



Exhibit C

Ector County Independent School District

Owner Controlled Insurance Program (OCIP)

Project: **Transition Learning Center**

Project #: **30024**

IMPORTANT: When enrolling online insert project number above as project code!!

PRESENTED BY:

Arthur J. Gallagher Risk Management Services, LLC.

Table of Contents

SECTION	PAGE
An Introduction to the OCIP Program	1
Insurance Coverages	2
Program Eligibility	4
Enrollment Responsibilities Flow Chart	5
General Responsibilities	6
Sample Certificate of Insurance.....	7
Online Enrollment Instructions – AJG/VUE Online Portal	8
Step 1: Registering and Logging In.....	8
Step 2: Accessing Existing Enrollment or Adding a New Enrollment.....	9
Step 3: Completing the Application for Enrollment.....	10
Accident Reporting for General Liability Claims	14
Definitions for Purposes of This Manual	15
Personnel Directory	16

An Introduction to the OCIP Program

OCIP stands for Owner Controlled Insurance Program. It provides Commercial General Liability and Excess Liability coverage for **Ector County Independent School District (Owner)**, **Henthorn Commercial Construction, LLC (General Contractor)**, and all enrolled subcontractors of any tier while working on this project.

MAJOR BENEFITS:

- Uniformity of coverage terms and conditions
- Insurance costs will not increase for subcontractors, or General Contractor during the project
- Reduces coverage disputes, litigation and subrogation
- Immediate Insurer response for subcontractors' accidents
- One Insurer for all completed operations claims
- Project Specific Limits of Liability

COVERAGE PROVIDED:

The OCIP basic program provides **\$27,000,000** of liability limits during construction, and a separate **\$27,000,000** completed operations limit per the state statute of repose. The aggregate limits will reinstate at 12 months into the project. In addition to the General Liability and Excess OCIP, the Owner **may** provide Contractors' Pollution Liability coverage for the project, and will provide the Builders' Risk coverage.

GENERAL CONTRACTOR AND SUBCONTRACTOR ENROLLMENT:

General Contractor and all subcontractors and lower tier subcontractors **MUST** enroll online through the Gallagher Contractor Portal <http://ajg.vuewrapup.com/contractorportal>. General Contractor and subcontractor will receive a Certificate of Insurance listing them as a Named Insured and specifying the job name and **Owner** project number.

This program is mandatory for General Contractor and all subcontractors of any tier. However, the following trades are not allowed to be enrolled in the wrap up: geotechnical engineers, environmental remediation contractors, material or product suppliers or manufacturers. Failure to comply with enrollment requirement may result in a 2% charge against your contract value until compliant.

GENERAL CONTRACTOR / SUBCONTRACTOR BID DEDUCTION:

General Contractor and Subcontractors will exclude in their bids their normal costs of insurance for general liability and excess liability. Change Orders are also to be processed without the cost of the same insurance coverages.

DEDUCTIBLE CHARGE FOR LOSSES:

General Contractor shall be responsible for the first \$25,000 of any General Liability, Pollution or Builders' Risk losses within the deductible amount for such insurance to the extent such loss results from the fault or negligence of the General Contractor, a subcontractor of any tier, or someone for whom either may be responsible.

SUBCONTRACTOR OFF-SITE COVERAGE:

General Contractor will still require Certificates of Insurance for Workers' Compensation, Automobile, and off-site General Liability coverages as well as any other insurance requirements as outlined by subcontract.

SUBCONTRACTOR EXCESS LIMITS:

General Contractor and each insured subcontractor should discuss this program with its own insurance advisor to see if additional coverages are recommended. Any such additional coverage will be at the subcontractors' own expense. Should **Owner** purchase additional limits of liability for any specific project, those will be disclosed.

DISCLAIMER - This is a summary of the OCIP Program only. It does not change, alter or modify the policy terms and conditions in any way. Actual policy forms and Endorsements are available upon request.

Insurance Coverages

The Owner provides the following Owner Controlled Insurance Program (“OCIP”) to all enrolled parties under the program. Policy copies are available upon request.

A. COMMERCIAL GENERAL LIABILITY INSURANCE:

(Excluding Workers' Compensation, Automobile, Professional, and Pollution Liability) applying to all Insureds jointly with the following Bodily Injury and Property Damage combined limits:

Limits	
\$2,000,000	Each Occurrence
\$2,000,000	Personal and Advertising Liability
\$4,000,000	General Aggregate
\$4,000,000	Products and Completed Operations Aggregate
\$300,000	Damages to Premises Rented to You
\$10,000	Medical Expense

B. EXCESS LIABILITY INSURANCE:

Limits	
\$25,000,000	Each Occurrence
\$25,000,000	General Aggregate
\$25,000,000	Products and Completed Operations Aggregate

C. GENERAL LIABILITY DEDUCTIBLE PARTICIPATION:

General Contractor shall be responsible for a deductible charge up to \$25,000 per occurrence resulting from any General Liability losses to the extent such loss results from the fault or neglect of the General Contractor, a subcontractor of any tier, or someone for whom either may be responsible. It is your responsibility to familiarize yourself with the requirements and responsibilities associated with losses and the assessment of deductibles associated with losses under this program.

D. DEFENSE COSTS:

Defense costs are in addition to the limits of liability.

E. KNOWN EXCLUSIONS/ENDORSEMENTS:

- Nuclear Energy Liability Exclusion
- Silica Exclusion
- Lead Exclusion
- Asbestos Exclusion Endorsement
- Contractors Professional Liability Exclusion (Means and Methods Exception)
- EIFS Exclusion

F. PROJECT TERM

8/20/25 to 7/20/26 plus completed operations tail, based on the state statute of repose from substantial completion, but in no event starting later than issuance of a Notice to proceed and ceasing upon substantial completion.

G. EXTRACTION CALCULATION:

General Contractor and Subcontractors will **exclude** in their bids their normal costs of insurance for general liability, and excess liability. Change Orders are also to be processed without the cost of your General Liability and Excess Liability coverages.

General Contractor and Subcontractor agrees that Owner has the right to audit Subcontractor's relevant financial records to verify Subcontractor's compliance with this section.

The coverages under this program do not include all insurance needed by the General Contractor and Subcontractor and its Subcontractors of any tier. For example, General Liability and Excess coverages apply only to the operations of and for each Insured at the Project Site. They do not apply to the operations of any Insured in their regularly established main or branch office, factory, warehouse, or similar place. Independent Truckers/Haulers will not be Insureds under the Program.

This summary is not intended to amend or alter any provisions of the actual insurance policies. If a conflict should occur, the insurance policies shall govern. Actual policy copies will be provided upon written request.

Program Eligibility

General Contractor and all qualified subcontractors of any tier whose employees perform actual on-site labor are required to participate in **Ector County Independent School District** OCIP and follow through with the enrollment and participant responsibilities as noted throughout this Manual.

COVERAGE TRIGGER

Coverage will begin the date you begin work at the site and is contingent on completing the OCIP Enrollment Online through the Gallagher Contractor Portal at <http://ajg.vuewrapup.com/contractorportal> . Once your enrollment has been completed you will receive a Certificate of Insurance confirming the coverage from Arthur J. Gallagher Risk Management Services, LLC. It is your responsibility to complete and satisfy all enrollment requirements before you begin work on the project. Failure to supply all requested insurance documents, may result in a flat 2% charge against your entire contract amount. You are also responsible for ensuring that any lower tier subcontractors you hire complete the Online Enrollment before they begin their work at the project site. If you or your lower tier subcontractors have NOT completed the Online Enrollment process and have NOT received confirmation of enrollment from Arthur J. Gallagher Risk Management Services, LLC., no coverages will be afforded, and you will not be permitted on site.

INELIGIBLE PARTIES

Subcontractors who present an exceptionally hazardous exposure or risk to the job site may not be eligible to participate, at **Owner** discretion. It is your responsibility to contact Gallagher and confirm your eligibility before you begin work on the project.

Not everyone will be a participant. For example, the following are ineligible for the program: Subcontractors of any tier that are:

- Architects
- Engineers
- Consultants
- Vendors
- Suppliers
- Surveyors
- Security Companies
- Material dealers,
- Off-site fabricators with no on-site installation
- 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
- Hazardous material / abatement, or asbestos abatement contractors

If you are uncertain whether your firm will be a participant in this program, or wish confirmation of your eligibility, please contact the administrator at Arthur J. Gallagher Risk Management Services, LLC. Contact information can be found on the personnel page at the end of the manual.

Owner and General Contractor will coordinate the program at the project site. Arthur J. Gallagher Risk Management Services, LLC. will be administering the program from their offices. A complete contact list is in the back of this Manual.

Enrollment Responsibilities Flow Chart

#	Action Item	Responsibility
1	Distribute Manual to prospective bidders or subcontractors.	General Contractor
2	Send Manual to your Insurance Agent/Broker for assistance, if necessary, in completing the Online Enrollment.	Subcontractor
3	Distribute Manual to prospective lower tier bidders/ subcontractors.	Subcontractor
4	Complete Online Enrollment	Subcontractor and Lower-tier Subcontractor
5	Send Insurance Certificate to General Contractor in accordance with the Insurance Requirements of the Subcontract Agreement	Subcontractor and Lower-tier Subcontractor
6	Confirm all site subcontractors' and/or lower-tier subcontractor(s) enrollment in program. Gallagher will issue written confirmation.	Gallagher
7	Certificate of Insurance and policy copies issued to participant.	Gallagher
8	Advise your Insurance Agent/Broker of insurance coverages provided by Owner so that proper notice can be made to your current insurers.	Subcontractor Lower-tier Subcontractor

General Responsibilities

Please note that the coverages provided by **Owner** are designated to cover you only while you are actively engaged in construction activities at the **Transition Learning Center** project site. During the life of the Project, all OCIP Participants are required to comply with each and all of the requirements in their Project contract(s), whether with Owner or with General Contractor, including, but not limited to, maintaining and compliance with the following:

1. Statutory Workers' Compensation Insurance and \$1,000,000 Employers' Liability for on & off-site operations, warranty and call-back work.
2. General Liability Insurance for off-site operations. The required limits are not less than \$2,000,000 per occurrence and in the aggregate.
3. Follow-Form Excess or Umbrella Liability Insurance for off-site operations with limits not less than \$5,000,000 per occurrence above the primary General Liability limits.
4. Automobile Liability Insurance with limits not less than \$1,000,000 combined single limit covering all owned, non- owned and hired automobiles.
5. Professional Liability - If the Work requires design and/or design-assist services, General Contractor shall obtain and maintain (or require its Subcontractors responsible for performing such design and/or design-assist services to obtain and maintain), Professional Liability (errors and omissions) insurance for all professional services provided. This Professional Liability insurance shall include full prior acts coverage sufficient to cover the services under the Agreement, the limits of which shall be not less than Five Million Dollars (\$5,000,000) Per Claim / Aggregate , for General Contractor, and for Subcontractors One Million Dollars (\$1,000,000) Per Claim / Aggregate, written on a claims-made basis with a deductible or self-insured retention amount not greater than One Hundred Thousand Dollars (\$100,000), including, without limitation, coverage of contractual liability. Professional Liability insurance is to be maintained during the term of the Agreement and for the statute of repose from substantial completion.
6. The Subcontractor of any tier shall require their respective vendors, suppliers, off-site fabricators, material dealers, truckers, drivers and others who merely transport, pick-up, deliver or carry materials, personnel, parts or equipment to or from the project site to maintain insurance in the form and with the limits as specified per contractual insurance requirements.
7. Comply with all insurance, claims reporting, safety procedures and any other duties and responsibilities outlined in your subcontract agreement with General Contractor.
8. Notify General Contractor and OCIP Administrator of all sub tier contracts awarded, and include OCIP provisions in all contracts with sub tier contractor.
9. OCIP Participant must secure all required coverages with a minimum carrier rating of A-, VIII or better by A.M. Best, and submit Certificates of Insurance evidencing coverage, including Additional Insured and Waiver of Subrogation endorsements where required.

The Insurance Manual outlines in detail the required coverages for all participants. It is important to review this document and supply the required Certificate of Insurance prior to the start of work. Please reference your contract for a listing of the additional insureds. If you have questions regarding any of the required insurance please feel free to contact the project manager at **Henthorn Commercial Construction, LLC** Contact information can be found on the personnel page at the end of the manual.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
MM/DD/YY

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**FOR ENROLLED SUBCONTRACTORS IN CCIP**

Subcontractor Broker Information Including email and/or phone number

INSURED

Subcontractor Name (as it appears on contract)
Subcontractor Address

CONTACT NAME: Broker Name

PHONE (A/C, No, Ext): Broker Phone # FAX (A/C, No):

E-MAIL ADDRESS: Broker Email Address

INSURER(S) AFFORDING COVERAGE**NAIC #**

INSURER A: GL Carrier

INSURER B: Auto Liability Carrier

INSURER C: Umbrella / Excess Liability Carrier

INSURER D: WC/EL Carrier

INSURER E: Other Carrier

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/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	X	ABC For Off-site Activities	X	X	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OF AGG \$2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	X	XYZ	X	X	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X	X	LMN	X	X	EACH OCCURRENCE \$ limits vary AGGREGATE \$ by contract size \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	X	XYX	X	X	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
E	Professional Liability	X	X	12ABC	X	X	\$1,000,000 EACH OCCURRENCE & AGGREGATE

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

Project Number: 30024 Project Name: Transition Learning Center As respects, general liability, auto liability, umbrella/excess liability (professional and pollution liability applicable), **Ector County Independent School District and Midland Independent School District** are included as Additional Insureds on a primary, non-contributory basis per form CG 2010 1185 or its equivalent, attached, to the Subcontractor's policies shown above with respect to any liability of the Additional Insureds arising out of or resulting from the Subcontractor's operations performed for the Certificate Holder, including but not limited to liability of Additional Insureds for the general supervision of such operations. Waiver of Subrogation endorsements are attached. Umbrella/Excess Liability follows the general liability, auto liability and employers' liability. WC Statutory coverage applies to the following states: TX

CERTIFICATE HOLDER**CANCELLATION**

Ector County Independent School District
802 N. Sam Houston
Odessa, TX 79761

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

Signature of Authorized Representative

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Online Enrollment Instructions – AJG/VUE Online Portal

To start please open your internet browser and go to the AJG Wrap-up Management Portal URL (<https://ajg.vuewrapup.com/contractorportal>). This will open the portal login screen.

Step 1: Registering and Logging In

Click the **Register Me** link at the bottom right-hand corner of the login box. **If you are already registered, proceed to Step C.**

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Welcome to VUE Wrap-Up™ Contractor Portal!

VUE Wrap-Up™ organizes subcontractor communications, eliminates paperwork and reduces manual intervention and electronically organizes documents to eliminate the need for paper filing systems.

You can provide and manage the following information from our Contractor portal.

- Enrollment Information.
- Monthly Payroll.
- Insurance Cost Information.
- Submit Certificate of Insurance.
- Submit policy's Declaration and Rate pages.
- Award your subcontractors.
- CIP Manuals.
- Claims Reporting Instructions.

If you are not already registered, please Register yourself via the link below.

REGISTER ME

Already registered user?
[URL has been expired. Please check once.](#)

Enter your Username

Enter your Password

LOGIN ☐ Remember User Name

[Trouble logging in?](#)

First time users please click here to register.

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- A. Fill in the form with your first name, last name, email ID (email address) and enter the user ID you would like to use. Your user ID can be any name or phrase you will easily remember, such as your first initial and last name (preferred), your company name, or your email address. Password must contain letters, numbers and symbols. All fields are required.

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Register in VUE Wrap-Up Contractor Portal!

VUE Wrap-Up™ organizes subcontractor communications, eliminates paperwork and reduces manual intervention and electronically organizes documents to eliminate the need for paper filing systems.

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- Monthly Payroll.
- Insurance Cost Information.
- Submit Certificate of Insurance.
- Submit policy's Declaration and Rate pages.
- Award your subcontractors.
- CIP Manuals.
- Claims Reporting Instructions.

New User Registration

First Name

Last Name

FEIN

Email ID

User Name

Password

Confirm Password

☐ I agree to the [Terms and Conditions and Privacy Policy](#).

- B. When your registration has been completed successfully, you will see the message “**User ID and Password are created**”. Please [click here to login to “Contractor Portal”](#). Click the link to be redirected to the login page where you can login to the portal to complete your enrollment. You will also receive an email with your User ID and Password for your records.
- C. Use your provided or created User ID and Password to login. If any error messages appear, contact your AJG Wrap-up Administrator.

Step 2: Accessing Existing Enrollment or Adding a New Enrollment

- A. If your incomplete enrollment already has a contract in the system, you may be required to fill in the missing details. Your contract can be selected by clicking on the contract number hyperlink in the Contract # column.

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Welcome: Heather Lawson [Sample Contractor]
Last Login Time: 02/15/23 04:05 PM EST

Home

- Contract
- Reports
 - Enrollment Status
 - Missing Data Report
 - Payroll Summary by Class Code
 - Non-CIP Status
- Help & Support
 - Take a Tour
 - Help Instructions
 - Message Center 4
 - Contact Us
- Accounts
 - Change Password
 - Add User

Hello, you are logged into the Contractor Portal.

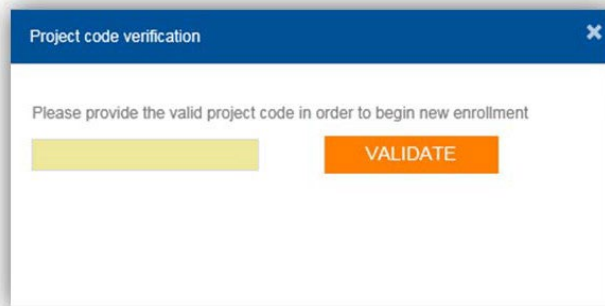
For new and returning users who need to create a new enrollment record, please add [NEW ENROLLMENT](#).

Contractor
Select

Contract Listing

Contract #	Project	Contractor	Contract Status	Start Date
CONTRACTOR: Sample Contractor				
1234567-080	Sample Project	Sample Contractor	Enrolled	08/07/2021
1234567-061	Sample Project	Sample Contractor	NKLL	05/26/2021
1234567-063	Sample Project	Sample Contractor	Enrolled	05/26/2021
1234567-064	Sample Project	Sample Contractor	Enrolled	05/26/2021
1234567-065	Sample Project	Sample Contractor	Enrolled	05/26/2021
1234567-066	Sample Project	Sample Contractor	Enrolled	05/26/2021

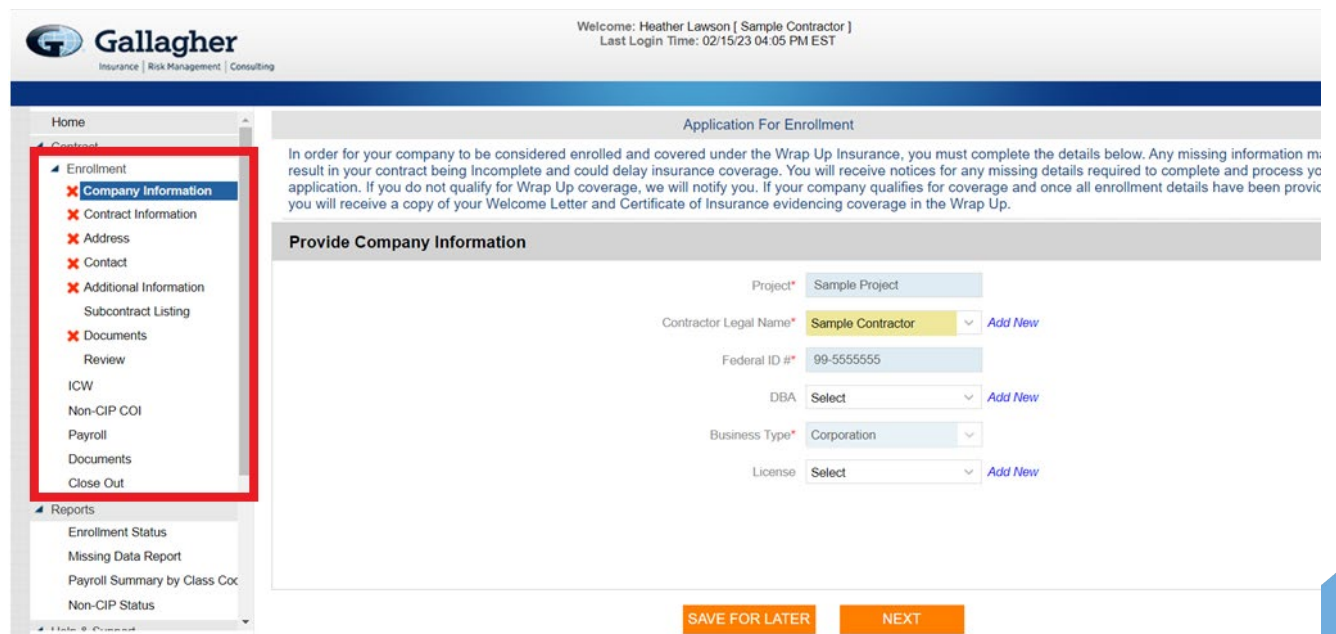
- B. If you do not see a contract for the specific project you are enrolling in, click the “New Enrollment” button.
- C. When the user clicks on the [New Enrollment](#) link, a pop up screen will open as shown below. Users should provide the Project Code as listed in their Wrap Up manual or provided by their Wrap Up Administrator.



A pop-up window titled "Project code verification" with a close button (X) in the top right corner. The text inside says "Please provide the valid project code in order to begin new enrollment". Below the text is a yellow rectangular input field and an orange button labeled "VALIDATE".

Step 3: Completing the Application for Enrollment

- A. The Application for Enrollment includes the following sections, each of which can be accessed via the Menu on the left of the screen:
- a. Company Information
 - b. Contract Information
 - c. Address Information
 - d. Contact Information
 - e. Subcontract Listing



The screenshot shows the Gallagher "Application For Enrollment" page. The top header includes the Gallagher logo and the text "Welcome: Heather Lawson [Sample Contractor]" and "Last Login Time: 02/15/23 04:05 PM EST". The left sidebar menu is highlighted with a red box, showing the "Enrollment" section with sub-items: "Company Information", "Contract Information", "Address", "Contact", "Additional Information", "Subcontract Listing", "Documents", "Review", "ICW", "Non-CIP COI", "Payroll", "Documents", and "Close Out". The main content area is titled "Provide Company Information" and contains the following fields:

- Project*: Sample Project
- Contractor Legal Name*: Sample Contractor (with an "Add New" link)
- Federal ID #: 99-555555
- DBA: Select (with an "Add New" link)
- Business Type*: Corporation
- License: Select (with an "Add New" link)

At the bottom of the form are two orange buttons: "SAVE FOR LATER" and "NEXT".

Fill in each section with your information to the best of your ability. Fields in yellow are required to submit the enrollment. For a new enrollment, all fields should be filled in. If a contract has been added to your portal by an AJG Wrap-up Administrator, you may not be able to edit some fields. If you notice a mistake in a non-editable field, contact your AJG Wrap-up Administrator and ask them to make the update. If you are not sure what a field is requesting, hovering over the field title will show captioned explanations:

Welcome: Heather Lawson [Sample Contractor]
Last Login Time: 02/15/23 04:05 PM EST

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Home

Contract

Enrollment

Company Information

Contract Information

Address

Contact

Additional Information

Subcontract Listing

Documents

Review

ICW

Non-CIP COI

Payroll

Documents

Close Out

Reports

Help & Support

Take a Tour

Help Instructions

Message Center 4

Contact Us

Application For Enrollment

In order for your company to be considered enrolled and covered under the Wrap Up Insurance, you must complete the detail result in your contract being Incomplete and could delay insurance coverage. You will receive notices for any missing details r application. If you do not qualify for Wrap Up coverage, we will notify you. If your company qualifies for coverage and once all you will receive a copy of your Welcome Letter and Certificate of Insurance evidencing coverage in the Wrap Up.

Provide Company Information

Project* Sample Project

Contractor Legal Name* Sample Contractor Add New

Federal ID #* 99-5555555
This is your Company's Federal Tax Identification Number.

Business Type* Corporation

License Select Add New

SAVE FOR LATER NEXT

- Company Information –You must enter your correct Federal ID # if it's not there.
- Contract Information – This information should be specific to this project and contract.
- Address – Please provide your company's address. If you have multiple addresses please provide the address for the branch that is responsible for the contract.
- Contact - In the Contact section you must enter at least one contact and it must be marked as primary. You may also add additional contacts by clicking the green plus sign on the right side of the screen. If you have previous enrollments you can select Existing Contacts here:

Welcome: Heather Lawson [Sample Contractor]
Last Login Time: 02/15/23 04:05 PM EST

Application For Enrollment

In order for your company to be considered enrolled and covered under the Wrap Up Insurance, you must complete the details below. Any missing information result in your contract being Incomplete and could delay insurance coverage. You will receive notices for any missing details required to complete and process your application. If you do not qualify for Wrap Up coverage, we will notify you. If your company qualifies for coverage and once all enrollment details have been provided, you will receive a copy of your Welcome Letter and Certificate of Insurance evidencing coverage in the Wrap Up.

Provide Contact Information

Please select an existing contact record or add a new contact by completing the fields below. If you wish to provide more than one contact you can do so by clicking on the 'Add' button. Note: You must select one contact record as "Primary".

Select Existing Contact

Contact Type* Select Please select Contact Type. Primary ☒

First Name* Please provide First Name. Last Name

Email* Please provide Email. Mobile

Phone* Please provide Phone.

[PREVIOUS](#) [SAVE FOR LATER](#) [NEXT](#)

- e. Subcontract Listings – You must add any on site subcontractors you have awarded. Subcontractors must be enrolled separately. “Add Subcontract”, “Edit Subcontract”, and “Delete Subcontract” are available in blue on the right side of the screen:

Welcome: Heather Lawson [Sample Contractor]
Last Login Time: 02/15/23 04:05 PM EST

Subcontract Listings

In order for your company to be considered enrolled and covered under the Wrap Up Insurance, you must complete the details below. Any missing information may result in your contract being Incomplete and could delay insurance coverage. You will receive notices for any missing details required to complete and process your application. If you do not qualify for Wrap Up coverage, we will notify you. If your company qualifies for coverage and once all enrollment details have been provided, you will receive a copy of your Welcome Letter and Certificate of Insurance evidencing coverage in the Wrap Up.

Sample Contractor / 1234567-084

[Add Subcontract](#) | [Edit Subcontract](#) | [Delete Subcontract](#)


Contract #	Project	Contractor	Contract Status	Start Date
No records to display.				

50 items per page

[PREVIOUS](#) [NEXT](#)

Review – Please review the information entered and any information needs revised click the orange “EDIT” button on the right side of the line. If everything is correct click the “I agree that the statements in this application

are true and accurate to the best of my knowledge.” box and enter your name into the Signature box:


Gallagher
Insurance | Risk Management | Consulting

Welcome: Heather Lawson [Sample Contractor]
 Last Login Time: 02/15/23 04:05 PM EST

Home
 Contract
 Enrollment
 ✓ Company Information
 ✗ Contract Information
 ✗ Address
 ✗ Contact
 ✓ Additional Information
 Subcontract Listing
 ✓ Documents
 Review
 ICW
 Non-CIP COI
 Payroll
 Documents
 Close Out
 Reports
 Help & Support
 Take a Tour
 Help Instructions

Contact Type	Contact Name	Email	Mobile	Phone	Primary
No information added					

Additional Information
EDIT

Do you currently carry an Umbrella/Excess Policy?:

Umbrella/Excess reason:

Subcontractors
EDIT

Contract #	Contractor	Start Date	End Date	Contract Value	Contract Status
No information added					

☐ I agree that the statements in this application are true and accurate to the best of my knowledge.

Signature (print your name)* Enrollment Date 02/15/2023

PRINT
SUBMIT
SAVE FOR LATER

Accident Reporting for General Liability Claims

1. If an injury is involved, the Subcontractor's superintendent must immediately arrange for first aid or other required medical treatment for the injured party.
2. All Incidents, regardless of severity, shall be reported immediately to the Job Site Contact and On-site Safety Coordinator and reported to the Insurer by telephone.

The Subcontractor's superintendent must complete a General Liability Loss Notice for each accident with the following distribution:

Ector County Independent School District - Owner Consultant

- Director of Construction: Chris Bartlett (christopher.bartlett@ectorcountysd.org)
- Director of Risk Management: Yolanda Gordon (yolanda.gordon@ectorcountysd.org)

Henthorn Commercial Construction, LLC - General Contractor

- Project Manager: Bryan Walters (bryan@henthorncommercial.com)
- Project Superintendent: Jonathan Keil (jonathan@henthorncommercial.com)

Gallagher – Insurance Broker

- Claims Advocate: Ryan Asuncion (Ryan_Asuncion@ajg.com)

Any Court Summons, legal documents or other correspondence must be immediately referred to Arthur J. Gallagher Risk Management Services, LLC. by registered mail. Additional questions concerning suit papers should be referred to Arthur J. Gallagher Risk Management Services, LLC.

Definitions for Purposes of This Manual

Owner	Ector County Independent School District
General Contractor	Henthorn Commercial Construction, LLC
Project	Transition Learning Center 1118 W. 12th Street Odessa, Texas 79763
Project Site	The areas designated in writing by Ector County Independent School District in a contract document for performance of the Work and such additional areas as may be designated in writing by Ector County Independent School District for General Contractor's use in performance of the Work. The Project Site shall also include (1) field offices, (2) property used for bonded storage of material for the Project approved by Ector County Independent School District (3) staging areas dedicated to the Project. Items 1 through 3 must be approved by the OCIP Insurer and listed in the OCIP Policy
Off-Site Exposures	Offices, shops, warehouses, factories, or similar locations away from the designated project site that have not been approved by the OCIP Insurer and listed on the OCIP Policy ARE NOT COVERED.
Contract	The agreement between General Contractor and the Subcontractor. The terms "Contract" and "Agreement" are used interchangeably.
Subcontractor of Any Tier	The person, firm or corporation with whom General Contractor has entered into Agreement to perform the Work; or the Person or entity who has a contract with General Contractor Subcontractor to perform any of the Work at the Site.
Work	Operations, as fully described in the Contract, performed at or emanating directly from Transition Learning Center project site.
Insured	General Contractor and Subcontractors of any tier which have an executed subcontract agreement and which have received written confirmation of coverage by Arthur J. Gallagher Risk Management Services, LLC. The following are not Insureds under this WRAP-UP - Architects, engineers, consultants, vendors, suppliers, material dealers, off-site fabricators and 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, et al.

Personnel Directory

ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT– OWNER CONSULTANT

Director of Construction	Chris Bartlett Ector County ISD Phone: (432) 456-0000 Email: christopher.bartlett@ectorcountysd.org
Director of Risk Management	Yolanda Gordon Ector County ISD Phone: (432) 456-9784 Email: yolanda.gordon@ectorcountysd.org

HENTHORN COMMERCIAL CONSTRUCTION, LLC – GENERAL CONTRACTOR

Project Assistant	Rhett Dawson Henthorn Commercial Construction, LLC Phone: (806) 626-4582 Email: rhett@henthorncommercial.com
Project Manager	Bryan Walters Henthorn Commercial Construction, LLC Phone: (806) 548-2079 Email: bryan@henthorncommercial.com
Project Superintendent / Safety Manager	Jonathan Keil Henthorn Commercial Construction, LLC Phone: (806) 853-0828 Email: jonathan@henthorncommercial.com

GALLAGHER - INSURANCE BROKER

*Enrollment/ Administration	Letizia Brownlee Gallagher Phone: (314) 338-7336 Email: letizia_brownlee@ajg.com
Program Manager	Richard Banlowe Gallagher Phone: (818) 539-1210 Email: richard_banlowe@ajg.com
General Liability/ Claims	Ryan Asuncion Gallagher Phone: (415) 536-4015 Email: ryan_asuncion@ajg.com

Gallagher at a glance

We help you face your future with confidence. Gallagher has been designing solutions to meet our clients' unique needs for more than 90 years. We pioneered many of the innovations in risk management used by businesses in all industries today.

- A global corporation with a strong heritage and culture
- Divisions specializing in retail insurance brokerage operations, benefits and HR consulting, wholesale distribution, and third-party administration and claims processing.
- More than 850 offices in 49 countries and over \$6 billion in brokerage & risk management revenues.
- Client-service capabilities in more than 150 countries around the world through a global network of correspondent brokers and consultants.
- Founded in 1927, publicly traded since 1984.

This material was created to provide accurate and reliable information on the subjects covered but should not be regarded as a complete analysis of these subjects. It is not intended to provide specific legal, tax or other professional advice. The services of an appropriate professional should be sought regarding your individual situation.

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