

***Environmental Management Cleanup
Insurance Program***

SUBCONTRACTOR ENROLLMENT FORM

August 8, 2022

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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 United Cleanup Oak Ridge (UCOR) environmental management cleanup 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; and
- ◆ Does not and is not intended to provide coverage interpretations. The terms and conditions of the policies alone govern how coverage is applied.

Note: When this manual is included in a Professional Services, the term "Subcontract" means "Agreement" and "Subcontractor" means "Seller".

Insurance Program Administration Directory

Risk Management

General information regarding subcontractor insurance:

To contact the UCOR Insurance Program Administrator, see <https://ucor.com/subcontractors/> 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 <https://ucor.com/subcontractors/> under “Insurance Program.”

Definitions

Acord Form	Standardized Property and Casualty insurance document created to gather and disseminate information relating to exposures specific to an organization's operations.
Certificate of Insurance	Written evidence of the existence of coverage and the terms of a particular insurance policy.
Covered Activities	Those activities (Work) performed under the Environmental Management Cleanup Contract at a project site on DOE's Oak Ridge Reservation (ORR) near Oak Ridge, TN.
Covered Locations	UCOR operations included in the UCOR prime contract with DOE. CROET or privately owned premises are excluded unless approved by the program insurer.
CROET	Community Reuse Organization of East Tennessee; CROET develops and subleases property and equipment owned by DOE located in the East Tennessee Technology Park (ETTP).
DOE	United States Department of Energy
Enrolled Subcontractor	See Insured, below.
ETTP	East Tennessee Technology Park
EMC Contract	Environmental Management Cleanup Contract (Oak Ridge), DE-SC-0004645 (the UCOR contract).
Insured	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.
Insurance Program	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 associated Lower Tier Subcontractors, who have been properly enrolled, while performing operations under the EMC Contract related to an ORR project site.
Oak Ridge Reservation	DOE owned sites at the East Tennessee Technology Park, Y-12 Security Complex and Oak Ridge National Laboratory, collectively known as the Oak Ridge Reservation, near Oak Ridge, TN.
Program Administrator	UCOR Insurance Program Administrator (see Administration Directory).
Program Insurer	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 at an ORR project site.

Who is Covered and Where

The Program will be only for the benefit of DOE, UCOR, and UCOR Subcontractors of all tiers who have been properly enrolled in the Program. Coverage applies only to Work performed under the EMC Contract at an ORR 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 at an ORR 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 at any tier performed under the EMC Contract at an ORR project site. Coverage applies to any enrolled Subcontractor's employee falling under the Workers' Compensation laws of Tennessee.
- B. Insureds UCOR, DOE, and enrolled Subcontractors of any tier. (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 of any tier performed under the EMC Contract at an ORR project site.
- B. Insured UCOR, DOE, and enrolled Subcontractors of any tier.
- 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 of any tier performed under the EMC Contract at an ORR project site, **but only while using DOE furnished vehicles.**
- B. Insured UCOR, DOE, and enrolled Subcontractors of any tier, **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 Subcontractor for each subcontract and submitted in accordance with subcontract requirements.

Enrollment of Lower Tier Subcontractors

Subcontractor shall notify the UCOR Subcontract Administrator (SCA) of the intent to award any 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 and applicable Lower Tier 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 August 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
UCOR**

Notice of Award - Form 1

This notice 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 United Cleanup Oak Ridge (UCOR)

Awarding Subcontract Holder: _____

Award Made By: _____

Title: _____

Date: _____

Submit this form in accordance with subcontract requirements.

**Environmental Management Cleanup Insurance Program
UCOR**

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
expected onsite: FTE _____ PT _____
Award Date: _____ Start Date: _____ Estimated Completion Date: _____
The Prime Contractor is United Cleanup Oak Ridge (UCOR)
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 Lower Tier Subcontractor by the Prime Subcontractor.

Environmental Management Cleanup Insurance Program

UCOR

Insurance Cost Information Sheet - Form 2B

Subcontractor: _____ **UCOR Subcontract #:** _____

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 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 Subcontract.

A. Workers Compensation Premium Calculation related only to work performed at the ORR project site

Estimated Man Hours: _____

<i>Work Comp 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

Premium Basis (Payroll or Revenue)	Rate	<i>General Liability Premium</i>
_____	_____	_____
_____	+	_____ = _____

C. Umbrella Liability Premium

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

D. Total Premium

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