

INSURANCE COST WORKSHEET

(Fixed Price Type Contracts)

Numbers reference attached instructions

Flatiron Dragados LLC

US181 Harbor Bridge Project

A. Contractor Information:

Federal ID # or Soc. Sec. #: 1

Company Name & dba: 2

Contact Name & Title:

Address:

City, State, Zip Code:

Telephone:

Fax:

E.mail Address:

Business Information (headquarters)

Contact Information (address questions to..)

B. Contract Information:

Contract No.: 1

Description of Work: 2

Estimated Payroll:

Proposed Contract Price \$: 3 Amount of Self Performed Work \$: 4

Are you Submitting a bid to Flatiron Dragados LLC 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)
1						
Totals				2	3	4
Your Company's Workers Compensation Experience Modifier:				5		
Modified Premium (line C4 x C6):				6		
7 Modification & Discount Premium Factors				8 Rate	9 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):				10		
Identify the Amount of Your Claim Retention 11				WC Loss Fund (from Form-1c C12): 12		
Total Workers Compensation Premium (line C6 + C10 + C12):				13		

D. General Liability: (a)

Rate: 1

2 Based On:

- ☐
- Total Payroll (C3)
- ☐
- Per 100
-
- ☐
- Contract Price (B3)
- ☐
- Per 1,000

☐ Other

3 Rate factor:

4 Identify the Amount of Your Claim Retention:

GL Loss Fund (from Form-1c D12)

GL Premium (D2 x D1 + D3) + D5:

Excess/Umb Liab: (a)

Rate: 7

8 Based On:

- ☐
- Total Payroll (C3)
- ☐
- Per 100
-
- ☐
- Contract Price (B3)
- ☐
- Per 1,000

☐ Other

9 Rate factor:

Excess/Umb Premium (D8 x D7 + D9):

E. Builder's Risk/Installation Floater: (1)

Rate: 1

2 Rate factor:

- ☐
- Per 100
-
- ☐
- Per 1,000

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

F. Other Insurance Premiums: (1) (Enter total premium costs identified on page 2)

G. Totals

Total of all Insurance Premiums (Total of lines C13 + D6 + D10 + E3 + F1): 1

Overhead & Profit on Insurance Prem. %: 2 15%

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 payroll in line C3 x 100): 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:

- ☒
- Schedule of Values
- ☒
- General Liability declaration and rate pages
-
- ☒
- Workers Compensation declaration and rate pages
- ☒
- Umbrella/Excess Liability declaration and rate pages
-
- ☒
- Experience Modification worksheet
- ☒
- 5 years actual loss experience for each line of coverage in which Contractor retains more than \$5,000.