

**A. Contractor Information:**

Federal ID # or Soc. Sec. #: 1

Company Name & dba:  
Contact Name & Title:

▼ **Business Information** (headquarters)

▼ **Contact Information** (address questions to..)

Address:

City, State, Zip Code:

Telephone:

Fax:

E.mail Address:

**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:** <sup>(a)</sup> (attach a separate sheet if necessary)

| a State   | b Class Code | c Description | d Rate<br>(per \$100 payroll) | e Man-hours  | f Payroll | G WC Premium<br>(Payroll * Rate / 100) |        |        |  |        |        |  |        |        |  |        |        |  |        |        |  |  |  |    |  |  |  |
|---|--------------|---------------|-------------------------------|--|-----------|--|--------|--------|--|--------|--------|--|--------|--------|--|--------|--------|--|--------|--------|--|--|--|----|--|--|--|
| 1   |              |               |                               |  |           |  |        |        |  |        |        |  |        |        |  |        |        |  |        |        |  |  |  |    |  |  |  |
| <b>Totals</b>   |              |               |                               | 2  | 3         | 4                                      |        |        |  |        |        |  |        |        |  |        |        |  |        |        |  |  |  |    |  |  |  |
|   |              |               |                               | Your Company's Workers Compensation Experience Modifier:         |           | 5                                      |        |        |  |        |        |  |        |        |  |        |        |  |        |        |  |  |  |    |  |  |  |
|   |              |               |                               | Modified Premium (line C4 x C6):                                 |           | 6                                      |        |        |  |        |        |  |        |        |  |        |        |  |        |        |  |  |  |    |  |  |  |
| <table border="1"> <thead> <tr> <th>7 Modification &amp; Discount Premium Factors</th> <th>8 Rate</th> <th>9 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> <tr> <td colspan="2"><b>Total Modification Amount</b> (Total of all amounts entered in column C12):</td> <td>10</td> </tr> </tbody> </table> |              |               |                               | 7 Modification & Discount Premium Factors                        | 8 Rate    | 9 Amount                               | Mod 1: | + OR - |  | Mod 2: | + OR - |  | Mod 3: | + OR - |  | Mod 4: | + OR - |  | Mod 5: | + OR - |  | <b>Total Modification Amount</b> (Total of all amounts entered in column C12): |  | 10 |  |  |  |
| 7 Modification & Discount Premium Factors   | 8 Rate       | 9 Amount      |                               |  |           |  |        |        |  |        |        |  |        |        |  |        |        |  |        |        |  |  |  |    |  |  |  |
| Mod 1:  | + OR -       |               |                               |  |           |  |        |        |  |        |        |  |        |        |  |        |        |  |        |        |  |  |  |    |  |  |  |
| Mod 2:  | + OR -       |               |                               |  |           |  |        |        |  |        |        |  |        |        |  |        |        |  |        |        |  |  |  |    |  |  |  |
| Mod 3:  | + OR -       |               |                               |  |           |  |        |        |  |        |        |  |        |        |  |        |        |  |        |        |  |  |  |    |  |  |  |
| Mod 4:  | + OR -       |               |                               |  |           |  |        |        |  |        |        |  |        |        |  |        |        |  |        |        |  |  |  |    |  |  |  |
| Mod 5:  | + OR -       |               |                               |  |           |  |        |        |  |        |        |  |        |        |  |        |        |  |        |        |  |  |  |    |  |  |  |
| <b>Total Modification Amount</b> (Total of all amounts entered in column C12):  |              | 10            |                               |  |           |  |        |        |  |        |        |  |        |        |  |        |        |  |        |        |  |  |  |    |  |  |  |
| Identify the Amount of Your Claim Retention <u>11</u>   |              |               |                               | WC Loss Fund (from Form-1c C12):                                 |           | 12                                     |        |        |  |        |        |  |        |        |  |        |        |  |        |        |  |  |  |    |  |  |  |
|   |              |               |                               | <b>Total Workers Compensation Premium</b> (line C6 + C10 + C12): |           | 13                                     |        |        |  |        |        |  |        |        |  |        |        |  |        |        |  |  |  |    |  |  |  |

**D. General Liability:** <sup>(a)</sup> Rate: 1

2 Based On:  
 Total Payroll (C3)  Per 100  
 Contract Price (B3)  Per 1,000  
 Other \_\_\_\_\_

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:** <sup>(a)</sup> Rate: 7

8 Based On:  
 Total Payroll (C3)  Per 100  
 Contract Price (B3)  Per 1,000  
 Other \_\_\_\_\_

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

**E. Builder's Risk/Installation Floater:** <sup>(1)</sup> Rate: 1

2 Rate factor  Per 100  Per 1,000

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

**F. Other Insurance Premiums:** <sup>(1)</sup> (Enter total premium costs identified on page 2)

**G. Totals**

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

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

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): \_\_\_\_\_

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

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