



# Owner-Controlled Insurance Program Manual

## Appendix C, Exhibit B

Version 3.9 Issued 25 January 2018

### Subcontract Firm Workers' Compensation Insurance Information

Instructions: To be completed (prior to contract being awarded) by all tiers of Subcontract Firms. Completed form is to be provided to the Contract Firm to submit using via website or to Pillar Group Risk Management, Attn: Kari Hendrix, 11708 N. College Avenue, Carmel, IN 46032; Email: [khendrix@pillargroup.com](mailto:khendrix@pillargroup.com)

#### Subcontract Firm Information

Subcontract Firm Name

Address

Name of Contract Firm (for whom you work)

Subcontract Firm Representative's Name

Representative's Telephone No.

Federal I.D. No.

#### 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)

Board File Number (to be completed by your current insurance agent)

#### Subcontract 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

Description of Work to be Performed (See your Workers' Compensation policy for reference).

*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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**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](mailto:khendrix@pillargroup.com)

<b>Contract/Subcontract Firm Information</b>	
<b>Contract Firm Name</b>	
<b>Address</b>	
Representative's Name	<b>Representative's Telephone No.</b>
Scope of Work	Contract Number
<b>Contract Value</b>	<b>% Self Performed</b>
<b>Under Contract With</b>	

<b>Workers' Compensation (On Site)</b>						
<b>State of Work</b>	<b>Description</b>	<b>Class Code</b>	<b>Labor Hours</b>	<b>Estimated On-Site Payroll</b>	<b>WC Rate/\$100 Payroll</b>	<b>WC Premium (Payroll x Rate)</b>
<b>TOTALS</b>						
			<b>Rates</b>		<b>Premium Adjustment</b>	
<b>Employer's Liability</b>						
<b>Experience Modification Rate (EMR)</b>						
<b>Credit or Debit (Explain)</b>						
<b>Premium Discount</b>						
			<b>Total Workers' Compensation Insurance Premium</b>			

<b>General Liability and Excess/Umbrella Liability</b>				
<b>Description</b>	<b>Code</b>	<b>Contract Value/Payroll</b>	<b>Rate/\$1,000 or \$100</b>	<b>Premium</b>
<b>General Liability (Note: Add rates together if separate rates for Premises/Operations &amp; Products/Completed Operations)</b>				
<b>Excess/Umbrella</b>				
				<b>Total Liability Premium</b>
<b>TOTAL OF ALL INSURANCE COSTS (Workers' Comp, General Liability and Excess/Umbrella)</b>				

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

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