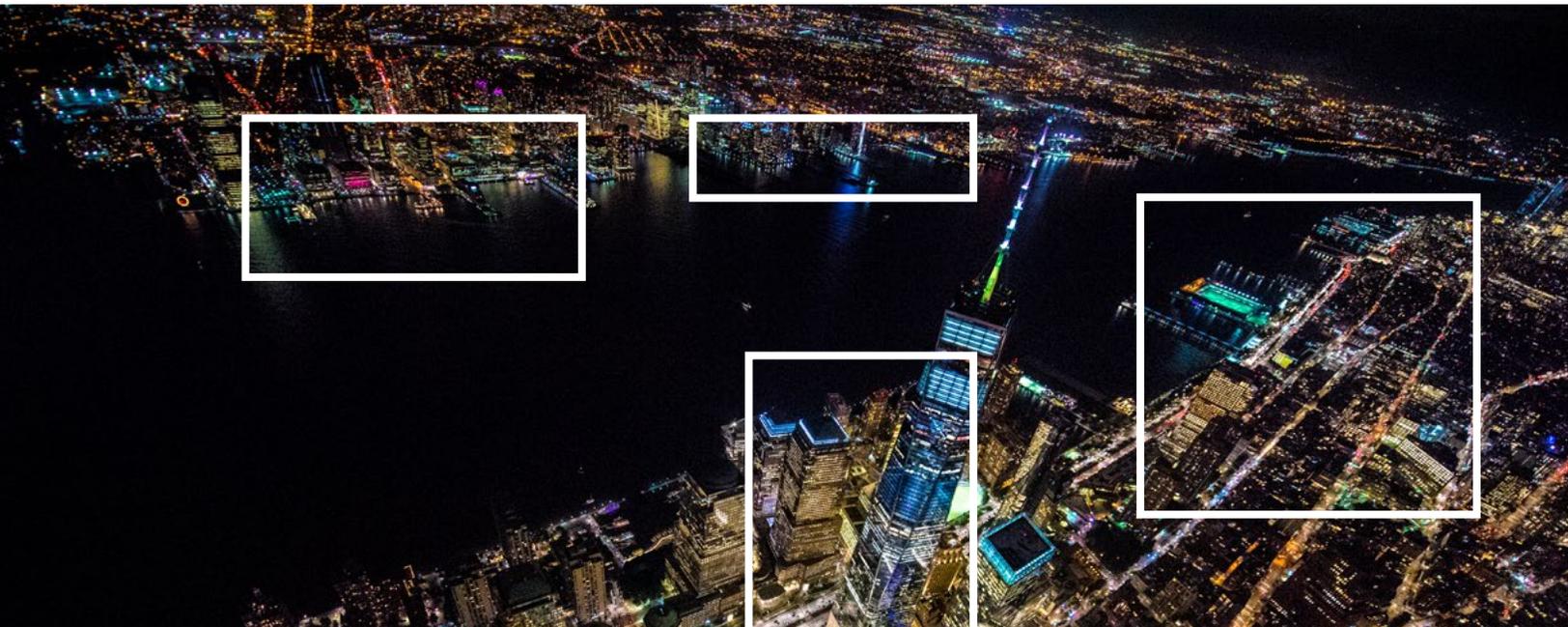


# OCIP Enrollment Information



This complete form is required for enrollment in to the OCIP or for exclusion. Enrolment is not confirmed until you receive an OCIP Certificate of Insurance. Exclusion is not confirmed until you receive an OCIP confirmation of exclusion letter.

## Section I - Company Information

**Job Site:** \_\_\_\_\_

**Facility:** \_\_\_\_\_

**Company Name:** (Legal Entity) \_\_\_\_\_

**Subcontracting for:** \_\_\_\_\_

**Street Address:** (No P.O. Box) \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Federal ID #:** \_\_\_\_\_ **Company Phone:** \_\_\_\_\_

**Paperwork Contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Project Manager Contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Business Type:**  Corporation  S Corp  Sole Prop  Partnership  LLC or LLP

**Will you be using a professional employment (PEO), temporary, or leased employees?**  Yes  No

**Will this contract involve work in proximity to navigable waters, railroads, or air side exposures?** If yes, check all that apply  
 Navigable Waters (USL&H)  Railroads  Air Side

**Section II - Contact Information** (for information in table below, attach additional sheet if necessary)

**Contract Number:** \_\_\_\_\_ **Contract Value (CV):** \_\_\_\_\_  
**Start Date:** \_\_\_\_\_ **Estimated End Date:** \_\_\_\_\_  
**Sef Performed CV:** \_\_\_\_\_ **State(s):** \_\_\_\_\_  
**Work Description:** \_\_\_\_\_

Below estimates only apply to on-site work

Workers' Comp Class Code	Workers Compensation Trade Description	Estimated Work Hours	Estimated Unburdened Payroll <sup>1</sup>	Estimated Limited Payroll (NY Only) <sup>2</sup>
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<sup>1</sup>"Unburdened Payroll" all onsite hours (including overtime hours) reported at regular time rates.  
<sup>2</sup>"Limited Payroll" is NY Stat capped payroll by worker and week, according to state district where the work is performed.

**Experience Modification Rating Effective Date:** \_\_\_\_\_ **Experience Modification:** \_\_\_\_\_

**Section III - Sub-Contract Information** (for information in table below, attach additional sheet if necessary)

Subcontractor Name	Contact	Phone	E-mail	Contract Value
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**Section IV - Insurance Agent/Broker Information**

**Agency Name:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Contact E-mail:** \_\_\_\_\_ **Primary Phone:** \_\_\_\_\_

**Section V**

The undersigned, under its Contract for work on projects of The Port Authority of NY & NJ "PANYNJ", its subsidiaries, and/ or its affiliated companies, in consideration of agreement of the PANYNJ to arrange insurance as provided in the Contract and for other goods and valuables consideration, hereby assigns to the PANYN all return premiums, premium refunds, dividends, and any monies due or to become due to the undersigned in connection with said insurance as procured by the PANYNJ and referred to in said Contract.

**Signature:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Port Authority of NY & NJ OCIP Administration  
+1 212 309 5545 [PANYNJEnroll@willistowerswatson.com](mailto:PANYNJEnroll@willistowerswatson.com)

