

Owner-Controlled Insurance Program (OCIP) Manual for Contract Firms and Subcontract Firms

**Insurance Provisions for Eli Lilly & Company Construction and
Service Contracts Designated as OCIP Contracts**

Eli Lilly and Company

Prepared by:
Eli Lilly and Company
Lilly Corporate Center
Indianapolis, Indiana 46285
U.S.A.

OCIP Manual for Contract Firms and Subcontract Firms

1 Introduction

Purpose of this Document 2

Who to Contact with Questions..... 3

Glossary..... 3

Directory..... 3

2 General Information

Owner-Provided Coverages..... 4

Certificates of Insurance..... 4

Bids Must Both Include and Exclude Potential Insurance Costs 5

Loss Experience 5

3 Program Detail

Overview 6

Insurance Purchased by Owner for Contract Firm 6

Insurance that Must Be Provided by Contract Firm and All Subcontract Firms 8

Participant’s Responsibility for Additional Insurance If Desired..... 10

No Limitation of Liability Under OCIP or Other Insurance Requirements 11

Contract Firm’s Obligations 12

Cancellation or Modification..... 13

Payroll Audits..... 14

Contract Firm’s HSE Program 14

Event Reporting Procedures 15

Required OCIP Forms 17

Appendices

Appendix A: Glossary A-1

Appendix B: Directory - OCIP Contacts..... B-1

Appendix B: Directory – HSE Consultant Contacts B-2

Appendix C: *Exhibit A: Contract Firm Workers’ Compensation Insurance Information Form (To be completed by Contract Firm) C-1*

Exhibit B: Subcontract Firm Workers’ Compensation Insurance Information Form (To be completed by all tiers of Subcontract Firms) C-2

Exhibit C: Insurance Worksheet C-3

Exhibit D: Annual OCIP On-Site Payroll Report C-4

Exhibit E: Annual Statement of Contract Value Completed C-5

Exhibit F: Indiana Workers’ Compensation First Report of Employee Injury, Illness C-6

Exhibit G: Kansas Workers’ Compensation First Report of Employee Injury, Illness C-7

Exhibit H: Preliminary Event Investigation Report and Event Statement..... C-8

Appendix D: Consent for the Release of Medical and/or Insurance Records and Information D-1

Appendix E: Contractor Privacy Control / Personal Information E-1

Appendix F: Annual Qualification Request for Information and Annual Qualification LetterF-1

Purpose of this Document

This OCIP Manual describes the Owner-Controlled Insurance Program (referred to as OCIP) of Eli Lilly and Company, known as the “Owner,” and applies to Contract Firms and Subcontract Firms enrolled in the OCIP that work at Lilly sites.

It was created to supply a clear set of reference information with a detailed set of requirements that provide users with direction on how to comply with the program. It provides an explanation of coverage, limits and deductibles, and contact information, including carriers.

It includes a Glossary defining the terms unique to this program, a Directory containing a list of applicable servicing agents and HSE consultants, a summary of the insurance provisions and coverages applicable to Owner-designated OCIP contracts, program requirements for Contract Firms and Subcontract Firms, and samples of forms required by the program.

This OCIP manual provides a brief description of the OCIP and is not intended to be a substitute for insurance policies issued under the OCIP, nor is it intended to alter or change those policies, nor to alter the provisions of any contract documents. In the event of any claimed conflict or inconsistency between the information contained in this manual and the policies of insurance, the policies of insurance shall govern.

The master copy of the OCIP Manual resides electronically on the Eli Lilly and Company OCIP Collaboration Site. A copy is accessible at the Lilly Procurement Portal, through a link provided by Contract Administrators.

Who to Contact with Questions

Questions concerning this Owner-Controlled Insurance Program Manual should be addressed to any of the following:

Jason McEldowney	(317) 853-3702	Pillar Group Risk Management, Inc.
Kari Hendrix	(317) 853-3554	Pillar Group Risk Management, Inc.
Jeffrey L. Williams	(317) 651-8639	Eli Lilly and Company
J. Scott Lowe	(317) 277-5424	Eli Lilly and Company
Chris Mitchell	(317) 714-2207	Safety Management Group (SMG)
Dayna Fairfield	(317) 433-0991	Safety Management Group (SMG)
Justin Hietberg	(317) 433-8956	Safety Management Group (SMG)

Glossary

A glossary containing definitions of terms appears in Appendix A.

Directory

A directory containing relevant contact information (OCIP Contacts and HSE Consultants) appears in Appendix B.

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Owner-Provided Coverages

Through the OCIP, the Owner provides certain insurance coverage for construction (and certain related maintenance activities) requiring labor at Owner Job Sites (excluding vendors, material dealers, architects, engineers, consultants, truckers, haulers, snow removal, or others whose function is merely to supply material or equipment to the Job Site or to provide professional services).

The Owner provides Workers' Compensation, Commercial General Liability, and Umbrella Insurance to approved Contract Firms and Subcontract Firms of all tiers performing work under contracts designated by the Owner as OCIP contracts for property locations owned and/or leased by Eli Lilly and Company. The Owner is responsible for payment of the premiums applicable to the OCIP directly to the insurance carriers.

OCIP coverage applies only to activities on the Owner Job Site as described in this manual. Enrollment in the OCIP is not automatic, but is also not optional. It is intended that all Contract Firms and Subcontract Firms be enrolled in OCIP for construction (and certain related maintenance activities) requiring labor at Owner Job Sites if they meet eligibility requirements.

Certificates of Insurance

Once a Contract Firm or Subcontract Firm is properly enrolled in the OCIP, the firm receives a Certificate of Insurance showing Commercial General Liability and Umbrella Insurance, and a Workers' Compensation policy (if required by state statutes) as evidence of their enrollment.

A copy of the complete Commercial General Liability and Umbrella Insurance Policies are available for review at the office of the servicing agent. (Pillar Group Risk Management, Inc., 11708 N. College Ave., Carmel, IN 46032.

Avoiding Duplicate Coverage

It is recommended that each Contract Firm and Subcontract Firm performing services for the Owner under a contract should notify its insurance agent of the exposures insured under the OCIP with regard to its own Workers' Compensation and Commercial General Liability Insurance policies and to make appropriate modifications to their respective insurance programs to eliminate any duplicate coverage.

Bids Must Both Include and Exclude Potential Insurance Costs

Each Contract Firm shall calculate and shall require its Subcontract Firm(s) to calculate insurance costs that the Contract Firm or Subcontract Firm(s) would incur if the Work covered by the bid was not under the OCIP. The bid should contain two figures: one including and one excluding the potential insurance cost. Contracts will be written for bids without insurance costs.

Loss Experience

When a Contract Firm or Subcontract Firm is enrolled in an Owner-Controlled Insurance Program, the claims and payroll attributed to that program still have an impact on their experience modification rate (EMR)—either positively or negatively—depending on losses.

An EMR is a factor developed by measuring the difference between the insured's actual past experience and the expected experience of the class. An employer with average loss experience has a modifier of 1.0 and pays an unadjusted premium. Employers with poorer loss experience have modifiers greater than 1.0 and pay a higher adjusted premium. Those with good experience have modifiers below 1.0 and pay a lower adjusted premium.

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Overview

This section covers the key details required of the OCIP and includes the following topics:

- Insurance Purchased by Owner for Contract Firm
- Insurance that Must Be Provided by Contract Firm and All Subcontract Firms
- Participant's Responsibility for Additional Insurance If Desired
- No Limitation of Liability Under OCIP or Other Insurance Requirements
- Contract Firm's Obligations
- Cancellation or Modification
- Payroll Audits
- Contract Firm's HSE Program
- Event Reporting Procedures
- Required OCIP Forms

Insurance Purchased by Owner for Contract Firm

The Owner has purchased and will maintain at its own expense (subject to any Cancellation or Modification, as described later) the following insurance coverages for itself and the Contract Firm and all Subcontract Firms of every tier, who are parties to OCIP-designated contracts (but not Excluded Parties) performing Work at the Job Site:

- Workers' Compensation Insurance for Work Performed at the Job Site
- Commercial General Liability Insurance for Work Performed at the Job Site
- Excess Liability (Umbrella) for Work Performed at the Job Site

The limits of liability for the Workers' Compensation Insurance apply separately to all Contract Firms. The limits of liability for the Commercial General Liability and Excess Liability (Umbrella) apply collectively to all participants.

The OCIP policies apply only for work being performed onsite by enrolled Contract Firms and/or Subcontract Firms.

The summaries of coverage described below appear in full in the respective policy forms. The information below is not intended to be complete, or to alter or amend any provision of the actual policies, or to be construed as an exact and binding analysis of coverage. In the event of any conflict or inconsistency between the descriptions below and the policy forms, the provisions of the policies of insurance shall be the sole prevailing document.

The OCIP is not intended to provide a complete insurance program to the Contract Firm or Subcontract Firm. The Contract Firm or Subcontract Firm may wish to purchase additional insurance as it deems necessary for exposures not covered by the OCIP, or if it believes the limits are insufficient for its purposes.

Workers’ Compensation Insurance for Work Performed at the Job Site

Coverage A – Statutory Benefits

This coverage provides protection only for statutory liability as imposed by the Workers’ Compensation Act of the state where the Work is being performed. Off-site operations are excluded. The Contract Firm and each accepted Subcontract Firm will be issued an individual policy in their own name, if required by the local Department of Insurance.

Coverage B – Employer’s Liability

This coverage provides protection for Employer’s Liability in the following limits:

Description	Employer’s Liability Limit
Bodily Injury by Accident	\$1,000,000 each accident
Bodily Injury by Disease	\$1,000,000 policy limit
Bodily Injury by Disease	\$1,000,000 each employee

Commercial General Liability Insurance for Work Performed at the Job Site

This coverage provides protection for claims for which the insured is legally liable at the Job Site because of bodily injury or property damage, subject to the limits below. (Off-site activities are excluded.)

Description	Policy Limit
General Aggregate	\$5,000,000
Products / Completed Operations	\$5,000,000
Personal Injury	\$2,000,000
Each Occurrence	\$2,000,000
Fire Damage	\$300,000
Medical Expense	\$10,000

Endorsements

Endorsements include, but are not limited to, the following:

- Commercial General Liability is written on an occurrence basis as specified in form No. CG OO O1 and subject to all limitations and exclusions specified in that form.
- Completed Operations Coverage shall extend for a period of 10 years after the Work is deemed complete or after policy termination, whichever occurs first.
- Broad Form Property Damage (including completed operations)
- Personal and Advertising Injury Liability
- Contractual Liability (Blanket Coverage) is assumed under all agreements.
- Blanket Additional Named Insured endorsement with respect to Work performed at or emanating from the Job Site
- Commercial Umbrella Liability Insurance for Work Performed at the Job Site
- This coverage provides additional limits that go over the primary general liability limits and primary employer's liability limits. See limits provided below. (Off-site activities are excluded.)

Insurance that Must Be Provided by All Contract Firms and All Subcontract Firms

Required Insurance

Throughout the duration of the Agreement, the Contract Firm shall provide and maintain the three types of insurance coverage designated below and shall require all Subcontract Firms of any tier to provide and maintain such insurance.

- Workers' Compensation and Employer's Liability Insurance (Covering all exposures, other than on the Owner Job Site.)
- Commercial General Liability Insurance (Covering all exposures, other than on the Owner Job Site.)
- Motor Vehicle Liability Insurance (Covering all exposures, both on and off the Owner Job Site.)

Workers' Compensation and Employer's Liability Insurance

This insurance *must cover all exposures, other than on the Owner Job Site*. It shall afford protection for statutory liability as imposed by the Workers' Compensation Act of the appropriate state, and Employer's Liability limits of \$1,000,000 / \$1,000,000 / \$1,000,000.

Commercial General Liability Insurance

This insurance *must cover all exposures, other than on the Owner Job Site.*

It shall afford protection under a Commercial General Liability Policy written on an occurrence basis for liability to the public, including bodily injury, personal injury, property damage, contractual liability, products/completed operations, Explosion, Collapse, and Underground with limits of no less than the following:

Description	Minimum Liability Limit
General Aggregate (other than completed operations) The general aggregate coverage shall apply separately to each project.	\$1,000,000
Products / Completed Operations Aggregate	\$1,000,000
Personal and Advertising Injury	\$1,000,000
Each Occurrence Limit Bodily Injury	\$1,000,000
Each Occurrence Limit Property Damage	\$1,000,000

Motor Vehicle Liability Insurance

This insurance *must cover all exposures, both on and off the Owner Job Site.* It shall afford protection for liability to the public for bodily injury and property damage arising out of ownership and/or use of all owned, non-owned, and hired automobiles; and other motor vehicle equipment used on and off the Job Site in connection with the Project, subject to a minimum limit of \$1,000,000 combined single limit.

Insurance Providers

The Contract Firm or Subcontract Firm may obtain the required insurance coverage through any broker selected by the Contract Firm or Subcontract Firm and an insurance carrier selected by the Contract Firm or Subcontract Firm acceptable to the Owner.

The Owner does not require Contract Firms and Subcontract Firms to purchase non-OCIP coverage through the Owner’s agents of record for the OCIP.

Certificates of Insurance Must be Submitted

Prior to commencement of work, the Contract Firm and Subcontract Firms shall furnish to the Owner a certificate of insurance for each policy required.

All policies required to be furnished by the Contract Firm and Subcontract Firm shall include a 30-day notice of cancellation to the Owner.

All policies shall contain a waiver of subrogation in favor of the Owner and, except Workers' Compensation, shall name the Owner as an additional insured and coverage shall be primary and non-contributory.

The policies shall cover claims arising from the acts or omissions of the Contract Firm, Subcontract Firms, and anyone for whose acts or omissions it may be liable. All deductibles or self-insured retentions should be fully disclosed.

Participant's Responsibility for Additional Insurance If Desired

No other type of insurance and no higher limits than those described in the section "Insurance Purchased by Owner for Contract Firm" will be secured by the Owner for the Contract Firm and Subcontract Firms.

Motor Vehicle Liability Insurance must be secured by the Contract Firm and Subcontract Firms for work both on and off the Job Site. See section "Insurance That Must Be Provided by Contract Firm and All Subcontract Firms," which describes this requirement.

The Contract Firm and the Subcontract Firm(s) shall determine if additional insurance is needed, and such additional insurance shall be obtained by the Contract Firm and Subcontract Firm(s) at their own expense.

The Contract Firm and Subcontract Firms shall provide their own insurance for their materials, equipment and tools whether owned, hired, or leased by them and shall include a waiver of subrogation rights against the Owner.

No Limitation of Liability Under OCIP or Other Insurance Requirements

The provisions of insurance and other requirements set forth in this OCIP Manual shall in no way release or limit the Contract Firm's liability, responsibility, or obligations arising out of its performance of Work under the Contract or any applicable statute, law, regulation, or order including any liability in excess of the insurance coverage secured under the OCIP.

By securing the insurance under the OCIP, the Owner does not assume any liability for the insured risks or liability arising out of the Contract Firm's performance of Work under the Agreement.

Contract Firm's Obligations

The Contract Firm shall not violate, or knowingly permit to be violated, any conditions of policies of insurance required to be carried under terms of this OCIP Manual and shall at all times satisfy the requirements of the insurance companies and the OCIP. All requirements imposed by these policies shall also be imposed upon, assumed, and performed by Subcontract Firm(s) of any tier.



Note!

Failure of the Contract Firm or any Subcontract Firm to comply with all requirements of this section may be treated by the Owner as a material breach of the Agreement by the Contract Firm.

Where the Contract Firm is party to an OCIP-designated contract with the owner, the following obligations exist:

1. The Contract Firm shall furnish each bidding and/or negotiating Subcontract Firm a copy of this OCIP Manual and shall require all Subcontract Firm(s) to review, understand, and accept all provisions of the OCIP as a condition to their bidding and contract award and include OCIP requirements in all Subcontracts.
2. The Contract Firm shall solicit all Subcontract Firm bids with the insurance costs and without the insurance costs that the Subcontract Firm would have incurred if the work to be performed was not covered under the OCIP. The Contract Firm shall negotiate and award all Subcontract Firm bids on a basis such that no cost is included for insurance coverage provided by the Owner. The Contract Firm shall enforce these same requirements upon all tiers of Subcontract Firms with respect to their subcontracting procedures.
3. The Contract Firm shall ensure that each Subcontract Firm completes and returns to the Servicing Agent all required information forms within fourteen days of the awarding of the subcontract, or prior to the Subcontract Firm commencing work, whichever is earlier.
4. The Contract Firm shall at all times cooperate with, assist, and cause the Subcontract Firm(s) of all tiers to cooperate and assist the Servicing Agent and Insurance Carrier with respect to:
 - a. Issuance of Insurance Policies
 - b. Audit procedures specified in the Contract Documents
 - c. Accident prevention and Loss Control

- d. Timely reporting of all claims and potential claims to the OCIP Administrator and Insurance carrier. Accident prevention
 - e. Adjustment of all claims arising out of operations within the scope of the Agreement, including litigation of such claims
5. The Contract Firm shall verify that Subcontract Firms of all tiers complete the required forms listed under the section “Required OCIP Forms.” **Failure of the Contract Firm to perform this obligation shall result in payments to the Contract Firm being withheld.**
 6. The Contract Firm must notify the Owner and OCIP Administrator of the award of a contract to any Subcontract Firm for the performance of Work at an Owner Job Site at least three weeks prior to the Subcontract Firm commencing the Work at the Job Site.

Cancellation or Modification

The Owner is not obligated to provide insurance through an Owner-Controlled Insurance Program.

The Owner reserves the right to terminate or modify the Owner-Controlled Insurance Program, or any portion thereof, or not to provide OCIP coverage to any Contract Firm or Subcontract Firm.

The Owner may at any time modify the OCIP coverage, discontinue the OCIP, or request that a Contract Firm or Subcontract Firm withdraw from the OCIP.

In the event of cancellation or non-renewal of any policy provided by the OCIP, the Owner will endeavor to give the Contract Firm and Subcontract Firms of any tier participating in the OCIP thirty days’ written notice of such cancellation.

The Owner may, at its sole option, either procure alternate insurance coverage with similar terms, conditions, and limits as the canceled policy or policies, or require the Participants to procure and maintain their own insurance coverage with terms and limits satisfactory to the Owner.

The Owner will reimburse the affected Participants on a pro rata basis calculated by reference to the insurance costs stated in the applicable bid.

Payroll Audits

The payroll records of the Contract Firm and Subcontract Firms of any tier are audited annually by the OCIP Administrator. A physical audit of the same payroll records may also be conducted *at any time*, at the option of the OCIP Administrator.

The Contract Firm agrees (and will require all tiers of Subcontract Firms to agree) to keep and maintain for insurance purposes separate, accurate, and properly-classified records of Job Site payrolls, including clear identification of overtime labor, and other data relating to the Work under the Agreement necessary for the proper calculation and audit of premiums and adjustments thereto and for reporting purposes to the appropriate Workers Compensation Rating Bureau.

Annually, the OCIP Administrator (Pillar Group) sends two forms to enrolled Contract Firms and Subcontract Firms to obtain information necessary for the OCIP audit process. (See Appendix C: Exhibits C, D, and E).

Contract Firm's HSE Program

The Contract Firm is solely responsible for developing, administering, monitoring, and enforcing its Health, Safety, and Environmental (HSE) Program and/or HSE documents (or their equivalent) in connection with the Work and in connection with meeting its obligations under the Agreement.

Any services provided by the Insurance Carrier or the Contractor HSE Advisor do not relieve in any way the Contract Firm (or Subcontract Firms of any tier) of their HSE responsibilities assumed under the Agreement, and are not intended as a substitute for required Safety and Loss Control activities by the Contract Firm and Subcontract Firms of any tier.

Event Reporting Procedures

The two procedures below shall be followed when either a potential Workers’ Compensation Claim or a Commercial General Liability Event occurs which is covered by the OCIP.

Please reference the section “Required OCIP Forms” for a general description of the forms referenced in these procedures, and the table “Location and Description of OCIP Forms” which provides the location of each form and a summary of their purpose. The forms appear in either the Appendix of this OCIP Manual, or in Lilly’s Contractor Health, Safety, and Environmental Management Program (CHSEMP or its equivalent). The Contract Firm’s and Subcontract Firm’s Job Site HSE Representative shall maintain copies of all completed forms.

Workers’ Compensation Procedure

A Workers’ Compensation Event occurs when an insured’s employee sustains bodily injury within the scope of their duties on the Job Site. If such an event occurs, the procedure below is to be followed.

Step	Responsibility	Action
1.	Contract Firm or Subcontract Firm	Immediately notify Lilly Work Area Contact and Contractor HSE Advisor (i.e., SMG) of the occurrence.
2.	Contract Firm or Subcontract Firm	Within 24 hours of the occurrence, complete each of the following forms: 1. Contractor HSE Management Program/Preliminary Event Investigation Report and Event Statement (See Appendix C, Exhibit H) 2. Consent for the Release of Medical and/or Insurance Records and Information (See Appendix D). 3. Workers’ Compensation First Report of Employee Injury, Illness (See Appendix C, Exhibit F for Indiana; Exhibit G for Kansas)
3.	Contract Firm or Subcontract Firm	Within 24 hours of the occurrence, submit a copy of the first two (2) completed forms to Contractor HSE Advisor (i.e., SMG). Please pay close attention to Appendix E regarding the collection, communication, and storage of Personal Information.
4.	Contract Firm or Subcontract Firm	Within 24 hours of the occurrence, submit a copy of the completed First Report of Injury to each of the following and be sure to include your assigned Workers Compensation Policy Number for the OCIP: <ul style="list-style-type: none"> • Workers’ Compensation Insurance Carrier Claim Adjuster (i.e., Amerisure) - newclaimind@amerisure.com • Pillar Group Risk Management, Inc. - claim@pillargroup.com See the Directory in Appendix B for contact information

Please note that completed Workers’ Compensation First Report of Employee Injury, Illness forms are to be submitted to Pillar Group and Amerisure only. Do NOT send these completed forms to Eli Lilly or the Contractor HSE Advisors.

Commercial General Liability Procedure

A Commercial General Liability event occurs when an accident takes place on the Job Site that involves bodily injury to the public or property damage. If such an event occurs, the procedure below is to be followed.

Step	Responsibility	Action
1.	Contract Firm or Subcontract Firm	Obtain the names and addresses of the following: <ul style="list-style-type: none"> • Any persons injured • Any persons who sustained property damage • Any witnesses
2.	Contract Firm or Subcontract Firm	Contact the Servicing Agent’s Claim Department by phone at (317) 853-3620 or by email at claim@pillargroup.com to provide details of the event. (See the Directory in Appendix B for contact information).
3.	Contract Firm or Subcontract Firm	If the event results in any injury or any property damage, contact the Contractor HSE Advisor immediately to provide a report of the details by telephone. (See the Directory in Appendix B.)
4.	Contract Firm or Subcontract Firm	Within 24 hours of an occurrence, complete and send the following forms to the Contractor HSE Advisor and the Servicing Agent's Claim Department (See Appendix B for contact information): <ul style="list-style-type: none"> • Preliminary Event Investigation Report • Event Statement

Required OCIP Forms

The Contract Firm shall complete (and shall require all tiers of Subcontract Firms who work on the Project to complete) all required OCIP forms. The table “Location and Description of OCIP Forms” appearing later in this section describes the applicable forms and identifies where a sample of each appears in the Appendix of this OCIP Manual. *To access electronic versions of the OCIP forms, click [here](#).*



Failure of a Contract Firm or its Subcontract Firms to complete the applicable forms will result in payments to the Contract Firm being withheld. Photocopies of all forms are acceptable.

Summary of Forms

Appendix C, Exhibit A: Contract Firm Workers’ Compensation Insurance Information Form

The Contract Firm must submit this form to the OCIP Administrator/Service Agent prior to a contract being awarded.

Appendix C, Exhibit B: Subcontract Firm Workers’ Compensation Insurance Information Form

The Contract Firm shall provide this form to Subcontract Firms of all tiers that will perform construction work on-site and submit it, along with the Contract Firm’s Exhibit A, to the OCIP Administrator/Service Agent prior to contract award.

Appendix C, Exhibit C: Insurance Worksheet

The Contract Firm (and all Subcontract Firms) shall complete this form annually upon request and return to the OCIP Administrator/Service Agent to provide information necessary for the audit of the OCIP.

Appendix C, Exhibit D: Annual OCIP On-Site Payroll Report

The Contract Firm (and all Subcontract Firms) shall complete this form annually upon request and return to the OCIP Administrator/Service Agent to provide information necessary for experience modification calculation reporting.

Appendix C, Exhibit E: Annual Statement of Contract Value Completed

The Contract Firm (and all Subcontract Firms) shall complete this form annually upon request and return to the OCIP Administrator/Service Agent to provide information necessary for the audit of the OCIP.

Appendix C, Exhibits F (Indiana) and Exhibit G (Kansas)

Worker's Compensation First Report of Employee Injury, Illness

The Contract Firm or Subcontract Firm must complete and submit this report whenever an injury or suspected injury occurs to an employee of the Contract Firm or Subcontract Firm of any tier. The completed report must be sent to the Workers' Compensation Insurance Carrier Claim Adjuster and to Pillar Group Risk Management, Inc. (See Appendix B, Directory). **Do NOT send these completed forms to Eli Lilly or the Contractor HSE Advisors.**

Appendix C, Exhibit H: Preliminary Event Investigation Report and Event Statement

The Contract Firm or Subcontract Firm shall complete and submit this report whenever any serious near-miss, serious injury, lost-time accident, or any claim that incurs medical expense. The form must be submitted to Safety Management Group within 24 hours after an incident takes place. (See Appendix B, Directory.)

Appendix D: Consent for the Release of Medical and/or Insurance Records and Information

The Contract Firm shall complete and submit this report whenever any serious near-miss, serious injury, lost-time accident, or any claim that incurs medical expense occurs. The form shall be submitted to Safety Management Group within 24 hours after an incident takes place. (See Appendix B, Directory.)

Questions Regarding OCIP Forms

Questions regarding these forms should be directed to one of the servicing agents below.

Kari Hendrix or Jason McEldowney
Pillar Group Risk Management, Inc.
11708 North College Ave.
Carmel, Indiana 46032
Telephone Number: (317) 853-3554
Fax Number: (317) 853-3555
Email: khendrix@pillargroup.com or
jmceldowney@pillargroup.com

Location and Description of OCIP Forms

Location	Form Title	Purpose	Completed By	Submitted To	When
Appendix C, Exhibit A	Contract Firm Workers' Compensation Insurance Information Form	Provides the necessary information to issue OCIP insurance policies for each Contract Firm.	Contract Firm	OCIP Administrator/ Servicing Agent (Pillar Group)	Prior to a contract being awarded
Appendix C, Exhibit B	Subcontract Firm Workers' Compensation Insurance Information Form	Provides the necessary information to issue OCIP insurance policies for each Subcontract Firm of all tiers that will work on the project.	Subcontract Firm	OCIP Administrator/ Servicing Agent (Pillar Group)	Prior to a contract being awarded
Appendix C, Exhibit C	Eli Lilly and Company Insurance Audit Worksheet	Provides necessary information for the audit of the OCIP.	Contract Firm and Subcontract Firms	Pillar Group Risk Management, Inc.	Prior to a contract being awarded
Appendix C, Exhibit D	Eli Lilly and Company Annual OCIP On-Site Payroll Report	Provides necessary information for experience modification calculation reporting.	Contract Firm and Subcontract Firms	Pillar Group Risk Management, Inc.	Annually at Audit
Appendix C, Exhibit E	Eli Lilly and Company Annual Statement of Contract Value Completed	Provides necessary information for the audit of the OCIP.	Contract Firm and Subcontract Firms	Pillar Group Risk Management, Inc.	Annually at Audit
Appendix C, Exhibit F	Indiana Worker's Compensation First Report of Employee Injury, Illness	A state-required form used to report statistical data.	Contract Firm and Subcontract Firms	<ul style="list-style-type: none"> Workers' Compensation Insurance Carrier Claim Adjuster (Amerisure) OCIP Administrator/ Servicing Agent (Pillar Group) 	Within 24 hours of an injury or suspected injury to an employee of the Contract Firm or Subcontract Firm of any tier.

Owner-Controlled Insurance Program Manual



Program Detail

Version 3.8 Issued 24 February 2017

Appendix C, Exhibit G	Kansas Worker's Compensation First Report of Employee Injury, Illness	A state-required form used to report statistical data.	Contract Firm and Subcontract Firms	<ul style="list-style-type: none"> Workers' Compensation Insurance Carrier Claim Adjuster (Amerisure) OCIP Administrator/ Servicing Agent (Pillar Group) 	Within 24 hours of an injury or suspected injury to an employee of the Contract Firm or Subcontract Firm of any tier.
Appendix C, Exhibit H* (See below.)	Preliminary Event Investigation Report CHSEMP Contractor Privacy Control/Personal Information	<p>Describes the steps suggested to execute an obstruction investigation, defines impairments, and includes a template to document the investigation and remediation recommendations.</p> <p>Defines Personal Information (PI) and Sensitive Personal Information (SPI) and discusses the collection, control, and protection of PI. Also provides examples of Business Necessary PI/SPI and examples of prohibited SPI.</p>	Contract Firm and Subcontract Firms	<p>For Workers' Compensation Events:</p> <ul style="list-style-type: none"> Safety Management Group (SMG). Workers' Compensation Insurance Carrier Claim Adjuster (Amerisure) OCIP Administrator/ Servicing Agent (Pillar Group) <p>For General Liability Events:</p> <ul style="list-style-type: none"> OCIP Administrator/ Servicing Agent's Claim Department Submit according to information contained in Lilly's CIB. 	Within 24 hours of any employee injury, or an accident involving bodily injury to the public or property damage.

Program Detail

Version 3.8 Issued 24 February 2017

Appendix C, Exhibit H* (See below.)	Event Statement	Provides employee and witness accounts of event.	Contract Firm and Subcontract Firms	<p>For Workers' Compensation Events:</p> <ul style="list-style-type: none"> • Safety Management Group (SMG). • Workers' Compensation Insurance Carrier Claim Adjuster (Amerisure) • OCIP Administrator/ Servicing Agent (Pillar Group) <p>For General Liability Events:</p> <ul style="list-style-type: none"> • OCIP Administrator/ Servicing Agent's Claim Department • Submit according to information contained in Lilly's CIB. 	Within 24 hours of any employee injury, or an accident involving bodily injury to the public or property damage.
Appendix D	Consent for the Release of Medical and/or Insurance Records and Information	Provides Owner and Insurance Carrier with claims management information.	Contract Firm and Subcontract Firms	<ul style="list-style-type: none"> • Safety Management Group (SMG.) • Workers' Compensation Insurance Carrier Claim Adjuster (Amerisure) • OCIP Administrator/ Servicing Agent (Pillar Group) 	Within 24 hours of an injury or suspected injury to an employee of the Contract Firm or Subcontract Firm of any tier.
Appendix E	Eli Lilly and Company Contractor Privacy Control / Personal Information	Addresses the collection, communication, and storage of Personal Information (PI) and Prohibited Sensitive Personal Information (SPI)	Contract Firm and Subcontract Firms		

Program Detail

Version 3.8 Issued 24 February 2017

Appendix F** (See below.)	Annual Qualification Request for Information	Provides a standardized method to perform and document the evaluation.	Contract Firm and Subcontract Firms	Safety Management Group (SMG)	Within ten days of submittal for new qualification, or by date requested on annual qualification letter for renewal.
Appendix F** (See below.)	Annual Qualification Letter	Describes documentation needed for Contract Firm to qualify to work on site.	Owner and Safety Management Group (SMG)	Contract Firm	During annual qualification process.

* The Preliminary Event Investigation Report and the Event Statement are managed and maintained as part of Lilly’s Contractor Health, Safety, and Environmental Management Program (CHSEMP or its equivalent). Contact your Contractor HSE Advisor for a current copy of these forms. If you are logged on to an internal Lilly system, you may access these forms by using the following link:

[Event Management Standard Operating Procedure](#)

** The Annual Qualification Request for Information and the Annual Qualification Letter are managed and maintained as part of Lilly’s Contractor Health, Safety, and Environmental Management Program (CHSEMP or its equivalent) and are updated annually with new information. Contact the Lilly Qualification Advisor at (317) 433-8389 to view a current copy of either form.

Glossary

Term	Definition
Agreement	The written document executed by the Owner and the Contract Firm, or by the Contract Firm and a Subcontract Firm, or by and between any tier of Subcontract Firm and Subcontract Firm, covering the Work to be performed
Architect/Engineer (A/E)	The architects or engineers, if any, who have provided design services for the Owner on the Project
Claim	A demand for compensation or damages based on a loss event
Construction Manager	A person representing the Contract Firm, if any, retained by the Owner to be responsible for development, management, and supervision of the Project. CM shall be considered a Contract Firm.
Contract	The Contract Documents form the "Contract" which represents the entire understanding between Lilly and the Contract Firm or between the Contract Firm and the Subcontract Firm and supersedes all prior negotiations, representations, or agreements—either written or oral—including the bidding documents. The Contract may be amended or modified only in writing and must be signed by both parties.
Contract Documents	Voluntary, deliberate, and legally-enforceable (binding) agreement between two or more competent parties
Contract Firm	A Firm holding a contractual agreement with Lilly to provide on-site services. May also be referred to as "Supplier" in Lilly contracts.
Contractor	See "Contract Firm."
Contractor HSE Advisor	An independent HSE resource designated to assist the Owner by supporting its HSE programs and executing the Contractor HSE Management Program (CHSEMP or its equivalent). A Contractor HSE Advisor must display competencies to make HSE judgments relative to regulatory requirements, Lilly HSE Standards, and local practices/procedures and best practices, and must be familiar with HSE resources at Lilly.
Contractor HSE Consultant	The individual who is the statewide owner of the Contractor HSE Program and its management system, and who serves as a consultant for Contractor HSE and also as the Lilly relationship manager for SMG
Event	An important incident; an occurrence that is particularly significant to include, but not be limited to, bodily injury, property damage, or near-miss of property damage and/or bodily injury. Used interchangeably with Incident.
Excluded Parties	Firms not enrolled or not eligible to participate in the OCIP. These Firms are performing work under contracts that are not designated by the Owner as OCIP contracts, or they are an excluded class (e.g. vendors, material dealers, architects, engineers, truckers, ?????)
HSE Program	A set of policies and work practices specifically designed by each participating Contract Firm for their company. It addresses OSHA regulations and ways to reduce the exposure to hazards. An effective HSE Program is designed around the work tasks normally assigned to a company's employees and incorporates safety, health, and environmental-related policies into them.
Incident	See "Event."
Insurance	Coverage(s) protecting the on-Job Site Workers' Compensation and Commercial General Liability exposures of the Contract Firm and Subcontract Firm for those projects designated by the Owner as being performed under the Owner-Controlled Insurance Program (OCIP)

Appendix A

Version 3.8 Issued 24 February 2017

Term	Definition
Insurance Carrier	The Insurance Company(s) providing the insurance coverage(s) to the Contract Firm and Subcontract Firm under the OCIP
Insurance Carrier Claim Adjuster	The individual, firm, or corporation designated by the Insurance Carrier to investigate and settle all insurance claims arising under the OCIP on the Project
Insurance Carrier Loss Control Representative	The Insurance Carrier employee designated to monitor the Contract Firm's HSE Program on the Job Site
Job Site	Those areas of the Owner's property as described in the Contract where work is being performed by the Contract Firm or Subcontract Firms on the Project Site (including temporary staging, repair and storage yards approved by the Owner for exclusive use in connection with the Project), but excluding the Contract Firm's and Subcontract Firm's regularly-established main or branch offices, factories, shops, warehouses, or similar facilities whether or not such regularly-established operations are related to, incidental to, or necessary to the Project, and excluding commuting to and from the Job Site
Job Site HSE Representative	A designated employee of a Contract Firm that is assigned to support their company's HSE Program. This person also partners with the Contractor HSE Advisor to help facilitate Lilly's contractor requirements to their company.
OCIP Administrator	The company responsible for arranging and coordinating critical services to include, but not limited to, risk control engineering, claims management, insurance placement, and the overall design of the program. Pillar Group Risk Management, Inc. 11708 North College Ave. Carmel, IN 46032
OCIP Manual	A summary of insurance policies and procedures for the Owner-Controlled insurance Program
OCIP Participation Project	The total construction at the Job Site, of which the Work may be whole or a part
Owner	Eli Lilly and Company, an Indiana corporation, or its divisions or subsidiaries as designated in the Agreement
Owner Controlled	The insurance coverage provided at the sole expense of the Owner
Participant	The individual, firm, or corporation enrolled in the Owner-Controlled Insurance Program
Project Manager	A person who has oversight of a construction project to ensure schedules are met and jobs are built to design. This person typically determines what Contract Firms are hired for a job and provides input on contract requirements.
Safety Management Group (SMG)	An independent HSE Consulting Group designated to assist the Owner and Insurance Carrier by auditing and supporting HSE performance on the Job Site
Servicing Agent	See "OCIP Administrator."
Subcontract Firm	A firm or corporation which has a direct contract with the Contract Firm (or with any other Subcontract Firm of the Contract Firm) to perform any portion of the Work which requires labor at the Job Site
Subcontractor	See "Subcontract Firm"
Supplier	See "Contract Firm"
Work	All labor, materials, and equipment necessary to produce the completed project as required by the contract documents

Directory - OCIP Contacts

Title	Company	Contact	Address	Telephone
Owner	Eli Lilly and Company		Lilly Corporate Center Indianapolis, Indiana 46285	
OCIP Servicing Agent	Pillar Group Risk Management, Inc.	Jason McEldowney	11708 North College Ave. Carmel, IN 46032 jmceldowney@pillargroup.com	(317) 853-3702
OCIP Servicing Agent's Claim Manager	Pillar Group Risk Management, Inc.	Angie Harrison	11708 North College Ave. Carmel, IN 46032 claim@pillargroup.com	(317) 853-3620
General Liability Insurance Carrier Claim Adjuster	Amerisure Companies	Indiana Greg Clark	P.O. Box 68876 Indianapolis, IN 46268-0876 gclark@amerisure.com	(317) 582-5066
General Liability Insurance Carrier Claim Adjuster	Amerisure Companies	Kansas Diana Sharp	dsharp@amerisure.com	(314) 542-1453
Insurance Carrier Loss Control Representative	Amerisure Companies	Indiana Mike Fairbrother	P.O. Box 68876 Indianapolis, IN 46268-0876 mfairbrother@amerisure.com	(317) 313-1144
Insurance Carrier Loss Control Representative	Amerisure Companies	Kansas Adam Wendel	awendel@amerisure.com	(314) 542-1467
Worker's Compensation Insurance Carrier Claim Adjuster	Amerisure Companies	Indiana Christy Moore	P.O. Box 68876 Indianapolis, IN 46268-0876 cmoore@amerisure.com	(317) 582-5088
Worker's Compensation Insurance Carrier Claim Adjuster	Amerisure Companies	Kansas Robin Chott	rchott@amerisure.com	(314) 542-1457
New Claims Reporting	Amerisure Companies		newclaimind@amerisure.com	
New Claims Reporting	Pillar Group Risk Management, Inc.		claim@pillargroup.com	

HSE Consultants

Safety Management Group of Indiana, Inc. (SMG)

8335 Keystone Crossing, #103
Indianapolis, Indiana 46240

Title	Location/Business Area	Office Telephone	Co.
President/SMG	8335 Keystone Crossing #103 Indianapolis, IN 46240	(317) 873-5064	SMG
SMG Account Manager	Lilly Technology Center Indianapolis, IN	(317) 276-3413	SMG
IFM Contractor HSE Advisor	Lilly Technology Center Indianapolis, IN	(317) 276-1313	SMG
IAPI Contractor HSE Advisor	Lilly Technology Center Indianapolis, IN	(317) 433-6454	SMG
LRL Contractor HSE Advisor	Lilly Research Labs Indianapolis, IN	(317) 433-3816	SMG
Parenteral Contractor HSE Advisor	Lilly Technology Center Indianapolis, IN	(317) 277-8357	SMG
Indy Dry and Plainfield Distribution Center Contractor HSE Advisor	Plainfield Distribution Center Plainfield, IN	(317) 277-6939	SMG
GFD Contractor HSE Advisor	Lilly Global Facilities Delivery	(317) 453-8956	SMG
Clinton Contractor HSE Advisor	Clinton, IN	(765) 832-4641	SMG

◆◆◆

Appendix C, Exhibit A

Version 3.8 Issued 24 February 2017

Contract Firm Workers' Compensation Insurance Information

Instructions: **Contract Firm** completes and submits this form to Pillar Group Risk Management, Inc. 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"). This form is to be sent to Pillar Group Risk Management, Inc., along with the "Subcontract Firm Workers' Compensation Insurance Information" form for all subcontracts. **Attention:** Kari Hendrix; 11708 N. College Ave. Carmel, IN 46032; Email - khendrix@pillargroup.com

Contract Firm Information

Contract Firm Name _____

Address _____

Contract Firm Representative's Name _____ Representative's Telephone Number _____

Start Date _____ Completion Date _____ 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) _____

NCCI Risk I.D. Number (to be provided by your agent) _____

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

Classification	Workers' Compensation Code	Estimated Payroll

Subcontract Firms

Name of Subcontract Firm	Workers' Compensation Code	Estimated Payroll

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.

Contract Firm Name	Contract Firm Representative	Date
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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 to Pillar Group Risk Management, Inc., **Attention:** Kari Hendrix; 11708 N. College Ave. Carmel, IN 46032; Email - 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

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 agent) _____

Subcontract Firm's Estimated Labor Cost, by Classification, for this Project

Classification ¹	Workers' Compensation Code	Estimated Payroll

¹ Each **Subcontract Firm** must supply a list of work classifications and estimated payroll on this form.

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

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.

Subcontract Firm Name	Subcontract Firm Representative	Date
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Appendix C, Exhibit C

Version 3.8 Issued 24 February 2017

Eli Lilly and Company Insurance Worksheet

Instructions: Complete a separate worksheet for each Contract Firm and all Subcontract Firms. The Contract Firm/Subcontract Firm completes this form prior to contract award and annually upon request, and returns to: Pillar Group Risk Management, Inc.; **Attention:** Kari Hendrix; 11708 N. College Ave. Carmel, IN 46032; Email - khendrix@pillargroup.com

Contract Firm / Subcontract Firm Information

Contract/Subcontract Firm Name _____

Address _____

Representative's Name _____ Representative's Telephone Number _____

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/\$100	Premium
General Liability				
Premises & Operations				
Products & Comp.				
Excess Umbrella				
Total Liability Premium				

Total of All Insurance Costs (Workers' Comp, Gen. Liability, and Excess/Umbrella)	
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I certify that the data shown above is correct.

Authorized Signature	Title	Date



Appendix C, Exhibit D

Version 3.8 Issued 24 February 2017

Eli Lilly and Company Annual OCIP On-Site Payroll Report

Instructions: Complete a separate form for each agreement. The Contract Firm/Subcontract Firm completes this form annually upon request, and returns to: Pillar Group Risk Management, Inc.; Attention: Kari Hendrix; 11708 N. College Ave. Carmel, IN 46032; Email - khendrix@pillargroup.com

Contract Firm/Subcontract Firm Information

Contract/Subcontract Firm Name
Street Address
City State 5-digit ZIP Code
Phone Fax
Format: (000) 123-4567

Agreement Information

Reporting Period From To
Name of Contracting Party
Working Under Agreement With
Contract Amount

Payroll Information

Table with 6 columns: Workers' Compensation Classification Code, Hours, Straight Time Wage Rate, Overtime Hours, Overtime Rate, Payroll in Dollars

I certify that the data shown above is correct.

Authorized Signature Title Date

Appendix C, Exhibit F - Indiana

Version 3.8 Issued 24 February 2017



**INDIANA WORKER'S COMPENSATION
FIRST REPORT OF EMPLOYEE INJURY,
ILLNESS**
State Form 34401 (R10 / 1-02)

**FOR WORKER'S
COMPENSATION BOARD USE
ONLY**

Jurisdiction	Jurisdiction claim number	Process date
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Please return completed form electronically by an approved EDI process.

PLEASE TYPE or PRINT IN INK

NOTE: Your Social Security number is being requested by this state agency in order to pursue its statutory responsibilities. Disclosure is voluntary and you will not be penalized for refusal.

EMPLOYEE INFORMATION									
Social Security number	Date of birth	Sex Male Female Unknown	Occupation / Job title				NCCI class code		
Name (last, first, middle)		Marital status Unmarried Married Separated Unknown	Date hired		State of hire		Employee status		
Address (number and street, city, state, ZIP code)			Hrs / Day	Days / Wk	Avg Wg / Wk		Paid Day of Injury Salary Continued		
Telephone number (include area code)			Wage		Per	Hour	Day	Week	Month
		Number of dependents	\$		Year		Other		
EMPLOYER INFORMATION									
Name of employer			Employer ID#		SIC code		Insured report number		
Address of employer (number and street, city, state, ZIP code)			Location number		Employer's location address (if different)				
			Telephone number						
			Carrier / Administrator claim number		OSHA log number		Report purpose code		
Actual location of accident / exposure (if not on employer's premises)									
CARRIER / CLAIMS ADMINISTRATOR INFORMATION									
Name of claims administrator			Carrier federal ID number		Check if appropriate Self Insurance				
Address of claims administrator (number and street, city, state, ZIP code)			Insurance Carrier Third Party Admin.		Policy / Self-insured number				
					Policy period		From		
Telephone number			Code number						
Name of agent									
OCCURRENCE / TREATMENT INFORMATION									
Date of Inj./ Exp.	Time of occurrence AM PM Cannot be determined		Date employee notified		Type of injury / exposure			Type code	
Last work date	Time workday began		Date disability began		Part of body			Part code	

Owner-Controlled Insurance Program Manual



Appendix C, Exhibit F - Indiana

Version 3.8 Issued 24 February 2017

RTW date	Date of death	Injury / Exposure occurred on employer's premises?	Yes No	Name of contact	Telephone number
Department or location where accident / exposure occurred				All equipment, materials, or chemicals involved in accident	
Specific activity engaged in during accident / exposure				Work process employee engaged in during accident / exposure	
How injury / exposure occurred. Describe the sequence of events and include any relevant objects or substances.					Cause of injury code
Name of physician / health care provider					
Hospital or offsite treatment (<i>name and address</i>)					INITIAL TREATMENT No Medical Treatment Minor: By Employer Minor: Clinic / Hospital Emergency Care Hospitalized > 24 Hours Future Major Medical / Lost Time Anticipated
Name of witness		Telephone number		Date administrator notified	
Date prepared	Name of preparer	Title	Telephone number		

An employer's failure to report an occupational injury or illness may result in a \$50 fine (IC 22-3-4-13).



Appendix C, Exhibit G - Kansas

Version 3.8 Issued 24 February 2017

KANSAS DEPARTMENT OF LABOR
www.dol.ks.gov

ACCIDENT REPORT

K-WC 1101-A (Rev. 10-13)

– SEE INSTRUCTIONS ON PAGE 2 –

Send this completed form to your insurer, third party administrator or pool association for submission electronically to the Division of Workers Compensation.

Direct questions or comments to:
Toll free (800) 332-0353

There is a \$250 penalty for repeated failure to file accident reports within 28 days of the date the employer is informed of the accident. **Submission does not constitute admission of liability.**

OSHA Case or File Number _____

1. Federal Employer's Identification Number _____ Date of hire _____

2. Name of employer _____ Phone () _____

3. Mailing address _____
Street City State ZIP

4. Location, if different from mailing address _____
Street City State ZIP

5. Nature of business _____ NAICS or S.I.C. Code _____ Dept. or division _____

6. Name of employee _____ Age _____ Sex _____
First Middle Last

7. Home address _____
Street City State ZIP

8. SSN _____ Birth date _____ Employee's occupation _____ Home phone () _____

9. Date of injury or occupational disease _____ Time of injury _____ a.m. / p.m.
Date reported to employer _____ Date disability began _____ Gross average weekly wage \$ _____

10. Place of accident or last exposure _____
City County State

11. Was accident or last exposure on employer's premises? YES NO

12. How did accident occur? _____

13. What was employee doing when injured? _____

14. Name substance or object that directly caused injury* _____

15. Describe in detail nature and extent of injury, indicate part of body involved* _____

16. Was worker admitted to hospital? YES NO Date _____ Treated by emergency room only? YES NO
Hospital name and address _____

17. Name and address of attending physician or clinic _____

18. Has employee returned to regular duty? YES NO Light duty? YES NO Date _____

19. Is compensation now being paid? YES NO Date first/initial payment _____

20. Weekly compensation rate \$ _____ Is further medical aid needed? YES NO UNKNOWN

21. Did employee die? YES NO If YES, give date of death _____ (File amended report within 28 days if death subsequently occurs.)

22. Name(s) and address(es) of dependents (death cases only) _____

23. Insurance carrier and third party administrator _____
Address _____ Phone () _____
Street City State ZIP
Policy number _____ Name of agent _____
Claim number _____ Name of claim representative _____

24. Date of report _____ Completed by _____ Title _____

FOR OFFICE USE	
COUNTY	
CAUSE	
NATURE	
SEVERITY	0 - NO TIME LOST 1 - TIME LOST 2 - MEDICAL 3 - FATAL
SOURCE	
MEMBER	

**Contractor HSE Management Program (CHSEMP)
Preliminary Event Investigation Report and Event Statement**

The Preliminary Event Investigation Report and Event Statement are managed and maintained as part of Lilly's Contractor Health, Safety, and Environmental Management Program (CHSEMP). Contact your Contractor HSE Advisor for a current copy of these forms. If you are logged on to an internal Lilly system, you may access these forms by using the following link:

[Event Management Standard Operating Procedure](#)



Consent for the Release of Medical and/or Insurance Records and Information

Instructions: The Contract Firm/Subcontract Firm completes this consent form and submits it to Safety Management Group within 24 hours of any employee injury, or suspected injury, that takes place on the Job Site in order to provide claims management information.

I, _____, (Printed Name)

an employee of _____, knowingly and voluntarily authorize (Company)

(Name and address of institution(s) authorized to release records)

(Name and address of institution(s) authorized to release records)

to disclose to Eli Lilly and Company's (Lilly) Manager of Construction Services and Lilly's Safety Advisor the following records:

Medical records, treatment plans, and/or test results pertaining to the medical conditions related to the workplace injury or illness incurred on: _____
Date of Incident

This information is requested for the purposes of: (1) understanding associated prescriptions (restrictions and medications) and their potential influence on work activities; and (2) classification of the injury or illness under 29 C.F.R. 1904.

A photocopy of this consent form will be valid as an original thereof, even though said photocopy does not contain my original signature.

This consent is subject to revocation by me in writing at any time, except to the extent that Eli Lilly and Company has already taken action in reliance on it. If not previously revoked, this consent will terminate sixty (60) days from the effective date.

Signature of patient or guardian Effective Date

Acknowledgement below is only for use in the case of refusal.

*The patient has exercised his/her right and chosen to **refuse** authorization for the release of **Medical and/or Insurance Records** requested by this form.*

Signature of employer's representative Date



Eli Lilly and Company Contractor Privacy Control / Personal Information

- A. Personal Information (PI) can be defined as any information that by itself, or when used in combination with other information, identifies an individual. Collection of PI should be limited to only the information necessary to complete the business task at hand.
- B. The Lilly Indiana Contractor HSE Management Program has management practices in place to help ensure PI is not accessed by unauthorized people. All contract firms that work with Lilly are urged to implement similar practices to carefully control PI.
- C. The Lilly Indiana Contractor HSE Management Program has placed PI into 2 groupings: Business Necessary Personal Information (PI) and Prohibited Sensitive Personal Information (SPI). Business Necessary PI is information requested by Lilly in order to manage and maintain compliance with federal/state/company policies. Prohibited SPI is information that should never be requested by, or on behalf of, Lilly. Please note: OCIP contract firms with injuries suspected to be work related are required to submit information to Pillar Group and/or Amerisure for purposes of Workers Compensation administration. The specific information needed can be found in the applicable State's "First Report of Injury" form. **Note that this completed form is submitted to Pillar Group and Amerisure only. Do NOT send this completed form to Lilly or the local Contractor HSE Advisor.**
- D. The most applicable examples of Business Necessary PI and Prohibited SPI are listed below. More information about PI and PI management can be obtained by contacting your local Contractor HSE Advisor or Scott Lowe/Lilly Contractor HSE Consultant.

Examples of Business Necessary PI/SPI:

- Individual's name
- Name of employer
- Medical information as it relates only to an on-site event
 - o Diagnosis
 - o Treatment
 - o Medical instructions
 - o Medications prescribed

Examples of Prohibited SPI:

- Financial information
- Social security number
- Race or ethnic origin
- Political opinions
- Religious beliefs
- Sexual preferences
- Gender
- Educational Background
- Criminal Convictions

- D. Only Business Necessary PI is to be submitted to Lilly by the contract firm.** This information, however, should only be provided to Lilly's Contractor HSE Advisors. Prohibited SPI that is received by Lilly's Contractor HSE Advisors will be concealed or deleted, and the contractor firm will be requested to resubmit revised information that does not include Prohibited SPI. The sender of the PI/SPI information shall also notify any other recipients of this information and that the PI/SPI should be deleted. These actions should be completed for anyone (authorized or unauthorized) that receives Prohibited SPI.
- E. Information that is shared broadly to unauthorized people, either electronically or hardcopy, must not include any type of PI.**

**HSE Qualification
Annual Qualification Request for Information
and Annual Qualification Letter**

The Annual Qualification Request for Information and the Annual Qualification Letter are managed and maintained as part of Lilly's Contractor Health, Safety, and Environmental Management Program (CHSEMP) and are updated annually with new information.

Contact the Lilly Qualification Advisor at (317) 433-8389 to view a current copy of this form and/or letter.

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