Colorado Department of Transportation (OCIP)
Insurance Calculation Worksheet
Form OCIP-S(1)

Your Company Name: _____

Your Company was hired by: _____

% Self-Performed Work: _____   Contract Amount: $_____

I. Workers' Compensation and Employers Liability

Labor Classification	WC Class Code	Estimated Man Hours	Estimated Payroll	WC Rate (Per $100 of Payroll)	Premium	Policy Deductible

Subtotal: _____

Note: **Deductible program credits do not apply**

Note: Identify workers' compensation loss rate per $100 of payroll within the policy deductible

Increased Employer's Liability Factor: x _____

Experience Modification Factor: x _____

Other Factors (Identify): x _____

Surcharge: x _____

Total Workers' Compensation Premium (A): $_____

II. Primary General Liability

Labor Classification	GL Class Code	Estimated Payroll or Contract Value	GL Rate	Premium

Note: Identify General Liability loss rate per $100/$1,000 of payroll or receipts within the policy deductible _____

Total General Liability Premium (B): $_____

III. Excess/Umbrella Liability*

Estimated Payroll or Contract Value	Umbrella Rate	Premium

Total Umbrella Liability Premium (C): $_____

*   If Excess/Umbrella Liability premium is flat-charge, develop rate by dividing your excess policy annual premium by estimated annual payroll. Apply this rate to the estimated payroll for this project. If annual rate is not provided a minimum deduct of 15% of the primary General Liability rate will be applied.

IV. Profit Overhead and Contingency   _____% of Premium (D): $_____

V. Total Initial Insurance Deduct   Total Lines of Insurance (A+B+C+D): $_____

_____   _____   _____
         Broker/Agency Name   Broker Signature   Date

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*Policy rate pages must be submitted with this worksheet.
THERE WILL BE NO EXCEPTIONS.

EJMT FFSS Design Build Project
Project No. C 0703-360; Subaccount 17810