

- Initial Enrollment
- Additional Contract

- PROJECT:**
- **BARC**
 - **MBJ3**
 - **TOH**
 - **WBCC**

DFW ROCIP Enrollment Form



CONTRACTOR INFORMATION

Contractor Legal Name: _____ Indiv: Partnership: Corp: J/V:

Legal Address: _____ FEIN#: _____ Unemp Ins Reg #: _____

Site Contact: _____ Site Address: _____

Phone: () - Cell: () - Fax: () - Email: _____

Office Contact: _____ Phone: () - Fax: () - Email: _____

Insurance Contact: _____ Phone: () - Fax: () - Email: _____

Payroll Contact: _____ Phone: () - Fax: () - Email: _____

Address (if different) _____

Minority Participation: DBE WBE MBE - Black American MBE - Hispanic Americans
 MBE - Native American MBE- Asian Pacific Americans MBE - Asian Indian Americans

Are you using an Employee Leasing Company? YES NO If yes Leasing Company Name: _____

Are you an Employee Leasing Company? YES NO Are you using a Temp Labor Company? YES NO

CONTRACT INFORMATION

Type of Work: _____ Contract/SA #: _____ Contract Value: \$ _____

Project Description: _____ Off-site Work within scope of contract: YES NO

Awarding Contractor: _____ Prime Contractor: _____

Award Date: _____ Est. Start Date: _____ Est. Completion Date: _____ Self Performed: _____ % \$ _____

Subcontracted _____ %; \$ _____ # of Subcontractors: _____ Est. Sub Work Hours: _____

CURRENT INSURANCE INFORMATION FOR THIS CONTRACT

WC Experience Modifier: _____

WC Classification Description: _____	Class Code: _____	Estimated Payroll: _____	Estimated Hours: _____
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It is each Contractor's responsibility to notify its own insurance carrier to exclude all work to be done under this contract from your current insurance program.

AGREEMENT

The SPONSOR, or their Agent, is granted permission by Contractors to inspect the insurance and payroll records. The Contractor agrees that all insurance costs for coverages provided under the ROCIP have been removed or excluded from their bids and shall be excluded from any change order pricing. At completion of the Work, Sponsor's Agent may audit the project payroll records of Contractors in accordance with the premium audit provisions of the insurance policy. Any and all returns of premiums, dividends, discounts or other adjustments to any ROCIP policy is assigned, transferred and set over absolutely to SPONSOR. This assignment is valid for insurance policies whose premiums have been paid by the SPONSOR on behalf of such Contractors.

In further consideration of the contract award and the mutual promises set forth in the Contract Documents, Contractor hereby acknowledges and agrees that workers' compensation insurance coverage is being provided to Contractor and its employees pursuant to an Rolling Owner Controlled Insurance Program ("ROCIP") the terms of which are set forth in the Contract Documents. The undersigned, on behalf of Contractor, hereby acknowledges and agrees that this document serves to memorialize the parties' agreement for purposes of Texas Labor Code sec. 406.123. This agreement shall be effective when signed below or in counterpart, and photocopy, facsimile, electronic or other copies shall have the same effect for all purposes as an ink-signed original.

Signed: _____ Title: _____ Date: _____

Submit this form to:

Nancy Jarmon - nancy.jarmon@willistowerswatson.com or Gloria Engle - gloria.engle@willistowerswatson.com

ENROLLMENT FORM COMPLETION GUIDE

The DFW ROCIP Enrollment Form must be completed in its entirety for a contractor to be successfully enrolled in the DFW ROCIP program. To ensure enrollment please complete the following:

Contractor Information:

- Contractor Information – it is important to include all contractor information on the form, especially the TIN# (tax id number) and complete **legal** name and address so the contractor can be correctly enrolled. Note P.O. Boxes are not acceptable, must have physical address of contractor to meet the requirements for the National Compensation of Compensation Insurance (NCCI) so the subcontractor's WC policy can be issued.
- Contact Information – the contact information should be for the best people to both receive information from the ROCIP administration and to answer any questions that may come up both during the enrollment process and the project itself. They should be the people most knowledgeable of the work going on at DFW in the enrolling contractor.
- DFW Airport is committed to increasing the opportunities to involve qualified disadvantaged, minority and women-owned businesses (D/M/WBE). Policies, procedures, and contract clauses regarding specific D/M/WBE-related requirements are incorporated into all Airport contracts. Eligible contractors must be certified by the Airport Business Diversity Development Department (BDDD) or a certification agency approved by the Airport's BDD Department. If the contractor has received this approval, please indicate MWBE status.
- Leasing Company/Temp Labor – the contractor completing must identify whether they are using a Leasing Company (PEO) or if they are a Leasing Company. If you are using a Leasing Company they will need to be enrolled as a subcontractor so the insurance information can be recorded correctly. Also please identify if you will be using a Temp Labor Company, they will need to be enrolled as a subcontractor also.

Contract Information:

- Contract Information – each sub must identify the type of work they will be performing on site, contract/Supplemental Agreement (SA) number, contract value, awarding contractors and the prime contractor that they are working under so they can be properly enrolled.
- Award Date/Start Date/Estimated Completion Date – these dates need be completed accurately. The dates will determine when coverage starts under the ROCIP for the contract you are enrolling. The completion date should be the best estimate but does not have to be exact.
- Self-Performed/Subcontracted percentage and contract value – this should be the best estimate of the percent and dollar value of the work that is being performed by the enrolling contractor, and the percent and dollar value that will be subbed out (the sum of the percentages should equal 100 and the self-performed and subcontracted contract values should equal the total contract value that is listed above). Estimated Sub Work Hours should be your best estimate.

Current Insurance Information:

- Workers' Compensation information - the WC Experience modifier, class codes, and descriptions should all be taken directly from the enrolling contractor's workers' compensation policy that is in effect at the date of award given above for the scope of work specific to this contract. The Estimated Payroll amount should be the total payroll, by class code, that will be used to complete this contract.
- Once the above is completed the DFW ROCIP Enrollment Form should be signed, dated and then sent Nancy Jarmon at nancy.jarmon@willistowerswatson.com or Gloria Engle at gloria.engle@willistowerswatson.com.