**Insurance Calculation Worksheet Form OCIP-A**

Your Company Name:

Your Company was hired by:

% Self-Performed Work:       Contract Amount: $

 **I. Workers’ Compensation and Employers Liability**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Labor Classification** | **WC Class Code** | **Estimated Man Hours** | **Estimated Payroll** | **WC Rate(Per $100 of Payroll)** | **Premium** | **Policy Deductible** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

 Subtotal:

**Note: Deductible program credits do not apply** Increased Employer’s Liability Factor: x

**Note:** Identify workers’ compensation loss rate per $100 of Experience Modification Factor: x

 payroll within the policy deductible

 Other Factors (Identify): x

 Surcharge: x

 **Total Workers’ Compensation Premium (A): $**

 **II. Primary General Liability**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Labor Classification** | **GL Class Code** | **Estimated Payroll or Contract Value** | **GL Rate** | **Premium** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**Note:**  Identify General Liability loss rate per

$100/$1,000 of payroll or receipts within the **Total General Liability Premium (B): $**

policy deductible

 **III. Excess/Umbrella Liability\***

|  |  |  |
| --- | --- | --- |
| **Estimated Payroll or Contract Value** | **Umbrella Rate** | **Premium** |
|       |       |       |

 **Total Umbrella Liability Premium (C): $**

\* If Excess/Umbrella Liability premium is flat-charge, develop rate by dividing your excess policy annual premium by estimated annual payroll. Apply this rate to the estimated payroll for this project. If annual rate is not provided a minimum deduct of 15% of the primary General Liability rate will be applied.

 **IV. Profit Overhead and Contingency**      **\_\_\_\_\_\_\_\_% of Premium (D): $**

 **V. Total Initial Insurance Deduct** **Total Lines of Insurance (A+B+C+D): $**

 **Broker/Agency Name Broker Signature Date**

**\*Policy rate pages must be submitted with this worksheet.**

**THERE WILL BE NO EXCEPTIONS.**