



**UCOR**  
URS | CH2M  
Oak Ridge LLC

**Exhibit B, Attachment 1**

# ***Environmental Management Cleanup***

**SUBCONTRACTOR ENROLLMENT FORM**

***August 1, 2014***

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# **PROGRAM ADMINISTRATION**

## **Introduction**

This manual will identify, define, and assign responsibilities and requirements related to the administration of the Environmental Management Cleanup Insurance Program (EMCIP) for the URS | CH2M Oak Ridge LLC (UCOR) environmental contract.

***This manual applies to all Subcontractors***

The manual:

- ◆ Describes the Insurance Program
- ◆ Provides readers with a basic understanding of the Insurance Program structure and operation
- ◆ Will be updated as changes dictate during the course of this Subcontract;

Does not and is not intended to provide coverage interpretations. The terms and conditions of the policies alone govern how coverage is applied

## **Insurance Program Administration Directory**

### **Risk Management**

General information regarding subcontractor insurance:

To contact the UCOR Insurance Program Administrator, see <http://info.ettp.energy.gov/> under “Insurance Program.”

### **Insurance Carrier**

AIG

To contact the insurance carrier call 800-910-2667

### **Claims**

Workers Compensation, General Liability & Auto Liability (DOE furnished vehicles only)

To file a claim, see <http://info.ettp.energy.gov/> under “Insurance Program.”

## **Definitions**

|                                 |   |
|---------------------------------|---|
| <b>Acord Form</b>               | Standardized Property and Casualty insurance document created to gather and disseminate information relating to exposures specific to an organization's operations.   |
| <b>Certificate of Insurance</b> | Written evidence of the existence of coverage and the terms of a particular insurance policy.   |
| <b>Covered Activities</b>       | Those activities (Work) performed under the Environmental Management Cleanup Contract related to Oak Ridge, TN.   |
| <b>Covered Locations</b>        | UCOR operations included in the UCOR prime contract with DOE. CROET or privately owned premises are excluded unless approved by the program insurer.  |
| <b>CROET</b>                    | Community Reuse Organization of East Tennessee; CROET develops and subleases property and equipment owned by DOE located in the East Tennessee Technology Park (ETTP).  |
| <b>DOE</b>                      | United States Department of Energy  |
| <b>Enrolled Subcontractor</b>   | See Insured, below.   |
| <b>ETTP</b>                     | East Tennessee Technology Park  |
| <b>EMC Contract</b>             | Environmental Management Cleanup Contract (Oak Ridge), DE-SC-0004645 (the UCOR contract)  |
| <b>Insured</b>                  | DOE, UCOR, and Subcontractors of any tier who are properly enrolled in the Insurance Program and who have been named in a policy, certificate of insurance, or advice of insurance signed by an authorized representative of an Insurer.  |
| <b>Insurance Program</b>        | The Program under which Workers' Compensation, Employer's Liability, General Liability and Auto Liability (DOE furnished vehicles only) are procured or provided by UCOR on behalf of DOE for Subcontractors and subtier Subcontractors, who have been properly enrolled, while performing operations under the EMC Contract related to the Oak Ridge, TN project site. |
| <b>Program Administrator</b>    | UCOR Insurance Program Administrator (see Administration Directory)   |
| <b>Program Insurer</b>          | AIG – for Workers Compensation, General Liability & Auto Liability (DOE vehicles only)  |

## **Summary of Coverages**

UCOR, on behalf of DOE, and at its sole expense, has implemented an Environmental Management Cleanup Insurance Program (EMCIP) to furnish certain insurance coverages for work performed under the EMC Contract related to the Oak Ridge, TN project site.

### **Who is Covered and Where**

The Program will be only for the benefit of DOE, UCOR and Subcontractors of all tiers who have been properly enrolled in the Program. Coverage applies only to Work performed under the EMC Contract related to the Oak Ridge, TN project site.

### **Who is Not Covered and Where**

The Program does not apply to Subcontractor employees while working on other projects not covered by the EMC Contract not related to the Oak Ridge, TN project site. The Program does not cover operations conducted offsite, at a Subcontractor leased facility or a Subcontractor's permanent yard.

### **Other Insurance**

While the Program is intended to provide broad coverages and high limits, the "Program" is not intended to meet all the insurance needs of a Subcontractor. It is recommended that each Subcontractor discuss the Program requirements with their insurance agent or consultant to assure that other proper coverages are maintained.

## **Coverage Provided by the Program**

Prior to commencement of Work, UCOR, on behalf of DOE, shall take out, pay for, carry and maintain, during the performance of the Work, except as otherwise provided herein, the following Insurance Coverages:

### **I. Workers' Compensation and Employers' Liability Insurance**

Scope of Coverage:

- A. Operations                      Work of an enrolled Subcontractor or subtier Subcontractor of any tier performed under the EMC Contract related to the Oak Ridge, TN project site. Coverage applies to all Subcontractor employees falling under the Workers' Compensation laws of Tennessee
- B. Insureds                        UCOR, DOE, and enrolled Subcontractors of all tiers. (Each enrolled Subcontractor will be issued a policy.)
- C. Limits
1. Workers' Compensation - According to state statute in Tennessee
  2. Employer's Liability:  
    \$2,000,000 Each Accident  
    \$2,000,000 Each Employee  
    \$2,000,000 Policy Limit - Disease

### **II. Commercial General Liability**

Scope of Coverage:

- A. Operations                      Work of an enrolled Subcontractor or subtier Subcontractor of any tier performed under the Contract related to the Oak Ridge, TN project site.
- B. Insured                         UCOR, DOE, and enrolled Subcontractors of all tiers
- C. Limits                         \$10,000,000 Each Occurrence
- D. Coverage and Terms - ISO CGL Form applicable to program policy including (but not limited to):
- Products & Completed Operations (5 years beyond project completion)
  - Contractual Liability
  - Amended Other Insurance Clause to indicate primary insurance
  - Independent Contractor's Liability
  - Personal Injury
  - Designated Project Endorsement
  - Cross Liability
  - Architects, Engineers, Surveyors Professional Liability Exclusion

### III. Automobile Liability

#### Scope of Coverage

- A. Operations                      Work of an enrolled Subcontractor or subtier Subcontractor of any tier performed under the Contract related to the Oak Ridge, TN project site, **but only while using DOE furnished vehicles.**
- B. Insured                         UCOR, DOE, and enrolled Subcontractors of all tiers, **but only while using DOE furnished vehicles.**
- C. Limits                         \$5,000,000 Each Occurrence.
- D. Coverage and Terms - including:
  - 1. MCS-90 Endorsement
  - 2. CA 99 48 – Pollution Liability – Broadened Coverage for Covered Autos

UCOR shall deliver to Subcontractor evidence of the insurance in the form of a certificate of insurance for Workers' Compensation, Commercial General Liability and, if applicable, Auto Liability for DOE vehicles. In due course, UCOR also shall deliver to Subcontractor an insurance policy for Workers' Compensation insurance.

# ENROLLMENT

## Enrollment of Subcontractor

Upon notice of award of this Subcontract, SUBCONTRACTOR shall complete Form 2A "Subcontractor Enrollment Form" and Form 2B "Insurance Cost Information Sheet" and submit in accordance with subcontract requirements. Upon receipt of properly executed enrollment forms AND satisfactory evidence (insurance certificates) of SUBCONTRACTOR furnished insurance required under this Subcontract, the Program Administrator will authorize issuance of a Certificate of Insurance for Program provided coverage.

**NOTE: If SUBCONTRACTOR has been awarded multiple subcontracts,** Forms 2A and 2B must be completed by the SUBCONTRACTOR for each subcontract and submitted in accordance with subcontract requirements.

## Enrollment of Lower-Tier Subcontractors

SUBCONTRACTOR shall notify the CONTRACTOR's Subcontract Administrator (SCA) of the intent to award lower tier subcontracts. For each lower tier subcontract (at any tier), SUBCONTRACTOR shall submit completed Form 1 "Notice of Subcontract Award", Form 2A "Subcontractor Enrollment Form", and Form 2B "Insurance Cost Information Sheet" in accordance with subcontract requirements. Upon receipt of properly executed enrollment forms AND satisfactory evidence (insurance certificates) of SUBCONTRACTOR furnished insurance required under this Subcontract, the Program Administrator will authorize issuance of a Certificate of Insurance for Program provided coverage.

**Note:** The "Start Date" indicated on Form 1 "Notice of Subcontract Award" is the date that the lower tier subcontractor is expected to begin operations at the Site and is the date coverage will be effective under the Program.

## Payroll Reporting and Audits

Payroll information will be collected by the Program Insurer during an annual audit process following the expiration of the Program insurance policies on April 1 of every year. The audit may be conducted on-site at the office of the enrolled subcontractor or by telephone or mail.

SUBCONTRACTOR shall assist the Program Insurer as necessary in the conduct of these audits.

**Environmental Management Cleanup Insurance Program**

**URS | CH2M Oak Ridge LLC**

**Notice of Award- Form 1**

**This is to inform you that we have awarded a subcontract to the Subcontractor listed below:**

Federal Employers I.D. #: \_\_\_\_\_

Subcontractor Name: \_\_\_\_\_

Physical and Mailing Address: \_\_\_\_\_

Payroll Representative: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

HR Representative: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Safety Representative: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

UCOR Subcontract Number: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Award Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

State(s) of Work: TN

Prime Contract Holder is URS | CH2M Oak Ridge LLC

Awarding Subcontract Holder: \_\_\_\_\_

Award Made By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit this form in accordance with subcontract requirements.**

# Environmental Management Cleanup Insurance Program

## URS | CH2M Oak Ridge LLC

### Subcontractor Enrollment - Form 2A

Federal Employers I.D. #: \_\_\_\_\_  
Subcontractor Name: \_\_\_\_\_  
Physical and Mailing Address: \_\_\_\_\_  
Payroll Representative: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
HR Representative: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Safety Representative: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
UCOR Subcontract Number: \_\_\_\_\_ Contract Amount: \_\_\_\_\_  
Type of Work: \_\_\_\_\_ No. of Employees: FTE \_\_\_\_\_ PT \_\_\_\_\_  
Award Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_  
The Prime Contractor is URS | CH2M Oak Ridge LLC.  
Who awarded contract to you (company you are contracting with)? \_\_\_\_\_

#### II. Current Workers' Compensation Insurance Information

Regular W.C. Insurance Company: \_\_\_\_\_  
Policy Period: From \_\_\_\_\_ To \_\_\_\_\_  
WC Bureau ID Number: \_\_\_\_\_

#### III. Current General Liability Insurance Information

Regular G. L. Insurance Company: \_\_\_\_\_  
Policy Period From: \_\_\_\_\_  
Do you use an employee leasing company? \_\_\_\_\_  
Do you intend to subcontract any of your work? \_\_\_\_\_  
If you intend to subcontract any of your work, indicate who those Subcontractors will be: \_\_\_\_\_

#### IV. Insurance Agent:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Note: Form 1 must be completed on each subtier Subcontractor by Prime Subcontractor.**

# Environmental Management Cleanup Insurance Program

## URS | CH2M Oak Ridge LLC

### Insurance Cost Information Sheet - Form 2B

**Subcontractor:** \_\_\_\_\_ **UCOR Subcontract #:** \_\_\_\_\_

The subcontractor is required to document the projected insurance costs (had subcontractor provided these coverages for the project instead of the Project provided Insurance) by completing this form\*. Teaming partners and/or lower-tier subcontractors are also required to submit this form.

**It is the Subcontractor's responsibility to notify its own insurance carrier to exclude Workers' Compensation from its regular insurance policy for all work to be done under this contract.**

**A. Workers Compensation Premium Calculation**

Estimated Man Hours: \_\_\_\_\_

| <i>Work Comp<br/>Class Code</i> | <i>Estimated Payroll</i> | <i>Rate</i> | <i>Premium</i> |
|---------------------------------|--------------------------|-------------|----------------|
| _____                           | _____                    | _____       | _____          |
| _____                           | _____                    | _____       | _____          |
| _____                           | _____                    | _____       | _____          |
| _____                           | _____                    | _____       | _____          |

Total Manual Premiums \_\_\_\_\_  
 Apply Experience Mod Factor \_\_\_\_\_  
 Apply Schedule Credit or Debit Factor \_\_\_\_\_

**Total Workers' Compensation Premium** \_\_\_\_\_

**B. General Liability Premium Calculation**

|   |   |             |   |                                   |
|---|---|-------------|---|-----------------------------------|
| <i>Premium Basis<br/>(Payroll or Revenue)</i> |   | <i>Rate</i> |   | <i>Umbrella Liability Premium</i> |
| _____   | + | _____       | = | _____                             |

**C. Umbrella Liability Premium**

|   |   |             |   |                                   |
|---|---|-------------|---|-----------------------------------|
| <i>Premium Basis<br/>(Payroll or Revenue)</i> |   | <i>Rate</i> |   | <i>Umbrella Liability Premium</i> |
| _____   | + | _____       | = | _____                             |

**D. Total Premium**

|       |   |       |   |       |   |                      |
|-------|---|-------|---|-------|---|----------------------|
| A.    | + | B.    | + | C.    | = | <i>Total Premium</i> |
| _____ | + | _____ | + | _____ | = | _____                |