

Complete a separate form for each contractor, known subcontractor and trade not currently awarded to a subcontractor. Duplicate this form as needed. Completion of this form is a required part of your bid and must accompany your bid documents.

**A. Contractor Information**

- 1 Enter your company's Federal ID number. This number can be found on filings made to the federal government such as your tax return.
- 2 Enter your company's name, mailing address and phone/fax number for your company's main office location in the space provided below.
- 3 Enter the name of the person Aon should contact if questions arise. Include the mailing address, phone/fax and e.mail address if different than A-2

**B. Bid Information**

- 1 Enter the Bid Package Number, Contract Number or Purchase Order Number that was included in Flatiron Dragados LLC originating documentation.
- 2 Provide a brief description of the work you will be performing at the project site.
- 3 Identify the total amount of your bid. Include both labor and material.
- 4 Identify the amount of work that you anticipate will be self-performed. Include both labor and material.
- 5 Check the appropriate box that identifies if you contract directly with **Flatiron Dragados LLC** or are a subcontractor.
- 6 If you are a Subcontractor, identify the entity with whom you are under contract.

**C. Workers Compensation Insurance Information** (Duplicate or attach additional sheets if necessary. You may create an electronic version of this document if all requested information is included):

- 1 a Enter the two letter abbreviation for the state in which the work will be performed.
- b Enter each Workers Compensation class code that applies to your work identified in B2. (Most states use a 4 digit Number)
- c Enter the Workers Compensation class code description that applies to each class code identified in C1b.
- d Enter the Workers Compensation rate that applies to the specified class code.
- e Enter the estimated Man-hours required to complete the described work for each Workers Compensation class code.
- f Enter the estimated Limited Payroll required to complete your work. Use only unburdened payroll and exclude the premium portion of any overtime pay.
- g Calculate the WC Premium by multiplying the Payroll (C1f) by the Rate (C1d) and dividing the result by 100. Repeat this calculation for each WC class code.
- 2 Total the estimated Man-hours for each class code. Be sure to include information from additional pages if used.
- 3 Total the estimated Payroll for each class code. Be sure to include information from additional pages if used.
- 4 Total the Workers Compensation Premium for each class code. Be sure to include information from additional pages if used.
- 5 Enter your WC Experience Modifier. This information can be located on your Workers Compensation policy or on your NCCI Bureau Rating Sheet.
- 6 Calculate the Modified Premium by multiplying the WC Premium (C4) by the Experience Modifier (C6).
- 7 Identify the Modifiers that apply to your Workers Compensation Premium. This information can be located on your Workers Compensation Policy.
- 8 Enter the Rate for each identified Modifier. The information can be located on your Workers Compensation Policy
- 9 Calculate the Modified Premium Factor Amount by multiplying the Modified Premium (C7) by the Modified Premium Rate (C11) and dividing by 100. Be sure to identify if the Modification factor is an addition or reduction to your premium.
- 10 Total the Modified Premium Amounts by adding the numbers in column C12.
- 11 Enter the amount of the Claim Retention / Deductible your company has on their existing Workers Compensation.
- 12 Enter the WC Loss Fund form the Loss Rate Calculation Sheet (Aon Form-1c).
- 13 Calculate the Total Workers Compensation Premium by adding the Modified Premium (C6) to the Premium Modifications (C10) and the WC loss Fund (C12).

**D. General Liability & Umbrella/Excess Liability Insurance**

- 1 Enter the General Liability Rate. This number can be found on your General Liability Policy
- 2 Identify the base the General Liability Rate applies to. If the base is other than Payroll or Revenue, enter the amount and the description in the space provided.
- 3 Identify the General Liability Rate factor by marking the box.
- 4 Identify the amount of your Claim Retention.
- 5 Enter the GL Loss Fund form the Loss Rate Calculation Sheet (Aon Form-1c).
- 6 Calculate the General Liability Premium by multiplying the Bases (D2) by the Rate (D1) and dividing by the factor (D3) and adding in the GL Loss Fund (D5).
- 7 Enter the Excess/Umb Liability Rate. This number can be found on your Excess/Umb Liability Policy
- 8 Identify the base the Excess/Umb Liability Rate applies to. If the base is other than Payroll or Revenue, enter the amount and description in the space provided.
- 9 Identify the Excess/Umb Liability Rate factor by marking the box.
- 10 Calculate the Excess/Umb Liability Premium by multiplying the Bases (D8) by the Rate (D7) and dividing by the factor (D9).

**E. Builder's Risk/Installation Floater**

- 1 Enter the Builder's Risk/Installation Floater Rate. Locate this information on your Property Policy or Builder's Risk Policy.
- 2 Identify the base factor that it applies to (100 or 1,000).
- 3 Calculate the Premium by multiplying the Proposed Contract Price (B3) by the Rate (E1) and dividing it by the Factor (E2).

**F. Other Insurance Premiums**

- 1 For each of the Insurance Lines of Coverage identified below, Identify the Rate, Base and Factor. Calculate the Premium by multiplying the Base x Rate ÷ Factor. Total the Other Insurance Premiums in the space provided and carry that amount to the front page.

Line of Coverage	Rate	Base	Factor	Premium	Total Premium
Coverage A					

**G. Totals**

- 1 Calculate the Total of all Insurance Premium by adding Workers Compensation (C13), General Liability (D6), Excess/Umb Liability (D10), Builder's Risk/Installation Floater (E3), and Other Insurance Premiums (F1).
- 2 Identify the Overhead & Profit Percentage that was applied to this project during the tabulation of the Proposed Contract Price. A minimum of 10% must be used.
- 3 Calculate the Overhead & Profit Amount by Multiplying the Total of all Insurance Costs (G1) by the Overhead & Profit Percentage (G2).
- 4 Calculate the Total Initial Insurance Cost by adding the Overhead & Profit Amount (G3) with the Total of all Insurance Premium (G1)
- 5 Calculate your rate by Dividing the Total Initial Insurance Cost (G4) by the Estimated Payroll (C3) and multiplying by 100.

**H. Signature Block:** This form must be signed by a representative of your company with the authority to Verify the information is correct.

Note: Please provide copies of the following documents as part of your submittal:

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| <input checked="" type="checkbox"/> Schedule of Values                              | <input checked="" type="checkbox"/> General Liability declaration and rate pages  |
| <input checked="" type="checkbox"/> Workers Compensation declaration and rate pages | <input checked="" type="checkbox"/> Umbrella/Excess Liability declaration and rate pages  |
| <input checked="" type="checkbox"/> Experience Modification worksheet               | <input checked="" type="checkbox"/> 5 years actual loss experience for each line of coverage in which Contractor retains more than \$5,000. |