _____
 Telephone: _____
 Fax: _____
 E-mail Address: _____

³ _____

Indicate your Organization's Structure: ⁴ Corporation Partnership S-Corporation
 Joint Venture Sole Proprietor Other _____

B. CONTRACT INFORMATION:

Contract No.: ¹ Hidalgo County Courthouse

Date Contract Awarded: ² _____

Description of Work: ³ _____

Proposed Contract Price \$: ⁴ _____ Are you Submitting a bid to Morganti?: ⁶ Yes No

Amount of Self Performed Work \$: ⁵ _____ If No, identify to whom: ⁷ _____

Start Date: ⁷ _____ Actual Estimated Completion Date: ⁸ _____ Actual Estimated

C. Contacts: (Complete if Applicable)

Position	¹ Name & Title	² Phone	³ Fax	⁴ Email address
Project Mngr:				
Res. Engineer:				
Insurance:				
Contract Admin:				
Payroll:				
Claims:				
Safety Rep:				

Provide Location of payroll records if different ⁵ than Corporate address: _____ Phone: _____
 City, State, Zip Code: _____ Fax: _____

This form must be completed and submitted by each successful Contractor and Subcontractor of any tier prior to Site mobilization **for each contract awarded**. The Contractor and Subcontractor will submit the completed form to Aon Risk Services. Upon receipt of this form, Aon will issue to the Contractor or Subcontractor a Certificate of Insurance evidencing coverage in the Controlled Insurance Program. The completed Certificate of Insurance will be mailed to the Enrolled party.

A. Contractor Information

- 1 Enter your company's Federal ID number. This number can be found on filings made to the federal government such as your tax return.
- 2 Enter your company's name, mailing address and phone/fax number for your company's primary office location.
- 3 Enter the name of the person Aon should contact if questions arise. Include mailing address, phone/fax and e.mail address, if different than A2.
- 4 Identify your company's legal structure by checking the box that applies. If the correct legal structure is not specifically listed, please check the "Other" box and specify in the space provided.

B. Contract Information

- 1 Enter the Contract Number or Purchase Order Number that was included in Morganti's originating documentation.
- 2 Supply the Date this Contract was awarded to your organization.
- 3 Provide a brief description of the work you will be performing at the project site.
- 4 Identify the total amount of your contract.
- 5 Identify the amount of work that you anticipate will be self-performed.
- 6 Check the appropriate box that identifies if you contract directly with Morganti or a Subcontractor.
- 7 If you are a Subcontractor, identify the entity with whom you are under contract.
- 8 Enter the Date you anticipate starting work and then mark whether the date provided is actual or estimated.
- 9 Enter the Date you anticipate completing the described work and then mark whether the date provided is actual or estimated.

C. Contacts *(Requested Contact information is for specific functions. It is possible to have a single person fulfill multiple responsibilities.)*

- 1 Identify the name of the person and their title for each function. These individuals should be located, if at all possible, on-site.
- 2 Provide the phone number for each person identified above.
- 3 Provide the fax number for each person identified above.
- 4 Provide the e.mail address for each person identified above, if applicable.
- 5 Identify the physical location where your payroll records are retained. Provide the Address, City, State, Zip Code, Telephone, Fax Number and E.mail Address of the person responsible for maintaining the payroll information.

D. Subcontractor Information *(Provide the following information for each Subcontractor that will be performing work at the project site. Use additional sheets, if necessary.)*

- 1 Identify the name of the Subcontracting firm.
- 2 Provide the estimated value of the subcontracted activity.
- 3 Provide a contact name, preferably the project manager, for the Subcontractor.
- 4 Provide the mailing address for the Subcontractor.
- 5 Provide the phone number for the Subcontractor.
- 6 Provide the date the Subcontractor is scheduled to begin work.

E. Enrollment Questions

- 1 Determine if you will have any locations, off-site, that will be 100% dedicated to this project. Include material/supply storage as a possible location. Mark the appropriate box (yes/no). If you answer yes – provide the address of each location you identified as 100% dedicated.
- 2 Mark the box or boxes that apply. Contemplate only work performed under this contract.
- 3 Mark the box or boxes that apply. Employee Leasing Firm are those firms that supply the labor force for your company *(You direct the activities of the Leasing Company's employees)*. Temporary Labor Firms supplement your labor force.

F. Warranty Statements:

- 1-6 Read each Warranty statement thoroughly. If you have questions regarding any of these statements, contact the Aon administrator identified on page 2.

G. Signature Block: This form must be signed by a representative of your company knowledgeable of its accuracy.

Forward the completed Enrollment Application to the Aon administrator identified at the bottom of page 2 of this form. The administrator prior to the start of your work on-site must receive this form.



Notice of Work Completion - Form 5
Numbers reference attached instructions

Morganti Texas, Inc. CCIP – Hidalgo County Courthouse
Page 1 of 2

A. General Information

Contractor: 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			

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.

SIGNED BY: 1 _____
 Name & Title _____ Date _____

APPROVED BY: 2 _____
 Morganti (Name & Title) _____ Date _____

needed) or Mail to: **Morganti Texas, Inc. CCIP Customer**
#10755562
 Aon Risk Services, Inc.
 4 Overlook Point
 Lincolnshire, IL 60069
Or Email: acs.construction@aon.com

Fax: 800-363-6695



Notice of Work Completion - Form 5
INSTRUCTIONS

This form will be completed and returned to the CIP Administrator by the contractor or Subcontractor whenever work is completed for each Contract or Subcontract. 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 Contractor completing their work.
- 2 Provide the name of the Entity this Contractor 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.

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.