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Layton Risk Management Contractor Controlled Insurance Program Manual

For the
[INSERT PROJECT NAME]

Project Number: [INSERT PROJECT NUMBER]

IMPORTANT: When enrolling online insert 6 digit number above!!



Gallagher

Insurance | Risk Management | Consulting

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Insurance Coverages

Layton Construction provides the following insurance to all enrolled subcontractors under the CCIP program. Policy copies are available upon written request.

a. Workers' Compensation Insurance:

Statutory limits, with Coverage B - Employer's Liability limits of:

Bodily Injury by Accident	\$1,000,000	Each Accident
Bodily Injury by Disease	\$1,000,000	Each Employee
Bodily Injury by Disease	\$1,000,000	Policy Limit

b. Commercial General Liability Insurance:

Applies to all Insureds jointly with the following Bodily Injury and Property Damage combined limits:

\$2,000,000	Each Occurrence
\$2,000,000	Personal and Advertising Liability
\$4,000,000	General Aggregate
\$4,000,000	Products and Completed Operations Hazard Aggregate (PCOH)

State Statute of Repose or Six (6) years, whichever is less

- The General Aggregate reinstates annually
- The PCOH Aggregate applies once during the course of construction and reinstates once after substantial completion.

c. Lead Excess Liability Insurance:

\$10,000,000	Each Occurrence
\$10,000,000	General Aggregate
\$10,000,000	Products and Completed Operations Hazard Aggregate

- The General Aggregate reinstates annually
- The PCOH Aggregate applies once during the course of construction and reinstates once after substantial completion.

d. 2nd Layer Excess Liability Insurance:

\$15,000,000	Each Occurrence
\$15,000,000	General Aggregate
\$15,000,000	Products and Completed Operations Hazard Aggregate

- The General Aggregate reinstates annually
- The PCOH Aggregate applies once during the course of construction and reinstates once after substantial completion.

Please note: General Liability, Lead Excess, and 2nd Layer Excess Liability Limits apply per project.

e. 3rd Layer Excess Liability Insurance (Quota Share):

\$12,500,000	Each Occurrence
\$12,500,000	General Aggregate
\$12,500,000	Products and Completed Operations Hazard Aggregate

- The General Aggregate reinstates annually
- The PCOH Aggregate applies once during the course of construction and reinstates once after substantial completion.

f. 3rd Layer Excess Liability Insurance (Quota Share):

\$12,500,000	Each Occurrence
\$12,500,000	General Aggregate
\$12,500,000	Products and Completed Operations Hazard Aggregate

- The General Aggregate reinstates annually
- The PCOH Aggregate applies once during the course of construction and reinstates once after substantial completion.

g. 4th Layer Excess Liability Insurance:

\$25,000,000	Each Occurrence
\$25,000,000	General Aggregate
\$25,000,000	Products and Completed Operations Hazard Aggregate

- The General Aggregate reinstates annually
- The PCOH Aggregate applies once during the course of construction and reinstates once after substantial completion.

h. Defense Costs:

Defense costs are in addition to the limits of liability

i. Loss Sharing:

Each enrolled subcontractor involved in a general liability claim will be responsible to share in all costs associated with the investigation and settlement of said general liability claim insured by the CCIP, including defense costs, for losses that are caused in whole or in part by subcontractor. This amount will be equal to the subcontractor's corporate insurance program deductible at the time of subcontract issuance with a minimum of \$2,500. A participating subcontractor will have to provide proof of its deductible upon request. Layton will be the determinant of any liability and proportionate participation in any loss sharing amount.

j. Evidence of Insurance:

Gallagher Construction Services will issue certificates of insurance evidencing coverages provided under the CCIP to each Insured. The certificate of insurance and insurance policy will include a 30- day notice of cancellation clause.

The coverages under this program do not include all insurance needed by the Subcontractor and its Subcontractors of any tier. For example, Workers' Compensation and General Liability coverages apply only to the operations of and for each Insured at the Project Site. They do not apply to the operations of any Insured in their regularly established main or branch office, factory, warehouse, or similar place. Independent Truckers/Haulers will not be Insureds under the Program.

k. Known Exclusions, Terms & Conditions

- Nuclear Energy Liability Exclusion
- Silica Exclusion
- Lead Exclusion
- Asbestos Exclusion Endorsement
- Exclusion Contractors Professional Liability
- Exclusion – Violation of Statues that Govern E-mails, Fax, Phone Calls or Other Methods of Sending Material or Information
- Fungi or Bacteria Exclusion
- Employment Related Practices Exclusion
- Absolute Pollution Exclusion
- Limitation of Designation Premises
- Property Damage to Owner's Property Exclusion (Builder's Risk Exclusion)
- Extended On-Going Operations – Warrantee/Call Back Work – 12 Months
- Notice of error in claim reporting
- Notice of Occurrence
- Two or More Policies Endorsement
- Limited Contractual Liability
- Unintentional Failure to Disclose

- Fellow Employee Coverage – Specified Employees Only
- Incidental Medical Malpractice Liability Coverage
- Waiver of Transfer of Rights of Recovery Against Others
- Exterior Insulation Finish Systems (EIFS) – wood structures only

I. Project Term:

TBD to TBD plus the applicable State Statute of Repose or Six (6) years, whichever is less

m. Credit Calculation:

1. Subcontractors' bids will include their costs of all insurances required hereunder (general liability, excess liability, and workers' compensation) and provided by the CCIP. Every prospective CCIP Participant must complete the **Online Enrollment** through the Arthur J. Gallagher Contractor Portal and submit all required supporting documents. This applies to all lower-tier subcontractors as well.
2. An Insurance Calculation Worksheet (ICW) will be sent to your office from Gallagher at the beginning of the job based on the data supplied **online**. Each enrolled contractor will be assessed a credit for its estimated cost of its insurances. This estimated credit will be converted to a percentage of your contract amount. On a monthly basis, the estimated credit percentage will be applied to your pay application and withheld from your payment. This will be automatically performed using Textura's payment discount functionality. You will be able to verify and accept the payment discount in Textura. All change orders will be handled in the same manner.
3. Credits for lower tier subcontractors will be made through the prime subcontractor's contract with Layton. It will be the prime subcontractor's responsibility to pass, or to charge these credits to their lower tier subcontractors.
4. Payroll must be reported **online** through the Arthur J. Gallagher Contractor Portal on a monthly basis to Gallagher. Failure to report payroll on a monthly basis may result in the holding of your progress payment. Adjustments may be made through the contract if it appears that the estimates are materially incorrect. Contractor rates that are deemed materially incorrect at project closeout will cause an adjustment to be made to the final credit.
5. Gallagher will perform a true-up calculation at the end of your work to determine the final amount of the credit based on actual payroll and final contract amount. A final Insurance Cost Worksheet will be processed and distributed accordingly. The final credit amount will be made on the final payment application. Unconditional lien releases will reflect the entire amount of the pay application submitted, not the net amount of the payment.

Program Eligibility

Prior to providing any Subcontractor Work at the Project site, Subcontractor shall satisfy all requirements for enrollment in the CCIP, including **online enrollment** via the Arthur J. Gallagher Contractor Portal. Subcontractor shall be responsible to ensure that it and its Sub-subcontractors comply in all respects with the enrollment requirements for the CCIP before any onsite activities occur at the Project Site. Subcontractor represents and warrants that the information submitted via the Arthur J. Gallagher Contractor Portal's **online enrollment** is true, correct and complete in all respects. All supporting documentation as requested during the **online enrollment** process include copies of insurance records, policies, declaration pages of policies, insurance rating information, certificates of self-insurance, and such other documents must be submitted to assure the truth, accuracy and completeness of Subcontractor's insurance information and data. If these items are not timely furnished to the reasonable satisfaction of Contractor and the CCIP Administrator, **progress payments may be held until Subcontractor is in compliance. If Subcontractor does not submit required information, a rate of 3.25% against contract value will be used to offset the costs incurred by Contractor for Subcontractor's participation in the CCIP.**

Coverage Trigger

Coverage will begin upon successful completion of the **online enrollment** via the Arthur J. Gallagher Contractor Portal and issuance of a certificate of insurance evidencing coverage. Once your enrollment has been completed you will receive a Certificate of Insurance confirming the coverage from Gallagher Construction Services. **It is your responsibility to successfully complete and submit all enrollment materials via the Arthur J. Gallagher Contractor Portal before you begin work on the project. Failure to supply all requested insurance documents will result in a rate of 3.25% charged against your entire contract amount.** You are also responsible for ensuring that any lower tier subcontractors you hire complete the **online enrollment** via the Arthur J. Gallagher Contractor Portal before they begin their work at the project site. If you or your lower tier subcontractors have not completed the **online enrollment** process and received confirmation of enrollment from Gallagher Construction Services, no coverage will be afforded.

*Payroll Reports must be submitted monthly **online** via the Arthur J. Gallagher Contractor Portal by the 5th of every month.*

Ineligible Parties

Subcontractors who present an exceptionally hazardous exposure or risk to the job site may not be eligible to participate, at Layton Construction's discretion. It is your responsibility to contact Gallagher and confirm your eligibility before you begin work on the project.

For example, not everyone will be a participant. The following are ineligible for the program. Subcontractors of any tier that are:

- Vendors
- Suppliers who do not provide labor or hire any on-site installation
- Material dealers,
- Off-site fabricators with no on-site installation or do not hire on-site installation

- Others who merely transport, pick up, deliver or carry materials, personnel, parts or equipment or any other items or persons to or from the project site
- Temporary labor services that would traditionally supply you with temporary labor (where workers' compensation coverage is provided for those employees by the temporary agency)
- Abatement or Environmental contractors
- Exterminators
- Temporary Fence Rental Companies
- Contractors working under Professional Services Agreement (PSA)
- Heavy Demolition Contractors

If you are uncertain whether your firm will be a participant in this program, or wish confirmation of your eligibility, please contact [INSERT AJG ADMIN], Gallagher Construction Services at [ADMIN PHONE] or ADMIN_EMAIL@ajg.com.

Layton Construction will coordinate the program at the project site. Gallagher Construction Services will be administering the program from their offices. A complete contact list can be found in the back of this Manual.

CCIP Enrollment Responsibilities Flowchart

#	Action Item	Responsibility
1	Distribute CCIP Manual to prospective bidders or subcontractors.	Layton
2	Send CCIP Manual to your Insurance Agent/Broker to assist in enrollment process.	Subcontractor
3	Distribute CCIP Manual to prospective lower tier bidders/subcontractors.	Subcontractor
4	Ensure all lower tier subcontractors complete the CCIP Online Enrollment through the Arthur J. Gallagher Contractor Portal prior to any on-site work.	Subcontractor
5	Ensure that Monthly Payroll is submitted online through the Arthur J. Gallagher Contractor Portal for you and your lower tier subcontractors.	Subcontractor and Lower-tier subcontractor
6	For off-site General Liability, Automobile & Workers' Compensation requirements, send Insurance Certificate Endorsement to Layton in accordance with its Subcontract Agreement.	Subcontractor
7	Confirm data on Enrollment Forms and issue Certificates of Insurance to all enrolled subcontractors. Policy will be available upon request.	Gallagher
8	Advise your Insurance Agent/Broker of insurance coverages provided by CCIP so that appropriate notice can be made to your current insurers.	Subcontractor and Lower-tier subcontractor
9	Complete "Close Out" Tab online when all work is completed.	Subcontractor and Lower-tier subcontractor

Insurance Required From Subcontractors of Any Tier

Please note that the coverages provided by the CCIP are designated to cover you only while you are actively engaged in construction activities at the [INSERT PROJECT NAME] project site. Therefore it is imperative that you maintain your own insurance coverage for **off-site operations**.

The required insurance of every CCIP participant is outlined in detail in the Subcontract Attachment “**Exhibit G**” (Insurance Requirements). Please refer to that subcontract document for the requirements that pertain to you.

The Subcontractor of any tier shall require their respective vendors, suppliers, off-site fabricators, material dealers, truckers, drivers and others, who merely transport, pick-up, deliver or carry materials, personnel, parts or equipment to or from the project site to maintain insurance in the form and with the limits as specified in the Subcontract Attachment “**Exhibit G**”(Insurance Requirements).

The “**Exhibit G**” of the Subcontract Agreement outlines in detail the required coverages for all CCIP participants. It is important to review that document and supply the required Certificate of Insurance prior to the start of work. Please note that progress payments may be withheld if required insurance is not on file.

CCIP Program Reminders

Every CCIP participant must complete the **online enrollment** process via the Arthur J. Gallagher Contractor Portal. Please contact your Gallagher Wrap-Up Administrator if you have any questions regarding the completion of this worksheet, as he or she can walk you through it.

Please keep in mind the following:

- You will need to ensure each of your lower-tier subcontractors completed the **online enrollment** process via the Arthur J. Gallagher Contractor Portal.
- The CCIP does **NOT INCLUDE** automobile coverage (including trucks and licensed equipment) or tools and equipment;
- The CCIP provides Workers' Compensation only for employees working at the [INSERT PROJECT NAME] project. Your yard or plant workers, off-site clerical staff, drivers who only deliver or pick up at the project, and management or supervisory personnel who are not dedicated to the project are **NOT COVERED** by the CCIP. Labor provided through labor service companies will not be afforded coverage under the CCIP.
- The CCIP provides General Liability only for operations at the [INSERT PROJECT NAME] project. Operations of each subcontractor of any tier at other locations (not approved by the underwriter) are **NOT COVERED** by the CCIP.
- Your workers compensation insurance credit will be based on estimated payroll provided at the time of enrollment and used for the calculation of your CCIP premiums. It will be verified against final payroll, which may result in additional premiums charged to you.
- Your general liability insurance credit will be based on your estimated payroll or contract value provided at the time of enrollment and used for the calculation of your CCIP premiums. It will be verified against your final payroll or contract value, which may result in additional premiums charged to you.
- **At the time of your contract closeout a final audit will be performed based on your final payroll or contract value (if applicable) reported online to Gallagher on a monthly basis. Any additional insurance credits or adjustments due will be made from your final pay application or final retention. If you have any questions, please contact Gallagher.**
- **All Workers Compensation Claims and Audited Payroll records for this project will be reported to the Workers Compensation Rating Bureau for the state in which the Project is located. Therefore, your loss claims history on this project will affect your Experience Modification Rate (EMR) just as it would on any other project.**

Accident Reporting and Claims Procedures

Workers' Compensation Claims

1. The injured employee's foreman/superintendent shall see that first aid is administered promptly and accompany the injured employee to the medical facility designated for the project. Be sure to give treating clinic the name of subcontractor as employer, and reference the [INSERT PROJECT NAME] project as the job site. Designated facility must be used because of prior established relationship and their knowledge of occupational injuries and transitional work. Authorization treatment forms (green) will be sent to the Layton Construction office at the job site, to be hand delivered to your designated safety person at the site.
2. Layton's Drug Free Workplace Policy requires that anyone involved in an incident on a Layton jobsite that results in injury or damage to equipment or vehicles **MUST** submit to immediate testing. Refusal to submit to testing will result in being banned from working on any Layton projects. Testing will be performed by medical facility staff at the designated medical facility.
3. All injuries will be reported immediately to Layton's Project Superintendent, On-site Safety Coordinator, or other designated Layton on-site staff. Layton's Incident Report needs to be submitted to the project team within 24 hours of any injury.
4. The subcontractor must immediately supply the injured employee with the Employers Report of Injury as required by State law, and follow usual internal reporting procedures, with the exception of reporting the claim to their usual Workers' Compensation insurance carrier.
5. Foreman or superintendent must perform an Accident Investigation, including a Root Cause Analysis. A copy of the completed Accident Investigation must be sent to the on-site Safety Coordinator. If injury is serious, please also fax to CCIP Safety Director (fax number is listed in Personnel Directory at back of this manual).
6. Any claim issues or problems may be directed to the treating clinic or XL Specialty Insurance Company directly. If concerns or issues are not dealt with satisfactorily you may contact Joseph Domingo at Gallagher Construction Services in San Francisco for assistance in resolving problems (see directory for phone numbers).
7. Maintenance of records required by the Federal Occupational Safety and Health Act and all other applicable regulations are the responsibility of each subcontractor.

NOTE: Failure to comply with these claim procedures will result in a flat fee of \$5,000 to be paid by the Subcontractor to Layton for additional costs to manage the claim.

Return to Work Policy – Light Duty Policy

Layton Construction is committed to providing a safe workplace environment for all employees, in the event of a work-related injury Layton Construction has a “Modified Alternate Duty Requirement” which will be implemented by all subcontractors working on Layton Construction projects. The purpose is to minimize the risks and financial burdens to the workforce. Each subcontractor **MUST** provide an injured employee the opportunity to maximize rehabilitation and recovery from the injury and enable an early return to work by accommodating temporary work assignments in compliance with medical restrictions.

Note: Modified duty positions do not have to be on a Layton Construction project. The injured workers’ employer can provide this position at any alternative site. The insurer may provide recommendations for modified duty labor through cooperative organizations if the contractor/subcontractor are unable to accommodate the employee.

The modified duty must include, but not be limited to:

- Communication between the employer and the injured employee and the physician, the employer’s modified duty requirement and facilitate modified duty with physicians and the employee
- The injured employee must provide copies of all medical notes that include a statement on work capacity.
- Modified duty assignments must comply with all medical limitations as outlined by a physician
- The injured employee is not to assume normal work activities unless there is medical documentation releasing the employee to his/her normal duties

Subcontractor and its sub-tiers must provide a modified return to work program for any of its injured employees insured under workers’ compensation as part of the CCIP. Failure to provide reasonable accommodations to an injured worker will result in a penalty assessment to the Subcontractor of any tier of \$1,500 weekly until such time as the injured worker is returned to work. Subcontractors are responsible for the assessments of their sub-subcontractors.

General Liability Claims

1. If an injury is involved, the Subcontractor's superintendent must immediately arrange for first aid or other required medical treatment for the injured party.
2. Layton's Drug Free Workplace Policy requires that anyone involved in an incident on a Layton jobsite that results in injury or damage to equipment or vehicles **MUST** submit to immediate testing. Refusal to submit to testing will result in being banned from working on any Layton projects. Testing will be performed by medical facility staff at the designated medical facility.
3. **All Incidents, regardless of severity**, shall be reported immediately to the Job Site Contact and On-site Safety Coordinator and **reported to the Insurer by telephone**
4. The Subcontractor's superintendent must complete a **General Liability Loss Notice** (located in the Gallagher Construction Services enrollment binder) for each accident with the following distribution: **Greenwich Insurance Company**, Job Site Office, Gallagher Construction Services.
5. **Any Court Summons, legal documents or other correspondence must be immediately referred to Gallagher Construction Services by registered mail.** Additional questions concerning suit papers should be referred to Gallagher Construction Services.

NOTE: Failure to comply with these claim procedures will result in a flat fee of \$5,000 to be paid by the Subcontractor to Layton for additional costs to manage the claim.

Layton Construction Co. Employee's Incident Report

PRINT - ALL FIELDS REQUIRED FOR INSURANCE CLAIM

Claim Is: LAYTON [] SUBCONTRACTOR []

If Subcontractor, Name of Company: _____

Injured Employee's Name: First : _____ Middle : _____ Last: _____ Age: _____

Street Address: _____ Birth Date: _____

City, State, Zip: _____ Soc. Sec. #: _____

Phone Numbers: Home: _____ Cell: _____ Date Hired: _____

Marital Status (circle): Single Married Divorced Number of dependents _____ # Of Hours Worked Day of Incident _____

Occupation/Job Title: _____ # Of Hours Worked Previous Week _____

Years at Position/of Experience _____ Position is Full Time [] Part Time [] # Of Hours Worked Previous Week _____

State You Were Hired In: _____ Hourly Wage: \$ _____ # Of Hours Worked Previous Week _____

Foreman's Name: _____ General Foreman's Name: _____

Superintendent' Name: _____ PTP Compelcted: Yes No JHA Completed: Yes No

Date and Time of Incident: _____ Time Shift Started: _____ Stretch & Flex Performed: Yes No

Date Incident Reported: _____ Date / Time You Sought Medical Attention: _____

Body part injured:	Names of Witnesses:
Where on Project Injury Occurred:	
Task Being Performed:	

Describe How Incident Occurred. What Happened?

What Could Have Been Done To Prevent Incidents of This Type?

Signature of Employee: _____

Layton Construction Co. Supervisor's Incident Report

PRINT - ALL FIELDS REQUIRED FOR INSURANCE CLAIM

Claim Is: LAYTON [] SUBCONTRACTOR []

If Subcontractor, Name of Company:

Address: _____ City: _____ State: _____ Zip: _____

Company Phone: _____ Supervisor Phone: _____

Injured Employee's Name: First : _____ Middle : _____ Last: _____

Craft: _____ Years of Experience: _____ # Of Hours Worked Day of Incident _____

Date/Time of Report: _____ Date/Time of Incident: _____ # Of Hours Worked Previous Week _____

Foreman's Name: _____ # Of Hours Worked Previous Week _____

General Foreman's Name: _____ # Of Hours Worked Previous Week _____

Superintendent's Name: _____

Project Name & Number: _____

Nature of Incident: _____

Location of Incident on Project: _____

Date and Time Employee Sought Medical Attention: _____ Treated in: Clinic [] Emergency Room []

Medical Status: FA [] Recordable [] W/ Restrictions [] LTA [] Date Restrictions / Lost Time Began: _____

Was Safety Equipment Provided? Yes No Was It Being Used? Yes No

Task Being Performed: _____

Is the Injury Questionable? State Reasons: _____

Describe How Incident Occurred. What Happened? _____

Cause of Incident: (Job, Organizational, Human) Was There A Change From The Pre-Task, Was This Rework? _____

What Could Have Been Done To Prevent Incidents of This Type? _____

Signature of Supervisor _____

Layton Construction Co. Witness Incident Statement

PLEASE PRINT - ALL FIELDS REQUIRED

Witness Is: LAYTON [] SUBCONTRACTOR []

If Subcontractor, Name of Company: _____

Name of Employee Involved in Incident: First: _____

Last: _____

Date/Time of Incident: _____

Date/Time of Your Report: _____

Your Name: _____

Your Phone Number: _____

Your Address: _____

City, State, Zip: _____

Project Name: _____

Project City, State: _____

DESCRIPTION OF INCIDENT (WHO, WHAT, WHERE, WHEN, WHY)

Who Was Involved: _____

What Happened?

Where on Project Did It Happen?

When (Date and Time)?

Why? What or Who Caused It?

Signature of Witness: _____

Witness of Statement: _____

Definitions for Purposes of This Manual

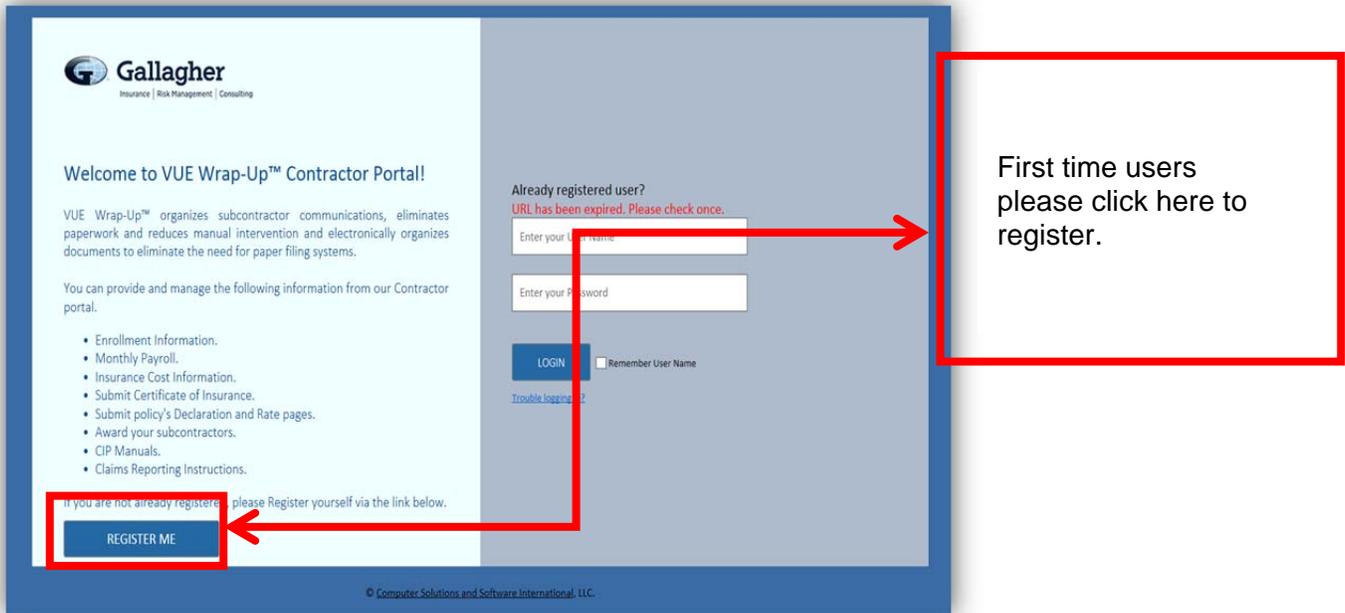
General Contractor:	Layton Construction Company, LLC
Project:	[INSERT PROJECT NAME] [INSERT PROJECT ADDRESS]
Project Site:	The areas designated in writing by Layton Construction in a contract document for performance of the Work and such additional areas as may be designated in writing by Layton Construction for Contractor's use in performance of the Work. The Project Site shall also include (1) field offices, (2) property used for bonded storage of material for the Project approved by Layton Construction, (3) staging areas dedicated to the Project. Items 1 through 3 must be approved by the CCIP Insurer and listed in the CCIP Policy
Off-Site Exposures:	Offices, shops, warehouses, factories, or similar locations away from the designated project site that have not been approved by the CCIP Insurer and listed on the CCIP Policy <u>ARE NOT COVERED.</u>
Contract:	The agreement between Layton Construction <u>and the Subcontractor.</u> The terms "Contract" and "Agreement" are used interchangeably.
Subcontractor of Any Tier:	The person, firm or corporation with whom Layton Construction has entered into Agreement to perform the Work, or the Person or entity who has a contract with a Layton Construction Subcontractor to perform any of the Work at the Site.
Work:	Operations, as fully described in the Contract, performed at or emanating directly from the [INSERT PROJECT NAME] project.
Insured:	Subcontractors of any tier which have an executed subcontract agreement and which have received written confirmation of coverage by Gallagher Construction Services. The following are not Insureds under this CCIP - Vendors, suppliers, material dealers, off-site fabricators and others who merely transport, pick up, deliver or carry materials, personnel, parts or equipment or any other items or persons to or from the Project Site.

Personnel Directory

PROJECT CONTACT:	TBD Layton Construction Phone: TBD tbd@laytonconstruction.com
PROJECT MANAGER:	TBD Layton Construction Phone: TBD tbd@laytonconstruction.com
CCIP SAFETY SUPERINTENDENT:	TBD Layton Construction Phone: TBD tbd@laytonconstruction.com
CCIP CLAIM REPORTING:	Cheri Smith Layton Construction (801) 661-1190 cmsmith@laytonconstruction.com
RISK MANAGEMENT:	Ken Ames Layton Construction 9090 So. Sandy Parkway Sandy, UT 84070 (801) 563-3737 kames@laytonconstruction.com
CCIP PROGRAM MANAGER:	Richard Banlowe Gallagher Construction Services 505 North Brand Blvd, Suite 600 Glendale, CA 91205 (818) 539-1210 direct line richard_banlowe@ajg.com
ENROLLMENT/ADMINISTRATION:	TBD Gallagher Construction Services (314) 800-2156 direct line tbd@ajg.com
WORKERS' COMPENSATION CLAIMS:	Joseph Domingo Gallagher Construction Services (415) 288-1693 direct line (415) 391-2616 fax
GENERAL LIABILITY CLAIMS:	Marlene Allen-Rincon Gallagher Construction Services (818) 539-1254 direct line

AJG/VUE Online Portal Instructions

To start please open your internet browser and go to the AJG Wrap-up Management Portal URL (<https://ajg.vuewrapup.com/contractorportal>). This will open the portal login screen.



Step 1: Registering and Logging In

Click the **Register Me** link at the bottom right hand corner of the login box. **If you are already registered, proceed to Step C.**

- A. Fill in the form with your first name, last name, email ID (email address) and enter the user ID you would like to use. Your user ID can be any name or phrase you will easily remember, such as your first initial and last name (preferred), your company name, or your email address. Password must contain letters, numbers and symbols. All fields are required.

Online VUE System

- B. When your registration has been completed successfully, you will see the message “User ID and Password are created”. Please click here to login to “Contractor Portal”. Click the link to be redirected to the login page where you can login to the portal to complete your enrollment. You will also receive an email with your User ID and Password for your records.
- C. Use your provided or created User ID and Password to login. If any error messages appear, contact your AJG Wrap-up Administrator.

Step 2: Completing an Enrollment

- A. If your incomplete enrollment already has a contract in the system, you may be required to fill in the missing details. Your contract can be selected by clicking on the contract number hyperlink in the Contract # column.

The screenshot shows the Gallagher Contractor Portal interface. At the top, it says "Welcome: Tali Kirkwood [Sample Contractor]" and "Last Login Time: 07/05/18 07:33 PM EST". There are navigation links for "Inbox", "Home", "Password", "Add User", and "Logout". The main content area displays a message: "Hello, you are logged into the Contractor Portal. For new and returning users who need to create a new enrollment record, please add [NEW ENROLLMENT](#)." Below this is a "Contract Listing" table with columns: Contract #, Project, Contractor, Start Date, End Date, Contract Status, and Contract Value. The table contains three rows:

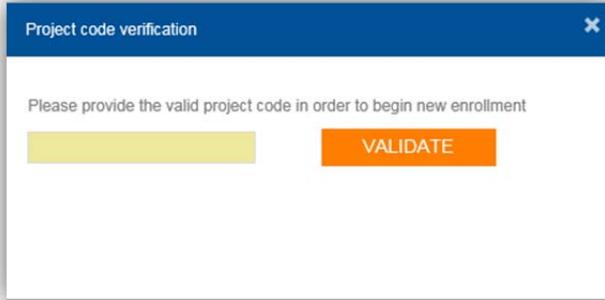
Contract #	Project	Contractor	Start Date	End Date	Contract Status	Contract Value
14999999-006	Test Project	Sample Contractor	07/05/2018		New	\$25,000.00
14999999-016	Test Project	Sample Contractor	07/04/2018	12/31/2018	Incomplete	\$25,000.00
CTP-00	CSSI Test Project	CSSI Test Contractor	07/01/2018	12/31/2020	Enrolled	\$25,000.00

At the bottom of the table, it shows "1 - 3 of 3 items" and "50 items per page".

- B. If you do not see a contract for the specific project you are enrolling in, click the “New Enrollment” button.

This screenshot is similar to the previous one, but the "NEW ENROLLMENT" link in the message is highlighted with a red box. The "Contract Listing" table is also visible, showing the same three contracts as in the previous screenshot.

- C. When the user clicks on the [New Enrollment](#) link, a pop up screen will open as shown below. Users should provide the Project Code as listed in their Wrap Up manual or provided by their Wrap Up Administrator.



Step 3: Enrolling

- A. The Enrollment Screen includes the following sections, each of which can be expanded or collapsed for ease of review:
- a. Provide Company Information
 - b. Provide Contract Information
 - c. Provide Contact Information
 - d. Provide Address Information
 - e. Provide Estimated Payroll for work performed on the Contract
 - f. Provide Offsite Insurance Information
 - g. Provide Additional Information
 - h. Approval and Signature

A screenshot of the "Application For Enrollment" form. At the top, it says "Application For Enrollment" with a help icon. Below is a paragraph of instructions: "In order for your company to be considered enrolled and covered under the Wrap Up Insurance, you must complete the details below. Any missing information may result in your contract being incomplete and could delay insurance coverage. You will receive notices for any missing details required to complete and process your application. If you do not qualify for Wrap Up coverage, we will notify you. If your company qualifies for coverage and once all enrollment details have been provided, you will receive a copy of your Welcome Letter and Certificate of Insurance evidencing coverage in the Wrap Up." Below this is a toggle for "Expand All" and "Collapse All". The form has several expandable sections: "Provide Company Information", "Provide Contract Information", "Provide Contact Information", "Provide Address Information", "Provide Estimated Payroll for work performed on this Contract", and "Provide Additional Information". Each section has a plus sign icon. Below these sections is a scrollable area containing a disclaimer: "As noted in the CCIP Manual, Swinerton will purchase General Liability and Excess Coverages for the benefit of participating subcontractors. In exchange for this benefit, the undersigned agrees as follows: This submitted information accurately reflects the total projected insurance costs (for bidder and all subcontractors noted on this form) that would apply if my regular insurance program were to provide coverage for this work. I agree that Swinerton will apply the above insurance deducts, based on subcontractor's normal cost of insurance. This deduct will be taken from a submitted pay application. Subcontractors enrolled in the PLP program will be responsible for an insurance deductible obligation which will range from \$1,000-\$25,000 per occurrence for General Liability, if determined the subcontractor is liable for the associated claim. For losses falling within the Products/Completed Operations period, the". Below the disclaimer is a checkbox: "I agree that the statements in this application are true and accurate to the best of my knowledge." At the bottom, there is a "Signature (print your name)*" field with a yellow input box, an "Enrollment Date" field with the value "07/05/2018" and a calendar icon, and three buttons: "PRINT", "SUBMIT", and "SAVE FOR LATER".

- B. Fill in each section with your information to the best of your ability. Every section is required to be completed.
- a. For a new enrollment, all fields should be filled in.

1. If your company has previously enrolled in a contract on our portal, you will have an option to select previous information in some fields

Please select an existing address record or add a new address by completing the fields below. If you wish to provide more than one address you can do so by clicking on the 'Add' button. Note: You must select one address record as "Primary".

Select Existing Address



- b. If a contract has been added to your portal by an AJG Wrap-up Administrator, you may not be able to edit some fields. Move on from those and fill in all the other fields as completely as possible.
- c. If you notice a mistake in a non-editable field, contact your AJG Wrap-up Administrator.
- d. If you are not sure what a field is requesting, hovering over the field title will show captioned explanations.

- C. In the Contact section you must enter at least one contact and it must be marked as primary. You may also add additional contacts i.e. Payroll Contact or Worker's Comp Claim Con

Provide Contact Information

Contact Type* Primary

First Name* Last Name

Email* Mobile

Phone

Contact Type* Primary

First Name* Last Name

Email* Mobile

Phone

- a. You must provide a value for your corresponding preferred mode of contact. For example, if you select email as your preferred method of contact, you must provide an email address.
- b. If the enrolling contractor has existing contacts available in our system, they can make a selection from the existing records by selecting contact information from the dropdown available on top of each contact box. Once selected, the contact details will be populated in the respective fields.
- c. User can manually enter the new contact by performing these steps: Select contact type, from dropdown menu; enter *First Name*, *Last Name*, *Email*, *Phone*, and *Mobile*. By default, the Primary checkbox will be marked for the first contact added. Please note, that the email is mandatory.
- d. To add an additional contact, click the ADD  button
- e. Once a second Contact is added the CLEAR  and DELETE  button will be available for existing Contact block, allowing the user to clear the details and re-enter or delete the record if needed.

- D. In the Address section, enter a primary address by filling in all fields and checking the checkbox “Primary”. You must enter at least one address, and if there is only one it must be marked as primary.
- To add a secondary address, click the ADD  button in the lower left hand corner of the section containing that address.
 - Once another address is added, the CLEAR  and DELETE  button will be displayed for the existing Address block, allowing the user to clear the details and re-enter or delete the record if needed
 - Note: You cannot delete an address that has already been approved by the AJG Wrap-up Administrator. If there is an error in the address approved or entered by the AJG Wrap-up Administrator, please contact them directly.



Provide Address Information

Address Type* Primary

Street Address 1* Street Address 2

City* State* Zip*

- E. In the Estimated Payroll section, you must enter your best estimate of payroll for entirety of the project.
- You must submit estimated payroll for **all** Worker’s Compensation Codes you will be working under on the project. To add estimated payroll for additional codes, please press the Add  button on the lower right hand corner of the section.



Provide Estimated Payroll for work performed on this Contract

State If the Classification Code was not found in the drop down, please click to [Add New Class Code](#)

Class Code	Man Hours	Estimated Payroll (\$)
<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>



- F. The Insurance Information section is required:
- Risk ID # (This is the ID # assigned to the Contractor by the Rating Bureau that compiles and calculates the EMR).
 - Rating Bureau (The organization that compiles Claims history and Payroll to calculate the EMR).
 - EMR value for current year.
 - Anniversary Rating Date (MM/DD/YYYY) when the new EMR shall come into effect.
(Note: Please contact your Insurance Broker to obtain any offsite policy details if you do not have them.)

Provide Offsite Insurance Information

Risk ID Rating Bureau

EMR Anniversary Rating Date

WC Carrier WC Offsite Policy #

Policy Effective Date Policy Expiration Date

- G. Before you submit your enrollment information, you must check the confirmation checkbox. (Note: The text in your portal may differ from what is shown in the screenshot.) Once you have verified that all information entered is correct, please check the checkbox, and type your name in the Signature box.

This submitted information accurately reflects the total projected insurance costs (for bidder and all subcontractors noted on this form) that would apply if my regular insurance program were to provide coverage for this work. I agree that Swinerton will apply the above insurance deducts, based on subcontractor's normal cost of insurance. This deduct will be taken from a submitted pay application. Subcontractors enrolled in the PLP program will be responsible for an insurance deductible obligation which will range from \$1,000-\$25,000 per occurrence for General Liability, if determined the subcontractor is liable for the associated claim. For losses falling within the Products/Completed Operations period, the deductible obligations will double.

I agree that the statements in this application are true and accurate to the best of my knowledge.

Signature (print your name)*

Enrollment Date

- H. If you do not have all the necessary information needed for your enrollment, you are now allowed to save the information that you have input and come back to finish at a later time.



After pressing the Save for Later or Submit button be sure to confirm your selection before leaving the page. If you do not, your enrollment will not be saved or submitted in any way.

You are about to submit your enrollment application. Click "Yes" to submit, click "No" to review and make changes.

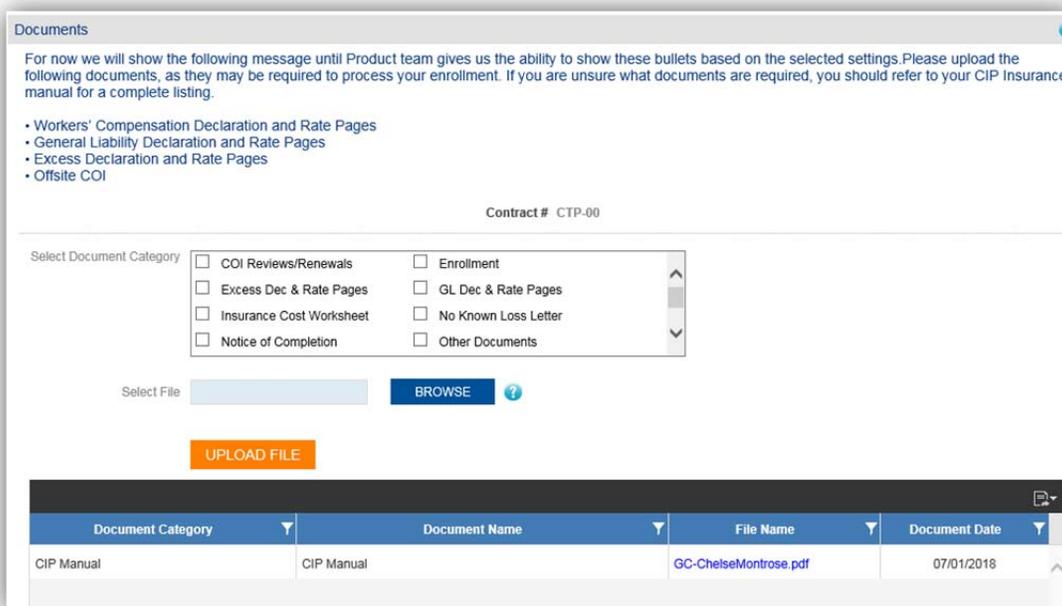
- I. Once your Contract is submitted, you cannot make changes to the enrollment.

Step 4: Uploading Documentation

- A. As part of your enrollment, you **may** be required to submit supporting documentation such as:
- Rate and Declaration Pages
 - Certificates of Insurance
 - NKLL (No Known Loss Letters)
 - Other Documents

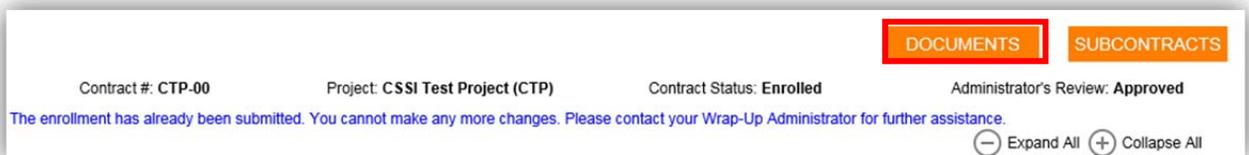
The system will prompt you as to which documents are required

Online VUE System

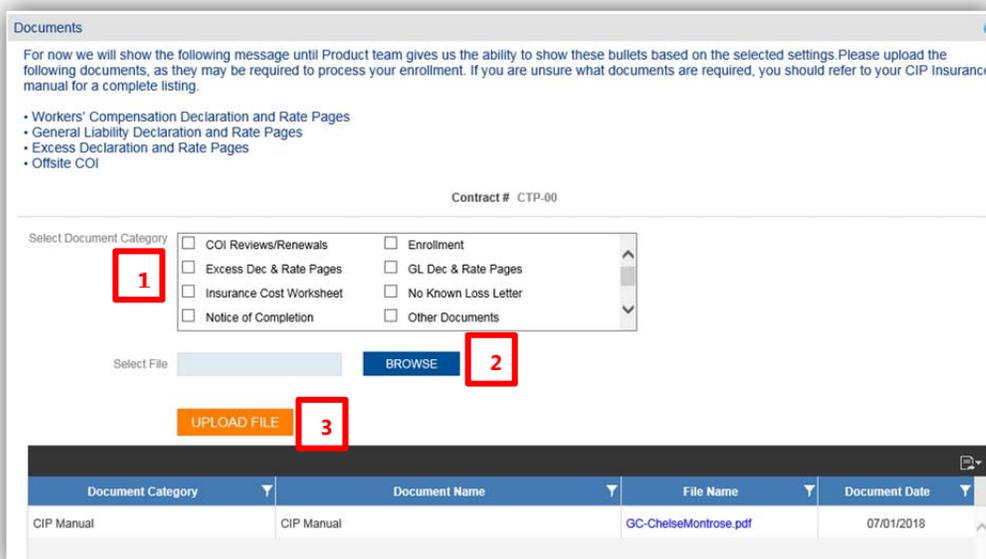


B. Accessing the Documents screen

- Once you have submitted your enrollment you can press the Documents button on the top Right



- On the Documents screen you must choose from the Select Document Category and Select File to upload the document. Refer to the image below. If there are existing document(s) for the selected Contract, the system will display those under Documents section.



D.

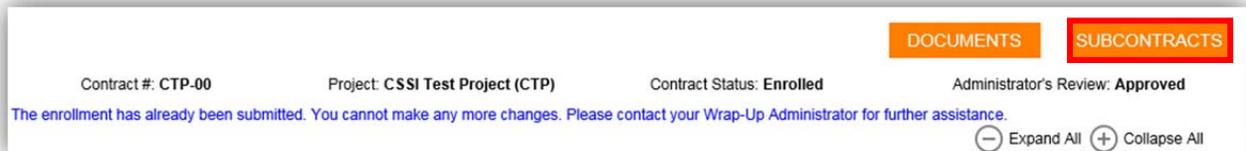
- E. To add the documents to the selected Contract, follow the steps below:
 - a. Select the Document Category from the available options. Note: A user can select multiple Categories, i.e. "GL Dec and Rate Pages" and "Excess Rate and Dec Pages"
 - b. To locate the file to upload, browse your local drive by clicking on the Browse button. The file must be available on your device or computer from which you are currently accessing the portal.
 - c. Once the file is successfully uploaded, the document(s) will be listed in the Documents section of the Documents Screen.

Notes:  Only PDF, DOC, DOCX or TIFF documents can be uploaded and all files must be 10MB or under

Step 5: Adding a Subcontract

If you need to add a Lower Tier Subcontractor please follow the below instructions

- A. From the Enrollment Screen select the Subcontract button on the top right hand corner



Contract #: CTP-00 Project: CSSI Test Project (CTP) Contract Status: Enrolled Administrator's Review: Approved

The enrollment has already been submitted. You cannot make any more changes. Please contact your Wrap-Up Administrator for further assistance.

Expand All Collapse All

- B. This will bring you to the Sub Contract Screen. Begin by pressing the Add Subcontract button



<< 14999999-016 Add Subcontract Delete Subcontract

Contract #	Project	Contractor	Start Date	End Date	Contract Status	Contract Valu...	Parent C
No records to display.							

- C. This will open a Sub Contract enrollment Screen
 - a. Please fill out all information to the best of your ability
 - b. Business Name, FEIN # (If known), Subcontract Value, Expected Start Date
 - c. Contract # is a read only field.
 - d. Verify the information and check the checkbox next to the statement "Statements in this application are true and accurate to the best of my knowledge"
 - e. Press Submit and confirm

Sub Contract - Test Project / 14999999-016

Contract #

Business Name* Federal ID #

Business Type*

Contract Start Date* Contract Value*

If you are self performing any work, please indicate the amount of your contract that is self performed.

Description of Work*

Contact Info

First Name* Last Name

Email* Mobile

Phone

Payroll Contact Info

Same as above

First Name Last Name

Email Mobile

Phone

Statements in this application are true and accurate to the best of my knowledge.*

D. To add an additional subcontracts; click on the Add Sub Contract button again the first Sub Contract screen.

Step 6: Reporting Payroll Online

Payroll is required to be submitted **monthly** online by **5th** of each month unless otherwise specify, by **all** Subcontractors on jobs that cover Worker's Compensation.

- A. Once logged in to the portal site check the box next to the Contract # listed on the Home Screen, then Click on the Payroll button above.
 - a. **Note:** If any of your Contract #'s are not listed, please contact your AJG Wrap-up AJG Wrap-up Administrator to check the status of enrollment.

Contract Listing					
	Contract #	Project	Contractor	Start Date	End Date
<input type="checkbox"/>	14999999-006	Test Project	Sample Contractor	07/05/2018	
<input type="checkbox"/>	14999999-016	Test Project	Sample Contractor	07/04/2018	12/31/2018
<input checked="" type="checkbox"/>	CTP-00	CSSI Test Project	CSSI Test Contractor	07/01/2018	12/31/2020

[Payroll](#) | [Documents](#) | [View Subcontract](#)

Online VUE System

- B. Report date is the current date, and will be filled by the System. (any dates in red, are delinquent payroll that must also be submitted. You can enter payroll for these dates by pressing them and filling in the information.)

Payroll

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

Contract # CTP-00

This contract requires tracking of EEO (Equal Employment Opportunity) Payroll. Enter your payroll details by class code, then click the link 'Add Details' to provide the EEO payroll details. If you have no EEO to report for a specific class code, please check the "NA" box.

CSSI Test Project (CTP) CSSI Test Contractor (99-9999537)

Report Date: 07/05/2018

Start Date* [] End Date* []

Signature* [] Title* []

Description []

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

	Class Code	Man Hours	Gross Payroll (\$)	Reported Payroll (\$)	
<input type="checkbox"/>	0042 - Landscape Gardening				Add EEO Payroll
<input type="checkbox"/>	0030 - Other Classcode				Add EEO Payroll
		0.00	\$0.00	\$0.00	

PRINT SUBMIT

- C. If this is the first payroll report, please enter the Start Date by either manually typing in Date textbox (MM/DD/YYYY), or using the drop down Calendar. Do the same for the End Date. While submitting subsequent payrolls, the System will populate the next calendar day as the Start Date from the previous report. The dates must be the whole month i.e. Start Date: June 1 End Date: June 30. Unless your contract starts or ends in the middle of a month.
- D. On the payroll screen, the WC Code(s) will be filled from the estimated payroll you submitted during enrollment.
- E. If you need to add another WC code, click on the blue plus button located on the top right of the payroll chart.
- In the WC Code box, enter the WC Code followed by the Description in the next field. In addition, you can delete a selected WC Code by clicking the Delete (x) icon located above the Reported Payroll column.
Note: You must leave a note in the notes field explaining to the AJG Wrap-up Administrator why you are entering payroll for a class code not included on your enrollment.
- F. Click the Man Hours field to enter the correct hours. Enter the Unburdened Payroll (straight time: no overtime premium, taxes, union dues, etc...)
- Remember:** If there are no hours worked for a WC code for that month, enter zero (0) in all fields

Online VUE System

- G. If no time was worked on site for that month, please check box next to “check the No Activity on jobsite this period box” and submit.

No activity on jobsite during this period

- H. If you are entering Final Payroll, please check box next to “Is Final Payroll for contract?”

Is this final payroll for contract?

- I. After all required information has been entered, click the Submit button. **Please note:** Once the payroll information has been submitted it is still editable and can be resubmitted as needed. If you are unable to edit please contact the AJG Wrap-up AJG Wrap-up Administrator for changes.
- J. To print, click Print button on the top right corner of Actual Payroll screen. A PDF file will open displaying the details of the submitted Actual Payroll.

Step 7: Close Out

- A. Once logged in to the portal site select the Contract # listed on the Home Screen, then Click on the Close Out button.
- a. Note: If any of your Contract #'s are not listed, please contact your AJG Wrap-up AJG Wrap-up Administrator to check the status of enrollment.

	Contract #	Project	Contractor	Start Date	End Date	Contract Status	Contract Value
<input type="checkbox"/>	14999999-006	Test Project	Sample Contractor	07/05/2018		New	\$25,000.00
<input type="checkbox"/>	14999999-016	Test Project	Sample Contractor	07/04/2018	12/31/2018	Incomplete	\$25,000.00
<input type="checkbox"/>	CTP-00	CSSI Test Project	CSSI Test Contractor	07/01/2018	12/31/2020	Enrolled	\$25,000.00

- B. Please fill out all fields
- a. Notice of Completion Date: the day your company finished work on site.
- b. Completion Signature: The name of whomever is completing the form
- c. Final Contract Value: Your final contract value with you Prime Contractor
- d. Payroll Information: The final payroll amount for all Class Codes from your enrollment, for the entire project. Once all information is completed, please press the Submit button. You will see the message “Data Saved Successfully”
- e. NOTE: The payroll box will auto fill with the totals from your monthly payroll submissions. If the total does not match, you must go through your reported payroll for each month and edit as necessary. Once you have edited you may press the “Refresh Payroll” button and submit

Contract Close Out



By completing the details below, you are indicating that your work on this project is complete and you no longer have any employees returning to the jobsite. Please refer to your Wrap Up manual to confirm whether or not a Non CIP COI is required to return to the jobsite.

Contract # CTP-00

Notice of Completion Date*

Completion Signature* **Tali Kirkwood**

Final Closeout Information

Final CV*

Refresh Payroll



<input type="checkbox"/>	Class Code	Final Man Hours	Final Payroll (\$)
<input type="checkbox"/>	0042 - Landscape Gardening	10.00	\$1,000.00
<input type="checkbox"/>	0030 - Other Classcode	0.00	\$0.00
		10.00	\$1,000.00

PRINT

SUBMIT