



Indiana University Health

**Owner Controlled Insurance Program
IU Health Medical Center Campus (IUHMCC) Program**

January 2022

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Section 1 – Overview

Welcome to Indiana University Health’s Owner Controlled Insurance Program for the Indiana University Health Medical Center Campus (IUHMCC)

Indiana University Health (IU Health) has arranged for multiple projects under the Indiana University Health Medical Center Campus (IUHMCC) program to be insured under their Owner Controlled Insurance Program, or “OCIP” program. The OCIP is a single insurance program that insures IU Health, Enrolled Contractors, Enrolled Subcontractors, and other designated parties only for Work performed at the designated project site as defined in the contract documents. Certain Contractors or Subcontractors are excluded from the OCIP. These parties are identified in Section 3 of this Manual.

Coverage under this OCIP includes Workers’ Compensation/Employer’s Liability, General Liability and Excess Liability. In addition, the Owner is providing other Owner Procured insurance coverage such as Builder’s Risk and Contractors Pollution Liability to all contractors, regardless of their participation in the OCIP.

IU Health will pay the insurance premiums for the OCIP and Owner Procured coverages described in this Insurance Manual. You should notify your insurance broker/insurer(s) of the coverages provided under the OCIP for on-site activities to avoid the duplication of coverage. Each bidder is required to bid net of all insurance costs for coverages provided by IU Health.

NOTE:

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

OCIP Definitions

The following definitions shall apply throughout this manual:

TERM	DEFINITION
BID METHOD – NET	A bid submitted by Contractor or Subcontractors to perform Work or a portion of the Work, which is net of the Contractor's or Subcontractors' Cost of OCIP Coverages.
CONTRACT:	The term "Contract" means the written Agreement between the Contractor and Owner or Contractor and Subcontractor as set forth in the contract documents.
CONTRACTOR:	The term "Contractor" means the person or firm identified as the Contractor, CM/Contractor, Design Builder, or Prime Trade Contractor in the Agreement, and is referred to throughout the contract documents as if singular in number.
COST OF OCIP COVERAGES:	Cost of OCIP Coverages shall mean Contractor's or Subcontractor's projected or actual cost to provide the workers' compensation and employer's liability, commercial general liability insurance, and excess liability insurance being provided under the OCIP. The Cost of OCIP Coverages includes insurance premiums, related taxes and assessments, markup on the insurance premiums, and losses retained through the use of a self-funded program, self-insured retention, or deductible program. The cost of insurance must include expected losses within any retained risk.
ELIGIBLE PARTIES:	Refer to Section 3 – OCIP Insurance Coverage
ENROLLED PARTIES:	Refer to Section 3 – OCIP Insurance Coverage
EXCLUDED PARTIES:	Refer to Section 3 – OCIP Insurance Coverage
OWNER:	Indiana University Health, also referred to as IU Health or IUH.
PROJECT:	The term "Project" means only the onsite Work of the Contract and all other work, labor, equipment, and materials necessary to accomplish the construction of the improvement of which the Work is a part.

TERM	DEFINITION
PROJECT SITE:	The “Project Site” is generally defined as area bounded by Capitol Avenue to the East, 16 th Street to the north, I-65/I-70 to the West and South and includes the adjacent project site of Capitol View.
SUBCONTRACTOR:	The term “Subcontractor” means a person or firm that has a contract with Contractor or with a Subcontractor to perform a portion of the Work. Unless otherwise specifically provided, the term Subcontractor includes Subcontractors of all tiers.
OCIP ADMINISTRATOR:	The entity hired by IU Health to administer the OCIP. The OCIP Administrator is: Aon Risk Insurance Central, Inc. 200 E. Randolph Chicago, Illinois 60601
OCIP COVERAGES:	The insurance coverages provided under the OCIP, as set forth in the OCIP Policies, and as summarized in this Insurance Manual.
OCIP INSURER:	Any of the insurance companies providing insurance under the OCIP.
OCIP POLICIES:	The insurance policies issued by an OCIP Insurer for the OCIP.
OCIP:	IU Health’s Owner Controlled Insurance Program.
WORK:	The term “Work” means the construction obligations undertaken pursuant to the contract documents. For purposes of the OCIP, the work constitutes work performed at the designated project site.
CONTRACTORS AND SUBCONTRACTORS DEDUCTIBLE AND SIR CLAIM OBLIGATION:	The amount the Contractors are contractually responsible for paying as their contribution for settlement of any insured loss arising out of Contractors work to include recovery from its responsible Subcontractors of any tier their share of deductibles or SIRs according to their comparative fault, including court costs, attorney’s fees and costs of defense.

Enrollment in the OCIP is mandatory for all Eligible Parties but not automatic. Eligibility is determined by IU Health, and Aon. In addition to the insurance provided under the OCIP, All Parties (Enrolled or Excluded) are required to obtain and maintain and shall require each of their Subcontractors of all tiers to obtain and maintain, the insurance coverage specified in the contract documents.

About This Manual

This Insurance Manual has been prepared by Aon, the OCIP Administrator, and IU Health. The Insurance Manual is designed to provide an overview of the OCIP and identify, define and assign responsibilities for the administration of the OCIP.

This Insurance Manual may be updated as necessary during the course of construction to reflect any changes in State Rules and/or Regulation or Procedures that may become applicable. Said revisions shall replace all previous versions. Copies of any revised Insurance Manual shall be distributed by the OCIP Administrator.

What This Manual Does

This Manual:

- Generally, identifies the rights, roles and responsibilities of the various parties involved in or excluded from the OCIP.
- Describes the general structure of the OCIP
- Provides a *basic* description of OCIP coverages
- Describes audit and administrative procedures
- Provides answers to basic questions about the OCIP

What this Manual Does Not Do

This Manual does not:

- Provide complete information about coverages
- Amend, modify or change the policy
- Provide coverage interpretations or answer specific claims questions

Refer questions concerning the OCIP, its administration, insurance coverages, or claims to the appropriate party identified in the Program Directory. The Directory immediately follows this introduction.

DISCLAIMER: The information in this Manual is intended to outline the OCIP Program. If any conflict exists between this Manual and the OCIP insurance policies or Contracts between IU Health and the Contractor or their Subcontractors, the insurance policies or Contracts will govern.

Section 2 – OCIP Program Directory

The following list includes key personnel involved in the program:

OCIP Administration

Aon Risk Insurance Services Central, Inc.

OCIP Sr. Program Manager Victor Troutman	Phone: (248) 229-2651 Email: victor.troutman@aon.com
OCIP Program Manager Sherry Hassler	Phone: (312) 381-4499 Email: sherry.hassler@aon.com
OCIP Account Specialist Brenda Hunter	Phone: (313) 610-2349 Email: brenda.hunter@aon.com
Account Specialist Chadd Peck	Phone: (866) 243 -8266, x3 Email: acs.construction@aon.com
Claim Consultant Jenny Nelson	Phone: (312)381-0168 Email: jenny.nelson@aon.com
Safety Consultant Curt Thurow	Phone: (414) 491-3262 Email: curt.thurow@aon.com
OCIP Sponsor	
Indiana University Health 950 N. Meridian Street #1100 Indianapolis, Indiana 46204	
Executive Director- Design & Construction Cary Cantwell	Phone: (463) 867-4100 Email: ccantwell@iuhealth.org
Associate General Counsel Design & Construction Brad Wilt	Phone: (317) 650-8909 Email: bwilt@iuhealth.org
Director of Safety – Design & Construction Kevin Sullivan	Phone: (317) 735-5666 Email: ksullivan7@iuhealth.org
Safety Director – IUHMCC Paula Kennedy	Phone: (317) 508-0019 Email: Pkennedy4@iuhealth.org
Chief Risk Officer – IU Health Cathy Treen	Phone: (317) 963-7811 Email: ctreen@iuhealth.org

OCIP Insurer

Primary WC
Zurich

Phone: 877-928-4531
Email USZ_CareCenter@ZurichNA.com

Primary GL
Zurich

Phone: 877-928-4531
Email USZ_CareCenter@ZurichNA.com

IUHMCC Project Information

Information associated with each Project within the Program will be issued as an Appendix to this document with Project details.

Section 3 – OCIP Insurance Coverage

This section provides a brief description of OCIP Coverages. You must refer to the actual policies for details concerning coverage, exclusions and limitations.

Eligible Parties

Unless an excluded party (see below), each of the following who perform any labor at the Project site shall be considered an “Eligible Party.” Contractor, Subcontractors of all tiers, and such other persons or entities as IU Health may designate, in its sole discretion.

Enrolled Parties

Enrolled Parties are named insureds on the OCIP policies. Enrolled Parties include:

1. IU Health and IU Health’s Representative;
2. A Contractor that is eligible for and enrolls* in the OCIP;
3. Subcontractors who are eligible for and enroll* in the OCIP;
4. Any other Eligible Party that enrolls* in the OCIP.

A party is not enrolled in the OCIP, until receipt of welcome letter and evidence of coverage (certificate of insurance) is received by the party. Owner reserves the right to deny access to the site until an eligible party has successfully enrolled in the program

Excluded Parties

“Excluded Parties” are:

1. Heavy and/or structural demolition, hazardous waste or materials remediation, removal and/or transport companies and their consultants;
2. Architects, surveyors, engineers, and soil testing engineers, and their consultants (except for architects, surveyors, engineers and soil testing engineers that are employees of Contractor or Subcontractor);
3. Vendors, suppliers, manufacturing representatives, equipment rental companies that do not supply operators, fabricators, material dealers, truckers, haulers, drivers, common carriers and others who do not perform work at the Project Site or 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.
4. Subcontractors of all tiers that do not perform any actual labor on the Project Site with their own forces;
5. Any other person or entity that IU Health, acting in its sole discretion, elects to exclude, including if otherwise eligible.

*IU Health reserves the right, at its sole discretion, to include or exclude any party from coverage. **Excluded Parties** are not eligible to enroll in the OCIP. The OCIP does not provide any coverage to an Excluded Party, although they may be covered by other Owner Procured coverage including Builders Risk or Contractor's Pollution Liability. All Excluded Parties, and any party no longer enrolled in, or covered by, the OCIP shall obtain and maintain, and shall require each of their subcontractors of any tier to obtain and maintain, the insurance coverage as required by contract.*

Evidence of Coverage

The OCIP Administrator will provide upon enrollment a Certificate of Insurance evidencing workers' compensation, general liability, and excess liability coverage to each Enrolled Party, each of whom will then be a named insured on the OCIP policies. A **Certificate of Insurance** is a document providing evidence of coverage for an insurance policy or policies. Other documentation including claim reporting forms, posting notices, etc., will be furnished to each Enrolled Party.

Each Contractor will receive a workers' compensation policy, and copies of the remaining OCIP insurance policies will be available for your review upon a written request to the OCIP Administrator.

Summary Description of OCIP Coverages

This summary is not an insurance policy and is not intended to amend, alter, or extend the coverage afforded by the OCIP Policies. The coverage provided under the OCIP Policies is governed by the terms, conditions, exclusions, and limitations of the OCIP Policies. The following descriptions provide a summary of the insurance coverages provided under the OCIP:

Workers' Compensation and Employers Liability

State: Indiana

Part One - Workers' Compensation:

Part Two - Employer's Liability:

LIMITS OF LIABILITY	
	Statutory
Bodily Injury by Accident, each accident	\$1,000,000
Bodily Injury by Disease, each employee	\$1,000,000
Bodily Injury by Disease, policy limit	\$1,000,000

Commercial General Liability

	Per Project Limits <u>Shared by All Insureds</u>
General Aggregate	\$4,000,000
Products/Completed Operations Aggregate	\$4,000,000
Bodily Injury & Property Damage–Each Occurrence	\$2,000,000
Personal/Advertising Injury–Each Occurrence	\$2,000,000

- Products & Completed Operations Extension is 10 Years
- 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 unless otherwise enrolled in accordance with “Coverage of Off-Site Locations” defined later in this section.
- **The policy contains exclusions.**

Excess Umbrella Liability

Each Occurrence Limit	\$200,000,000
Annual General Aggregate Limit	\$200,000,000

- The Policies follow form (provisions, coverage, exclusions, etc.) of underlying Commercial General Liability and Employer’s Liability policy wording.
- **The policy contains exclusions**

NOTE:

Insurance coverage and limits described in this Section are limited in scope and are specific to Work performed at the Project site and after the inception date of your enrollment into this Program. Your insurance representative should review this information. **A copy of the OCIP insurance policies are available upon request. Any additional coverage you may wish to purchase will be at your option and expense.**

Coverage of Off-Site Locations

For purposes of the OCIP, Work that is performed at an off-site location, defined as outside of the Project Site, is excluded with the exception of work meeting the following requirements:

- (1) Work performed at the off-site location is 100% dedicated to the Project
- (2) The off-site location has been specifically requested and submitted to the Owner to be included in the OCIP
- (3) The Owner and OCIP insurers have specifically approved, in writing, to add the location to the Project Site definition.

In no circumstances will work at the Contractors/Subcontractors normal place of operations have any coverage provided under the OCIP.

Other Owner Procured Insurance Provided by Owner

Builders Risk – Please consult your contract for coverage details.

Contractors Pollution Liability - Please consult your contract for coverage details.

NOTE:

Contractors/Subcontractor's Property;

Contractor and Subcontractors are advised to arrange their own insurance for Contractor or Subcontractors owned or leased equipment and materials not intended for inclusion in the Project. The OCIP will not cover Contractor or Subcontractor's property.

OCIP Termination or Modification

The Owner may, for any reason, modify the OCIP Coverages, discontinue the OCIP, or request that Contractor or any of its Subcontractors of any tier withdraw from the OCIP. Owner will provide 30-day notice of any termination or modification of coverage. Upon such notice Contractor and/or one or more of its Subcontractors, as specified by Owner in such notice, shall obtain and thereafter maintain during the performance of the Work, all (or a portion thereof as specified by Owner) of the OCIP Coverages. The form, content, limits of liability, cost, and the insurer issuing such replacement insurance shall be subject to Owner's approval. The Owner shall pay Contractor for the reasonable cost of replacement coverage approved by the Owner.

Section 4 – Insurance Required from All Contractors and Subcontractors, Including Excluded Parties

Enrolled Contractor and Enrolled Subcontractors are required to maintain insurance coverages to protect against losses that occur away from the Project Site or that are otherwise not insured by the OCIP.

Contractors and Subcontractors are required to maintain insurance coverage that protects IU Health from liability for claims for damages. These liabilities may arise from the Contractor's and Subcontractors' operations performed off the Project Site, at locations that have not been disclosed to the OCIP Administrator and scheduled on the OCIP policies, from activities not insured by the OCIP or from operations performed by Excluded Parties.

In the Owner Controlled Insurance Program, there are two types of OCIP Contractors and Subcontractors, Enrolled Contractors and Subcontractors and Excluded Contractor and Subcontractors.

Enrolled Contractor and Subcontractors are to provide evidence of Workers' Compensation General Liability, Excess/Umbrella Liability Insurance and for any other insurance as required by scope of Work. Workers' Compensation General Liability and Excess/Umbrella Liability Insurance are for off-site or non-enrolled activities. Evidence should be provided via a Certificate(s) of Insurance with additional insured and waiver of subrogation endorsements as per the insurance specifications in the Contract.

Excluded Subcontractors must provide evidence of Workers' Compensation, General Liability, Auto Liability Insurance, and for other insurance as required by scope of work, if any, for all activities including both on-site and off-site activities via a Certificate(s) of Insurance with additional insured and waiver of subrogation endorsements as per the insurance specifications in the Contract.

Please refer to the “Addendum to Master Contract Liability Insurance Coverage and Limits” provision attached to the Master Subcontract Agreement for insurance required from Enrolled Parties and Excluded Parties.

All Contractors and Subcontractors must submit verification of these insurances in the form of a Certificate of Insurance on a standard ACORD 25 form with all required provisions (additional insured, primary and non-contributory, waiver of subrogation, etc.) as required in the contract. Additionally, pursuant to the Instructions to bidders, the certificate of Insurance must be provided within 10 days after receipt of notice of selection as the apparent lowest responsive and responsible bidder. All other parties shall provide, ten (10) days prior to mobilization or any renewal, change or replacement of coverage. A sample acceptable Certificate of Insurance is provided in Section 7.

Section 5 – Contractor and Subcontractor Responsibilities

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

The Contractor and Subcontractors are required to cooperate with IU Health and its OCIP Administrator in all aspects of OCIP implementation and administration. Responsibilities include the following:

- Enroll in the OCIP, if eligible, prior to mobilization. Complete the Notice of Award Form for all subcontractors you contract with.
- Contractor and all Subcontractors must enroll in the OCIP within five (5) days of subcontracting, if eligible, and await written confirmation of coverage under the OCIP prior to mobilization. Prime Contractor has the responsibility to ensure that all eligible Subcontractors are enrolled prior to the Subcontractor's commencement of Work.
- Contractor and Subcontractors must provide timely evidence of required insurance. Contractor to provide to the OCIP Administrator and Subcontractors to the Contractor, prior to mobilization and upon renewal, modification or material change of insurance. In addition, Contractor and Subcontractors must notify the OCIP Administrator within ten (10) days of any insurance cancellation, or non-renewal of required insurance.
- Contractor and Subcontractors must include OCIP provisions in all contracts with Subcontractors.
- Contractor must provide each Subcontractor with a copy of the OCIP Insurance Manual. The OCIP Insurance Manual may be updated during the course of construction to reflect any changes in state rules and/or regulations or procedures that may be necessary and said revisions shall replace all previous versions. Copies of any revised Insurance Manual shall be distributed by the OCIP Administrator.
- Contractor must notify the OCIP Administrator of all subcontracts, including lower tier subcontracts.
- Contractor and Subcontractors must maintain and electronically report monthly payroll records.
- Contractor and Subcontractors must cooperate with the OCIP Administrator's requests for information.
- Contractor shall be responsible for monitoring and ensuring that its Subcontractors of all tiers comply with the requirement for providing Certificates of Insurance.

Contractor and Subcontractor Bids

IU Health shall pay all premiums for OCIP Provided Insurance. Accordingly, each Eligible Contractor or Subcontractor, regardless of tier is required to submit bids for the Project that are net of Contractor's and Subcontractors' Cost of OCIP Coverages. The section below, "Adjustments for OCIP Insurance Costs," describes the procedure for identifying the Costs of OCIP Coverages when bidding so these costs can be removed from the bid price.

Change Orders

Change orders will be priced by the Enrolled Contractor and Subcontractors to **exclude** the cost of insurance provided under the OCIP.

Contractor and Subcontractors are responsible for ensuring that their Subcontractors of all tiers also exclude the Cost of OCIP Coverages from their Bid and Change Orders.

Enrollment

Enrolled Contractor shall provide details about its Subcontractors to the OCIP Administrator in order to enroll them in the OCIP. The Contractor and Subcontractors must complete and submit the Enrollment Application (Aon Form- 3) within five (5) days of subcontracting. This form can be found in Section 7. The Enrollment Application must be completed, submitted and accepted by the OCIP Administrator prior to commencing work on-site to obtain coverage under the OCIP.

Enrolled Contractor(s) and Subcontractor(s) will receive a Confirmation Letter and Evidence of Coverage (OCIP Certificate of Insurance) advising of acceptance into the OCIP. These documents will clearly identify the effective dates of the OCIP coverages for the Contract. A separate Workers' Compensation policy will be issued and sent to each enrolled Contractor and Subcontractor. A common General Liability and Excess Liability policy will be issued on behalf of all enrolled parties.

Should an enrolled Contractor or Subcontractor perform work under several Contracts, an Enrollment Application must be completed for each contract. A separate Confirmation Letter and Certificate of Insurance confirming acceptance of the applicant's enrollment into the OCIP will be issued for each Contract.

NOTE:

Enrollment into the OCIP is required, but not automatic. All Eligible Contractors and all Eligible Subcontractors **MUST** complete the enrollment forms and participate in the enrollment process to obtain OCIP coverage. Access to the Project Site will not be permitted until Enrollment into the OCIP is complete.

Payroll Reports

Enrolled Parties must submit monthly payroll reports to the OCIP Administrator identifying work hours and payroll for all work performed at the Project site by Contract and by Workers' Compensation Classification Codes.

Enrolled Parties shall submit payroll reports prior to the 10th of the following month through the online AonWrap Web Portal. Contact the OCIP Administrator for a User ID and Password to report payroll online if you do not receive this information during the Enrollment process. The monthly work hour and payroll reports should include supervisory and clerical personnel on-site and cover all Work performed at or emanating directly from the Project site.

Payroll for overtime should be included only at the normal hourly rate **(DO NOT INCLUDE EXTRA WAGES OR PREMIUM PORTION OF OVERTIME PAY WHEN CALCULATING ONSITE REPORTABLE PAYROLL)**. Overtime means those hours more than 8 hours worked each day, 40 hours in any week or on Saturdays, Sundays, or holidays, but only when there is an increase in the hourly rate to work such hours.

Insurance Company Payroll Audit

Each Enrolled Party is required to maintain separate payroll records for each Contract. Such records will allocate the payroll by Workers' Compensation classification(s) and exclude the excess or premium paid for overtime (i.e., only the straight time wage rate will apply to overtime hours worked). Furthermore, such records will limit the payroll for Executive Officers and Partners/Sole Proprietors to the limitations as stated in the state manual rules.

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

Close Out Procedures

Enrolled Parties must submit the Notice of Work Completion form (Aon Form-5), via the AonWrap Web Portal when all Work at the Project site is complete, and they no longer have workers on site. The completed Notice of Work Completion form will signal the final payroll report and initiate the audit of payroll by the OCIP Insurer. A sample of the Notice of Work Completion form with instructions on the proper method for completion is found in Section 7. Failure to submit the Notice of Work Completion and report all Payrolls in a timely manner may result in IU Health withholding issuance of final payment and release of retention pursuant to Article 9 of the General Conditions.

Contractor and Subcontractor Obligations

In the event the Owner must pay any costs related to an occurrence that gives rise to property damage claim under the General Liability policy including investigation, (by Owner or any other entity including without limitation governmental authorities), defense, settlement, judgment or other legal liability because of an act or omission of Contractors or Subcontractors, each Contractor and Subcontractor causing and/or contributing to said claim, either directly or indirectly, will be responsible for a deductible obligation equal to the payment but not to exceed \$1,000, except that for damage to utilities of gas, electrical, telephone, telegraph, sewer and water, in which case the deductible obligation will be, \$5,000 per utility for the first occurrence, \$10,000 per utility for the second occurrence, and \$15,000 per utility for each occurrence after the second.

To the extent a loss which falls within the scope of the Builder's Risk Insurance coverage procured by Owner and is caused, in whole or in part, by one or more of the parties entitled to coverage under the Builder's Risk policy, each such party shall be responsible for the portion of the deductible equal to its percentage of fault in causing the loss, but in no circumstance shall this amount, in total, exceed \$25,000 for all parties combined. To the extent a loss is caused by an act of God (i.e. tornado, lightning strike, etc.) for which no party is responsible, the Owner shall be responsible for the deductible.

The insurance carrier(s) will investigate, process and settle each claim. Consistent with the above schedule, "at fault" enrolled Contractors and Subcontractors will be charged these sums, damaged property shall become the property of the Owner, shall not be considered part of the Owner's deductible and shall not be recoverable by Construction Manager.

Should any claim involve more than one party and the actual costs of the claim exceed the aggregate of the obligations collected from all responsible parties, each party will be responsible for their share of the obligation amount.

Should any claim involve more than one party and the actual costs of the claim be below the aggregate of the obligations collected from all responsible parties, the Owner shall determine the allocated obligation among the involved parties based on the underlying facts.

If the claim has not settled prior to completion of your work, you will be responsible for the full deductible obligation prior to release of your retention. The deductible obligation may be taken via deductive change order or other process as determined by the Owner and the Contractor.

NOTE:

Insurance coverage and limits described in this Section are limited in scope and are specific to Work performed after the inception date of your enrollment into this Program. Your insurance representative should review this information. Any additional coverage you may wish to purchase will be at your option and expense.

Section 6 – Claim Reporting Procedures

This section describes basic procedures for reporting various types of claims including Workers' Compensation, liability, and damage to the project.

General Procedures

All Parties involved with the Project shall report any and all incidents, injuries, occupational-related illnesses to the CM Safety Manager immediately as per the IU Health Design and Construction Health & Safety Plan. Members of the IUHMC safety team must be notified in timely manner and an Incident Investigation Report, Root Cause Analysis (RCA) and lessons learned memo must be completed in a timely manner, but no later than 24 hours after the incident or injury. In the event of a catastrophic accident involving the Project, immediate notification of appropriate personnel is necessary to minimize injury and/or structural damage. Some examples of incidents that need to be reported immediately include but not limited to:

• Fatalities	• Burns
• Amputations	• Direct lightning strike
• Paralysis to any part of the body	• Major bleeding
• Fall from height	• Toxic exposures
• Electrical Shock	• Loss of consciousness

The CM Project Safety Manager information can be found in Section 2.

Media Inquiries

Make no statements to the media. Refer all questions from the media to the IU Health Public Relations office.

Investigation Assistance

Contractor and all Subcontractors will report the claim promptly and assist in the investigation of any accident or occurrence involving injury to persons or damage to property. Contractor and all Subcontractors will cooperate with the companies involved in adjusting any claim by securing and giving evidence and obtaining the participation and attendance of witnesses required for the investigation and defense of any claim or suit.

Workers' Compensation Claims

The main responsibility for all Parties is to first see that the injured worker receives immediate medical care. For emergency treatment, the paramedics will determine the best emergency facility available for treatment.

All Parties involved with the Project shall report all injuries or occupational-related illnesses to the CM Project Safety Manager immediately. Enrolled Party personnel will follow these procedures if an employee sustains bodily injury or an occupational-related illness while working at the Project Site:

1. Injured Workers should report to the Contractor job-site offices for injury assessment. If medical treatment is required beyond the scope of First-Aid that can be administered on-site, the injured Worker will be escorted to the designated Occupational Health Clinic or Hospital. The injured worker and accompanying supervisor should secure a Treatment Authorization Form from the CM project safety manager if they do not already have this form.
2. Contact the designated medical facility to advise them that an injured Worker will be arriving. Present the Treatment Authorization Form found in Section 7 of this manual to the clinic or hospital upon registration to identify the injured Worker as a OCIP participant working at an OCIP Project site.

Contractor and Subcontractor must designate a representative at the site to escort an injured Worker to the medical facility. This individual is to remain with the injured employee at the medical facility while he/she is being treated. The treating physician will provide a Work Status Form stating whether the injured employee can return to work, a list of restrictions, if any, and the estimated length of time the injured worker must be on modified duty.

Copies of the Work Status Form should be provided to the Employee, Employer, and the CM Project Safety Manager. If the Work Status Form is not submitted to the Contractor, the Contractor will request a copy from the injured Worker's employer.

3. As soon as possible, and within 24 hours of notice of injury sustained at the Project Site, the employer of an injured worker shall do the following:
 - Conduct a Supervisor's Accident Investigation
 - Complete the WC First Report of Employee Injury form (State Form 34401)
 - CM Project Safety Manager will work with the injured employee's employer to report the claim to the carrier.

Report the Claim in one of the following ways:

- a. Got to zurichna.com, click on claims in the top menu, click file a new claim
Available 24 hours a day, 7 days a week - Make sure that your OCIP assigned contract number is included
- b. Call [1-877-928-4531](tel:1-877-928-4531)
Available 24 hours a day, 7 days a week - Make sure that your OCIP assigned contract number is included

- c. Email: usz_carecenter@zurichna.com
Make sure that your OCIP assigned contract number is included
- d. Fax your completed "Workers' Compensation First Notice of Loss", include the cover sheet from your Claims Kit and fax to: [1-866-691-7068](tel:1-866-691-7068)
Make sure that your OCIP assigned contract number is included

When an employer reports the claim through one of the above methods, the carrier will fill out the Employer's Report of Occupational Injury or Illness and send a completed copy to the State WC Bureau and back to the employer. This satisfies the employer's requirement to provide the Report of Injury to the WC Claims bureau. The carrier also sends a Claims Acknowledgement to the reporting employer with the assigned Claim Number and the Claim Adjuster contact information, as it becomes available.

- 4. Cooperate with the Claims Adjuster and keep Contractor informed of the current Work Status of the injured Worker.

Drug Test Program

A Drug Test Program has been implemented for this Program. All Contractor and Subcontractor personnel must be drug tested and provide a verifiable drug card that can be verified on the Construction Safe Site database (www.ccssafesite.org). Please refer to the IUHMC Health and Safety Program document for further reference. In addition, testing will be required "post-accident" and "for probable cause", the financial burden associated with these post-accident tests will be allocated to the claim file.

Modified Duty / Early Return to Work Policy

As required under the Contract, Contractor and all Subcontractors shall institute a return-to-work program for any injured team member who is covered or entitled to coverage under the Workers' Compensation insurance provided in the OCIP. Return-to-work programs shall include light duty work available to an injured team member to accommodate any work restrictions. Return-to-work programs should include work available within 50 miles of the work site where the injury occurred or within a reasonable distance of the injured team members actual location. Contractors and Subcontractors will not lay off an injured team member due to alleged or actual lack of available work during an active claim.

General Liability & Property Damage Claims

First and foremost, take appropriate emergency measures to prevent additional injury or damage to people and/or persons, including contacting police and fire authorities as required by law.

Any injuries or property damage to the public or damage to property within the construction perimeter that are related to the construction, must be immediately reported to the CM Project Safety Manager and Program Safety Manager. The CM Project Safety Manager will complete the proper Incident Form and report the claim to Owner's Risk Management representative who will report the incident to the carrier.

Automobile Claims

No insurance coverage is provided for automobile accidents under the OCIP. It is the sole responsibility of Contractor and Subcontractors to report accidents/claims involving their automobiles to their own insurers.

However, all accidents or incidents occurring in or around the Project Site must be reported to the designated CM Project Safety Manager. (See Section 2 for contact information). The accident will be investigated to determine any liability arising out of the Project construction activities that could result in future claims (i.e., due to the conditions of the roads, etc.). Contractor and Subcontractors shall cooperate in the investigation of all automobile accidents.

Professional Liability Claims

No insurance coverage is provided for professional liability incidents under the OCIP. It is the sole responsibility of Contractor and Subcontractors to report accidents/claims involving professional liability to their own insurers. Any suspected professional related incidents must be immediately reported to the CM Project Safety Manager.

Pollution Claims

Any suspected pollution incidents must be immediately reported to the CM Project Safety Manager. The Project Safety Manager will complete an Incident Form and report the claim to Owner's Risk Management who will report the incident to the carrier. Contact and coordinate the claim reporting, investigation and handling with the Insurance Carrier.

Instructions & Procedures for Suit Papers, Subpoenas, Etc.

Any type of accident can result in a lawsuit. In the event this happens, it is entirely possible that any subcontractor that is part of a construction project could be served with suit papers. It is important that suit papers are given immediate attention as failure to do so may result in a default judgment being granted against the defaulting party.

If legal papers are served immediately notify the IU Health Chief Risk Officer:

Name: Cathy Treen
Phone: (317) 963-7811
Email: ctreen@iuhealth.org

Note the date of service, how the suit was served (i.e., mail, personal service, etc.) and upon whom the papers were served. Upon receipt of legal pleadings, Insurance Carrier will assign defense counsel for appearance and answer. Insurance Carrier and/or assigned defense counsel may require copies of accident reports, contract agreements, police reports, etc. It is important to cooperate fully in order to properly defend the case.

Section 7 – Forms

This section contains the forms needed for enrolling into the OCIP, reporting payroll and overall administration of the OCIP.


This section contains the following forms:

NOA	Notice of Contract Award
Aon Form-3	Enrollment Application
On-Line	Internet Payroll Reporting
Aon Form-5	Sample Notice of Work Completion
Exhibit 1	Sample Certificate of Insurance
Exhibit 2	Sample Professional Liability Endorsement
Exhibit 3	Sample Additional Insured Endorsement – General Liability
Exhibit 4	Sample Waiver of Subrogation Endorsement- Workers Compensation
Exhibit 5	Designated Medical Clinic and Directions
Exhibit 6	Treatment Authorization Form

For assistance completing these forms, please contact the OCIP Administrator:

Chadd Peck	Phone – (866) 243 -8266 option #3
Aon Risk Solutions	Email – acs.construction@aon.com

Notice of Contract Award (NOA)

 NOA	NOTICE OF AWARD	Indiana University Health IU Health Medical Center Campus (IUHMCC) [Insert Project Name]
Sponsor Name	Indiana University Health	
Client #	570000027098	
Project Name	Click or tap here to enter text.	
Subcontract To:	Click or tap here to enter text.	
Contract Type (Select One)	<input type="checkbox"/> Bid <input type="checkbox"/> Enrolled <input type="checkbox"/> Excluded	
Company Name	Click or tap here to enter text.	
Federal ID	Click or tap here to enter text.	
Company Address, City, State, Zip Code	Click or tap here to enter text.	
Company Telephone	Click or tap here to enter text.	
Contact Name	Click or tap here to enter text.	
Contact Address, City, State, Zip Code	Click or tap here to enter text.	
Contact Telephone	Click or tap here to enter text.	
Contact Email	Click or tap here to enter text.	
Contract #	Assigned by Aon	
Trade		
Work Description	Describe the Scope of Work	
COI Requirements	Default	
Contract (Total) Amount	\$Click or tap here to enter text.	
Self-Performed Amount	\$Click or tap here to enter text.	
Start Date (on site)	Click or tap here to enter text.	
Estimated Completion Date	Click or tap here to enter text.	
Comments	Note: Enter any subcontractors that will assist you in completion of your contract (include contact name, e-mail address and phone number)	
Email to	Chadd Peck	
Email	acs.construction@aon.com	
Phone	(866) 243.8266 option #3	

Enrollment Form – Aon Form 3

 Form-3	ENROLLMENT APPLICATION	IU Health IU Health Medical Center Campus (IUHMCC) [Insert Project Name] Page 1 of 2
-------------------	-------------------------------	---

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

A. Contractor Information:

Federal ID # or Soc. Sec. #: ¹ _____

▼ Business Information (headquarters)

▼ Contact Information (address questions to..)

Company Name & dba: ² _____
 Contact Name & Title: _____

Address: _____
 City, State Zip Code: _____
 Telephone: _____
 Fax: _____
 E.mail Address: _____

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

B. Contract Information:

Contract No.: ¹ _____

Date Contract Awarded: ² _____

Description of Work: ³ _____

Proposed Contract Price \$: ⁴ _____ Are you Submitting a bid to CM/GC ⁶ ☐ Yes ☐ No

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

⁸ Actual ⁹ Actual
 Start Date: _____ Estimated Completion Date: _____ 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 ⁵ _____ Phone: _____
 different than Corporate address: _____
 City, State, Zip Code: _____ Fax: _____

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

^a State	^b Class Code	^c Description	^d Man-hours	^e Payroll
¹				
Totals			²	³

E. Provide your current Off-Site Workers Compensation Information: (for each state you will perform work in)

Applicable State	Risk ID Number	Rating Bureau	Anniversary Rating Date
¹	²	³	⁴

Your WC Insurance Carrier: ⁵ _____

Policy #: ⁶ _____ Effective Date: ⁷ _____ Expiration Date: ⁸ _____



Form-3

ENROLLMENT APPLICATION

IU Health

IU Health Medical Center Campus (IUHMCC)

[Insert Project Name]

Page 2 of 2

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

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

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

- 1 Will you have any off-site location(s) 100% dedicated to this project? ☐ Yes ☐ No If yes, please provide address: _____
- 2 Please check if: ☐ Any aircraft used on this project ☐ Any watercraft used on this project
- 3 Please indicate if labor from the following sources will be used: ☐ Employee Leasing Firm ☐ Temporary Labor Agency
- 4 What is your EMR? _____
- 5 (Aon use: New or Returning) _____
- 6 Additional Info: _____
- 7 Does your firm have valid insurance coverage outside the enrolled project? _____

H. WARRANTY applicable to program insurance coverage

- 1 Premiums for this Program are the responsibility of *Indiana University Health* and I agree any and all return of premium, dividends, discounts, or other adjustments to any Program policy(ies) is assigned, transferred and set over absolutely to *Indiana University Health*. This assignment applies to the Program policy(ies) as now written or as subsequently modified, rewritten or replaced. Rights of Cancellation for all Program insurance policy(ies) arranged by *Indiana University Health* are assigned to *Indiana University Health*.
- 2 I will pay the cost of premium(s) for non-Program insurance coverage, specified in the contract documents.
- 3 I authorized the release of all claim information for all insurance policies under this Program.
- 4 It is my responsibility to notify my insurance carrier(s) that I am enrolling in this Program.
- 5 The statements in this insurance application are true to the best of my knowledge.


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

Name: _____ Date: _____
 (please print)
 Title: _____ Signature: _____

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

Email to: Chadd Peck
 Aon Risk Insurance Services Central, Inc.
acs.construction@aon.com

Contract Closure – Form 5

 Form-5	NOTICE OF WORK COMPLETION	IU Health IU Health Medical Center Campus (IUHMCC) [Insert Project Name]								
A. General Information										
<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>Contractor: _____</p> <p>Under Contract with: _____</p> <p>Contract #: _____</p> <p>Description of Work Performed: _____</p> <p>Date Work Completed: _____</p> <p>Date this Contract Completed: _____</p> </div> <div style="width: 10%; text-align: center;"> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> </div> </div>										
B. Work Completion										
<p>The following Subcontractors have completed their Work at the Project Site: <i>(Add attachment if more space is needed)</i></p>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: center;">a Subcontractor's Name</th> <th style="width: 20%; text-align: center;">b Contract Number</th> <th style="width: 20%; text-align: center;">c Date Completed</th> <th style="width: 30%; text-align: center;">d Description of Work</th> </tr> </thead> <tbody> <tr> <td style="height: 30px; vertical-align: top;">1</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			a Subcontractor's Name	b Contract Number	c Date Completed	d Description of Work	1			
a Subcontractor's Name	b Contract Number	c Date Completed	d Description of Work							
1										
<p>Location of your payroll records <i>(Receipt of this form will initiate the payroll audit process):</i></p> <p>Address: _____</p> <p>City, State, Zip Code: _____</p> <p>Contact/Phone #: _____</p>										
C. Signature Block										
<p>We hereby verify that all contract work (including the work of subcontractors) has been completed and all on-site payrolls have been submitted. The completion date is the last date that any personnel of the undersigned subcontractor or subordinate contractor will be performing work under the above-noted contract.</p>										
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 80%;"> <p>Signed by: _____</p> <p>Approved by: _____</p> </div> <div style="width: 10%; text-align: center;"> <p>1</p> <p>2</p> </div> <div style="width: 10%; text-align: right;"> <p>_____</p> <p>_____</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 80%;"> <p>Name & Title</p> <p>Construction Manager (Name & Title)</p> </div> <div style="width: 10%; text-align: center;"> <p>Date</p> <p>Date</p> </div> <div style="width: 10%; text-align: right;"> <p>_____</p> <p>_____</p> </div> </div>										


Note: The Notice of Completion – Form 5 should be completed online at AonWrap.Aon.com

Internet Payroll Reporting

Using the internet, **go to www.AonWrap.Aon.com and utilize the password provided with your evidence of enrollment.** The monthly man-hour and payroll reports should include supervisory and clerical personnel on-site and cover all Work performed at or emanating directly from each Project Site.

If you need help understanding the system, please contact any Aon representative listed in the Directory. Please note: in the event of “interim demobilization”, that is when the Contractor/subcontractor is not performing work at the project site but is still enrolled in the CCIP, the Contractor/subcontractor will still be required to submit Monthly Payroll Reports.

Exhibit 1 – Required Subcontractor Certificate of Insurance - Sample

		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)			
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.							
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER		CONTACT NAME:					
Producer Name		PHONE (A/C, No. Ext):		FAX (A/C, No):			
Producer Address		E-MAIL ADDRESS:					
Producer E-mail		INSURER(S) AFFORDING COVERAGE					
		INSURER A: INSURANCE CARRIER NAME					
		INSURER B: INSURANCE CARRIER NAME					
		INSURER C: INSURANCE CARRIER NAME					
		INSURER D:					
		INSURER E:					
		INSURER F:					
INSURED							
Insured's Name							
Address							
City, State, Zip							
COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADOL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			Refer to contract as higher limits may be required			EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							
RE: Work performed in connection with the IU Health Medical Center Campus project, Indianapolis, IN - Contractor, Owner any additional party Owner may designate from time to time, including each of their respective affiliates, directors, officers, managers, board members, shareholders, investors, members, partners, employees, agents, successors and assigns, are additional insureds on a primary and non-contributing basis as required by contract. Waiver of Subrogation in favor of all additional insureds applies to all policies.							
CERTIFICATE HOLDER				CANCELLATION			
Client #570000027098				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Aon Risk Services Central, Inc. C/O PIU Health 4 Overlook Point Lincolnshire, IL 60069 acs.construction@aon.com				AUTHORIZED REPRESENTATIVE			

ACORD 25 (2016/03)

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Exhibit 2 – Sample Professional Liability Endorsement – General Liability

COMMERCIAL GENERAL LIABILITY
CG 22 79 07 98

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – CONTRACTORS – PROFESSIONAL LIABILITY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following exclusion is added to Paragraph 2., Exclusions of Section I – Coverage A – Bodily Injury And Property Damage Liability and Paragraph 2., Exclusions of Section I – Coverage B – Personal And Advertising Injury Liability:

1. This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or failure to render any professional services by you or on your behalf, but only with respect to either or both of the following operations:
 - a. Providing engineering, architectural or surveying services to others in your capacity as an engineer, architect or surveyor; and
 - b. Providing, or hiring independent professionals to provide, engineering, architectural or surveying services in connection with construction work you perform.
2. Subject to Paragraph 3. below, professional services include:
 - a. Preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, or drawings and specifications; and
 - b. Supervisory or inspection activities performed as part of any related architectural or engineering activities.
3. Professional services do not include services within construction means, methods, techniques, sequences and procedures employed by you in connection with your operations in your capacity as a construction contractor.

Exhibit 3 – Sample Additional Insured Endorsements – General Liability

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 37 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Exhibit 4 – Sample Waiver of Subrogation Endorsement – Workers Compensation

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 03 13

POLICY NUMBER:

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

SCHEDULE

ANY PERSON OR ORGANIZATION WHERE WAIVER OF OUR RIGHT TO RECOVER IS REQUIRED BY WRITTEN CONTRACT WITH SUCH PERSON OR ORGANIZATION.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned By _____

DATE OF ISSUE:

© 1993 National Council on Compensation Insurance.

ADVANCE COPY

Exhibit 5 – Designated Medical Clinics

Urgent Care

IU Health Urgent Care
222 West Michigan St.
Indianapolis, IN 46204
(317) 779-0303
Estimated Distance: 1.1 miles

Urgent Care

IU Health Urgent Care
1036 Broad Ripple Ave.
Indianapolis, IN 46220
(317) 759-9960
Estimated Distance: 5.7 miles

Hospital

IU Health Methodist Hospital
1701 N Senate Blvd
Indianapolis, IN 46202
(317) 962-2000
Estimated Distance: 0 miles

Orthopedic Surgeon - Hand

Joseph E Bellamy
705 Riley Hospital Dr
Indianapolis, IN 46202
(317) 274-7372
Estimated Distance: 1.2 miles

Neurosurgery

Kunal Gupta
355 W 16th St
Ste 5100
Indianapolis, IN 46202
(317) 916-3500
Estimated Distance: 0.1 miles

Neurology

Whitney Leigh Gervelis
1002 Wishard Blvd
Ste 2120
Indianapolis, IN 46202
(317) 948-7450
Estimated Distance: 1 miles

Ophthalmologist

Priyanka H Parekh
1801 N Senate Blvd
Ste 620
Indianapolis, IN 46202
(317) 944-2020
Estimated Distance: 0.1 miles

Orthopedic

Francis J Aversano
702 Barnhill Dr
Ste 1300
Indianapolis, IN 46202
(317) 274-5648
Estimated Distance: 1.2 miles

Physical Therapy

Select Physical Therapy
1048 N Shadeland Ave
Indianapolis, IN 46219
(317) 356-7800
Estimated Distance: 6.3 miles

Diagnostic Imaging: (MRI,CT)

Spreemo 800-595-7173
ADIN Healthcare 800-674-6728
One Call Care Mgmt. 800-872-2875

Medical Equipment, Home Health,

Transportation, Translation:

Healthe System 844-402-1842

For participating pharmacies:

Call 866-599-5426 or
go to tmesys.com

Exhibit 6 – Treatment Authorization Form

IUH AAHC
1701 N. Senate, Indianapolis, IN 46202



OCCUPATIONAL HEALTH SERVICES AUTHORIZATION FORM

General Contractor: Meyer-Najem, 11787 Lantern Rd. Suite 100, Fishers, IN 46038. PH: 317-577-0007

In a non-emergency use Urgent Care

IU Health Urgent Care
222 West Michigan Street
Indianapolis, IN 46204
317-779-0303
Hours: Mon-Friday: 7a-7p, Sat-Sun 9a-3p

IU Health Methodist Hospital
1701 N. Senate Blvd
Indianapolis, IN 46202
317-962-2000

PRINT ALL INFORMATION

Patient Name: _____

Date of Birth: _____

Patient Cell Phone: _____

Patient Work #: _____

Patient Address: _____

State: _____ Zip: _____

SSN#: _____ - _____ - _____

Employer: _____

Employer Contact & Address: _____

Bill To: usz.zurich.claims.documents@zurichna.com

For Treatment Authorization contact Denise Karagianis: (847) 605-7975

10-Panel Rapid Post-Accident Drug Screening & BAT Requested

Authorized by: _____

Signature: _____

****IU Health- AAHC OCIP HAS A LIGHT DUTY RETURN TO WORK PROGRAM****

*Please outline **any and all** workplace restrictions.*

