



Owner-Controlled Insurance Program Manual

Appendix C, Exhibit A

Version 3.9 Issued 25 January 2018

Contract Firm Workers' Compensation Insurance Information

Instructions: Contract Firm completes and submits this form prior to contract being awarded. All Subcontract Firms must supply a list of work classifications and estimated payroll on a separate form (Appendix C, Exhibit B – Subcontract Firm Workers' Compensation Insurance Information). **Both** forms (Exhibit A & Exhibit B) are to be submitted to Pillar Group Risk Management, Attention: Kari Hendrix, 11708 North College Avenue, Carmel, IN 46032; email khendrix@pillargroup.com

Contract Firm Information

Contract Firm Name

Address

Name of Contract Firm (for whom you work)

Contract Firm Representative's Name

Representative's Telephone No.

Federal I.D. No.

Start Date

Completion Date

Location of Work

Indianapolis LCC

Indianapolis LTC

Indianapolis LRL

Indianapolis GFD

Clinton

ChemGen Terre Haute

ELANCO Greenfield

Plainfield Distribution Center

Lenexa, KS

Policy Information – Workers' Compensation

Policy Dates

Experience Mod

Rating Anniversary Dates (if different from Policy Dates)

NCCI Risk I.D. Number (to be completed by your current insurance agent)

Contract Firm's Estimated Labor Cost by Classification for this Project

Classification Description (Each Subcontract Firm must supply a list of work classifications and estimated payroll on this form)

Workers Compensation Code

Estimated Payroll

Subcontract Firms

Name of Subcontract Firm

Workers Compensation Code

Estimated Payroll

By submitting this document, we hereby acknowledge that we have received and reviewed a copy of the OCIP Manual and have provided a copy of the OCIP Manual to all of our Subcontract Firms.



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Appendix C, Exhibit C

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Eli Lilly and Company Insurance Worksheet						
Instructions: Complete a separate worksheet for each Contract Firm and each Subcontract Firm. The Contract Firm/Subcontract Firm completes this form prior to contract award and annually upon request and submits to Pillar Group Risk Management, Attention: Kari Hendrix, 11708 North College Avenue, Carmel, IN 46032; khendrix@pillargroup.com						
Contract/Subcontract Firm Information						
Contract Firm Name						
Address						
Representative's Name				Representative's Telephone No.		
Scope of Work				Contract Number		
Contract Value				% Self Performed		
Under Contract With						
Workers' Compensation (On Site)						
State of Work	Description	Class Code	Labor Hours	Estimated On-Site Payroll	WC Rate/\$100 Payroll	WC Premium (Payroll x Rate)
TOTALS						
			Rates		Premium Adjustment	
Employer's Liability						
Experience Modification Rate (EMR)						
Credit or Debit (Explain)						
Premium Discount						
			Total Workers' Compensation Insurance Premium			
General Liability and Excess/Umbrella Liability						
Description	Code	Contract Value/Payroll	Rate/\$1,000 or \$100	Premium		
General Liability (Note: Add rates together if separate rates for Premises/Operations & Products/Completed Operations)						
Excess/Umbrella						
				Total Liability Premium		
TOTAL OF ALL INSURANCE COSTS (Workers' Comp, General Liability and Excess/Umbrella)						

By submitting this document, I certify that the data shown above is correct.

Note: All items highlighted in yellow must be completed in order to submit form.