

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 Increased Employer's Liability Factor: _____

Note: Identify workers' compensation loss rate per \$100 of payroll within the policy deductible Experience Modification Factor: _____

Other Factors (Identify): _____

Surcharge: _____

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

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