



**CONTRACTOR CONTROLLED INSURANCE**  
**PROGRAM**  
**AND SAMPLE CERTIFICATE OF INSURANCE**

Flatiron/Drageados, LLC (FDLLC) has secured specific insurance coverage for the benefit of those that are performing operations at the Project Site. This Contractor Controlled Insurance Program (CCIP) will not apply to demolition asbestos or lead removal Subcontractors, vendors, engineers, architects, surveyors, trucking, delivery persons, haulers, or others transporting, picking up or delivery or carrying materials. Each eligible Subcontractor performing work at the Project Site is required to:

- A. Participate in the CCIP, which provides (1) Workers Compensation and Employer's Liability, (2) Commercial General Liability, (3) Excess Liability, (4) Builder's Risk, and (5) Contractor's Pollution Liability.
- B. Delete insurance costs from their bid for Workers Compensation and Employer's Liability, Commercial General Liability, Excess Liability, Builder's Risk Liability, and Contractor's Pollution Liability.
- C. Throughout the duration of the Project, each Subcontractor will be responsible for administering their own safety programs which must meet or exceed safety requirements outlined in the Project Specific Health and Safety Plan. The Project Specific Health and Safety Plan shall serve as general framework, and as such, the Subcontractors will develop a site-specific safety program which identifies potential exposures associated with the Project and the means and methods to be employed to address these exposures. Neither the Project Specific Health and Safety Plan, nor the safety services provided by individual associates with the Project, is intended to serve as a substitute for the control and responsibility of each Subcontractor to provide a safe work environment for their employees, and to ensure the safety of the public.
- D. Review the CCIP manual and complete all required CCIP insurance forms, provide current coverage by a Certificate of Insurance, and provide a Certificate of Insurance upon enrollment of the CCIP, as more fully discussed in the CCIP Manual prior to the start of any Work.
- E. Keep and maintain accurate and classified payroll records of their employees working at the Project Site by applicable Workers Compensation Classification Codes.
- F. Report payrolls on a monthly basis to the CCIP Administrator, Aon Risk Services, Northeast, Inc.
- G. Comply with all accident reporting and claim procedures as described in the CCIP Manual and Safety and Health
- H. Submit the required insurance termination form when work is complete.



# CONTRACTOR CONTROLLED INSURANCE PROGRAM AND SAMPLE CERTIFICATE OF INSURANCE

## SAMPLE CERTIFICATE OF INSURANCE

	<b>CERTIFICATE OF LIABILITY INSURANCE</b>	DATE (MM/DD/YYYY) 8/2/2016																
<p>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.</p> <p>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).</p>																		
<b>PRODUCER</b> Insurance Agent's Name and Address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A:</td> <td>Insurance Carrier</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> </table>		CONTACT NAME:		PHONE (A/C, No, Ext):	FAX (A/C, No):	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		INSURER A:	Insurance Carrier	INSURER B:		INSURER C:		INSURER D:	
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<p>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.</p>																		
INSR LTR	TYPE OF INSURANCE	ADOL INSR SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	X	POLICY NUMBER		Per Claim/Occ \$ 1,000,000 General Agg \$ 2,000,000 Prod & Comp Opp Agg \$ 2,000,000 Personal & Adv. Injury \$ 1,000,000 Fire Damage \$ 100,000 Medical Expense \$ 10,000												
X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	X	POLICY NUMBER		Combined Single Limit \$ 1,000,000												
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	POLICY NUMBER		Per Claim/Occ \$ 5,000,000 Aggregate \$ 5,000,000												
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> (Mandatory in NH) If yes, describe below	N/A	X	POLICY NUMBER		<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL Each Accident \$ 1,000,000 EL Disease Policy Limit \$ 1,000,000 EL Disease Each Accident \$ 1,000,000												
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) <b>FLATIRON DRAGADOS LLC CONTRACTOR CONTROLLED INSURANCE PROGRAM – PROJECT NUMBER TBD</b> <b>DESIGNATED PROJECT SITE: US181 HARBOR BRIDGE PROJECT</b> <b>ALL ENTITIES AS PER SCHEDULE A – ADDITIONAL INSUREDS AS REQUIRED IN THE CONSTRUCTION AGREEMENT ARE NAMED ADDITIONAL INSUREDS UNDER THE GENERAL LIABILITY, AUTOMOBILE LIABILITY, AND EXCESS LIABILITY POLICIES ON A PRIMARY AND NON-CONTRIBUTORY BASIS. A WAIVER OF SUBROGATION EXISTS IN FAVOR OF ALL ENTITIES LISTED ABOVE AND ANY OTHER REQUIRED BY CONTRACT WITH REGARD TO WORKERS COMPENSATION, EMPLOYERS LIABILITY, GENERAL LIABILITY, AUTOMOBILE LIABILITY, AND EXCESS LIABILITY. GENERAL LIABILITY, WORKERS COMPENSATION, EXCESS LIABILITY AND AUTO LIABILITY APPLIES OFF SITE AND ON SITE.</b>																		
<b>CERTIFICATE HOLDER</b> Flatiron Dragados LLC C/O Aon Risk Services, Inc. 4 Overlook Point Lincolnshire, IL 60069				<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> Original Signature														

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