



Attention: Neill Davis, OCIP Administrator / neill.davis@atlanta-airport.com
 1255 South Loop Road, College Park, GA 30337
 (404) 559-2395

FORM 2

NOTE: Required insurance coverages and limits are shown in the contractor instruction materials. Information disclosed on this form is subject to audit and adjustment throughout the term of the project. After completing this form, fax your policy declaration pages and schedule rate sheets to (404) 559-2395.

NO certificates or policies will be provided under the OCIP until this form and all related documents are received.

* Fields marked with asterisk are REQUIRED for submission of this form.

Project Project Name

Contractor FEIN

Required coverages and limits are shown in Bid Brochure, Paragraph A. Information subject to audit and adjustment.

Current Broker or Agency Location

Contact Name Phone Fax Email

Workers Comp Insurance Company Policy Period WC Policy Number
To

Experience Mod Deductible / Retention

WC Class Code Rate Est Payroll Premium

Subtotal
 Increased Limit factor
 Exp Mod
 Discounts/Surcharges
 Deductible/Retention
 Credit
 Exp Loss
 Total WC Prem

Current GL Insurance Company	Policy Period (mm/dd/yyyy to mm/dd/yyyy)*	GL Policy Number
	To	
GL Rate Based On (Receipts, Payroll, Flat Rate)*	Deductible	Retention
GL Code*	Rate*	Est. Payroll*
		Premium*

It is extremely important to accurately estimate payrolls anticipated for this project.

Subtotal*:
Deductible/Retention Credit
Expected Losses
Total GL Premium*

Estimated Subcontractor Premiums (Submit cost identification sheet for each subcontractor or calculate 3% of subcontractor value for each subcontractor's estimated insurance cost) *

Umbrella Insurer	Coverage Limit	Policy Period	Policy Number	Premium
		To		
Builder's Risk Insurer	Coverage Limit	Policy Period	Policy Number	Premium
		To		

This amount must equal the insurance credit indicated on your bid proposal. "Grand Total Premiums" represents the amount of insurance premiums the contractor has excluded from the bid amount since the Owner is furnishing the construction insurance.

Grand Total Premiums

Auto Liability Insurance Company	Policy Period	Auto Policy Number
	To	
Liability Coverage Limit	# Vehicles Owned	# Mobile Equipment
		# Vehicles On Site
		Premium

NOTE: It is each Contractor's responsibility to notify its own insurance carrier to exclude all work to be done under this contract from its current insurance program.

The City of Atlanta as sponsor of the OCIP, or their Agent, is granted permission by Contractor to inspect the insurance and payroll records used in determining the above credit. At completion of the work, City of Atlanta's Agent

shall audit the project payroll records of Contractor and adjust contract amount for final audited insurance premiums in accordance with the insurance premium audit provisions of the insurance policy. Any and all returns of premiums, dividends, discounts or other adjustments to any OCIP policy is assigned, transferred and set over absolutely to City of Atlanta. This assignment is valid for insurance policies whose premiums have been paid by City of Atlanta on behalf of such Contractor.

Fax supporting information to the number above as soon as you have completed this form. NO certificates or policies can be provided until this form and all related documents are received.

I certify that I am authorized submit the information contained in this form in relation to work to be performed within the scope of the Hartsfield JacksonAtlanta International Airport OCIP. All information contained herein is true and complete to the best of my knowledge.

Signature	Printed Name	Phone	Date
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