ROLLING OWNER CONTROLLED INSURANCE PROGRAM 2.0

R/OCIP MANUAL

DALLAS FORT WORTH INTERNATIONAL AIRPORT
RISK MANAGEMENT DEPARTMENT

EDITION: SEPTEMBER 07, 2020

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SECTION 1

OVERVIEW

Sponsor has elected to implement a Rolling Owner Controlled Insurance Program (R/OCIP) for Enrolled Contractors providing direct labor at the Project Site. The Sponsor agrees to pay all premiums for coverages provided by the R/OCIP.

The advantages of a Rolling Owner Controlled Insurance Program include:

- Uniform insurance protection and dedicated limits;
- Extended completed operations coverage;
- Centralized safety, loss prevention and claims handling program; and
- Reduction of potential litigation between contractors.

PARTICIPATION IS MANDATORY, except for Excluded Contractors, as defined herein, BUT IT IS NOT AUTOMATIC. Each Eligible Contractor must follow enrollment procedures as described in Section 2 and Section 9.

Eligible Participants with experience modifiers exceeding 1.50 may be required to provide additional information for review and approval. Eligible Participants who are not approved will not be covered under the R/OCIP and, at the Sponsor's discretion, not able to work on the Project. If allowed to provide Work for the Project, this entity must provide all coverage required of an Excluded Participant.

The Sponsor requires that contractors Bid Net of insurance costs provided under the R/OCIP. Compensation payable to the Contractors for performance of the work will exclude all costs of General Liability, Contractor's Pollution Liability, Builders' Risk and Excess Liability insurance with limits specified in the *Contractor Required Coverage* section of this Manual. Initial bids and subsequent change orders must exclude all costs for insurance coverage provided under the R/OCIP. Each Contractor warrants that all insurance premium calculations for work performed at the Project Site have been correctly identified and removed from their bids and any subsequent change orders.

R/OCIP enrollment and compliance are as important as the actual work specifications. All terms and conditions of this R/OCIP Manual are incorporated by reference into your contract and, accordingly, all provisions require **mandatory compliance.**

The R/OCIP Manual may only be updated and distributed during the course of the Project by the R/OCIP Administration AND subject to review and final approval by the Sponsor. Any revised versions shall replace and supersede any previous versions.

NOTE: This Manual does not, and is not intended to, provide coverage interpretations or complete information about coverages. The terms and conditions of the insurance policies will govern how coverage is applied. The information herein is not intended to alter any provisions of the actual contract documents of the Contractors, and if any such conflict occurs, the contract documents will govern.

SECTION 2

CONTRACTORS' RESPONSIBILITIES

All Contractors are required to reasonably cooperate with the Sponsor, the R/OCIP Administrator, and the R/OCIP insurance carrier(s) in all aspects of the R/OCIP operation and administration. Contractors' responsibilities include:

- Include R/OCIP 2.0 contract provisions and requirements in all subcontracts/agreements;
- Incorporate the R/OCIP 2.0 Manual by reference into the successful bidders' awarding Contract;
- Enforce enrollment of all subcontractors, except for those identified as Excluded Contractors as participation is mandatory.
- Provide each subcontractor with a copy of the R/OCIP 2.0 Manual and any Project Safety Manuals;
- Verify subcontractors are able to complete the TradeTapp Pre-enrollment Process;
- Assist in securing the required documentation information from their subcontractors;
- Comply with insurance requirements and Section 7 – Claim Management Procedures and Section 8 – Project Safety;
- Notify the R/OCIP Administrator of all subcontracts awarded by completing the Notice of Subcontract Award Form (including subs that may be excluded);
- Promptly pay General Liability, Builder's Risk & Contractor's Pollution Liability deductibles;
- Attend all meetings regarding R/OCIP administration, claims or safety issues, as required;
- Cooperate with insurance companies, Sponsor, and R/OCIP Administrator regarding requests for claims information or other information required under the program;
- Maintain and report receipts or payments made to subcontractors as required by the R/OCIP;
- Contractors shall also provide Certificate(s) of Insurance as required in Section 5 of the R/OCIP 2.0 Manual prior to beginning work at the Project Site;
- Complete the following administrative process within the time frames specified below:
    - Notice of Subcontract Award and Request for Insurance – Upon execution of subcontract.
    - R/OCIP 2.0 Enrollment – Prior to starting work on-site as determined by the Sponsor.
    - Notice of Completion – Upon completion.
- Assure that all eligible Contractor(s) of all tiers are enrolled and the appropriate certificates of insurance have been provided to the R/OCIP Administrator for all Excluded Contractors, prior to starting work onsite;

- Unless otherwise directed by the Sponsor, all Contractors not enrolled in the R/OCIP will be required to participate in the Sponsor's Project Safety Program and maintain their own insurance coverage of the types and with limits set forth in Section 5;

- Assignment of Return Premiums**:** The Sponsor shall be responsible for payment of all premiums associated with the R/OCIP and will be the sole recipient of any dividend(s), rebate(s), and/or return premium(s) generated by the ROCIP. In consideration of Sponsor's provision of R/OCIP coverage, each Enrolled Contractor agrees to:

    - Confirm that all applicable insurance costs have been excluded from their cost of work associated with their work at the Project Site for coverages provided under the ROCIP 2.0 and cooperate with the R/OCIP Administrator;

    - Irrevocably assign to, and for the benefit of, the Sponsor, all return premiums, premium refunds, premium discounts, dividends, retentions, credits and any other funds in connection with the R/OCIP. Contractors agree to evidence such assignment by executing and delivering the Enrollment Forms. Contractors further agree to require each eligible lower tier subcontractor to execute the assignment on the Enrollment Form, for the benefit of the Sponsor.

- **Contractors shall NOT commence work on the Project Site until**:

  Eligible Contractors

    - Eligible Contractors must have completed all of the enrollment requirements below and received a Certificate of Insurance issued by the R/OCIP Administrator confirming they are enrolled.

  Excluded Contractors

    - Excluded Contractors must have provided approved Certificate(s) of Insurance and required endorsements to the R/OCIP Administrator as evidence that all required insurance coverages are in force. The R/OCIP Administrator will identify the Excluded Contractor as authorized to begin Work.

Enrollment

Enrollment in or Exclusion from the R/OCIP 2.0 program is mandatory but NOT automatic. Access to the Project Site will not be granted until enrollment is completed. Unenrolled/Excluded Contractor(s) and/or subcontractor(s) do not have any insurance coverage under the R/OCIP.

- Each Eligible Contractor working at the Project Site shall complete the Enrollment Process on the WTW COMPAS Portal in its entirety, identifying the dollar amount of the General Liability premium excluded from your bid, and submit it to the ROCIP Administrator along with copies of their company's General Liability policy declaration and rate pages. Contractors' calculations shall be based upon rates in force at the time of the contract bid and are not subject to change during the contract period. Contractors shall accurately estimate all on-site, unburdened payroll and/or contract value/receipts by class code
- If a Contractor is awarded more than one contract on the project, the Contractor is required to complete a separate Enrollment for each contract unless otherwise instructed by the R/OCIP Program Administrator.
- Eligible Participants with experience modifiers exceeding 1.50 must notify the R/OCIP Administrator on the enrollment documents submitted online. The R/OCIP Administrator will notify the Contractor if

additional information is required for review and approval. Eligible Participants who are not approved will not be covered under the R/OCIP and at the Sponsor's discretion, may be excluded from the Project. If allowed to provide Work for the Project, this entity must provide all coverage required of an Excluded Contractor.

- Contractors shall also provide Certificate(s) of Insurance for off-site insurance as required in Section 5 of the R/OCIP 2.0 Manual.

Notice of Subcontract Award

- When an Enrolled Contractor awards a subcontract, the awarding Contractor shall complete the Notice of Subcontract Award for each subcontractor in the WTW COMPAS Portal online.
- The Enrollment requirements will be emailed to the subcontractor contact provided. The awarding Contractor shall ensure that their subcontractors complete the Enrollment Process and submit all required information to the R/OCIP Administrator.

Closeout Process

- An Enrolled Contractor can make a Request for Final Payment, when it has completed its Work at the Project Site and no longer has on-site workers. The Notice of Contract Completion Form shall be completed by the contractor and submitted to the R/OCIP Administrator.

New Contractor Pre-enrollment Process

Dear Interested Contractor,

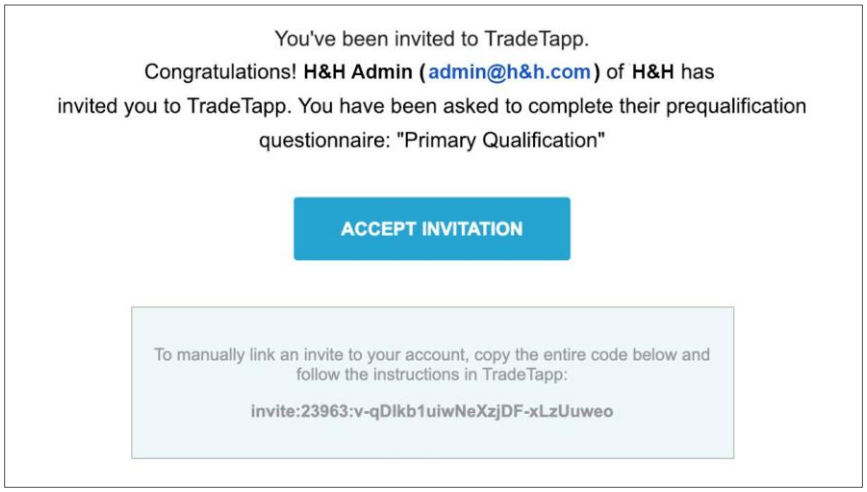
Thank you for your interest in working with DFW Airport. We value strong relationships with our contractors and suppliers and strive to develop a solid team with those companies who are giving their very best to our industry. Therefore, we have a pre-enrollment form required for all companies to fill out during the pre-bid process. You will receive an email invitation to create a free account from "DFW via TradeTapp".

We are dedicated to our teams and the communities to ensure our jobsites are safe and quality driven. We look forward to working with you in the future.

1. Check your inbox

In the coming days you will receive an email invitation to create a new account with TradeTapp, guiding you to the online questionnaire. This invitation will come from "DFW via TradeTapp". Don't forget to check your Spam folder if you can't locate it in your Inbox.

Click "Accept Invitation" to create a new account (or login if you are already a TradeTapp user.)


You've been invited to TradeTapp.

Congratulations! **H&H Admin** (admin@h&h.com) of **H&H** has invited you to TradeTapp. You have been asked to complete their prequalification questionnaire: "Primary Qualification"

ACCEPT INVITATION

To manually link an invite to your account, copy the entire code below and follow the instructions in TradeTapp:

invite:23963:v-qDIkb1uiwNeXzjDF-xLzUuweo

No redundancies

The best part is you only have to submit your most up-to-date information once. Submit any application and automatically create a stored qualification to use for any GC in the network.

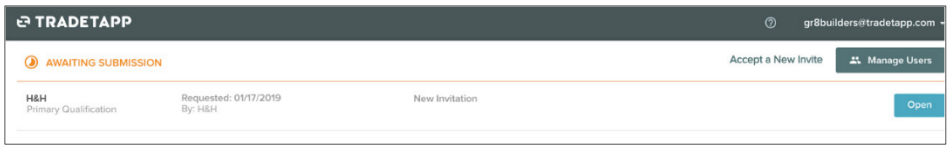
Confidential and secure

TradeTapp's secure platform safely protects the transmittal of your sensitive documents (such as financial statements) unlike email or fax. Access to sensitive data is permission controlled by your general contractor partners.

For additional questions about TradeTapp, their security, or any aspect of our prequalification process, please contact the TradeTapp team at support@tradetapp.com © 2019. TradeTapp, by BuildingConnected. All Rights Reserved.

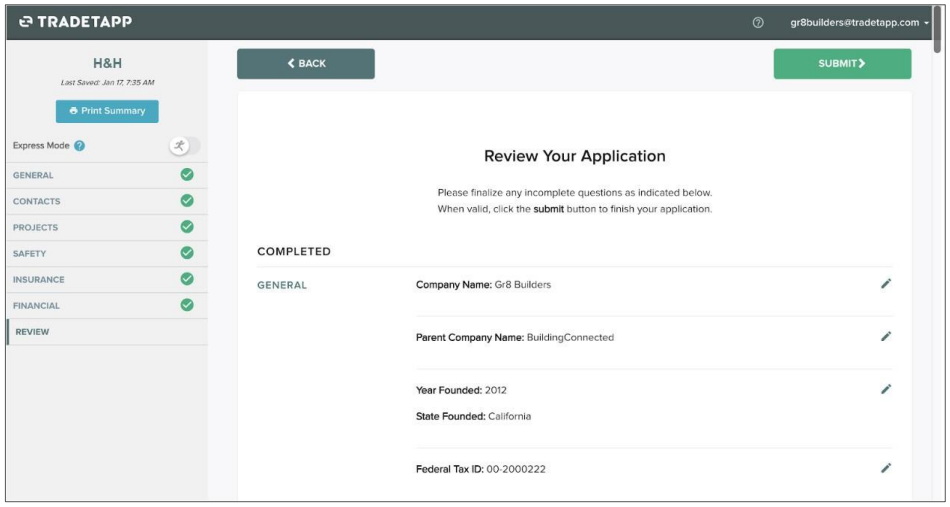
2. Locate your questionnaire

Click “Open” to begin. If you’ve already completed a form for another GC, all answers will automatically appear populate in the new questionnaire. Complete all subsequent required fields.



3. Submit!

Once you’ve completed all required questions. click “Submit”.



4. Your application is complete

Upon submitting your questionnaire, you will see a confirmation page from TradeTapp.

Now what?

- **Stay qualified.** After completing your questionnaire, you’ll be able to quickly renew your profile to ensure your qualification is up-to-date.
- **Faster qualification moving forward.** Now, other GCs using TradeTapp can easily invite you to qualify without asking you to start from scratch, helping you win more bids faster.
- **Need more time?** You can always return to your application as many times as you would like before submitting. Your answers will be automatically saved in the application.

Have questions? Our support team is ready to assist you. Email us at support@tradetapp.com

SECTION 3

PROGRAM DIRECTORY

SPONSOR

Dallas Fort Worth International Airport BOARD

P. O. Box 619428
DFW Airport, TX 75261-9428
Office: 972-973-5650

DFW Risk Management

Crystal Burley
cburley@dfwairport.com

P.O. Box 619428
DFW Airport, TX 75261-9428
Office Phone: 972-973-2549

R/OCIP Program Manager

Nancy Jarmon
Willis Towers Watson
Njarmon@dfwairport.com

3003 South Service Road, Trailer D-1
DFW Airport, TX 75261
Office Phone: 972-973-2394

R/OCIP Program Director

Chet Mitrani
Willis Towers Watson
Chet.mitrani@willistowerswatson.com

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Dallas, TX 75201
Phone: 972-715-6230

R/OCIP Safety Manager

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Global Learning Solutions
Tmeza@dfwairport.com

3003 South Service Road, Trailer D-1
DFW Airport, TX 75261
Phone: 972-768-7452

R/OCIP Safety Consultant

Kyle Duke
Willis Towers Watson
Kyle.duke@willistowerswatson.com

500 N. Akard St., Suite 4300
Dallas, TX 75201
Phone: 972-715-2124

R/OCIP Insurer Claims Contact

Primary R/OCIP Insurance Carrier
HDI Insurance Specialty Group

161 North Clark Street, 48th Floor
Chicago, IL 60601

Lead R/OCIP Excess Insurance Carrier
Allied World National Assurance Company

27 Richmond Road, Pembroke HM 08, Bermuda

SECTION 4

DEFINITIONS

Bid Net Program

Contractor's original scope of work and subsequent change orders will be bid **without** insurance costs for coverages provided under the R/OCIP.

Contractor

As respects the R/OCIP, "Contractor" includes: construction managers at risk, prime contractors, general contractors, joint venture entities and subcontractors of all tiers that perform work on the Project Site.

Rolling Owner Controlled Insurance Program (R/OCIP)

A coordinated insurance, safety and claim management program, under which Commercial General Liability, Excess Liability, Builders' Risk and Contractor's Pollution Liability are procured or provided on a project basis for all Enrolled Contractors, while performing operations at the Project Site.

Eligible Contractors

Contractors and Subcontractors of all tiers performing labor or services at the Project Site are eligible to be enrolled in the R/OCIP 2.0. Suppliers that perform or subcontract installation, temporary labor services, leasing companies providing direct labor, and joint ventures and all joint ventures partners are considered Eligible Contractors. The Sponsor may, at its discretion, include a Contractor who otherwise, by definition, would be an Excluded Contractor. This can only be done with the prior approval of the Sponsor.

Enrolled Contractors

Contractor(s) and Subcontractor(s) of any tiers who have been awarded work, who have submitted all necessary enrollment forms, have met all enrollment requirements, and have been issued a Certificate of Insurance by the R/OCIP Administrator.

Excluded Contractors

Contractors or companies excluded from the R/OCIP are described below. Exclusion is not automatic; a company must have an approved certificate on file with the R/OCIP before coming on site.

- Vendors, suppliers (who do not perform or subcontract installation at the Project Site), material dealers; manufacturing representatives, equipment and rental companies who perform equipment maintenance (does not apply to those who provide operators);
- Contract haulers or truckers (or others who merely transport, pick up, deliver or carry materials, personnel, parts or equipment or any other items or persons to or from the Project Site);
- Asbestos abatement or other hazardous materials remediation;
- Architects, engineers, surveyors, soil testing contractors and their consultants;
- Contractors whose sole scope of work includes Exterior Insulation and Finish Systems (EIFS) unless approved;
- Contractors whose sole scope of work includes blasting and/or structural demolition;
- Guard services, janitorial services and food services;
- The Sponsor may at its discretion exclude others from the R/OCIP.

Project

As determined by Dallas Fort Worth International Airport Risk Management

Project Site/Activities

The premises, as designated by Sponsor and approved by the insurance carrier including any construction activities that are described or referenced in the contract documents as part of or incidental to the Project Site. The “designated project” shall include the work site(s) associated with Project Site, any staging, storage, or parking area(s) and any other similar areas dedicated to the Project that are under the control of Sponsor. This does not include Contractors’ regularly established workplace, plant, factory, office, shop, warehouse, permanent yards or other off-site locations of contractors, even if such locations are for fabrication of materials to be used at the Project Site.

Sponsor

Dallas Fort Worth International Airport Board (DFW) - The entity that determines which insurance coverages will be included, procures the policies and controls the insurance program.

SECTION 5

R/OCIP INSURANCE COVERAGE

This section provides a brief description of the coverages provided under the R/OCIP 2.0. **The Contractor shall refer to the actual policies for details concerning coverages, endorsements, exclusions, and limitations. Copies of policies are available upon written request to the R/OCIP Administrator.**

The Sponsor has procured and will maintain the insurance coverages described below for the "Enrolled Contractors". The Sponsor intends to maintain coverages until the expiration of the policy or the project has been completed or put to it intended use, whichever occurs first.

While R/OCIP 2.0 is intended to provide uniform coverages and reasonable limits, the R/OCIP is not intended to meet all the insurance needs of the Enrolled Contractors. Contractor shall discuss R/OCIP 2.0 with its insurance agent or consultant to assure that proper coverages are maintained. The Contractor's agent shall also be notified that the work performed on-site will be insured under the R/OCIP 2.0. The intent of this notification is to inform the Contractor's standard program underwriters that the insurance coverages provided under the R/OCIP 2.0 are primary on the Project Site.

The R/OCIP includes the following coverages for Enrolled Contractors performing Work at the Project Site. A more detailed summary of coverage can be found in Exhibit 1 in Section 10 of this Manual.

Commercial General Liability: (For Enrolled Contractors, off-site operations are excluded unless scheduled & approved by insurance carriers).

	Limits of Liability Shared by all Insureds
Each Occurrence Limit	$2,000,000
General Aggregate Limit	$4,000,000
Products/Completed Operations Aggregate	$4,000,000
Personal and Advertising Injury Limit	$2,000,000

- Limits reinstate annually except products/completed operations
- Policy provides Products Completed Operations Extension coverage for ten years or Statute of Repose, (whichever is less), per policy terms and conditions.
- A per occurrence deductible of $10,000 will be the responsibility of the Contractor

A General Liability policy will be issued for all Enrolled Contractors naming Enrolled Contractors as Named Insureds.

Excess Liability: (For Enrolled Contractors, off-site operations are excluded)

	Limits of Liability Shared by all Insureds
Each Occurrence	$200,000,000
Annual General Aggregate (reinstates annually)	$200,000,000
Products/Completed Operations Aggregate (term limit)	$200,000,000

Single layered Excess Liability policies will be issued for all Enrolled Contractors naming all Enrolled Contractors as Named Insureds Coverage applies excess of the Commercial General Liability referenced above.

Contractors Pollution Liability

The Contractors Pollution Liability insurance policy provides coverage to all claims as a result of third-party bodily injury, property damage (including natural resource damage) or clean-up costs caused by "pollution conditions" resulting from covered operations that are performed by or on the behalf of Contractors and Subcontractors of all tiers, excluding asbestos abatement and other hazardous materials specialty contractors, at the Project Site. Coverage shall also include on- and off-site transportation, non-owned disposal site coverage (if scheduled and applicable to the project) and a minimum of ten (10) years of completed operations.

The policy will have a limit of $20,000,000 each loss and a $20,000,000 policy aggregate limit. The policy shall be written on an occurrence basis.

A per occurrence deductible of $25,000 will be the responsibility of the Contractor.

Evidence of Coverage

Certificates of Insurance will be issued to each Enrolled Contractor by the R/OCIP Administrator evidencing the R/OCIP 2.0 coverage described above. Contractor agrees to be bound by the terms and conditions of the R/OCIP Policies.

Builders Risk:

Builders Risk coverage will be provided with limits equal to the replacement cost of the work, subject to sub limits.

A per occurrence deductible of $25,000 will be the responsibility of the Contractor.

Excluded Items: The insurance will not cover tools or clothing of workers or any tools, equipment, protective fencing, scaffolding, and equipment owned, rented, leased or used by the enrolled parties in the performance of the work, not intended for specific installation into the project.

Waiver of Rights of Recovery**:** To the extent coverage is provided by the ROCIP and the property insurance policy of the Airport Board, the Airport Board expressly waives it's rights of subrogation and recovery against the Contractor or subcontractors of any tier for physical loss or damage to the insured property that exceeds the $25,000 deductible shown above. Except as respects the per occurrence deductible shown above, each contractor or subcontractor waives any and all rights of subrogation and recovery each may have to recover physical loss or damage to the insured property against the Airport Board; or its agents or assigns, and other contractors performing work related to the project.

Waiver of Subrogation

Contractor waives all rights of subrogation and recovery against Airport Board, its designee(s), construction managers, general contractors, and subcontractor(s) of all tiers to the extent of any claims, loss or damage, which is insured under the R/OCIP. Notwithstanding the foregoing and not by way of limitation of the same, Contractor waives its rights of subrogation and recovery for damage to any property or equipment against Airport Board, its designee(s), construction managers, general contractors, and subcontractor(s) of all tiers. Each contractor shall require all subcontractor(s) to similarly waive their rights of subrogation and recovery in each of their respective construction contracts with respect to their work.

Contract Termination: Upon completion of **all** their work at the Project Site, Contractors whose practice policies have been endorsed with a Designated Workplace Exclusion Endorsement should advise their broker/agent of the completion of the work and request the endorsement be deleted from their policies. The endorsement must be deleted prior to any Contractor undertaking warranty work at the Project Site. Enrolled Contractors with more than one enrolled contract will maintain coverage under the Sponsor's R/OCIP until the last contract is terminated.

R/OCIP Termination/Modification

The Sponsor reserves the right to terminate or modify the R/OCIP or any portion thereof.
The Sponsor will provide thirty (30) days advance written notice of termination or material modification to the Enrolled Contractor(s) covered by the R/OCIP. In such event, the Enrolled Contractor(s) will promptly obtain appropriate replacement insurance coverage acceptable to the Sponsor. Written evidence of such insurance will be provided to the Sponsor prior to the effective date of the termination or modification of the R/OCIP coverages. The reimbursement for the cost of such replacement insurance will be calculated on a pro-rata portion of actual insurance cost to replace the R/OCIP coverages.

SECTION 6

CONTRACTOR REQUIRED COVERAGE

All Contractors are required to maintain, the following coverage, at their own expense and for the duration of their contract. These coverages must be maintained to protect both the Sponsor and the Contractor from off-site exposures. The limits shown below are minimum limits and are not intended to limit the Contractors' liability.

All Contractors shall maintain and shall require each of their Subcontractor(s) to obtain and maintain all insurance requirements.

Workers' Compensation and Employers Liability: *(On and offsite)*

Part One – Workers' Compensation Statutory Limit

Part Two – Employers' Liability

Bodily Injury by Accident, each accident	$500,000
Bodily Injury by Disease, each employee	$500,000
Bodily Injury by Disease, policy limit	$500,000

The policy must be endorsed to include a Waiver of Subrogation in favor of the Sponsor and other entities, as required by contract. A copy of the Waiver of Subrogation endorsement must be attached to the Contractors' Certificate of Insurance.

Waiver of Subrogation in favor of the Sponsor and any additional entities required as per written contract.

Commercial General Liability:

For Enrolled Contractors, insurance for losses that occur AWAY FROM THE PROJECT SITE and after the earlier of project completion or R/OCIP termination, and for Excluded Contractors losses that occur AT AND AWAY FROM THE PROJECT SITE with limits not less than:

	All Entities
Each Occurrence	$1,000,000
Damage to Rented Premises (Each occurrence)	$100,000
Med Expense	$5,000
Personal & Advertising Injury	$1,000,000
General Aggregate	$2,000,000
Products – Comp/Op Aggregate	$2,000,000

- Occurrence Form, 1986 or successor ISO CGL
- Name the Sponsor and any additional entities, as required by contract as Additional Insureds and must state that coverage is afforded on a primary and non-contributory basis. The General Liability Additional Insured Endorsement must be ISO CG 20 10 11 85 form or its equivalent.
- Waiver of Subrogation in favor of the Sponsor and any additional entities, as required by written contract.
- Policy shall not contain exclusions for hazards of explosions ("X"), collapse ("C") or underground ("U").
- Any deductibles will be the responsibility of the Contractor.
- Contractor's practice policy shall be on an Excess and/or Difference in Conditions basis with respect to the R/OCIP coverage. Inclusion of the Project Site on the Contractor's policy shall not replace the ROCIP coverages.

Commercial Automobile Liability *(On and off-site)*

Business Automobile Liability insurance shall cover the ownership, maintenance, use, loading and unloading of all vehicles owned, hired or used by, or on behalf of, the Contractor on or away from the Project Site. Such insurance will provide coverage not less than that of the standard Commercial Automobile Liability policy in limits not less than:

All Entities	
Combined Single Limit (Each accident)	$1,000,000

- Contractual liability, if not provided in the policy form, is to be provided by endorsement.
- Sponsor and any additional entities as required by contract, included as Additional Insured, if not provided in the policy form on a primary and noncontributing basis.
- Waiver of Subrogation in favor of the Sponsor and also any additional entities, as required by written contract.
- If hazardous materials or waste are to be transported, the Commercial Automobile Liability policy will be endorsed with the MCS-90 endorsement in accordance with the applicable legal requirements.

Umbrella/Excess Liability:

All Entities	
Limit Any One Occurrence / Aggregate	$1,000,000

- Excess /Umbrella Liability coverage must follow form or be at least as broad as the underlying Primary insurance

For Excluded Contractors operating vehicles within the Air Operations Area (AOA) as respects Automobile Liability only:

Excluded Contractor	**Within** AOA
Each Occurrence	$10,000,000
Aggregate	$10,000,000

As respects, Excluded Contractors operating vehicles on Airport property, outside the Air Operations Area (AOA), as respects Automobile Liability only:

Excluded Contractor	**Outside** AOA
Each Occurrence	$5,000,000
Aggregate	$5,000,000

Policy coverage must be on an "occurrence" basis.

The Sponsor has purchased the additional $10,000,000 Umbrella/Excess Liability policy covering Enrolled Contractors working within the AOA.

The Liability limit requirement may be met by primary coverage or combination of primary and umbrella/excess.

Aircraft Liability:

Each Occurrence Limit and in the Aggregate: $1,000,000

Coverage shall be provided for owned, hired, and non-owned aircraft, including Passenger Liability.

Required only if the Contractor intends to operate an aircraft of any kind at the project site (including unmanned aircraft/drones), must maintain liability insurance naming the Sponsor and other entities, as required by contract, as additional insureds on a primary and non-contributing basis.

Professional Liability:

All professional services firms and Contractors performing design services must provide professional liability insurance as required by contract.

Contractors Pollution Liability: *(For Excluded Contractors including Abatement Contractors & hazardous material Contractors):*

Each Occurrence Limit and in the Aggregate: $1,000,000

Required for all work associated with asbestos, lead, mold, (including any work which could, if not performed properly, lead to mold or fungal contamination), petroleum products, contaminated soils, or other pollutants requires the provision of appropriate Pollution Liability or Environmental Impairment insurance. Coverage must comply with other contract requirements.

Certificates of Insurance

All Contractors shall maintain the required insurance without interruption from the date of commencement of work throughout the warranty period. All Contractors shall provide the R/OCIP Administrator with Certificates of Insurance evidencing the coverages, limits, and amendments to the policies prior to commencement of work on the Project Site. Coverage must be with an authorized insurance carrier having an A- or higher A.M. Best rating and be of acceptable financial size. The Sponsor reserves the right to request copies of policies or specific endorsements. Failure of any Contractor or other party to provide such Certificates of Insurance will not be relief from the responsibility to carry and maintain such insurance. A sample certificate is included in the Forms Section.

Additional Insured Endorsement

Excluding Professional Liability and Workers' Compensation/Employer's Liability, all Liability Policies, shall name the Sponsor and any additional entities, as required by contract as Additional Insureds and must state that coverage is afforded on a primary and non-contributory basis. The additional insured coverage shall not require privity of contract between the additional insured and the named insured. The additional insured coverage shall not be limited to vicarious liability for the negligence of the named insured. IN THE EVENT THAT THE LAW OF THE STATE IN WHICH THE PROJECT IS LOCATED (OR APPLICABLE LAW) LIMITS THE ADDITIONAL INSURED COVERAGE THAT OWNER MAY REQUIRE FROM CONTRACTOR, THEN CONTRACTOR SHALL BE REQUIRED TO OBTAIN ADDITIONAL INSURED COVERAGE TO THE FULLEST EXTENT OF COVERAGE AND LIMITS ALLOWED BY APPLICABLE LAW AND THIS AGREEMENT SHALL BE READ TO CONFORM TO SUCH LAW.

Waiver of Subrogation

Contractors' policies shall include a Waiver of Subrogation in favor of the Sponsor and any additional entities as required by contract.

Notice of Cancellation

The Contractor shall specifically be required to provide a written thirty (30) day notice of cancellation for non-renewal or material change and ten (10) day notice in the event of cancellation for non-payment of premium to the R/OCIP Administrator.

Survival

The insurance requirements described in the R/OCIP Manual are not intended to, and shall not in any way, limit or quantify the liabilities and obligations each Contractor assumes pursuant to its contract. The insurance requirements are an independent contract provision and shall survive the termination or expiration of this contract or any subcontract.

No Release

The Sponsor's procurement and provision of the R/OCIP shall in no way relieve the Contractor of any responsibility or liability under this contract, any applicable law, statute, regulation or order, except the responsibility of securing the R/OCIP coverages if, and commencing when, the Contractor becomes an Enrolled Contractor.

CLAIMS MANAGEMENT PROCEDURES

This section explains the process to be followed in the event of an accident or incident that may result in a claim. **The DFW R/OCIP Program Manager must be notified of any accidents, incidents or unusual circumstances that may result in claims.** In the event of loss:

- Immediately arrange for first aid or medical emergency transport if necessary
- Protect undamaged property to the extent reasonably and safely possible
- Take photographs and/or measurements as applicable
- Identify witnesses and secure contact information
- Do not discuss the loss with anyone other than authorized project management
- Cooperate fully with R/OCIP Carrier's adjuster

1. INTRODUCTION

If you have questions about any of these guidelines or encounter an unusual situation, contact:

R/OCIP Program Manager, (972) 973-2394

Contractors and subcontractors of every tier are responsible for their own Workers' Compensation and Automobile Liability Coverage. All accidents should be reported to your primary insurance carriers. Any workers' compensation or automobile accidents occurring on DFW property must also be reported to the R/OCIP Program Manager.

Contractors and subcontractors are responsible for their own off-site Commercial General Liability insurance. All off-site claims should be reported to your primary GL carriers.

2. LAWSUIT OR LITIGATION GUIDELINES

The R/OCIP Program Manager must be notified by email or telephone upon service of all lawsuits or citations filed against DFW prime contractors, subcontractors of any tier, the DFW Airport Board or any other entities involved in the DFW R/OCIP Projects. The served defendant shall, upon service, deliver all original copies of lawsuits or citations to:

- Deliver to: DFW R/OCIP Program Manager, njarmon@dfwairport.com
- Mail to: DFW Board
  Risk Management
  P.O. Drawer 619428
  DFW Airport, TX 75261
- Retain copies for your file

Failure to timely answer a lawsuit may result in a default judgment. The contractor or subcontractor receiving the lawsuit will be financially responsible for all judgments and expenses associated with a default judgment.

3. INCIDENT / ACCIDENT GUIDELINES

a. Initial Claim Reporting

The Employer must report all workers' compensation claims to their WC carrier. A copy of contractor incident report shall be sent to the R/OCIP Manager for information purposes only.

b. Serious Injuries or Fatalities

Serious injuries or fatalities must be reported immediately to the R/OCIP Program Manager or R/OCIP Safety Manager by telephone.

"Serious Injury" includes, but is not limited to:

- Fatalities
- All spinal cord injuries
- Burns to 10% or more of the body's surface
- Paralysis
- Dismemberment or Amputations or crushing injuries
- Loss or impairment of eyesight or hearing; or
- Severe scarring.
- A sexual assault or battery, including, but not limited to, rape, molestation or sexual abuse.
- Severe head injuries
- Occupational diseases of any kind
- Exposure to toxic substances
- Any single occurrence resulting in hospitalization of three or more persons.

c. OSHA Records

Maintenance of records required by the Federal Occupational Safety and Health Administration and any other applicable regulations are the responsibility of each contractor.

3. COMMERCIAL GENERAL LIABILITY GUIDELINES

a. REPORTING

Any occurrence involving bodily injury or property damage that may result in a general liability claim should be reported to the R/OCIP Program Manager on a DFW ROCIP Accident/Incident Report.

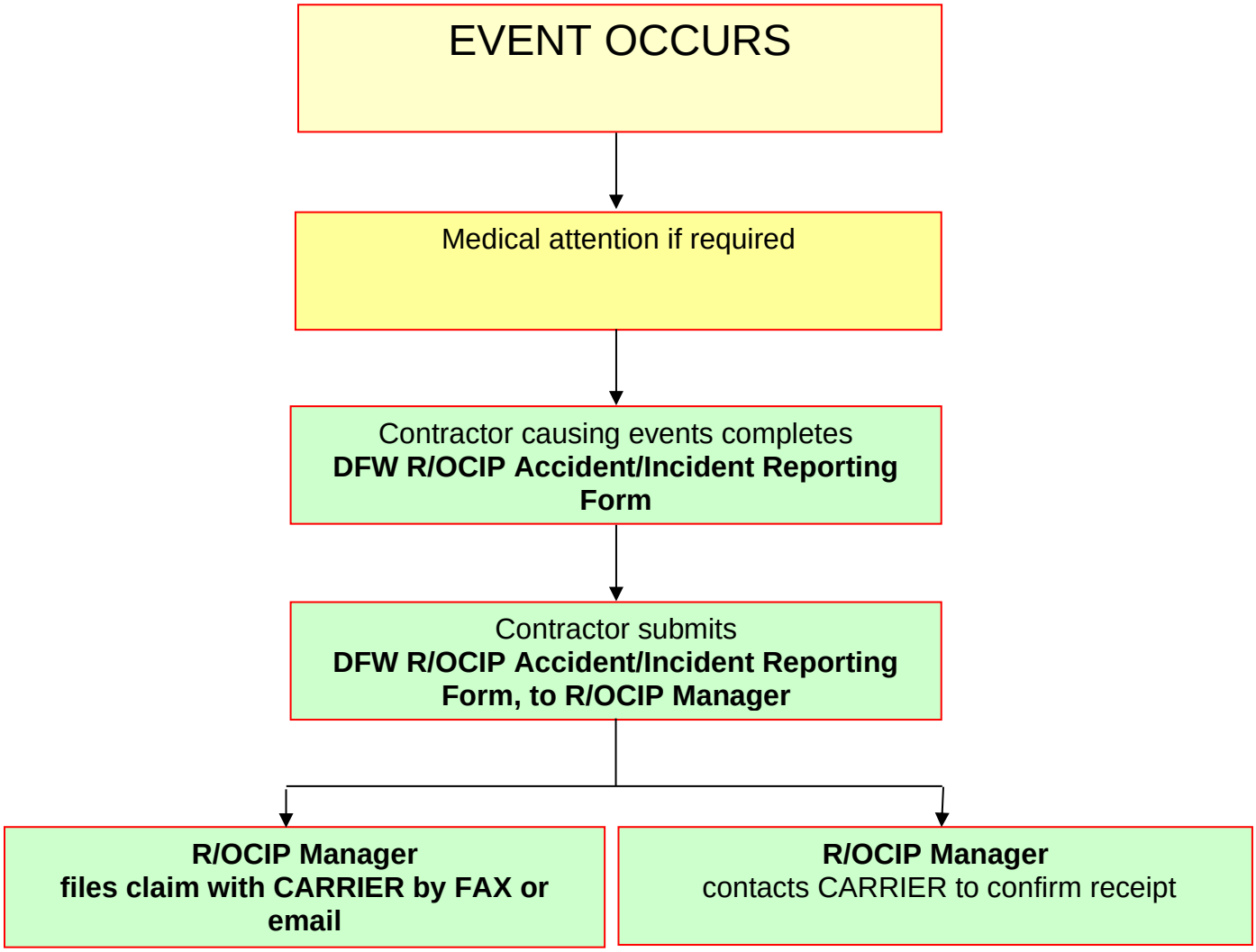
The completed form shall be submitted to the R/OCIP Program Manager at the R/OCIP office within 24 hours from notice of potential claim. The R/OCIP Manager will check the form for accuracy and report the claim to the carrier within four hours of receipt.

The carrier will coordinate the investigations of commercial general liability claims. All contractor and subcontractor personnel will cooperate with the carrier's reasonable investigation efforts.

A per occurrence deductible of $10,000 will be the responsibility of the Enrolled Contractor

Refer to the Commercial General Liability flow chart.

COMMERCIAL GENERAL LIABILTY OCCURRENCE REPORTING



4. BUILDER'S RISK PROPERTY GUIDELINES

a. COVERAGE

Covered property includes all material and equipment that will be permanently incorporated into the Project.

b. REPORTING AND POST-LOSS RESPONSIBILITIES

The affected contractor must complete the DFW R/OCIP Accident/Incident Reporting Form. The form shall be promptly submitted to the ROCIP Program Manager at the Project site. The R/OCIP Manager will check the form for accuracy and report the claim to Willis Towers Watson by email/fax within four hours after receipt.

Each party affected by the loss should separate damaged property from undamaged property.

Each party affected by the loss should protect property under its control from further damage (act as a prudent businessperson with no insurance coverage).

Each party affected by the loss should prepare an inventory of the destroyed and damaged property, listing applicable replacement cost, repair costs, etc.

Each party affected by the loss should set up a separate bookkeeping account in order to capture all the costs and expenses relating to the loss.

Each party affected by the loss should retain copies of all related invoices and purchase orders, as these may be needed as proof of claim.

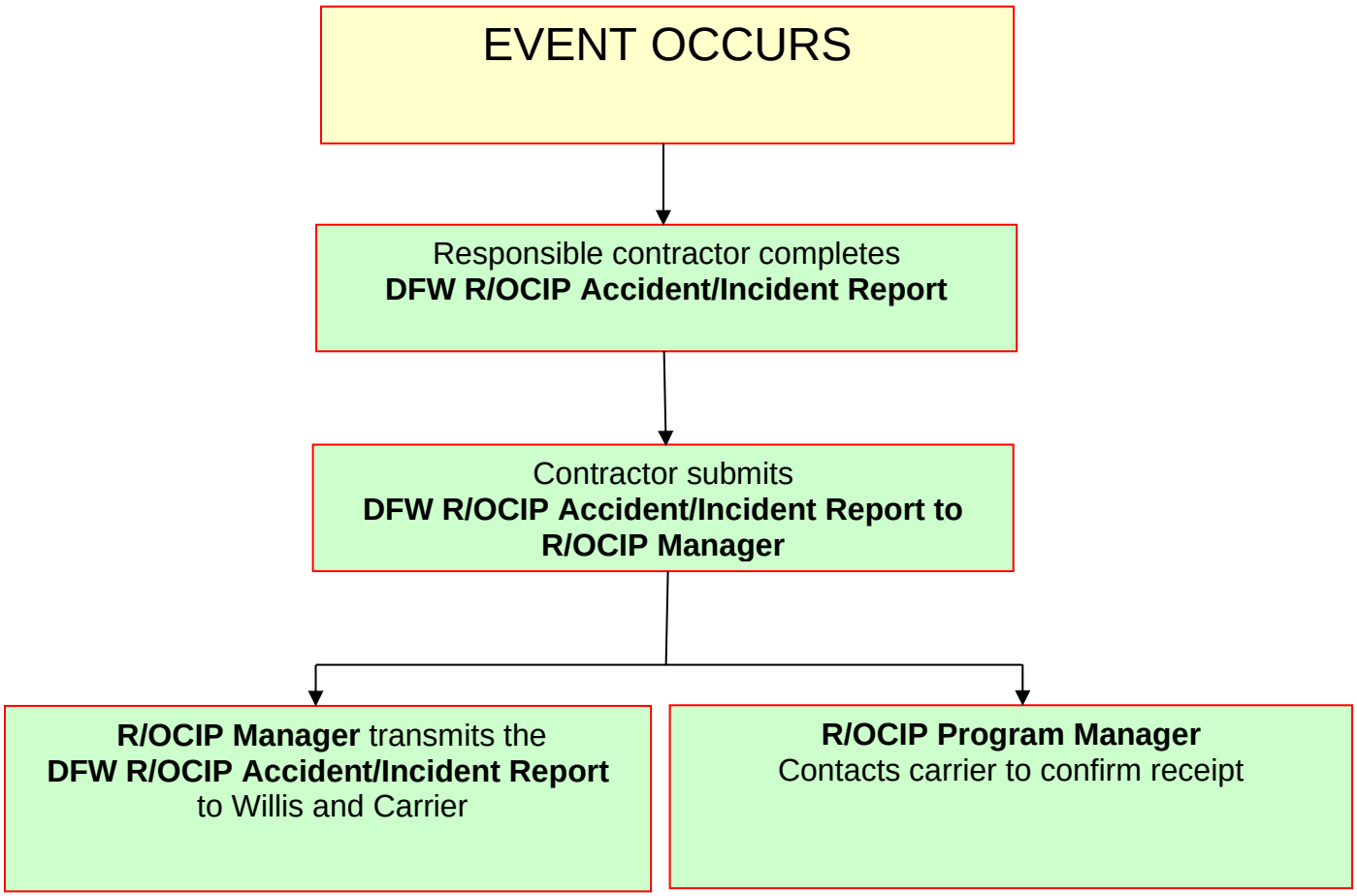
All builders' risk losses will be coordinated by Willis Towers Watson and the R/OCIP Program Manager. Any developments that could in any way affect the loss should be immediately brought to the attention of the R/OCIP Program Manager.

Contact the R/OCIP Program Manager immediately if there is any uncertainty on how to proceed. CARRIER will coordinate the investigations of Builder's Risk claims. Contractor personnel will cooperate with carrier's reasonable investigation efforts.

Refer to the Builder's Risk flow chart.

The contractor or subcontractor experiencing the loss is responsible for the first $25,000 of any loss. Should more than one contractor or subcontractor incur damage to covered property, each contractor or subcontractor shall be responsible for their own pro rata share of the applicable deductible or deductibles up to $25,000.

BUILDER'S RISK
OCCURRENCE REPORTING



5. ENVIRONMENTAL LIABILITY GUIDELINES

a. Reporting

Any occurrence involving Environmental Liability must be reported immediately to the ROCIP Program Manager. The ROCIP Manager will report the claim to Willis Towers Watson if under the Contractor's Pollution Liability policy by email/telephone as soon as possible after receipt of notice and must follow-up to confirm receipt and that claim has been reported to the carrier.

CARRIER will coordinate the investigations of Environmental Liability claims. All contractor personnel will cooperate with carrier's reasonable investigation efforts.

A per occurrence deductible of $25,000 will be the responsibility of the Contractor.

PROJECT SAFETY

Contractor shall comply with the requirements of the DFW Safety Plan and be required to have all project employees participate in orientation and Safety Training Program before being eligible to work on the project. The makeup and content of these programs are outlined below.

Safety Orientation Program

Upon confirmation workers have completed the required pre-assignment substance abuse screening which consists of a ten (10) panel, rapid screen test and criminal background check, the newly employed, promoted, and/or transferred personnel shall be eligible to receive an orientation regarding the general safety and health rules and regulations as well as the site specific policies and hazards prior to starting work on the construction site. The Contractor shall be responsible for the compliance with this requirement for their employees, Subcontractors and sub-subcontractors, and visitors. Documentation of this orientation shall be maintained on file for review (Reference R/OCIP Project Safety Guidelines).

Project specific stickers (provided by the Sponsor) will be issued to an employee following their orientation, and then documented on the training Log Sheet. It is the responsibility of the contractor to ensure that non-English speaking employees receive these same instructions in a language they understand. Workers will attend the 4-hour Safety orientation and training sessions conducted in both English (Tuesday) and Spanish (Thursday) to all personnel. The 4-hour sessions shall include at a minimum the following topics:

- Unique hazards of the project
- Personal protective equipment (Appropriate work attire, 100% Eye and Hard Hat protection)
- 6-Foot fall rule - 100% continuous fall protection (including steel erection and scaffolds)
- Hand and Power Tools
- Material Handling
- Stairway and Ladder Safety
- Rigging and Flagging
- Electrical Safety (Including Lock Out / Tag Out Procedures)
- JHA / Pre-Task Planning
- Substance abuse policy
- Disciplinary procedures
- Site Specific Hot Work Requirements

R/OCIP Orientations is held in trailers behind DCC. Check with the ROCIP Safety Consultant, Tony Meza (972) 768-7452, for location.

SECTION 9

R/OCIP 2.0 ENROLLMENT PROCESS

WTW COMPAS Portal

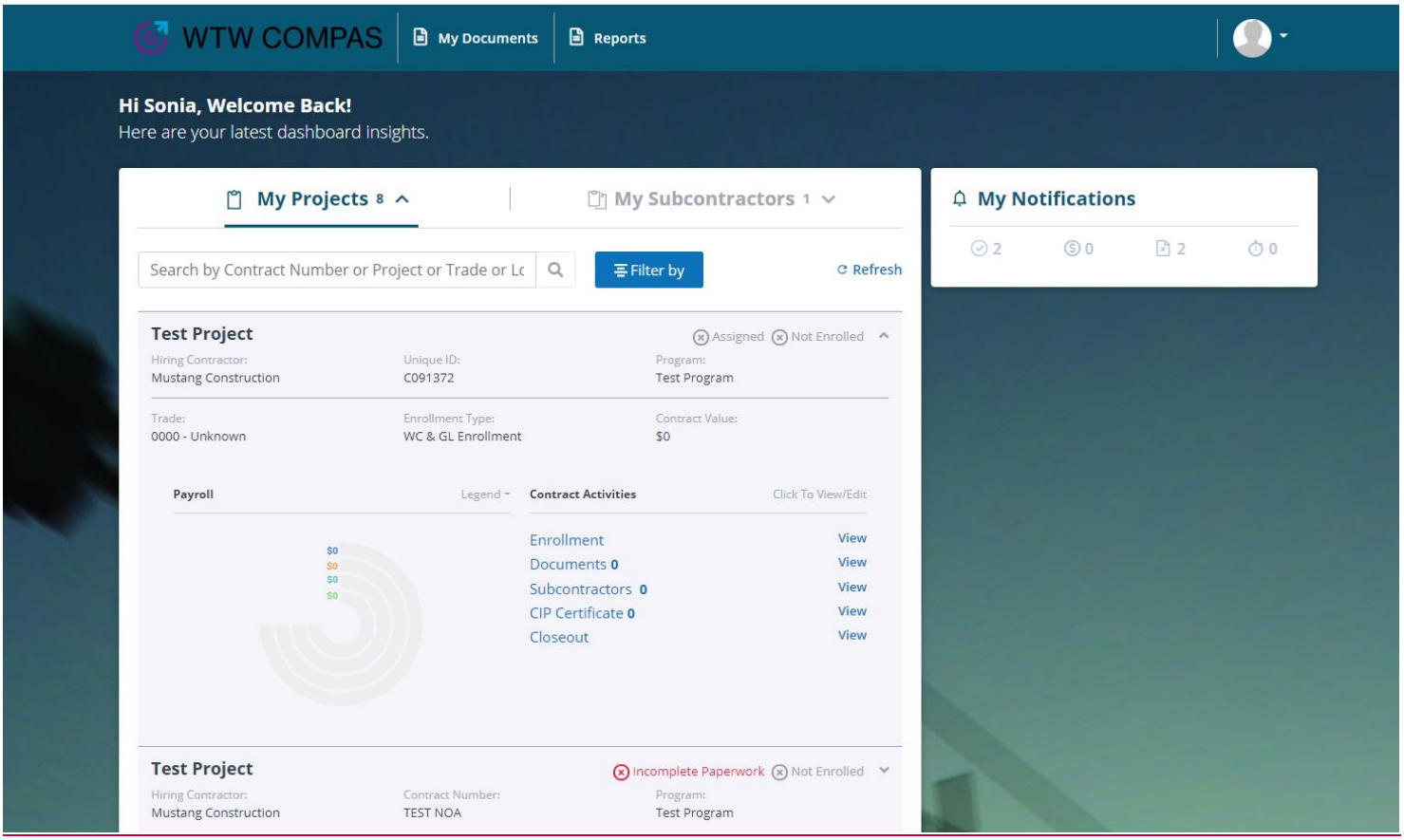
- Enrollment Email Request
- Registration Process
- Enrollment Process
- Required Documentation Attachments
- Notice of Subcontract Award and Request for Insurance
- R/OCIP Related Documents

R/OCIP 2.0 Forms

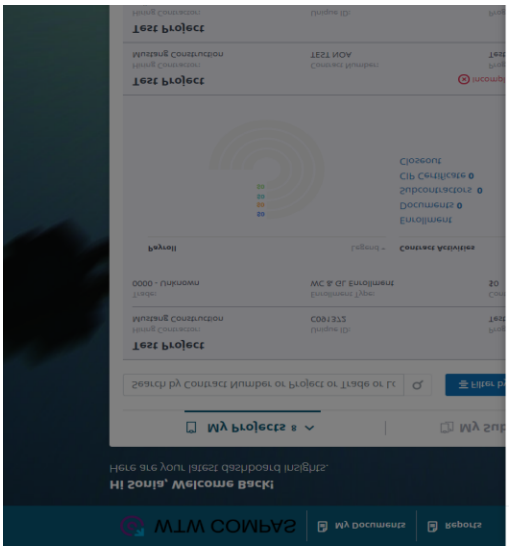
- R/OCIP Sample Certificates of Insurance
- R/OCIP Accident / Incident Investigation Form

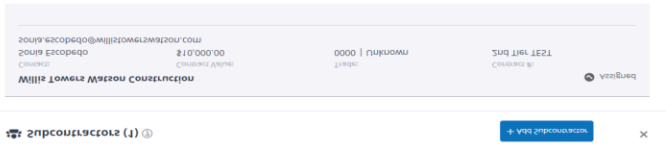
Notice of Subcontract Award

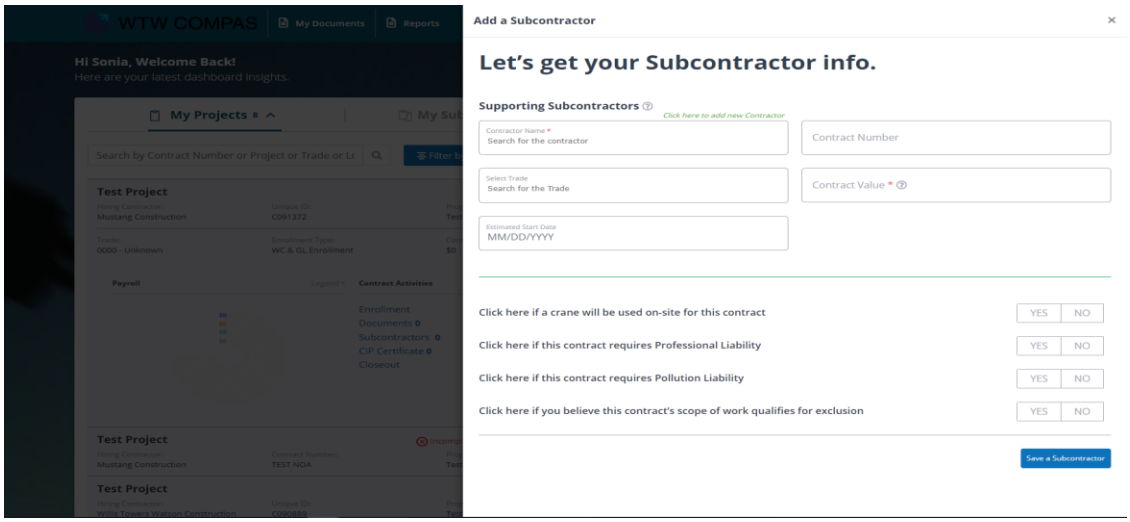
When an Enrolled Contractor awards a subcontract, the awarding Contractor shall begin the enrollment process by completing Notice of Award for each Contract award via Add Subcontractor Icon via the Contractor Portal – Action Panel to open the Add Sub Contractor screen.



Select + Add Subcontractor from the upper right hand of the Subcontractors screen.







Enter your subcontractor information. The required fields for Notice of Award are as follows:

- Contract Value – Please enter Estimated Contract Value
- Select Contractor – User can begin to enter the company name and if the company is already in the system select from the drop-down list. If the company is not included in the list, please select "Click here to add a new contractor".

The following fields are optional but if the information is available please populate.

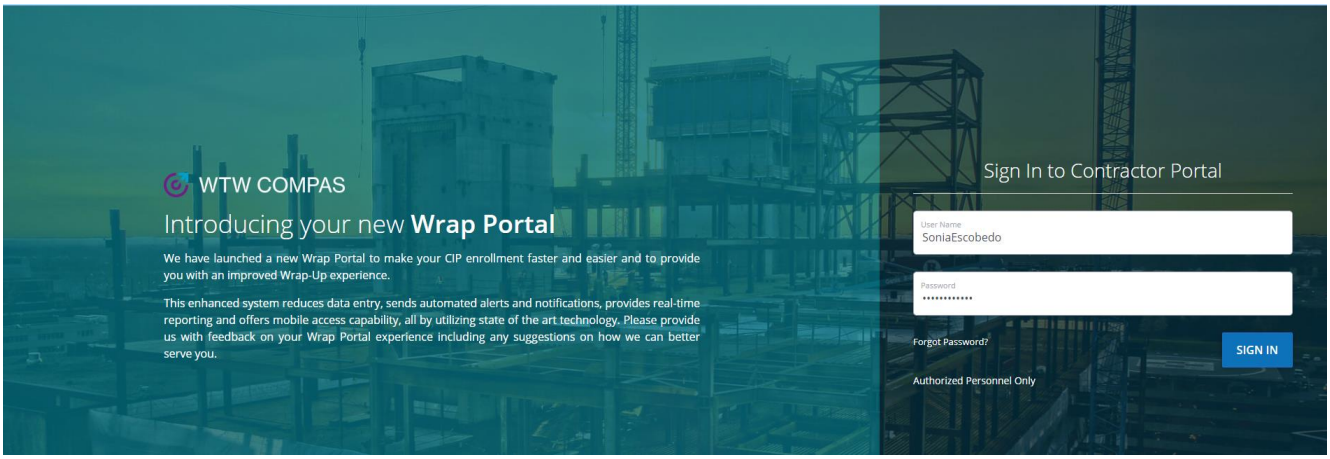
- Trade – Select SIC Code from drop down list. If SIC code is not available select "Click here to add a your SIC Code"
- Contract Number – Please provide Contract Number for contract award.

The awarding Contractor shall ensure that their subcontractors complete the remaining sections of the Contractor Package Enrollment and immediately submit.

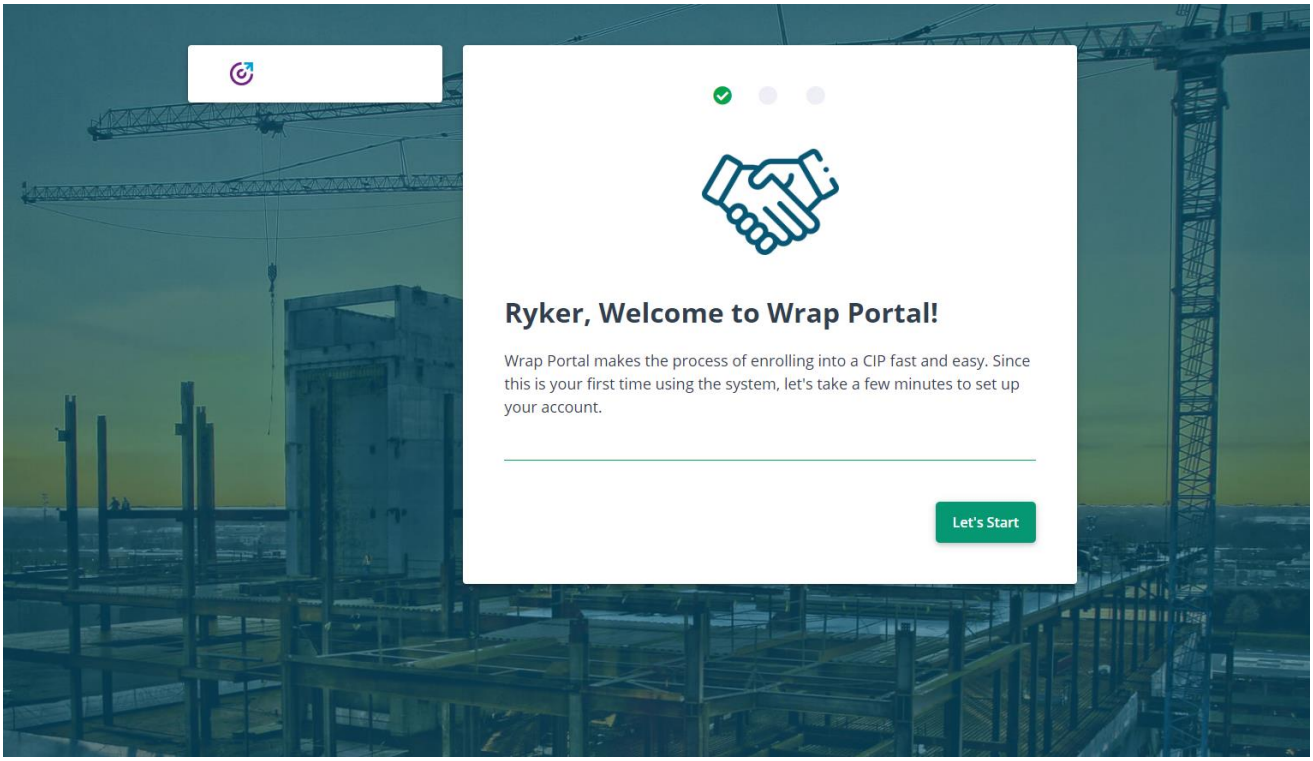
Enrollment

Once the Notice of Award is completed the Contractor will receive a Request for enrollment e-mail. The email will include a brief description of the Program and the program requirements. They will also receive the URL, username and password to login to the system. If this is the first time logging into the system the user will login in using the system generated password and proceed to Account Setup.

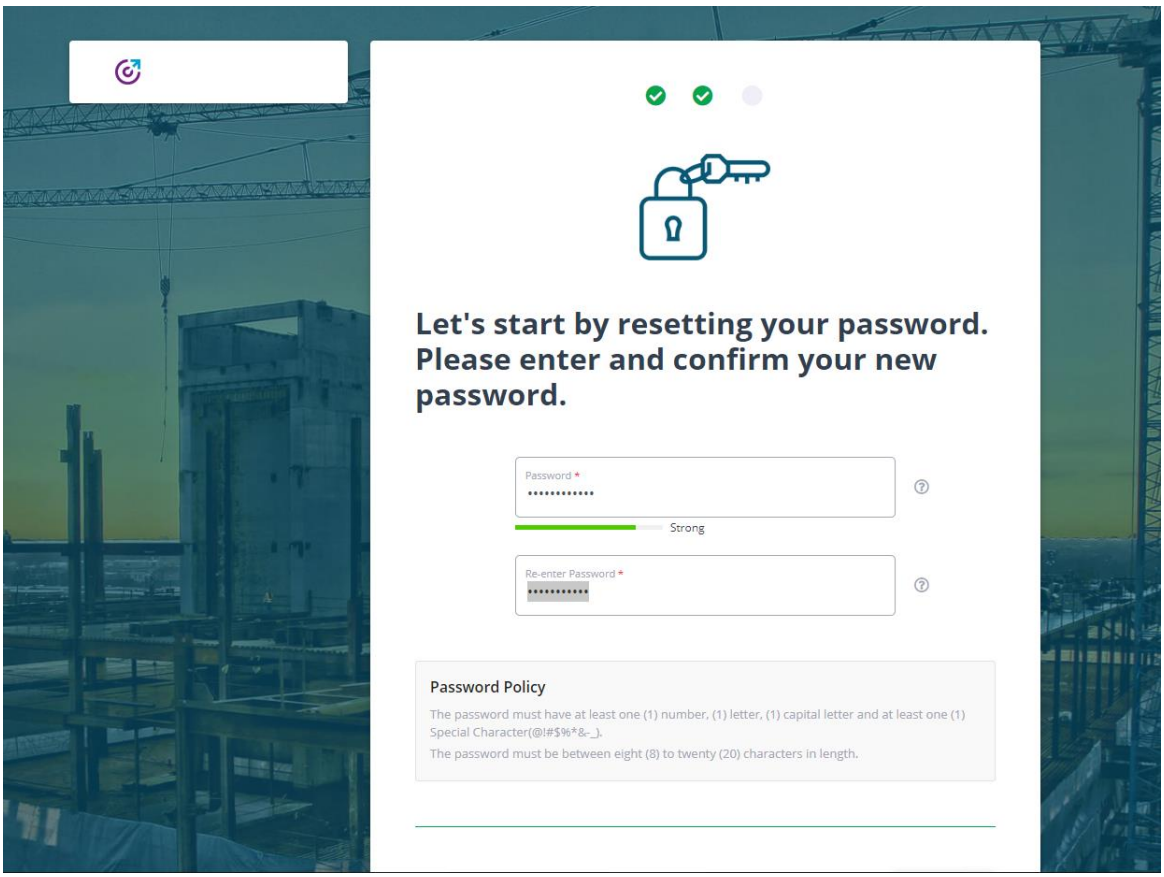
Enter system generated User Name and Password select Logon.



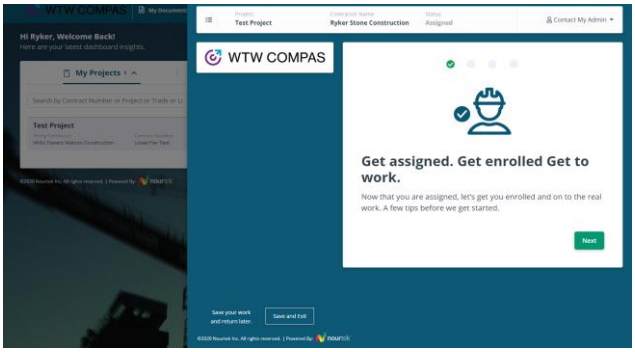
Welcome screen will open select Sign In. The Welcome screen will launch, select Let's Start

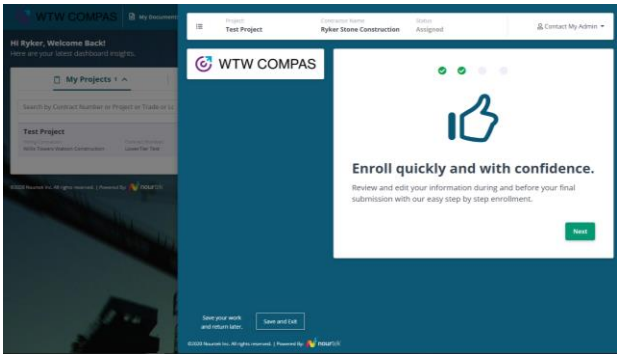


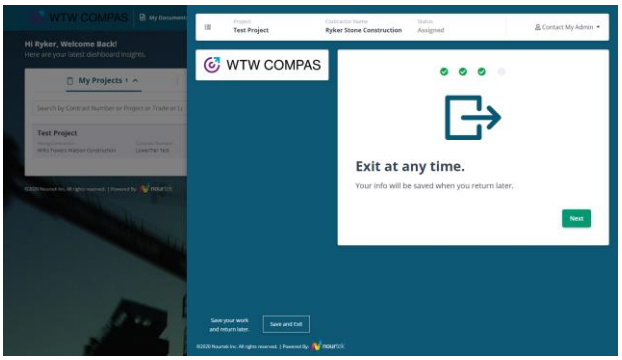
Re-set the system generated password. The password policy for the contractor portal is included at the bottom of the screen. Select Continue.

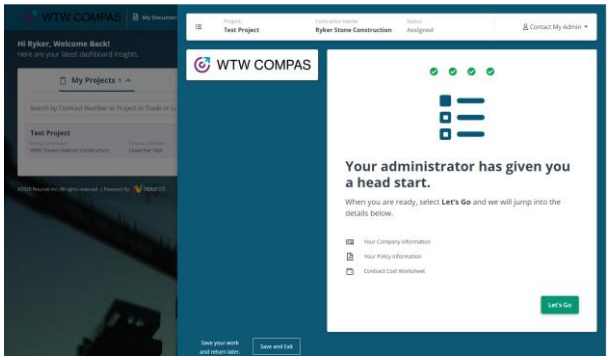


If this is your first time logging in the wizard will launch to begin the enrollment process. Select Next until you reach the screen with the Let's Go icon.





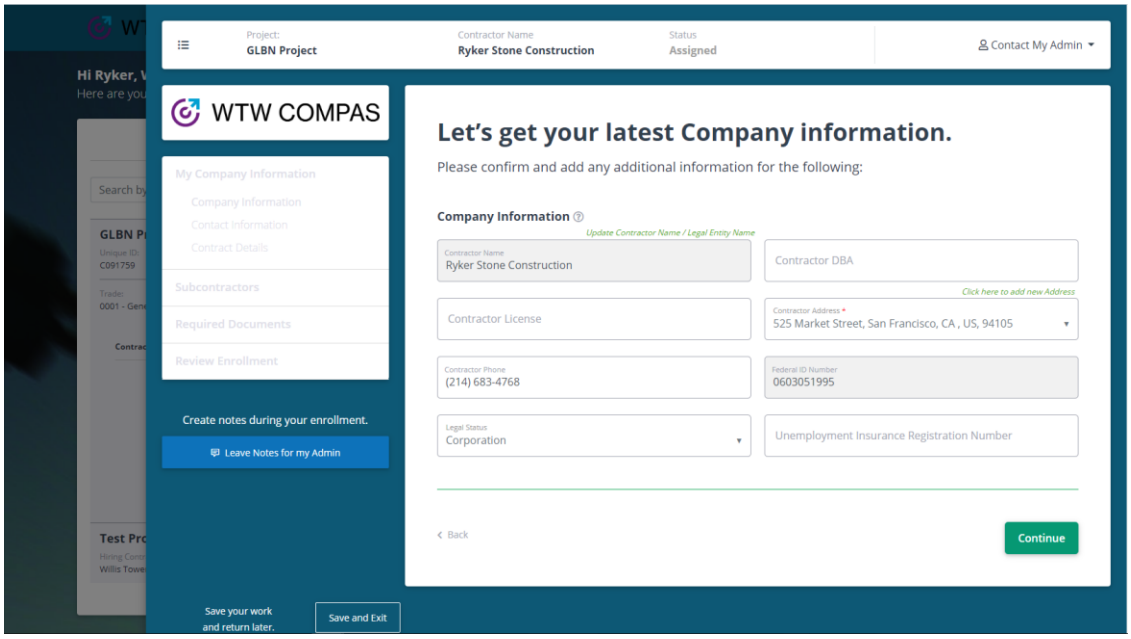




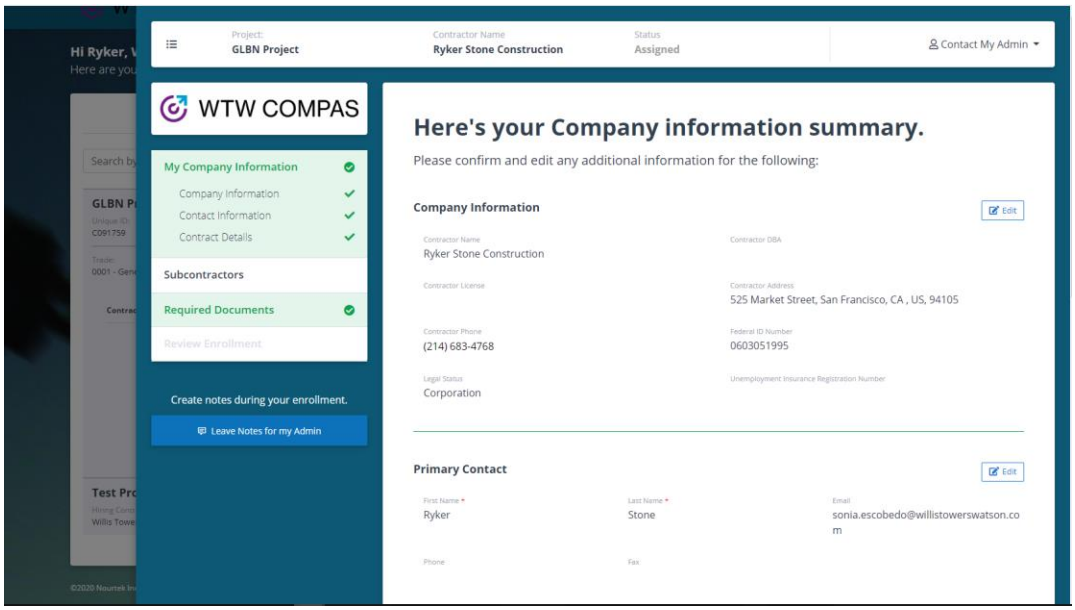
To continue with the enrollment process the user will need to select the contractor package with Assigned status. Under the Contract Activities select Enrollment. Enter and/or update all sections under Company information select Continue in the lower right-hand side of each section to continue through the enrollment process. Users are required to populate all fields with red asterisks.

If a user is unable to complete the enrollment please use the Save and Exit icon to save data to return at a later point to complete the enrollment.

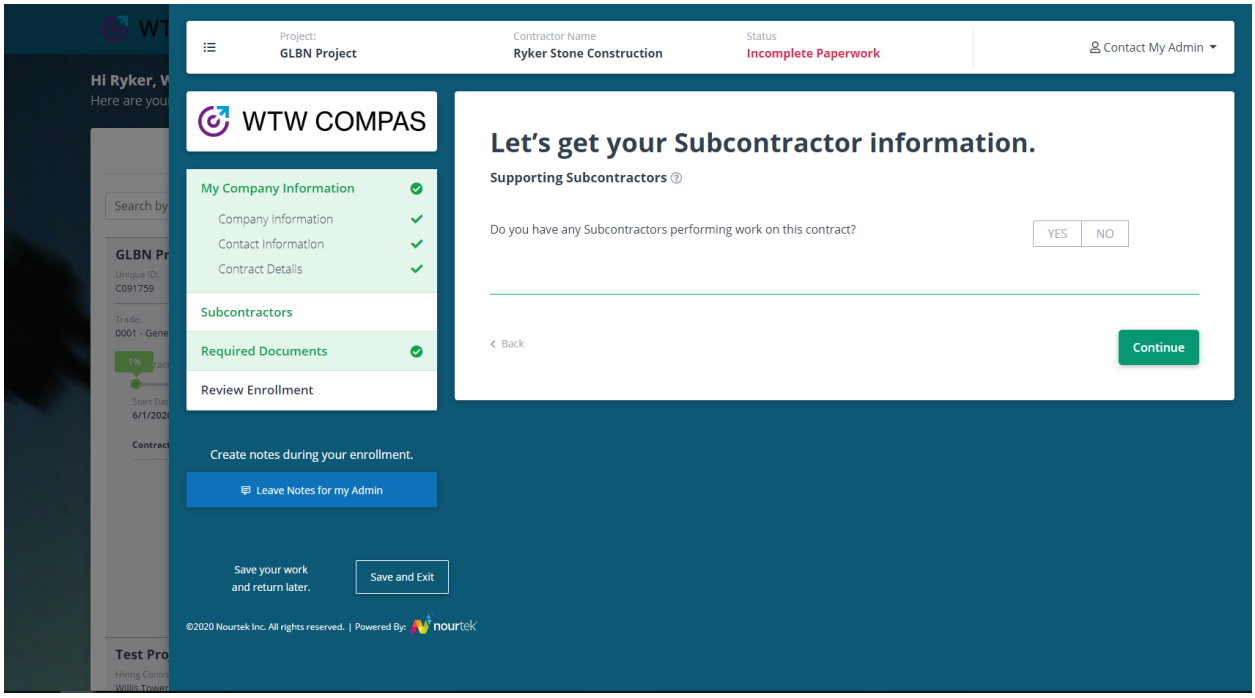
If a user has questions regarding the enrollment process please select Leave Notes for my Admin icon to send a question your Client Service Specialist.



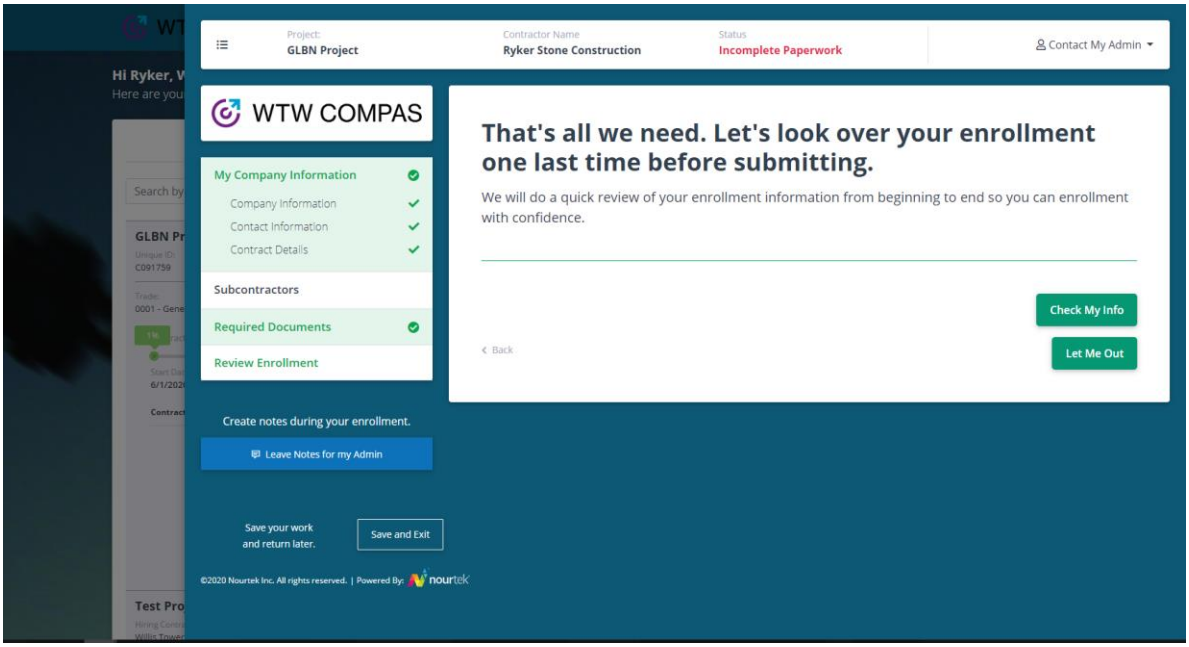
Sections that are complete will have a green checkmark to indicate that the section has been completed.. At the completion of the My Company Information users will have the opportunity to review information submitted before moving on to add Subcontractor information. If any changes are required select the Edit icon next to the section that needs updates.



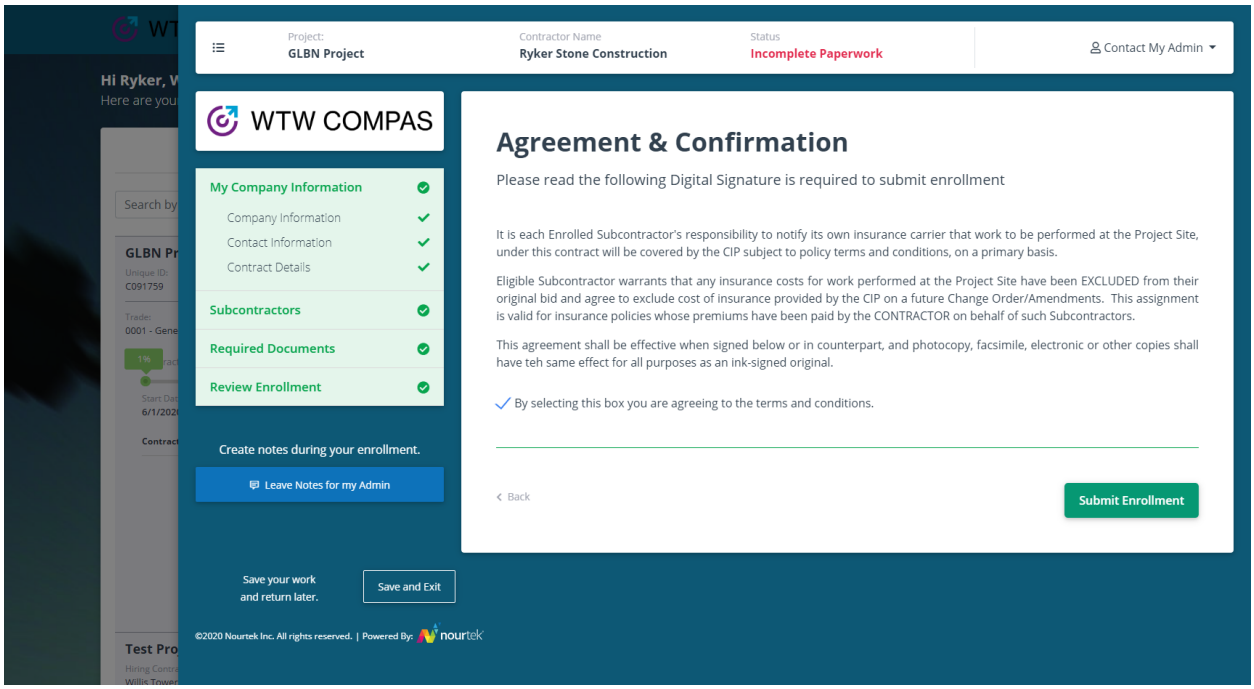
User will be able to enter their subcontractor information if Subcontractors have been identified. Please select Yes in the subcontractor section and enter subcontractor information. If Subcontractors have not been identified select No and select Continue to continue to the next section.



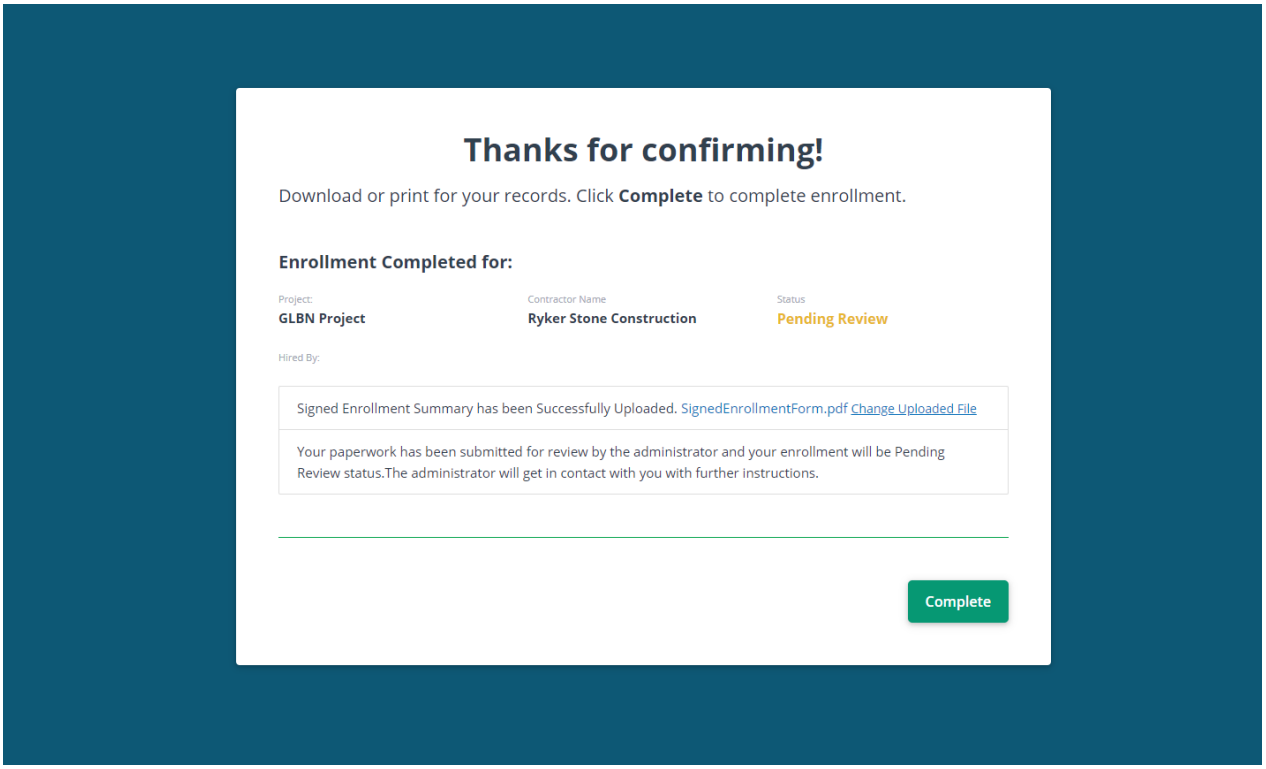
Once all enrollment and subcontractor information has been entered select Review Enrollment. User will have an opportunity to review all information entered and confirm nothing has been missed by selecting Check My Info. When the user selects Let Me Out the terms and conditions screen will display.



Review and agree to the terms and conditions by selecting the box agreeing to the terms and conditions. Then select Submit Enrollment.



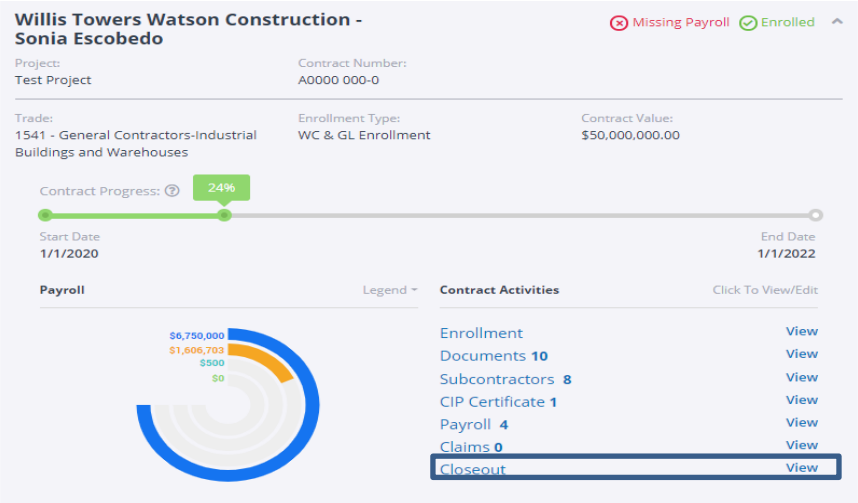
User will receive a confirmation screen that the enrollment has been submitted and will be able to download a pdf version of the enrollment submitted for their records. Select Complete to return to the dashboard. Once the enrollment is reviewed and confirmed your CIP Certificate will be available in the Documents Section.



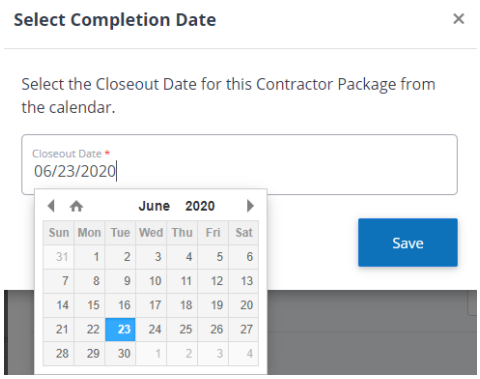
Notice of Completion - Closeout Process

- When an Enrolled Party makes a Request for Final Payment, the CIP Notice of Completion form should be completed by selecting Closeout under Contract Activities and submitting the completed form via WTW ComPAS. (See process below)
- The CIP Administrator will verify all required information has been received and closeout the Contract.

From the WTW ComPAS Dashboards screen - Select Closeout under Contract Activities.



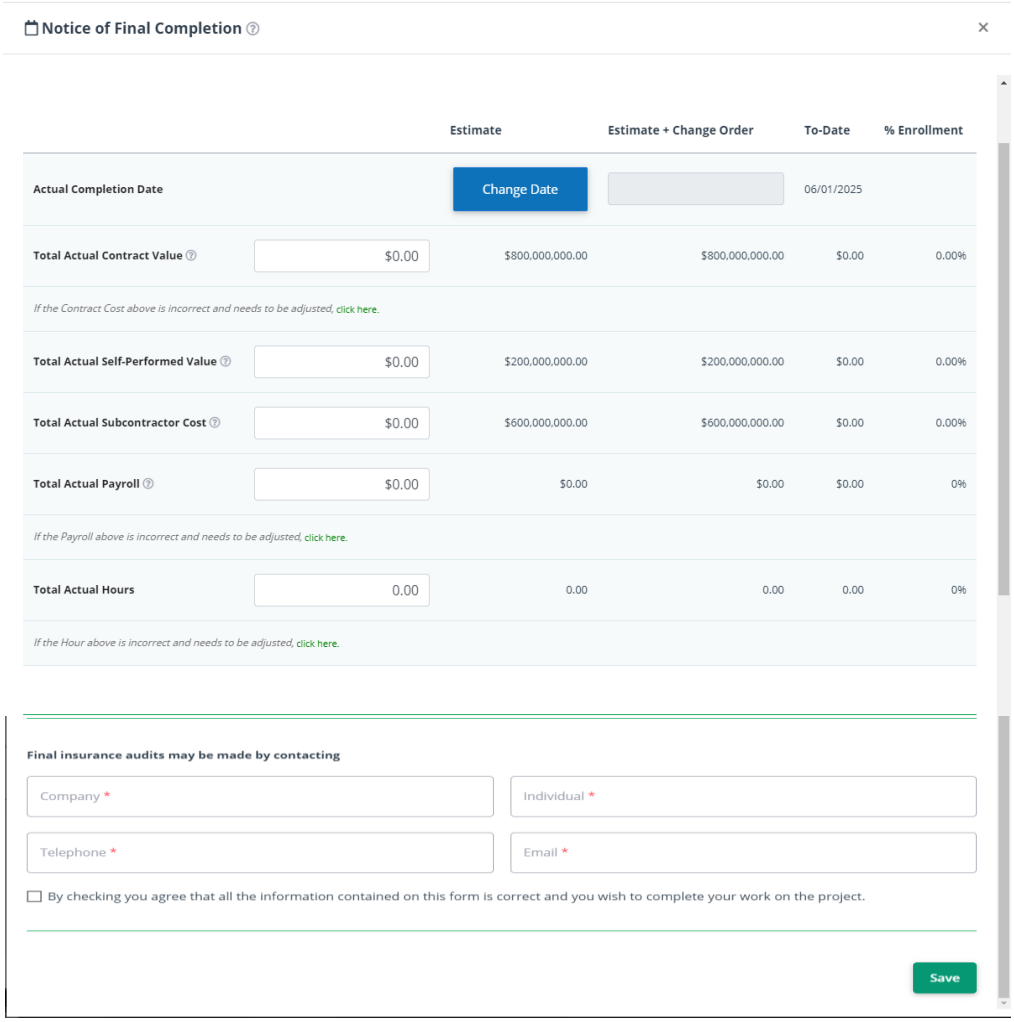
Enter or Select the Completion Date. Select Save. This will provide access to the Notice of Final Completion.



Update the following fields:

- Total Actual Contract Value
- Total Actual Self-Performed Value
- Total Actual Subcontractor Cost
- Total Actual Payroll (if GL is based on Payroll)
- Company Name
- Individual Name
- Telephone Number
- Email Address
- Add check mark next to statement “By checking you agree that all the information contained on this

- form is correct and you wish to complete your work on the project.”
- Select Save



Users will receive a confirmation of completion email once the WTW Client Service Specialist has reviewed and confirmed the Notice of Final Completion.

DFW DALLAS FORT WORTH INTERNATIONAL AIRPORT

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED **Enrolled Contractor**	INSURER A : **AM BEST RATING A- or Better**	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYY)	POLICY EXP (MM/DD/YYY)	LIMITS	
	GENERAL LIABILITY	Y	Y				EACH OCCURRENCE	$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGES TO RENTED PREMISES (Ea occurrence)	$ 100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS-COMP/OP AGG	$2,000,000
	POLICY X PRO-JECT LOC							
	AUTOMOBILE LIABILITY	Y	Y				COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	X ALL OWNED AUTOS; SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS; X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	X UMBRELLA LIAB x OCCUR	Y	Y				EACH OCCURRENCE	$1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A	Y				X WC STATU-TORY LIMITS OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N						E.L. EACH ACCIDENT	$500,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE – EA EMPLOYEE	$500,000
							E.L. DISEASE – POLICY LIMIT	$500,000
	OTHER							

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Dallas Fort Worth International Airport ROCIP

CERTIFICATE HOLDER

Dallas Fort Worth International Airport ROCIP Administrator
P.O. Box 612008
Trailer D-1
DFW Airport, TX 75261-2008

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

DFW DALLAS FORT WORTH INTERNATIONAL AIRPORT

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYY)

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PRODUCER	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED **Excluded Contractor**	INSURER A : **AM BEST RATING A- or Better**	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYY)	POLICY EXP (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT LOC	Y	Y				EACH OCCURRENCE DAMAGES TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS-COMP/OP AGG	$1,000,000 $ 100,000 $ 5,000 $1,000,000 $2,000,000 $2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO X ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS	Y	Y				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000 $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $	Y	Y				EACH OCCURRENCE AGGREGATE	$10,000,000 $10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y				X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE – EA EMPLOYEE E.L. DISEASE – POLICY LIMIT	 $500,000 $500,000 $500,000
	OTHER							

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Dallas Fort Worth International Airport ROCIP

CERTIFICATE HOLDER

Dallas Fort Worth International Airport ROCIP Administrator
P.O. Box 612008
Trailer D-1
DFW Airport, TX 75261-2008

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

DFW R/OCIP 2.0 Sample Certificate of Insurance

Please submit your Certificate of Insurance with all the following endorsements attached:

1. General Liability Additional Insured Endorsement
2. General Liability Waiver of Subrogation
3. Automobile Liability Additional Insured Endorsement
4. Automobile Liability Waiver of Subrogation
5. Workers' Compensation Waiver of Subrogation

The below language can appear in the DESCRIPTION OF OPERATIONS section of the certificate of insurance you provide as part of your DFW ROCIP Enrollment however **the actual endorsements will still be required**:

Dallas Fort Worth International Airport BOARD, et al* are listed as an additional insured on all applicable policies listed on this certificate. A waiver of subrogation is extended to Dallas Fort Worth International Airport BOARD, et al* on all applicable policies listed on this certificate. Excess/Umbrella coverage listed sits above and follows form the Automobile Liability policy listed on this certificate. Insurance is primary and will not seek contribution from any insurance held by the additional insureds. *Dallas Fort Worth International Airport BOARD, et al consists of the following: Board of Directors of the Dallas Fort Worth International Airport, the cities of Dallas and Fort Worth, Texas, their respective officers, directors, agents, employees, volunteers and designated and/or authorized representatives and subsidiary agencies. WC Coverage includes the State of Texas. Thirty Day Notice in favor of Certificate Hol s endorsed on all policies.

FORM – R/OCIP 2.0 ACCIDENT / INCIDENT REPORT – GENERAL LIABILITY/POLLUTION/BUILDERS RISK

PROJECT NAME/DESCRIPTION: _____ PROJECT/CONTRACT # _____

CONTRACTORS NAME: _____

NAME OF PERSON REPORTING	EMPLOYER	PHONE	EMAIL OR FAX

ACCIDENT / INCIDENT INFORMATION

DATE OF ACCIDENT / INCIDENT: _____ TIME OF ACCIDENT / INCIDENT: _____ ☐ AM ☐ PM DATE NOTIFIED: _____

ADDRESS OR LOCATION WHERE ACCIDENT / INCIDENT OCCURRED (BE SPECIFIC): _____

WERE THE POLICE CONTACTED? ☐ YES ☐ NO REPORT NUMBER _____

BRIEF DESCRIPTION OF ACCIDENT / INCIDENT (Use a separate sheet and diagram if necessary) _____

CLAIMANT INFORMATION

CLAIMANT NAME	HOME PHONE#	WORK PHONE#	EMAIL

ADDRESS _____ INJURED PARTY IS ☐ MALE ☐ FEMALE

INJURY INFORMATION

WERE ANY INJURIES INCURRED? ☐ YES ☐ NO IF INJURY OCCURRED, GIVE BRIEF DESCRIPTION: _____

WHAT INITIAL TREATMENT DID THE CLAIMANT RECEIVE? (FIRST AID, EMERGENCY, ETC.) _____

WITNESS INFORMATION

WITNESS NAME	PHONE#	EMPLOYER	EMAIL

ADDRESS _____

WITNESS NAME	PHONE#	EMPLOYER	EMAIL

ADDRESS _____

WITNESS NAME	PHONE#	EMPLOYER	EMAIL

ADDRESS _____

ADDITIONAL COMMENTS

DIAGRAM (SHOW NORTH/SOUTH):

PERSON COMPLETING REPORT

NAME: _____ **TITLE:** _____ **DATE:** _____

EMPLOYER/SIGNATURE: _____

PROJECT MANAGER

NAME: _____ **TITLE:** _____ **DATE:** _____

ADDRESS	PHONE#	FAX#	EMAIL

EMPLOYER/SIGNATURE: _____

SECTION 10

R/OCIP 2.0 CIP CONTRACTOR DISCLOSURE INFORMATION

Pursuant to Texas Insurance Code Chapter 151, the Texas CIP Required Contractor Information can be located on the following pages:

1. Contact Information – Page 6 - Program Directory

2. Enrollment Eligibility Criteria – Page 8 - Definitions

3. Description of Project Site – Page 9 - Definitions

4. Summary of CIP Coverage – Page 10 - R/OCIP Provided Coverages

5. Subcontractor Coverage Requirements – Page 13 - Subcontractor Required Coverage

6. Insurance Credit Bid Method – Page 2 - How to Bid and Page 4 - Definitions and Page 28 - Enrollment

7. Description of Audit/Claim Procedures/Assessment – Page 13 - Contractor Provided Coverages; Page 3, 4 and Page 5 - Enrollment and Close Out and Page 18 - Insurance Claim Procedures

8. Reporting Requirements – Pages 27-35 – CIP Requirements and Page 18 - Insurance Claim Procedures

EXHIBIT 1 – SUMMARY OF OCIP POLICIES AND MATERIAL ENDORSEMENTS

LINE OF INSURANCE: COMMERCIAL GENERAL LIABILITY:			
Insurer		HDI Global Insurance Company	
Status		Admitted	
A.M. Best Financial Strength Rating		A (Excellent)	
A.M. Best Financial Size Category		XV ($2 Billion or Greater)	
Policy Number		CWD5540100	
Named Insured		Dallas Fort-Worth International Airport (DFW) 2400 Aviation Drive DFW Airport, TX 75261 Enrolled Contractors included as Named Insureds	
Effective Date	From:	12/21/2018	at 12:01 am local time
Expiration Date	To:	12/21/2023	at 12:01 am local time
Covered Project(s)		DFW Airport Rolling OCIP	
Limits of Insurance			
$2,000,000 USD		**Each Occurrence**	
$2,000,000 USD		**Personal and Advertising Injury Limit -** Any One Person or Organization	
$4,000,000 USD		**General Aggregate Limit –** Reinstates Annually	
$4,000,000 USD		**Products / Completed Operations Aggregate Limit -** One Limit for the Life of the Project including Products Co Extension	
$50,000		**Damages to Premises Rented to You Limit –** Any One Premises	
Excluded		**Medical Payments**	

Policy Form	Commercial General Liability Coverage Form CG 0001 04 13
Coverage Forms	▪ Absolute Asbestos Exclusion HS CG EX 1000
	▪ Absolute Lead Exclusion HS CG EX 1001
	▪ Additional Insured - Owners, Lessees or Contractors – Scheduled Person or Organization CG 2010 07 04
	▪ Additional Insured – Lessor of Leased Equipment – Automatic Status When Required in Lease Agreement with You CG 2034 07 04
	▪ Additional Insured – Owners, Lessees or Contractors – Completed Operations CG 2037 07 04
	▪ Additional Insured – Mortgagee, Assignee or Receiver CG 2018 04/13
	▪ Additional Insured – State or Governmental Agency or Subdivision or Political Subdivision – Permits or Authorizations CG 2012 04 13
	▪ Amendment of Other Insurance HS CG AM 1066
	▪ Amendment to Exclusions J(1), J(2), J(5), J(6), K, and L HS CG EX 1025
	▪ Bodily Injury Definition Amendment HS CG AM 1001
	▪ Broad Knowledge of Occurrence / Notice of Occurrence HS CG AM 1044
	▪ Cap On Losses From Certified Acts of Terrorism CG 2170 01 15
	▪ Cancellation by Us HS IL AM 4004
	▪ Common Policy Conditions IL 00 17
	▪ Common Policy Declarations HS CG SU 1000 03 17
	▪ Composite Rate Endorsement HS CG AM 1041 03 18
	▪ Consent to Transfer Your Rights and Duties HS CG AM 1047
	▪ Contractual Liability – Railroads CG 2417 10 01
	▪ Coverage for Injury to Leased Workers CG 04 24 10 93
	▪ Deductible Endorsement – Form 1 HS CG AM 1080
	▪ Disclosure Pursuant to Terrorism Risk Insurance Act IL 09 85
	▪ Earlier Notice of Cancellation Provided by Us CG 0224 10 93

- ▪ Economic Trade Sanctions Endorsement HS IL AM 4001
- ▪ Electronic Data Liability ($1,000,000) CG 0437 04 13
- ▪ Employment - Related Practices Exclusion CG 2147 12 07
- ▪ Exclusion – Contractors Professional Liability CG 2279 07 98
- ▪ Exclusion – Coverage C – Medical Payments CG 2135

- Extended Completed Operations Form 1 (10 years or statute of repose, the shorter of) HS CG AM 1057
- Fellow Employee Bodily Injury Endorsement – Executive Supervisors HS CG AM 1084
- Joint Defense – Wrap Up HS CG AM 1050
- Limitation of Coverage to Designated Project HS CG AM 1034
- Limited Premises Operations Coverage – Repair Work (10 Years or statue of repose, the shorter of) HS CG AM 1051
- Minimum Earned Premium – 25% inception, 100% at 24 months HS IL AM 4002
- Named Insured – Primary and Non-Contributory HS CG AM 1073
- Non-Owned Watercraft (’75) HS CG AM 1063
- Notice of Cancellation to Certificate Holder(s) HS CG AM 1052
- Nuclear Energy Liability Exclusion Endorsement IL 0021 09 08
- Owner Controlled Insurance Program – Named Insured Amendment HS CG AM 1064
- Privacy Notice – PP3000 05 17
- Primary and Non-Contributory – Other Insurance Condition CG 20 01 04 13

- Property Damage to the Project During the Course of Construction Exclusion HS CG EX 1019
- Reasonable Force – Bodily Injury or Property Damage HS CG AM 1039
- Service of Suit HS IL AM 4005 08 18
- Silica or Silica - Related Dust Exclusion CG 2196 03 05
- Texas Changes – Duties IL 01 68 03 12
- Texas Disclosure Form II 3012 TX
- Texas Notice II 3014 TX
- Policyholder Notice II 3016 TX
- Unintentional Failure to Disclose Hazards HS CG AM 1038
- U.S. Treasury Department's Office of Foreign Assets Control ("OFAC) Advisory Notice to Policyholders IL P 001
- Waiver of Transfer of Rights of Recovery Against Others to US (Where Required by Written Contract) CG 2404 05 09

Deductible	$50,000 including ALAE
Defense	Erodes the Deductible and outside the Limits of Insurance

*** END OF SECTION ***

EXHIBIT 1 – SUMMARY OF CIP POLICIES AND MATERIAL ENDORSEMENTS

LINE OF INSURANCE: Follow Form Excess Liability

NAMED INSURED: Owner and Contractors of all tiers enrolled in the CIP

INSURERS: See table below

POLICY TERM: 5 Years (12/21/2018 to 12/21/2023) Plus Completed Operations Coverage Extension Coverage

POLICY NUMBERS: Various

POLICY FORM: Follow Form Excess Liability of Commercial General Liability

Policy wording is subject in all respects to the terms, conditions and limitations of the policy in current use by the Insurer, unless otherwise specified:

COVERAGES/LIMITS: Combined Single Limit Bodily Injury and / or Property Damage

Layer	Insurance Company	Policy Form	Limits of Liability
Lead Excess 1	Allied World National Assurance Company	GL 00127 00 (09/07)	$25,000,000 Each Occurrence/Aggregate Excess of Primary Insurance
2	Berkley National Insurance Company	CX 0001 04 13	$25,000,000 Each Occurrence/Aggregate Excess of $25,000,000 Each Occurrence/Aggregate Excess of Primary Insurance
3	Westchester Surplus Lines Insurance Company	XSC-27266 (05/09)	$25,000,000 Each Occurrence/Aggregate Part of $50,000,000 Excess of $50,000,000 Each Occurrence/Aggregate Excess of Primary Insurance
3	AXIS Surplus Insurance Company	AXIS 1010402 0417	$25,000,000 Each Occurrence/Aggregate Part of $50,000,000 Excess of $50,000,000 Each Occurrence/Aggregate Excess of Primary Insurance
4	Starr Surplus Lines Insurance Company	SL 100 10/08	$25,000,000 Each Occurrence/Aggregate Part of $100,000,000 Excess of $100,000,000 Each Occurrence/Aggregate Excess of Primary Insurance
4	Navigators Specialty Insurance Company	NAV EXC 101 (04/10)	$25,000,000 Each Occurrence/Aggregate Part of $100,000,000 Excess of $100,000,000 Each Occurrence/Aggregate Excess of Primary Insurance
4	Allied World Assurance Company	ACFF-300 (03/07)	$25,000,000 Each Occurrence/Aggregate Part of $100,000,000 Excess of $100,000,000 Each Occurrence/Aggregate Excess of Primary Insurance
4	Ironshore Specialty Insurance Company	CELP.COV.001 (1113)	$25,000,000 Each Occurrence/Aggregate Part of $100,000,000 Excess of $100,000,000 Each Occurrence/Aggregate Excess of Primary Ins

POLICY ENDORSEMENTS (including but not limited to):

- All Aggregate Limits reinstate annually except for Products/Completed Operations Aggregate Limit which will have one aggregate for the term of the Project including the Products/Completed Operations extension period.

- Completed Operations Extension Endorsement - ten (10) years or the applicable Project Site state statute of repose (whichever is less).

- Underlying Schedule includes:

  Commercial General Liability

End