

***Environmental Management Cleanup
Insurance Program***

SUBCONTRACTOR ENROLLMENT FORM

December 13, 2023

TABLE OF CONTENTS

Introduction	3
EMCIP Contacts	3
Definitions	3
Enrollment of Subcontractor	4
Enrollment of Lower Tier Subcontractors	4
Summary of Coverages	5
Coverage Provided by the Program	5
Payroll Reporting and Audits	6

PROGRAM ADMINISTRATION

Introduction

For subcontractors working at a UCOR facility, UCOR offers insurance coverage through Marsh USA, Inc. at no additional cost to the subcontractor. This manual identifies, defines, and assigns responsibilities and requirements related to this insurance program (Environmental Management Cleanup Insurance Program (EMCIP) for United Cleanup Oak Ridge LLC (UCOR)).

This manual applies to all Subcontractors performing work at a UCOR facility.

The manual:

- ◆ Describes the Insurance Program;
- ◆ Provides readers with a basic understanding of the Insurance Program structure and operation;
- ◆ Does not and is not intended to provide coverage interpretations. The terms and conditions of the policies alone govern how coverage is applied.

EMCIP Contacts

General information regarding UCOR's EMCIP can be found at <https://ucor.com/Subcontractors/> under "Insurance Program."

The UCOR Insurance Administrator can be contacted by email at misty.bittle@orcc.doe.gov.

The EMCIP is administered by Marsh USA, Inc. utilizing Mwrap Contractor Portal. The insurance carrier for UCOR's EMCIP is AIG. To contact the Marsh EMCIP Insurance Administrator via email: ursch2moakridge.ccip@marsh.com.

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 UCOR Prime 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.
DOE	United States Department of Energy
ETTP	East Tennessee Technology Park
EMC Contract	Oak Ridge Reservation Cleanup Contract, 89303322DEM000067 (the UCOR contract).
Insured / Enrolled Subcontractor	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 Insurer	AIG – for Workers Compensation, General Liability & Auto Liability (DOE vehicles only).

ENROLLMENT

Enrollment of Subcontractor

Upon notice of award of this agreement, Subcontractor shall complete and submit in accordance with agreement requirements the following forms (all three forms are required):

Form 1 "Notice of Award",

Form 2A "Subcontractor Enrollment Form", and

Form 2B "Insurance Cost Information Sheet".

Upon receipt of properly executed enrollment forms AND satisfactory evidence (insurance certificates) of Subcontractor furnished insurance required under this Agreement, the UCOR Insurance Administrator will initiate the EMCIP Enrollment Process in the Mwrap Contractor Portal.

NOTE: *The "Start Date" indicated on Form 1 "Notice of Award" is the date that the Subcontractor is expected to begin operations at a UCOR facility and is the date coverage will be effective under the Program.*

The Subcontractor is notified via email to register online and complete the Enrollment Application (a notice must be completed for each contract awarded). Marsh works with Subcontractor until enrollment is complete. Marsh sends enrollment confirmation email to Subcontractor which includes: a copy to the awarding contractor and a Certificate of Insurance (COI). Detailed enrollment instructions can be found at <https://ucor.com/Subcontractors/> under "Insurance Program."

NOTE: *If Subcontractor has been awarded multiple agreements, Forms 2A and 2B must be completed by Subcontractor for each agreement and submitted in accordance with agreement requirements.*

Enrollment of Lower Tier Subcontractors

Subcontractor shall notify the UCOR Subcontract Administrator (SCA) of the intent to award any lower tier subcontract in accordance with agreement requirements. For each lower tier subcontract (at any tier), Subcontractor shall complete and submit in accordance with agreement requirements the following forms (all three forms are required):

Form 1 "Notice of Award",

Form 2A "Subcontractor Enrollment Form", and

Form 2B "Insurance Cost Information Sheet".

Upon receipt of properly executed enrollment forms AND satisfactory evidence (insurance certificates) of Subcontractor and applicable Lower Tier Subcontractor furnished insurance required under this agreement, the Marsh EMCIP Administrator will authorize issuance of a Certificate of Insurance for Program provided coverage.

Note: The “Start Date” indicated on Form 2A “Subcontractor Enrollment Form” is the date that the Lower Tier subcontractor is expected to begin operations at a UCOR facility and is the date coverage will be effective under the Program.

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 UCOR Prime Contract.

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 UCOR Prime Contract.

The Program does not apply to Subcontractor employees while working on other projects not covered by the UCOR Prime Contract. The Program does not cover operations conducted offsite, at a Subcontractor leased or permanent facility.

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

I. Workers’ Compensation and Employers’ Liability Insurance

Scope of Coverage:

- A. Operations Work of an enrolled Subcontractor at any tier performed under the UCOR Prime Contract. 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 UCOR Prime Contract, 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 | |

Marsh 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.

Payroll Reporting and Audits

Payroll information will be collected by the Program Insurer during an annual audit process in August of every year. The audit may be conducted on-site at the office of the enrolled Subcontractor or by telephone or email. Subcontractor shall assist the Program Insurer as necessary in the conduct of these audits.

**Environmental Management Cleanup Insurance Program
United Cleanup Oak Ridge (UCOR)**

Notice of Award - Form 1

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 Agreement Number: _____ Contract Amount: _____

Scope: _____

Award Date: _____ Start Date: _____ Estimated Completion Date: _____

State(s) of Work: TN

*Awarding Subcontract Holder**: _____

**Primary Subcontract Holder is United Cleanup Oak Ridge (UCOR)*

**Lower Tier Subcontractor Holder is Primary Subcontract Holder*

Award Made By: _____

Title: _____

Date: _____

Submit this form in accordance with agreement submittal requirements.

**Environmental Management Cleanup Insurance Program
United Cleanup Oak Ridge (UCOR)**

Subcontractor Enrollment - Form 2A

Federal Employers I.D. #: _____
Subcontractor Name: _____
Physical and Mailing Address: _____

Type of Business: _____
(Corporation, Disadvantaged Business Enterprise, Joint Venture, Minority Business Enterprise, Small Business Enterprise)

Payroll Representative: _____ Telephone: _____ E-Mail: _____
HR Representative: _____ Telephone: _____ E-Mail: _____
Safety Representative: _____ Telephone: _____ E-Mail: _____

UCOR Agreement Number: _____ Contract Amount: _____

Scope: _____ No. of Employees expected onsite: FTE _____ PT _____
Award Date: _____ Start Date: _____ Estimated Completion Date: _____

Who awarded the subcontract agreement (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: _____

Environmental Management Cleanup Insurance Program United Cleanup Oak Ridge (UCOR)

Insurance Cost Information Sheet - Form 2B

Subcontractor: _____ **UCOR Agreement #:** _____

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>
_____	+	_____	+	_____	=	_____