

Public Health Trust of Miami-Dade County | Jackson Health System

Jackson Miracle-Building Bond Program



OCIP SB & MBA meeting
January 23, 2019

AON

Topics of Discussion



1. Insurance Overview
2. What is a “Wrap Up”
3. Jackson Health System OCIP
4. Administration
5. Safety, Loss Control & Claims
6. Contact Information

1. Insurance Overview



Note: This overview is provided as information only. If any conflict arises between the contents of this overview and the insurance policies, the coverages and terms and conditions contained in the actual policies will control.

AON

Owner Procured Insurance Summary

Insurance Policy	Coverage
<p>General & Excess Liability OCIP</p> 	<p>Part of OCIP - Third party claims for Bodily Injury and/or Property Damage in the course of construction and through the completed operations period (i.e. 10 years). Provides coverage for covered parties performing work at the Project Site.</p>
<p>Workers Compensation & Employers Liability OCIP</p> 	<p>Part of OCIP - Part One of the policy covers the employer's statutory liabilities under workers compensation laws, and Part Two of the policy covers liability arising out of employees' work-related injuries that do not fall under the workers compensation statute.</p> <p style="text-align: center;"><u>On-Site only</u></p> <p style="text-align: center;"><i>Offsite is not covered and must be maintained separately by Contractor</i></p>
<p>Contractor's Pollution Liability OCIP</p> 	<p>Claims related to pollution conditions arising from covered operations at, on, or emanating from, the Project Site. Claims to include cleanup, third-party bodily injury and/or third-party property damage and defense costs for environmental release or the exacerbation of existing conditions at the Project Site. Provides coverage for all parties performing work at the Project Site.</p>
<p>Builder's Risk</p> 	<p>First party claims for Property Damage in the course of construction as well as at Temporary Offsite Locations and in Transit. Provides coverage for all parties performing work at the Project Site.</p>

In the absence of JHS OCIP, Contractors would need to purchase these coverages on their own at their own expense

OCIP Coverage & Limits Overview

Covered Parties:

Public Health Trust of Miami-Dade County | Jackson Health System

To the extent required by contract for the Insured Project and then only as their respective interests may appear, owners, contractors, subcontractors, and other individual(s), or entity(ies) specified in such contract shall be recognized as Additional Insured(s) hereunder, but limited only to their activities at the Project Location (herein "Additional Insured(s)").

Commercial General Liability Insurance

Program Term: 10/10/2016 to 10/10/2021

Carrier: Greenwich Insurance Company (XL Catlin)

Coverage: Provides coverage against liability claims for bodily injury (BI) and property damage (PD) arising out of premises, operations, products, and completed operations, and advertising and personal injury (PI) liability.

Policy Form: "Occurrence" Form

Policy Limits:

General Aggregate Limit	\$4,000,000
Products-Completed Operations Aggregate Limit	\$4,000,000
Personal and Advertising Injury Limit	\$2,000,000
Each Occurrence Limit	\$2,000,000
Fire Legal Liability (Any One Fire)	\$300,000
Medical Expense Limit (Any One Person)	\$10,000

Ten (10) Years Products & Completed Operations Extension

OCIP Coverage & Limits Overview

Excess Liability Insurance

Program Term: 10/10/2016 to 10/10/2021

Carrier(s): XL Insurance America, Inc. (XL Catlin)
Allied World National Assurance Company (AWAC)
Endurance Assurance Corporation (Endurance)
ACE Property & Casualty Insurance Company (Chubb)
Liberty Insurance Underwriters Inc. (Liberty)
Ironshore Indemnity Inc. (Ironshore)
Great American Ins. Co. of N.Y. (Great American)
Starr Indemnity & Liability Company (Starr)

Coverage: Provides follow form excess coverage over the Commercial General Liability and Employer's Liability policies.

Total Policy Limits:

General Aggregate Limit	\$200,000,000
Products-Completed Operations Aggregate Limit	\$200,000,000
Each Occurrence Limit	\$200,000,000

Ten (10) Years Products & Completed Operations Extension

OCIP Coverage & Limits Overview

Workers' Compensation and Employer's Liability Insurance

Program Term: 10/10/2016 to 10/10/2021

Carrier: XL Specialty Insurance Company (XL Catlin)

Coverage: Provides coverage for an employer's two key exposures arising out of injuries sustained by employees. Part One of the policy covers the employer's statutory liabilities under workers compensation laws, and Part Two of the policy covers liability arising out of employees' work-related injuries that do not fall under the workers compensation statute.

Workers' Compensation Policy Limits: Statutory Benefits

Employer's Liability Policy Limits:

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

Other States Insurance: All Except Monopolistic States or Self-Insured States

- OCIP Manual provides further detail of OCIP Coverages
 - Section 4, Pages 7-9 of JHS Manual

Contractor's Pollution Liability ("CPL") OCIP

Coverage	Each Pollution Condition Limit	Coverage Aggregate Limit	Self-Insured Retention
A. Contractors Liability Coverage/ Emergency Response	\$50,000,000	\$50,000,000	\$50,000
B. Strategic Response Costs	\$250,000	\$250,000	\$50,000
C. Strategic Management Loss	\$50,000	\$50,000	\$50,000

Policy Term(s):

Ongoing Operations: October 10, 2016 to October 10, 2021 (5 Years)

Completed Operations Extension: October 10, 2021 to October 10, 2031 (10 Years)

Covered Parties:

All contractors in written contract with Jackson Health System and all of their sub-contractors of all tiers, but only with respect to bodily injury, property damage, environmental damage or emergency response expense arising out of your work in connection with the covered project

Builder's Risk Insurance

Coverage	Limit	Deductible
Per Occurrence Limit	\$350,000,000	\$100,000
Earth Movement	\$100,000,000	\$250,000
Named Windstorm	\$100,000,000	5% VARTOL \$250,000
Flood	\$100,000,000	\$250,000
Delay in Completion/Soft Costs	\$ 20,000,000	30 Days

Policy Term(s):

October 10, 2016 to October 10, 2021 (5 Years)


Covered Parties:

Public Health Trust of Miami-Dade County | Jackson Health System

To the extent required by contract for the Insured Project and then only as their respective interests may appear, owners, contractors, subcontractors, and other individual(s), or entity(ies) specified in such contract shall be recognized as Additional Insured(s) hereunder, but limited only to their activities at the Project Location (herein "Additional Insured(s)").

Summary

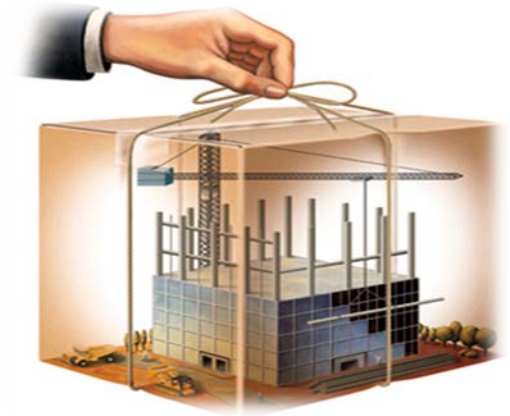
- **All construction contracts require insurance: GL, WC, XS**
- JHS is providing this for the contractors
- You should not pay insurance premium for this volume of work
- You need to prove to your broker you have this coverage to have exposure and premium reduced on your corporate policies .



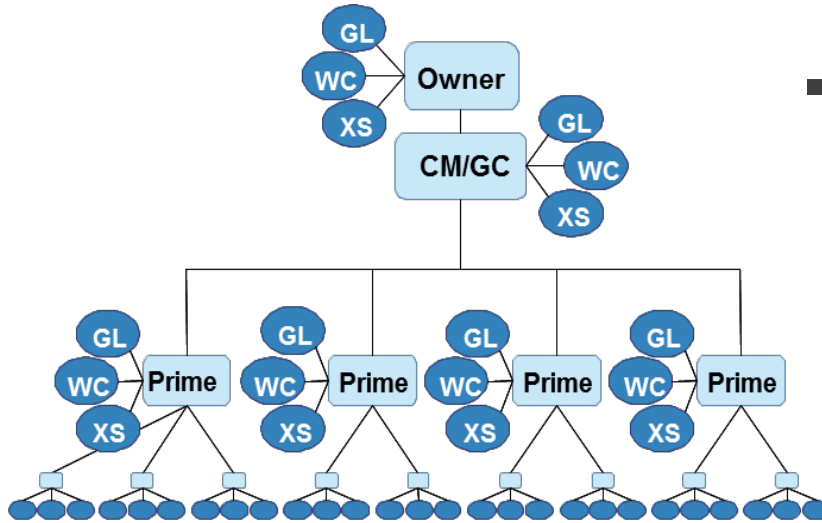
2. What is a Wrap Up?

What is a “CIP” (aka “Wrap-Up”)

- Controlled Insurance Program
- CCIP/OCIP/DCIP/Co-CIP – Who is the Sponsor?
- Program Types
 - One Off/Rolling /Liability Only/Liability & WC/Pollution
- Provides Specified Coverages for **On-Site Operations ONLY.**
- Applicable to:
 - Sponsor
 - General Contractor
 - All Enrolled Contractors and Subcontractors of all tiers.

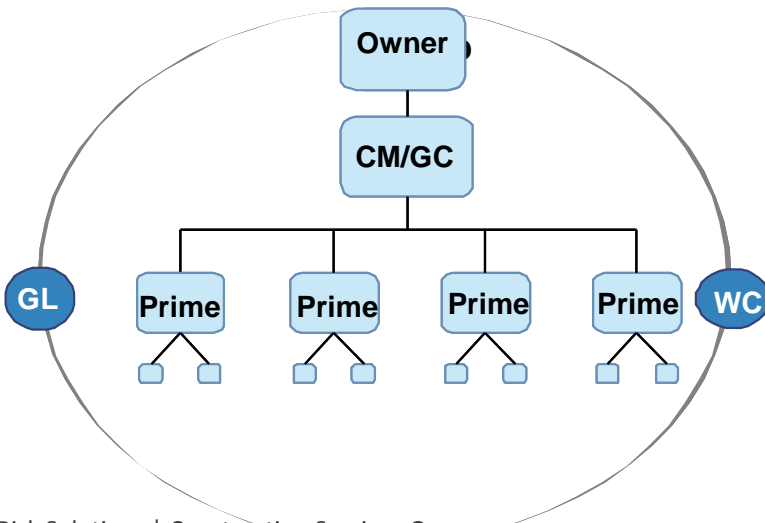


Insurance Procurement Options



■ Traditional Insurance

- Responsibility of insurance mainly with Contractors
- Procured through each Contractor separately
- Each insurer protects it's respective insured

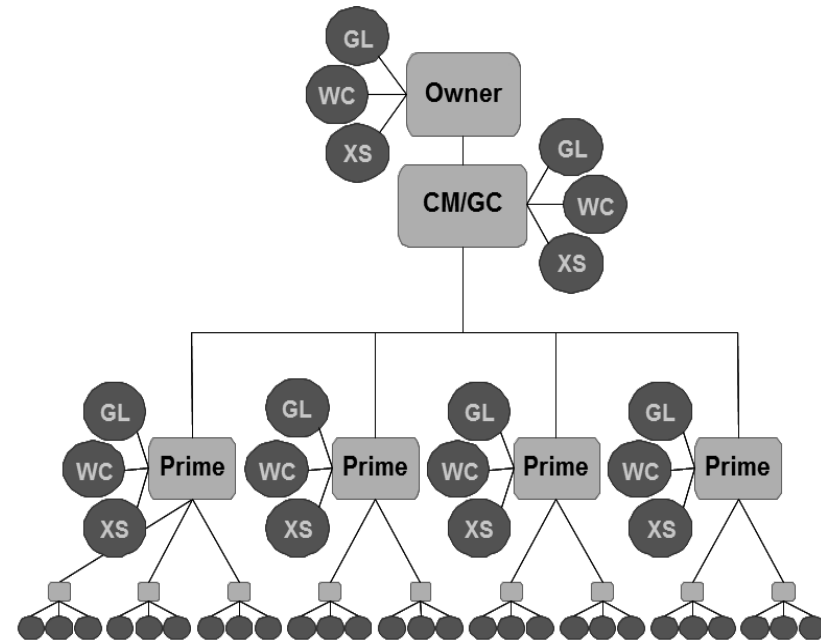


■ Controlled Insurance

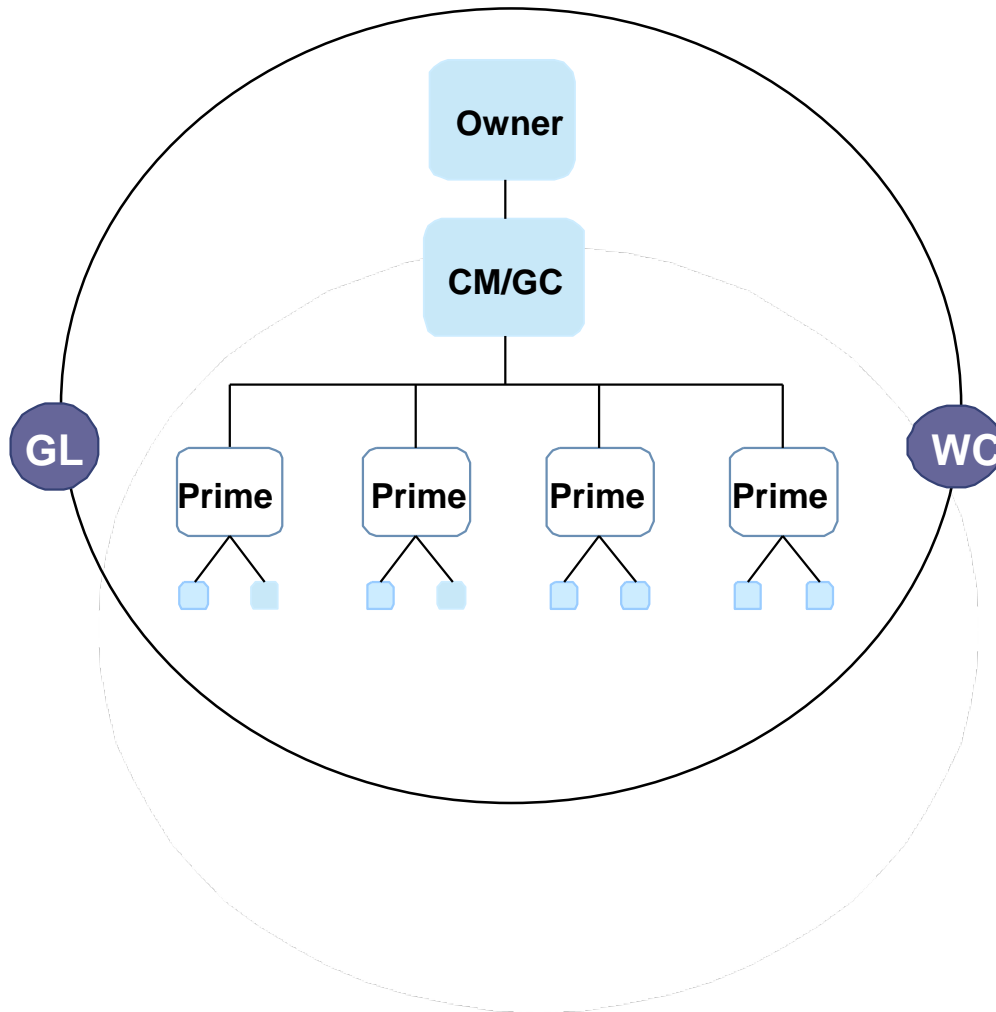
- **Responsibility of insurance with single buyer**
- Single consolidated purchase
- Insurer protects all constituents of the program

Traditional Insurance

- Multiple Insurers
- Cross Litigation
- Inadequate Coverage & Limits
- Problematic Contractor Endorsements
 - Cross Suit Exclusion (Insured vs. Insured)
 - Subcontractor Work Exclusion
- Additional Insured Limitations
 - Limitation of Limits & Scope of Coverage
 - Privity of Contract
 - No Product-Completed Operations Coverage
- No Coverage through Statue of Repose (10 years in FL)
- Exposure to Owners Corporate Program



Controlled Insurance



- Control
- Single Insurance Program
- Mitigates Cross Litigation
- Consistent Coverage & Limits
- Dedicated Project-Specific Limits
- Coverage through Statue of Repose
- Mitigates Horizontal Exhaustion
- Ensures Insurance Compliance
- Mitigates Additional Insured Issues as Owner is Named Insured
- Protects Owners Corporate Program from Construction Claims

Benefits to Enrolled Contractors

- Insurance provided at no more or no less than what you currently pay for insurance
- Exposure and premiums eliminated from your corporate policies
 - Site exposure not auditable under your Corporate program
 - Protection from rate increases for term of project
- Typically enhanced coverage & higher limits
- All Contractors insured by one carrier
- Limits are specific to JHS projects
- Completed operations – ten (10) years
- **No Deductible / First Dollar Claims**



Benefits to Enrolled Contractors

■ Claim Benefits

- Reduced litigation & claim disputes
- Losses paid sooner to injured party
- Coordinated return to work program reduces lost time
- Lower claim costs prevent modification (EMR) increases

■ Safety Benefits

- All contractors on-site adhere to same Safety requirements
- Aon/Insurance Carrier committed to safety & training of all contractors



Contract Language

- Between Owner and GC
- Between GC & Contractors
- Used to Create Insurance Manual
 - Who shall participate
 - Contractor Certificate Requirements
 - Used to Determine Bid Method
 - All contracts have an Insurance/Bond section, typically Article 11



**Review your contract and when in doubt,
please reach out to Donna Perez!**

Bid Methods Explained

	Net Bid	Add Alternate Bid	Gross Bid / Deduct
Contractors Bidding Method	Bids should not include costs for OCIP provided coverages.	Bids should not include costs for OCIP provided coverages with an Add Alt. line item showing the value of the coverages provided by CCIP including costs of expected lower tiers	Bids accepted WITH OCIP provided insurance costs included in the bid including costs of expected lower tiers
Contractor Savings	Sponsor purchases Insurance and Contractor reduces exposures under their own policies	Sponsor purchases Insurance and Contractor reduces exposures under their own policies	Sponsor purchases Insurance and Contractor reduces exposures under their own policies
Sponsor Savings	Savings Estimated – Competition Forces Removal of Costs	Savings Identified Up-front during the Bid Process via the Alternate Add Line Item (No Payroll Adjustment) Verified “Add Alt’s.” can be utilized to compare the GLI cost estimated on pro forma	Savings Identified by the OCIP Administrator by Verifying the Insurance Cost included in the contract and the CM processing a deductive change order to remove the verified insurance cost.
Contract / Budget	OCIP terms are identified in contract. OCIP cost is carried in CM’s budget on bottom line as per the rate and terms in the owner contract	OCIP terms are identified in contract. OCIP cost is carried in CM’s budget on bottom line as per the rate and terms in the owner contract	OCIP terms are identified in contract. OCIP is funded by deducts as they are removed from awarded trades via deductive change order by CM

All Jackson Health projects are “Net with Add Alternate”

Subcontractor Bids

Bid Net with Add Alternate

- Contractor estimates on site exposure needed to fulfill scope of contract
- Contractor uses Aon Cost Worksheet to calculate estimated Insurance costs
- Rates from your own GL, WC & Umbrella policies should be utilized
- Contractor bids without OCIP provided Insurance costs but identifies the cost of that Insurance as a separate number in their bid

Subcontractor Bids

Making Sure Costs are Eliminated from your Corporate Program:

- Once awarded, Contractor notifies their Agent/Broker of OCIP on-site coverages
- Your Agent/Broker instructs your carrier to eliminate exposure for JHS project from your corporate policy
- **Contractor supplies the Agent/Broker Welcome Letter and Aon Certificate to their Carrier**
- Contractor keeps separate record of all payroll reported to the OCIP for Agent/Broker to give to their Carrier

3. Jackson Health's Owner Controlled Insurance Program (OCIP)



What IS Covered for **Enrolled Contractors**

Covered (On-Site) for Enrolled Contractors

- Worker's Compensation & Employers Liability
- General Liability for 3rd party bodily injury & property damage
- Umbrella/Excess Liability
- Products & Completed Operations Extension beyond final acceptance of the entire Project with a single non-reinstated aggregate limit for ten (10) years or the state statute of repose, whichever is less.

What **IS NOT** Covered

- Builder's Risk
 - Placed separately by Jackson Health
- Pollution Liability
 - Placed separately by Jackson Health



What **IS NOT** Covered

The following coverages are not included in OCIP and must be maintained by the contractor, as applicable:



- Professional Liability
- Riggers Liability
- Aircraft & Watercraft
- Property of Subcontractors - owned, rented or borrowed equipment and materials
- Off-Site Locations (*unless added to the program by Jackson Health*)
- Automobile Liability (On- or Off-Site)
- GL/WC Off-Site Workers Comp & General Liability
- All Exposures of an Excluded Contractor

Please review your specific contract to determine which coverages you will need to retain/purchase separately.

Covered Locations

- **Project “A” North Medical Center**
160 N.W. 170th Street, North Miami Beach, FL 33169
- **Project “B” West Campus**
7800 NW 29th Street, Doral, FL 33122
- **Project “C” Main Campus**
1611 N.W. 12th Avenue, Miami, FL 33136
- **Project “D” Floor Modernization**
1611 N.W. 12th Avenue, Miami, FL 33136
- **Project “E” South Medical Center**
9333 S.W. 152nd Street, Miami, FL 33157
- **Project “F” Rehab Center**
1611 N.W. 12th Avenue, Miami, FL 33136

Who Is Eligible for Enrollment?

Who is required to Enroll

- All parties that perform labor on site
 - Work becomes part of permanent structure
- Contracts of all values
 - JHS does not have a minimum CV threshold
- Contracts of any duration
 - Any expected site hours
- Contractors of all tiers

Each OCIP Manual specifies Sponsor preferences on enrollment

- **Section 3: Definitions, Page 5 of JHS Manuals**

Who Is Not Eligible for Enrollment?

Who will be Excluded

- Contractors not performing any actual labor on site
- Vendors, suppliers, truck carriers or haulers, material dealers, delivery persons;
- Manufacturers, fabricators that do not have on-site dedicated payroll associated with installation activities.
- Asbestos abatement, lead abatement, hazardous waste removal, environmental or remediation work;
- Unskilled temporary labor services
- Demolition by wrecking ball, blasting, or building implosion using explosives.
- Design Professionals, Architects, Engineers, Consultants
- Any other Contractor at JHS direction

Each OCIP Manual specifies Sponsor preferences on enrollment

– **Section 3: Definitions, Page 5 of JHS Manuals**

OCIP Insurance Manual Distribution

For Prime Subcontractors, GC/CM will incorporate the OCIP Manual into bid and contract documents

- **Prime Contractors are responsible for lower tier compliance**
- Prime Contractor must provide all lower tier contractors with a copy of the OCIP Manual
- Contractors must meet any insurance requirements as outlined in the OCIP Manual and their Subcontract Agreement.
- Contractors must complete all required documentation as outlined in the OCIP Manual.
 - ✓ Enrollments, Certificates, Payroll Reporting, Insurance Cost Worksheet

What is Included in the Manual



- Project roles and contacts
- Description of OCIP insurance coverages
- Subcontractor requirements & responsibilities
- Administrative process
- Claim procedures & forms
- Key OCIP forms
(Aon Forms for Cost, Enrollment & Certificate Samples)

Review the manual!

4. Administration



Aon Administration



Notice of Award (NOA)



Notice of Subcontractor Award

To: **Aon Client Service Center**
 Email: acs.construction@aon.com
 Phone: (866) 222 – 4438, option 5
 CC: Benjamin.stone@aon.com

The subcontractor named below will be issued a contract to perform work on the
 Following Project: Jackson Health System
 (Please identify A-F) Project F – Rehab Center
 Contract Number: _____

- Check here if the OCIP Insurance Manual was sent to the subcontractor.
- Check here if the subcontractor is to be enrolled in the OCIP
- Check here if the subcontractor is to be excluded from the OCIP

1. Name of Subcontractor:	
2. Subcontractor Address:	
3. Subcontractor FEIN #:	
4. Subcontractor Contact Person:	
5. Subcontractor Phone Number:	
6. Subcontractor Email Address:	
7. General Description of Work Included:	
8. Contract Value:	
9. Date of Award:	Construction Services Group
10. Anticipated On-Site Start Date:	Jackson Health System MIBA/ SB Meeting January 2019

- NOA’s let Aon know who has been awarded
- NOA’s begin Aon’s process
- Allows Aon to correspond directly with contractors
- Once received Aon provides contractor contact with Aon wrap access, login & password
- GC/CM completes and forwards to Aon a NOA for every contract they issue
 - required for every **prime tier Contractor (or Vendor)** if they are required to provide insurance.
 - In addition to Standard Contract subs, this may include PO’s, BRA’s, PSA’s etc.
- Prime Contractors must complete NOA’s for every contract they hire
- NOA’s can be completed on line or can be sent directly to: ACS.Construction@aon.com with a cc to Donna.Perez@aon.com
 - All documents to ACS must show “Project Name & Contractor Name” in the subject line of the e mail

Enrollment Form – Form 3

- Contractor's application for insurance (2 page form)
- **Every enrolling sub of every tier must complete a Form 3**
- Individual Form 3 is required for each contract contractor has on site
 - If you have multiple contracts you need to enroll separately for each contract
- Contractor **MUST** be enrolled prior to site mobilization
- Project site access is prohibited without completing the enrollment process

Each OCIP Manual includes an Enrollment form specific to location
– **See Section 8, Pages 21 & 22; instructions on Page 23 of JHS Manuals**

Enrollment Process

- **Subcontractor provides Aon with Form 3 prior to mobilization**
 - Can be completed on line at www.aonwrap.aon.com
or sent directly to ACS.Construction@aon.com
 - Aon submits Form 3 to Insurance Carrier
 - Must be accepted by the Insurance Carrier for coverage to apply
- **Upon acceptance, Aon notifies Subcontractor via ‘Welcome Letter’.** CM/GC Project Manager also receive copy of the letter.
 - Welcome letters provide OCIP Certificate
 - **SAVE the certificate and give it to your broker/agent for your Insurance Policy Audit!**
- **Contractor specific WC policy will be issued and sent shortly after Welcome letter**
 - **SAVE the policy and give it to your broker/agent for your Insurance Policy Audit!**
- **At anytime during the process, Aon is available to assist with completing forms**

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-1a or Form-1b, Form-2 and Form-3. In addition, submit a Certificate of Insurance providing evidence of your *off-site* coverage. Please refer to the Insurance Manual for coverage requirements.

A. Contractor Information:

Federal ID # or Soc. Sec. #

1 Fed ID or SS is requiredCompany Name & dba:
Contact Name & Title:

Address:

City, State Zip Code:

Telephone:

Fax:

E.mail Address:

Indicate your Organization's Structure:

2 **Business Information (headquarters)**3 **Contact Information (address questions to..)**

- 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

Amount of Self Performed Work \$: 5

Start Date: 8

-
- Actual
-
-
- Estimated

Are you Submitting a bid to Skanska?: 6 Yes No

If No, identify to whom: 7

Completion Date: 9

-
- Actual
-
-
- Estimated

C. Contacts: (Complete if Applicable)

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

Provide Location of payroll records if different than Corporate address: 5

City, State, Zip Code: _____

Phone: _____

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
Totals			2	3

WC code, expected hours & Payroll to complete scope**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 Info Found on your own WC policy


Your WC Insurance Carrier: 5

Policy #: 6

Effective Date: 7

Expiration Date: 8

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 Contract Value	3 Contact Person	4 Phone #	5 Email	6 Estimated Start Date
 If you will be hiring lower tiers, list them here					

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:
None
- 2 Please check if: No Any aircraft used on this project No Any watercraft used on this project
- 3 Please indicate if labor from the following sources will be used: No Employee Leasing Firm No Temporary Labor Agency
- 4 What is your current Experience Modification Rate (EMR)? _____

WARRANTY APPLICABLE TO PROGRAM INSURANCE COVERAGE

- 1 Premiums for this Program are the responsibility of *Jackson Health System* 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 *Jackson Health System*. 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 *Jackson Health System* are assigned to *Jackson Health System*.
- 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 I have excluded from my bid the insurance costs for the coverage provided by *Jackson Health System*. I further agree to the Aon Verified Insurance Cost Amount and Rate as described in the Insurance Manual.
- 6 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)  **Please sign & date!**

Title: _____ Signature: _____

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

Insurance Cost Work Sheet – Form 1

- **All Enrolled Contractors complete a Form 1**
 - Can be completed on line at www.aonwrap.aon.com
or sent directly to ACS.Construction@aon.com
- Individual Form 1 required for each Contract/Subcontract
- All Contractors provide Aon with copies of rate pages from their own General Liability, Workers Comp & Excess/Umbrella policies
- **Contracts are Bid Net with Add Alternate**
 - Cost verification is used to establish the Sub's Actual Insurance Cost
 - Contract adjustments are not made
- Verified Costs provide indication to the Sponsor of what the Contractors insurance would have cost if Contractor had provided their own insurance under Traditional/Non OCIP program
- This should closely represent savings on your own insurance premiums
 - **Carriers cannot audit exposures covered by another policy**

Each OCIP Manual includes a Cost Worksheet Form

- **See Section 8, Page 19; instructions on Page 20 of JHS Manuals**

A. Contractor Information:

Federal ID # or Soc. Sec. # 1

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



Business Information (headquarters)
<u>2</u>

Contact Information (address questions to..)
<u>3</u>

B. Bid Information:

Bid Package 1 /



Description of Work: 2 **Same as enrollment form**
Proposed Contract Price \$: 3
Amount of Self Performed Work \$: 4

Are you Submitting a bid to **Skanska?** 5 Yes No
If No, identify to whom: 6

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

a State	b Class Code	c Description	d Rate (per \$100 payroll)	e Man-hours	f Payroll	g WC Premium (Payroll * Rate / 100)																		
<u>1</u>		Same as enrollment form	Rate from your WC policy			Same as enrollment form																		
Totals			<u>2</u>	<u>3</u>	<u>4</u>																			
Identify the Amount of Your Claim Retention <u>5</u>			Your Company's Workers' Compensation Experience Modifier: <u>6</u>			EMR from your WC policy																		
Employers Liability Rate: <u>8</u>			Modified Premium (line C4 x C6): <u>7</u>																					
			Employers Liability Premium: <u>9</u>																					
<table border="1"> <tr> <th align="center">10 Modification & Discount Premium Factors</th> <th align="center">11 Rate</th> <th align="center">12 Amount</th> </tr> <tr> <td>Mod 1:</td> <td>+ OR -</td> <td>_____</td> </tr> <tr> <td>Mod 2:</td> <td>+ OR -</td> <td>_____</td> </tr> <tr> <td>Mod 3:</td> <td>+ OR -</td> <td>_____</td> </tr> <tr> <td>Mod 4:</td> <td>+ OR -</td> <td>_____</td> </tr> <tr> <td>Mod 5:</td> <td>+ OR -</td> <td>_____</td> </tr> </table>			10 Modification & Discount Premium Factors	11 Rate	12 Amount	Mod 1:	+ OR -	_____	Mod 2:	+ OR -	_____	Mod 3:	+ OR -	_____	Mod 4:	+ OR -	_____	Mod 5:	+ OR -	_____				
10 Modification & Discount Premium Factors	11 Rate	12 Amount																						
Mod 1:	+ OR -	_____																						
Mod 2:	+ OR -	_____																						
Mod 3:	+ OR -	_____																						
Mod 4:	+ OR -	_____																						
Mod 5:	+ OR -	_____																						
Total Modification Amount (Total of all amounts entered in column C12):			<u>13</u>																					
			Total Workers' Compensation Premium (line C7 + C9 + C13):			<u>14</u>																		

D. General Liability: ^(a)



Rate: 1
Based On:
 Total Payroll (C3)
 Contract Price (B3)
 Other _____

Rate factor: 3
 Per 100
 Per 1,000

Identify the Amount of Your Claim Retention: _____
GL Premium (D2 x D1 ÷ D3): _____

**Rates from
your GL policy**

Excess/Umbri Liab: ^(a)



Rate: 6
Based On:
 Total Payroll (C3)
 Contract Price (B3)
 Other _____

Rate factor: 8
 Per 100
 Per 1,000

Excess/Umbri Premium (D7 x D6 ÷ D8): _____

**Rates from
your UM policy**

E. Totals

Overhead & Profit on Insurance Prem. %: 2 **15%**
Total of all Insurance Premiums (Total of lines C14 + D5 + D9 + E3 + F1): 1
O/H & Profit Amount (G1 x G2): 3
Total Initial Insurance Cost (Total of lines G1 + G3): 4
Contractor's Initial Insurance Cost Rate (Line G4 divided by total Contract Price in line B3 x 100): 5

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



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

Completion of this form is a required part of your bid and must accompany your bid documents. Complete a separate form for each contractor, known subcontractor(s) and trades not currently awarded to a subcontractor. Duplicate this form as needed.

- (a) Please provide copies of the following documents to support your insurance cost calculations:
- Workers' Compensation declaration and rate pages
 - Umbrella/Excess Liability declaration and rate pages
 - General Liability declaration and rate pages

On-Site Payroll Report – Form 4

- Contractors report payroll on line at www.aonwrap.aon.com
- Individual Form 4 required for each contract
- Due by 10th of the following month
- **Bare labor expended on-site**
 - NO off-site payroll
 - Summed and reported by Workers' Comp Class Code
- **NOT certified payrolls!!!**
- If not performing work on-site for month(s), \$0.00 MUST be submitted
- **All payrolls you report are reported to the OCIP carrier**
 - Carrier reports these to WC board to promulgate your companies future Modification (EMR)
- **Save a record of the payrolls you report under the OCIP**
 - You will need to provide that information to your own WC or GL carrier to make sure you are not charged for that exposure
 - contact your Agent or Broker to determine in advance of audit to determine exactly what will be needed

Who Needs to Provide A Certificate of Insurance?

- All Enrolled and Excluded Contractors
- Notice of Award received from GC/CM outlines insurance coverages required of contractor
- Aon reviews all Prime Contractor Certificates
 - Certificates needed from start date to completion date
- Prime Tiers are responsible for monitoring their Lower tier Insurance Coverages

Each OCIP Manual includes Sample Certificates

- **See Section 8: Enrolled Contractors, Page 24; and Excluded Contractors, Page 25 of JHS Manuals**

Certificate Requirements

Often certificate requirements are the same as those required under a Traditional/Corporately written project

For COIs, the usual minimum items:

- **Provides evidence of Contractor's own General Liability, Workers Comp, Auto & Excess/Umbrella policies**
- **Not expired** (valid for current period)
- **Correct Additional Insureds are listed**
- **Correct limits per Contract Agreement**
- **Endorsement CG 20 10 referenced or physically attached**

If requirements cannot be met or Company does not carry the required coverages, limits or extra endorsements, please reach out to Donna Perez. Donna will submit a request for consideration to Jackson Health.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

CURRENT DATE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Insurance Agent's Name and Address	CONTACT NAME:
	Telephone Number:	PHONE (A/C, No, Ext): FAX (A/C, No):
INSURED	Subcontractor's Name and Address <u>Sample Certificate for ENROLLED PARTIES</u>	E-MAIL ADDRESS:
		INSURER(S) AFFORDING COVERAGE
		INSURER A :
		INSURER B :
		INSURER C :
		INSURER E :
		NAIC #

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	Policy Number			GENERAL AGGREGATE \$2,000,000
	GENL AGGREGATE LIMIT APPLIES PER:						PRODUCTS & COMPLETED OPS \$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$1,000,000
	AUTOMOBILE LIABILITY						
	<input checked="" type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT \$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	Y	Y	Policy Number			BODILY INJURY (Per person)
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE \$5,000,000
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	Y	Y	Policy Number			AGGREGATE \$5,000,000
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/>	N/A	Y	Policy Number			<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						OTHER
	Other			Policy Number			EL Each Accident \$ 500,000
							EL Disease Policy Limit \$ 500,000
							EL Disease Each Accident \$ 500,000
							Per Claim/Occurrence \$
							Aggregate \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES: JACKSON HEALTH SYSTEM - MIRACLE BUILDING PROGRAM Project C- Main Campus

THE PUBLIC HEALTH TRUST, AN AGENCY AND INSTRUMENTALITY OF MIAMI-DADE COUNTY, FLORIDA AND ANY OTHER ENTITIES AS REQUIRED BY OWNER CONTRACT, THEIR PARENT, SUBSIDIARIES AND AFFILIATED ENTITIES, AND FOR EACH OF THE FOREGOING, ALL OFFICERS, DIRECTORS, MEMBERS, AGENTS, REPRESENTATIVES, PERSONNEL AND EMPLOYEES, AND SUCH OTHER PARTIES AS OWNER MAY DESIGNATE, SKANSKA USA BUILDING INC., SKANSKA USA INC INDEMNIFIED PARTIES ARE NAMED ADDITIONAL INSURED'S ON A PRIMARY AND NON-CONTRIBUTORY BASIS ON THE GENERAL LIABILITY, AUTO LIABILITY AND EXCESS/UMBRELLA POLICIES. A WAIVER OF SUBROGATION EXISTS IN FAVOR OF ALL ADDITIONAL INSURED'S AND ANY OTHERS AS REQUIRED BY CONTRACT WITH REGARDS TO ALL POLICIES. EXCESS/UMBRELLA FOLLOWS FORM.

ALL COVERAGES LISTED ABOVE APPLY TO OFF-SITE OPERATIONS ONLY OF THE NAMED INSURED, WITH THE EXCEPTION OF AUTOMOBILE WHICH APPLIES TO ONSITE & OFFSITE.

CERTIFICATE HOLDER	CANCELLATION
THE PUBLIC HEALTH TRUST, AN AGENCY AND INSTRUMENTALITY OF MIAMI-DADE COUNTY, FLORIDA c/o Aon Risk Solutions 4 Overlook Point Lincolnshire, IL 60069 acs.construction@aon.com Client # 10504246 - Project C- Main Campus	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Insurance Agent's Name and Address	CONTACT NAME:	
	Telephone Number:	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	Subcontractor's Name and Address	INSURER A:	
	Sample Certificate for EXCLUDED PARTIES	INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	Policy Number			GENERAL AGGREGATE \$2,000,000
	AGGREGATE LIMIT APPLIES PER:						PRODUCTS & COMPLETED OPS \$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$1,000,000
	AUTOMOBILE LIABILITY						
	<input checked="" type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT \$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	Y	Y	Policy Number			BODILY INJURY (Per person)
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE \$5,000,000
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	Y	Y	Policy Number			AGGREGATE \$5,000,000
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N	N/A	Y	Policy Number			<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						OTHER
							EL Each Accident \$ 500,000
							EL Disease Policy Limit \$ 500,000
							EL Disease Each Accident \$ 500,000
							(Mandatory in NH) If yes, describe under

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES: JACKSON HEALTH SYSTEM – MIRACLE BUILDING PROGRAM - Project C- Main Campus

THE PUBLIC HEALTH TRUST, AN AGENCY AND INSTRUMENTALITY OF MIAMI-DADE COUNTY, FLORIDA AND ANY OTHER ENTITIES AS REQUIRED BY OWNER CONTRACT, THEIR PARENT, SUBSIDIARIES AND AFFILIATED ENTITIES, AND FOR EACH OF THE FOREGOING, ALL OFFICERS, DIRECTORS, MEMBERS, AGENTS, REPRESENTATIVES, PERSONNEL AND EMPLOYEES, AND SUCH OTHER PARTIES AS OWNER MAY DESIGNATE, SKANSKA USA BUILDING INC., SKANSKA USA INC INDEMNIFIED PARTIES ARE NAMED ADDITIONAL INSURED'S ON A PRIMARY AND NON-CONTRIBUTORY BASIS ON THE GENERAL LIABILITY, AUTO LIABILITY AND EXCESS/UMBRELLA POLICIES. A WAIVER OF SUBROGATION EXISTS IN FAVOR OF ALL ADDITIONAL INSURED'S AND ANY OTHERS AS REQUIRED BY CONTRACT WITH REGARDS TO ALL POLICIES. EXCESS/UMBRELLA FOLLOWS FORM.

ALL COVERAGES LISTED ABOVE APPLY TO ALL ON-SITE AND OFF-SITE OPERATIONS OF THE NAMED INSURED.

CERTIFICATE HOLDER

CANCELLATION

THE PUBLIC HEALTH TRUST, AN AGENCY AND INSTRUMENTALITY OF MIAMI-DADE COUNTY, FLORIDA
 c/o Aon Risk Solutions
 4 Overlook Point
 Aon Risk Solutions | Construction Services Group Confidential | April 14, 2015
 Lincolnshire, IL 60069
 acs.construction@aon.com
 Client # 10504246 - Project C- Main Campus

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

AUTHORIZED REPRESENTATIVE

Contractor Work Completion – Form 5

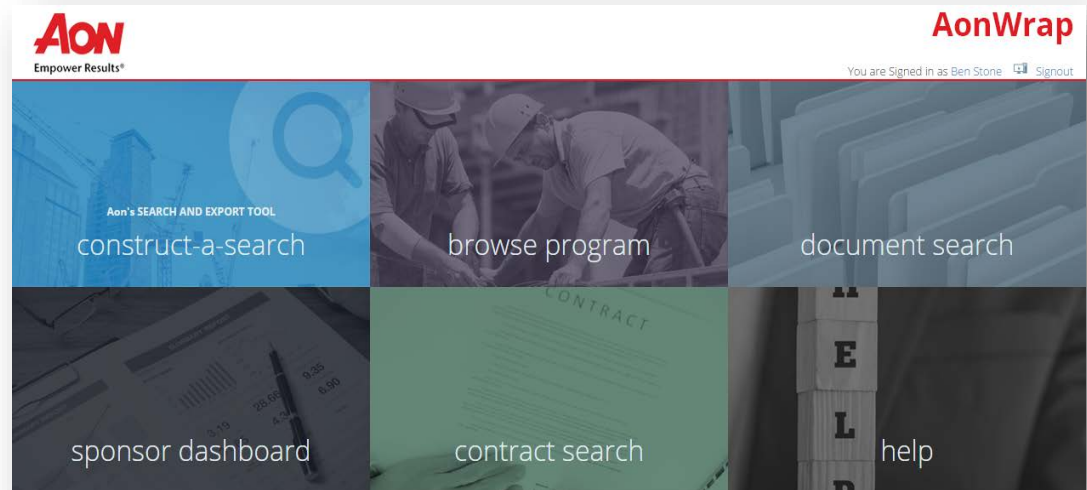
- **Every Enrolled Subcontractor must complete a “Notice of Work Completion” on line at www.aonwrap.aon.com**
 - Must be signed by Contractor and approved by GC/CM.
- Excluded subcontractors – No form 5 required
 - Contractor advised Aon when their scope was completed
 - Aon obtains confirmation from GC/CM of completion date
- **Once a contract is closed, re-entry to the site is not permitted**
- Contractor Returning after completion?
 - Contact Aon to reopen contract prior to returning to the site

Aon Technology



Contract Number	Contractor	Type & Status	Verified Ins. Cost	Enroll	Payroll	Req. COIS	Work Complete
▶ P2.60.006 - Delta - 3rd	Peter Scalamandre & Sons, Inc. - Freeport, NY	P	✓	✓	✓	✓	✓
▶ P2.60.030 - Delta	Cives Steel Company - Gouverneur, NY	P	✓	✓	✓	✓	✓
▶ P2.60.045 - Delta	NYCO Environmental & Dewatering Corp. - Islandia, NY	P	✓	✓	✗	✗	✓
▶ P2.60.048 - Delta	Schindler Elevator - Morristown, NJ	P	✓	✓	✓	✓	✓
▶ P2.60.069-Delta	United Air Conditioning Corp. II - Long Island City, NY	P	✓	✓	✓	✓	✓
▶ P2.60.080 - Delta	STV/S&P, JV - New York, NY	P	✓	✓	✗	✗	✓

- 24/7 Real-Time Access
- Program Summary Reports
- Work Flow Tools:
 - ✓ Contractor Compliance
 - ✓ Insurance Credit Tracking
 - ✓ Certificate of Insurance Tracking
 - ✓ Contractor Closeout





5. Safety / Loss Control / Claims

OCIP Safety Director



Frank Hernandez, WSO-CSS/CSSD
Aon OCIP Safety Director
P 786-449-7859
E frank.hernandez@coresafety.com

- ✓ Provides Safety Oversight Services on behalf of Jackson Health System
- ✓ Assists with Planning Efforts
- ✓ Reviews CM's Safety, Health, and Environmental Plan (SHEP) to confirm it meets or exceeds the OCIP Minimum Safety Standards Established
- ✓ Provides Technical Assistance
- ✓ Participates in Safety Education, Problem Solving and Training
- ✓ Provides Field Loss Control Services and Audits
- ✓ Monitors Project Facilities, Conditions, and Worker Activities
- ✓ Incident Reporting
- ✓ Statistical Analysis of Loss Performance
- ✓ Oversight of Carrier Loss Control Services

Aon Claims Management



Greg Crocker

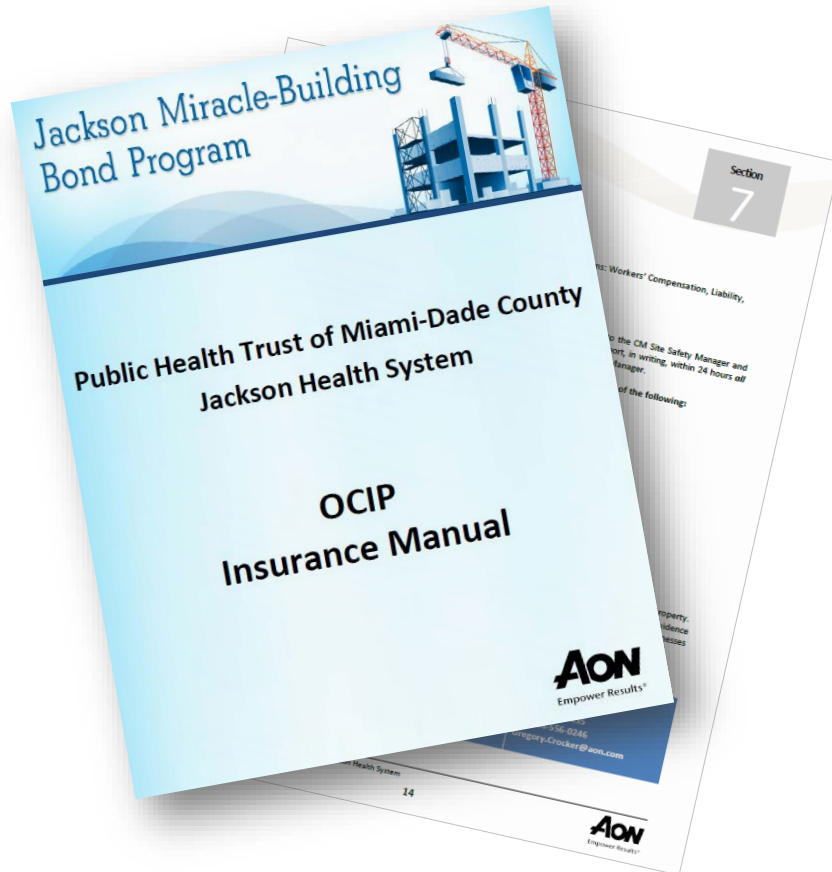
Director of Claims, Southeast

P 404-264-3035

E gregory.crocker@aon.com

- ✓ Liaison between Jackson Health System and Insurers
- ✓ Provides Claims Administration, Advocacy, and Consulting Services
- ✓ Development of Claims Management and Coordination Procedures
- ✓ Oversight of Insurance Carrier Claims Services
- ✓ Provides Quarterly Claims Status Reports
- ✓ Coordination of Claims Reviews

Claims Reporting Procedures



- OCIP Insurance Manual, Section 7
Claims Reporting Procedures
- Workers' Compensation, Liability and
Damage to the Project
- Site Safety and Claims Contact Information
- Medical Facility Information
- Return to Work/Modified Duty
- Alcohol and Drug Testing
- Investigation Assistance
- Instructions for Suit Papers and Subpoenas

Claims Reporting Procedures

Workers' Compensation Claims

These procedures are to apply to ALL employees for this project. The main responsibility for any Party is first to see that the injured worker receives immediate medical care.

Contractors and subcontractors' on-site personnel will follow these procedures if any employee is involved in an accident or occurrence resulting in bodily injury:

1. Contact designated first aid / medical personnel and transport the injured party to the on-site first aid or medical facility, as necessary.
2. Report all injuries or occupational-related illnesses within 24 hours to the Employer's Project Supervisor and CM Site Safety Manager and OCIP Safety Manager.
3. Employer's Project Supervisor must complete a *Supervisor's Accident Investigation Report* and return to CM Site Safety Manager and OCIP Safety Manager within 24 hours of employee's notice of injury/claim. The OCIP Safety Manager will submit the completed form to the WC Insurance Carrier within 24 hours of receipt.
4. Subcontractors and its lower-tier subcontractors of all tiers will provide for Modified Alternate Duty (Return to Work Program) based upon the work abilities given to the Injured Party from the treating physician.
5. Immediately send all subsequent medical return to work notes, inquiries or correspondence about an Injured Party to the CM Site Safety Manager and OCIP Safety Manager
6. No Injured Party will be allowed on a job site unless they have provided the CM Site Safety Manager and OCIP Safety Manager with the proper return to work note, either full duty or modified duty.

Claims Reporting Procedures

Property Damage & Liability Claims

Contractors and subcontractors must immediately report all Accidents at the Project Site involving death, injury, or damage to property of non-employee personnel (the public, tenants, and visitors) to the CM Site Safety Manager and OCIP Safety Manager. As soon as the onsite personnel become aware of the accident or occurrence, they must:

1. Take appropriate emergency measures to prevent additional injury or damage, including contacting police and fire authorities as required by law.
2. Complete and submit a *Supervisor's Accident Investigation Report and General Liability Loss Notice* to the CM Site Safety Manager and OCIP Safety Manager within 24 hours of the incident.
3. Immediately send all subsequent inquires or correspondence about an insured loss or claim, including a summons or other legal documents, to the CM Site Safety Manager and OCIP Safety Manager immediately.

7. Contact Information



Construction Managers

OHL-Arellano- North Medical Center Project A

Contact	Role	Phone	Email
Patrick Delatour	Project Manager	786-282-1540	pdelatour@arellanogc.com
Levon Grinion	Outreach Compliance	786-418-3392	lgrinion@arellanogc.com
Joseph Fiore	Site Safety Manager	954-646-9178	jfiore@arellanogc.com
Antonella Raffaele	Procurement	305-994-9901	araffaele@arellanogc.com
Nancy Caceres	Project Accountant/ Administrator	786-418-3391	ncaceres@arellanogc.com



Construction Managers

WG Yates – West Campus Project B

Contact	Role	Phone	Email
Howard Rice	Sr. Project Manager	786-586-3926	hrice@wgyates.com
Samira Selah	Outreach Compliance	305-375-3129	
Terence Lopez	Site Safety Manager	786-899-5044	tlopez@wgyates.com
Sandra Bravo	Project Administrator	786-220-1462	sbravo@wgyates.com
Jinet Orta	Project Accountant	786-899-5065	jorta@wgyates.com



Construction Managers

Skanska – Floor Modernization Project D

Contact	Role	Phone	Email
Andrew Smith	Project Executive	904-591-9840	andrew.smith@skanska.com
Kris Nickerson	Project Manager	480-248-0237	Kris.nickerson@skanska.com
Frankie Rosso	Diversity Coordinator	954-498-8265	Francheska.rosso@Skanska.com
Kelvin Acosta	Site Safety Manager	954 646 9329	Kelvin.acosta@skanska.com
Lynette Swigart	Risk Manager SE	407-541-4791	lynette.swigart@skanska.com

SKANSKA

Skanska – Main Campus Project C

Contact	Role	Phone	Email
Andrew Smith	Project Executive	904-591-9840	andrew.smith@skanska.com
Kris Nickerson	Project Manager	480-248-0237	Kris.nickerson@skanska.com
Frankie Rosso	Diversity Coordinator	954-498-8265	Francheska.rosso@Skanska.com
Kelvin Acosta	Site Safety Manager	954 646 9329	Kelvin.acosta@skanska.com
Lynette Swigart	Risk Manager SE	407-541-4791	lynette.swigart@skanska.com

Construction Managers

Turner – Rehab Center Project F

Contact	Role	Phone	Email
Robert Leyva	Project Manager	305-970-7334	rleyva@tcco.com
Michelle Mosquera	Compliance Admin	305-978-8301	mmosquera@tcco.com
Ramon Troya	Site Safety Manager	(305) 970-7721	rtroya@tcco.com
Jack Carlton	Project Accountant	(786) 417-6399	jcarlton@tcco.com
Carol Martin	Project Administrator	(786) 441-7946	cmartin@tcco.com



Turner – South Medical Center Project E

Contact	Role	Phone	Email
George Preininger	Project Manager	786-621-9029	gpreininger@tcco.com
	Compliance Admin		
Brooke Chickness	Site Safety Manager	786-423-2588	bchickness@tcco.com
Dawn B. Martinez	Procurement	786-621-9034	dmartinez@tcco.com
Beatriz Pabon	Project Administrator	786-441-7959	bpabon@tcco.com

Aon Contact Information

Donna Perez – works with CM’s

Project Manager

Aon Construction Services Group

(p): 407-212-2500

Donna.Perez@aon.com

Gregory Crocker

Senior Consultant – Claims

Aon Construction Services Group

(p): 404-264-3035

Gregory.Crocker@aon.com

Frank Hernandez

OCIP Safety Manager

Core Safety

(p): 786-449-7859

Frank.Hernandez@coresafety.com

Benjamin Stone – works with Jackson Health

Program Manager

Aon Construction Services Group

(p): 404-264-3232

Benjamin.Stone@aon.com

Elliot Kravetz – WORKS DIRECTLY WITH SUBS Wrap-Up Specialist

Wrap-Up Hotline: 1-866-566-5334, option 5

Wrap-Up Email: ACS.construction@aon.com

**Be sure to include in Email or Fax Subject Line:
10504246 / JHS / Project Name / Contractor Name**

Overall Team Roles & Responsibilities

Jackson Health

- Sponsors Program
- Controls Program Cash Flow
- Issues Premium and Claims Payments
- Provides Claims Payment Authority

Construction Managers

- Incorporates OCIP Provisions in Subcontracts
- Provides Subcontractor Orientation, Safety Enforcement and Training
- Provides Assistance with Claims Management and Investigation
- Provides Project Reports to Aon (i.e. Sub NOA's, CO Logs, Sub Close-Outs)

Aon Risk Solutions

- Manages Program Administration and Provides Education
- Contractor Enrollment
- Analyzes and Verifies Insurance Credits
- Certificate Tracking
- Provides Stewardship Reports
- Claims Management & Loss Control Support

Insurance Carriers

- Provides Underwriting
- Provides Insurance Coverage
- Issues Insurance Policies
- Provide Loss Control Support
- Defends, Investigates, Manages, Adjusts, and Pays Claims

Questions



AON