

A. Contractor Information:

Federal ID # or Soc. Sec. #: 1

▼ Business Information (headquarters)

▼ Contact Information (address questions to...)

Company Name & dba: 2

Contact Name & Title: 3

Address:

City, State, Zip Code:

Telephone:

Fax:

E.mail Address:

B. Bid Information:

Bid Package 1

Description of Work: 2

Proposed Contract Price \$: 3

Are you Submitting a bid to New Jersey Turnpike Authority: 5 ☐ Yes ☐ No

Amount of Self Performed Work \$: 4

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)																			
1																									
Totals				2	3	4																			
Identify the Amount of Your Claim Retention			5	Your Company's Workers' Compensation Experience Modifier:			6																		
Employers Liability Rate:			8	Modified Premium (line C4 x C6):			7																		
				Employers Liability Premium:			9																		
<table border="1"> <thead> <tr> <th>10 Modification & Discount Premium Factors</th> <th>11 Rate</th> <th>12 Amount</th> </tr> </thead> <tbody> <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> </tbody> </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):						13																			
Total Workers' Compensation Premium (line C7 + C9 + C13):						14																			

D. General Liability: (a)

Rate: 1

2 Based On:

- ☐
- Total Payroll (C3)
-
- ☐
- Contract Price (B3)

3 Rate factor:

- ☐
- Per 100
-
- ☐
- Per 1,000

4 Identify the Amount of Your Claim Retention:

GL Premium (D2 x D1 + D3):

5

Excess/Umbr Liab: (a)

Rate: 6

7 Based On:

- ☐
- Total Payroll (C3)
-
- ☐
- Contract Price (B3)
-
- ☐
- Other

8 Rate factor:

- ☐
- Per 100
-
- ☐
- Per 1,000

Excess/Umbr Premium
(D7 x D6 + D8):

9

E. Builder's Risk/Installation Floater: (f)

Rate: 1

2 Rate factor

- ☐
- Per 100
-
- ☐
- Per 1,000

Builder's Risk/Installation Floater
Premium (B3 x E1 + E2):

3

F. Other Insurance Premiums: (f) (Enter total premium costs identified on page 2)

1

G. Totals

Overhead & Profit on Insurance Prem. %:

2 15%

Total of all Insurance Premiums (Total of lines C14 + D5 + D9 + E3 + F1):

O/H & Profit Amount (G1 x G2):

Total Initial Insurance Cost (Total of lines G1 + G3):

Contractor's Initial Insurance Cost Rate (Line G4 divided by total payroll in line C3 x 100):

1

3

4

5

H. 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:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Schedule of Values | <input checked="" type="checkbox"/> General Liability declaration and rate pages |
| <input checked="" type="checkbox"/> Workers' Compensation declaration and rate pages | <input checked="" type="checkbox"/> Umbrella/Excess Liability declaration and rate pages |
| <input checked="" type="checkbox"/> Experience Modification worksheet | <input checked="" type="checkbox"/> 5 years actual loss experience for each line of coverage in which Contractor retains more than \$5,000. |

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

A. Contractor Information

- 1 Enter your company's Federal ID number. This number can be found on filings made to the federal government such as your tax return.
- 2 Enter your company's name, mailing address and phone/fax number for your company's main office location in the space provided below.
- 3 Enter the name of the person Aon should contact if questions arise. Include the mailing address, phone/fax and e.mail address if different than A-2

B. Bid Information

- 1 Enter the Bid Package Number, Contract Number or Purchase Order Number that was included in New Jersey Turnpike Authority's originating documentation.
- 2 Provide a brief description of the work you will be performing at the project site.
- 3 Identify the total amount of your bid.
- 4 Identify the amount of work that you anticipate will be self-performed.
- 5 Check the appropriate box that identifies if you contract directly with [New Jersey Turnpike Authority](#) or are a subcontractor.
- 6 If you are a Subcontractor, identify the entity with whom you are under contract.

C. Workers' Compensation Insurance Information *(Duplicate or attach additional sheets if necessary. You may create an electronic version of this document if all requested information is included):*

- 1 a Enter the two letter abbreviation for the state in which the work will be performed.
- b Enter each Workers' Compensation class code that applies to your work identified in B2. *(Most states use a 4 digit Number)*
- c Enter the Workers' Compensation class code description that applies to each class code identified in C1b.
- d Enter the Workers' Compensation rate that applies to the specified class code.
- e Enter the estimated Man-hours required to complete the described work for each Workers' Compensation class code.
- f Enter the estimated Payroll required to complete your work. Use only unburdened payroll and exclude the premium portion of any overtime pay.
- g Calculate the WC Premium by multiplying the Payroll (C1f) by the Rate (C1d) and dividing the result by 100. Repeat this calculation for each WC class code.
- 2 Total the estimated Man-hours for each class code. Be sure to include information from additional pages if used.
- 3 Total the estimated Payroll for each class code. Be sure to include information from additional pages if used.
- 4 Total the Workers' Compensation Premium for each class code. Be sure to include information from additional pages if used.
- 5 Enter the amount of the Claim Retention / Deductible your company has on their existing Workers' Compensation.
- 6 Enter your WC Experience Modifier. This Information can be located on your Workers' Compensation policy or on your NCCI Bureau Rating Sheet.
- 7 Calculate the Modified Premium by multiplying the WC Premium (C4) by the Experience Modifier (C6).
- 8 Enter your Employer's Liability Insurance Rate. This information can be found in your Workers' Compensation policy.
- 9 Calculate your Employer's Liability Premium by multiplying the Modified Premium (C7) by the Employer's Liab. Rate (C8).
- 10 Identify the Modifiers that apply to your Workers' Compensation Premium. This information can be located on your Workers' Compensation Policy.
- 11 Enter the Rate for each identified Modifier. The information can be located on your Workers' Compensation Policy
- 12 Calculate the Modified Premium Factor Amount by multiplying the Modified Premium (C7) by the Modified Premium Rate (C11) and dividing by 100. Be sure to identify if the Modification factor is an addition or reduction to your premium.
- 13 Total the Modified Premium Amounts by adding the numbers in column C12.
- 14 Calculate the Total Workers' Compensation Premium by adding the Modified Premium (C7) to the Employer's Liab Premium (C9) and adding the Premium Modifications (C12).

D. General Liability & Umbrella/Excess Liability Insurance

- 1 Enter the General Liability Rate. This number can be found on your General Liability Policy
- 2 Identify the base the General Liability Rate applies to. If the base is other than Payroll or Revenue, enter the amount and the description in the space provided.
- 3 Identify the General Liability Rate factor by marking the box.
- 4 Identify the amount of your Claim Retention.
- 5 Calculate the General Liability Premium by multiplying the Bases (D2) by the Rate (D1) and dividing by the factor (D3).
- 6 Enter the Excess/Umbr Liability Rate. This number can be found on your Excess/Umbr Liability Policy
- 7 Identify the base the Excess/Umbr Liab. Rate applies to. If the base is other than Payroll or Revenue, enter the amount and description in the space provided.
- 8 Identify the Excess/Umbr Liability Rate factor by marking the box.
- 9 Calculate the Excess/Umbr Liability Premium by multiplying the Bases (D7) by the Rate (D6) and dividing by the factor (100 or 1,000).

E. Builder's Risk/Installation Floater

- 1 Enter the Builder's Risk/Installation Floater Rate. Locate this information on your Property Policy or Builder's Risk Policy.
- 2 Identify the base factor that it applies to (100 or 1,000).
- 3 Calculate the Premium by multiplying the Proposed Contract Price (B3) by the Rate (E1) and dividing it by the Factor (E2).

F. Other Insurance Premiums

- 1 For each of the Insurance Lines of Coverage identified below, Identify the Rate, Base and Factor. Calculate the Premium by multiplying the Base x Rate ÷ Factor. Total the Other Insurance Premiums in the space provided and carry that amount to the front page.

Line of Coverage	Rate	Base	Factor	Premium	Total Premium
Coverage A					

G. Totals

- 1 Calculate the Total of all Insurance Premium by adding Workers' Compensation (C14), General Liability (D5), Excess/Umbr Liability (D9), Builder's Risk/Installation Floater (E3), and Other Insurance Premiums (F1).
- 2 Identify the Overhead & Profit Percentage that was applied to this project during the tabulation of the Proposed Contract Price.
- 3 Calculate the Overhead & Profit Amount by Multiplying the Total of all Insurance Costs (G1) by the Overhead & Profit Percentage (G2).
- 4 Calculate the Total Initial Insurance Cost by adding the Overhead & Profit Amount (G3) with the Total of all Insurance Premium (G1)
- 5 Calculate your rate by Dividing the Total Initial Insurance Cost (G4) by the Estimated Payroll (C3) and multiplying by 100.

H. Signature Block: This form must be signed by a representative of your company with the authority to Verify the information is correct.

Note: Please provide copies of the following documents as part of your submittal:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Schedule of Values | <input checked="" type="checkbox"/> General Liability declaration and rate pages |
| <input checked="" type="checkbox"/> Workers' Compensation declaration and rate pages | <input checked="" type="checkbox"/> Umbrella/Excess Liability declaration and rate pages |
| <input checked="" type="checkbox"/> Experience Modification worksheet | <input checked="" type="checkbox"/> 5 years actual loss experience for each line of coverage in which Contractor retains more than \$5,000. |

**Form-3****Enrollment Application**

Numbers reference attached instructions

New Jersey Turnpike Authority

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 _____▼ **Business Information (headquarters)**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 _____▼ **Contact Information (address questions to..)**³ _____**B. Contract Information:**Contract No.: ¹ _____Date Contract Awarded: ² _____Description of Work: ³ _____Proposed Contract Price \$: ⁴ _____Are you Submitting a bid to New Jersey Turnpike Authority: ⁶ ☐ Yes ☐ NoAmount of Self Performed Work \$: ⁵ _____If No, identify to whom: ⁷ _____⁸ Start Date: _____
☐ Actual
☐ Estimated⁹ Completion Date: _____
☐ 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
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 _____

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 <i>Subcontractor</i>	2 Subcontract \$	3 Contact Person	4 Address	5 Phone & Fax Number	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:
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 _____
- 5 _____
- 6 _____
- 7 _____

H . WARRANTY APPLICABLE TO PROGRAM INSURANCE COVERAGE

- 1 Premiums for this Program are the responsibility of *New Jersey Turnpike Authority* 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 *New Jersey Turnpike Authority*. 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 *New Jersey Turnpike Authority* are assigned to *New Jersey Turnpike Authority*.
- 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 omitted from my bid the insurance costs for the coverage provided by *New Jersey Turnpike Authority*. 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)

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.

INSTRUCTION

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

A. Contractor Information

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

B. Contract Information

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

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

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

D. Workers' Compensation Information *(Duplicate or attach additional sheets if necessary. You may create an electronic version of this document if all requested information is included.)*

- 1 a Enter the two letter abbreviation for the state in which the work will be performed.
- b Enter each Workers' Compensation class code that applies to the work identified in B2. (Most states use a 4 digit Number)
- c Enter the Workers' Compensation class code description that applies to the work identified in D1b.
- d Enter the estimated Man-hours required to complete the described work by Workers' Compensation class code.
- e Enter the estimated Payroll required to complete the described work for each Workers' Compensation class code. Use only unburdened payroll and exclude the premium portions of any overtime pay.
- 2 Total all estimated Man-hours for each class code. Be sure to include information from additional pages if used.
- 3 Total all estimated Payroll for each class code. Be sure to include information from additional pages if used.

E. Current Off-Site Workers' Compensation Information *(Information relates to your corporation's existing coverage; identify each modification factor that applies.)*

- 1 Enter the State that the Modification Information applies to.
- 2 Enter your Bureau File Number also referred to as your Risk Identification Number. This number can also be found on your Modification worksheets.
- 3 Enter the Bureau Rating Agency. In most states this is NCCI.
- 4 Provide your Company's Anniversary Rating Date. Information can be located on your bureau's WC Experience Modification worksheets.
- 5 Identify your insurance carrier for Workers' Compensation Coverage.
- 6 Provide your Workers' Compensation Policy Number.
- 7 Provide the effective date of your Workers' Compensation policy.
- 8 Provide the expiration date of your Workers' Compensation policy.

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

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

G. Enrollment Questions

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

H. Warranty Statements:

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

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

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

Complete a Separate Form for Each Contract with New Jersey Turnpike Authority.
Your report is due to the Aon Insurance Administrator, identified below, no later than the 10th day of the succeeding month.
Complete this report even though no work was performed; enter zero (0) for the Reportable Payroll.
Delay in providing this report may result in payments being withheld.

A. Report Identification

Period Beginning: ¹ _____ Period Ending: ² _____ Year: ³ _____
Contractor: ⁴ _____
Under Contract with: ⁵ _____
Contract #: ⁶ _____

B. Activity Report

^a State	^b Workers' Compensation	^c Work Description	^d Man-Hours	^e Gross Payroll	^f Reportable Payroll *
1					
TOTALS:			²	³	⁴

* Do not include premium (excess) overtime wages, use straight time wage rates only. You must also comply with all rules set forth by the Workers Compensation Bureau in the state in which the work is performed.

C. Additional Data Requirements :

1. _____
2. _____
3. _____

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

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

☐ CHECK IF THIS IS YOUR LAST PAYROLL REPORT. COMPLETE AN AON FORM-5 "NOTICE OF WORK COMPLETION" AND INCLUDE WITH THIS PAYROLL REPORT.

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

Fax or Mail to: Elizabeth O'Keefe
Aon Risk Services Northeast, Inc.
e-mail – Elizabeth.okeefe@aon.com

Phone: (732) 750-5300 Ext: 8736
Fax: (516) 396-5346