



Nevada Division of Insurance

Consolidated Insurance Program Application

Project Information

1.	Name of Project		
2.	Contact Person for OCIP/CCIP		
	Contact Name	Phone	
	Address		
3.	Is this an Owner (OCIP) or Contractor (CCIP) Controlled Insurance Program?		
4.	Name of Owner or Contractor		
5.	Beginning Date of Project		
6.	Description of Project		
7.	Proposed Duration of Project		

Insurer Information

8.	Insurer Name		
9.	Insurer ID Number		
10.	Insurer A.M. Best Rating	34T	
11.	Insurer A.M. Best Size Category		

Safety and Claims Personnel

12.	Names of the Primary and Alternate Safety Coordinators		
	Primary	Alternate	
	Alternate	Alternate	
13.	Name of the Administrator of Claims		

Application Checklist

1.	Provide a schedule that shows the estimated total cost of the project. What are the estimated costs for:		<input type="checkbox"/>
a.	Actual Construction:	\$	
b.	Design:	\$	
c.	Acquisition of real property:	\$	
d.	Connecting utilities:	\$	
e.	Excavation and underground work:	\$	
f.	Equipment and furnishing:	\$	
	Total	\$	
2.	Does this OCIP/CCIP cover only one project or a series of projects with the same owner or principal contractor acting as the sponsor of the OCIP/CCIP?	Click here to select	
3.	Provide a list of all other lines of insurance that will be included in the OCIP/CCIP.		<input type="checkbox"/>
4.	Provide a copy of the contract between the insurer and the owner (OCIP) or contractor (CCIP). Indicate the page numbers in which the following information can be found:		<input type="checkbox"/>
a.	Provisions requiring compliance with safety requirements and the administration of claims	Page(s)	
b.	The names and qualifications of the safety people and the administrator of claims	Page(s)	
c.	The terms and conditions for providing industrial insurance coverage including:		
(1)	A definition of the site that clearly states the areas covered and which are reasonably contiguous	Page(s)	
(2)	A description of the scope and details of the project and the duration of the industrial insurance coverage	Page(s)	
d.	A list in which the owner, prime contractor, construction manager, contractors, and subcontractors are set forth as additional insureds	Page(s)	
e.	A list of the penalties if there is a failure to comply with the safety and administration of claims requirements	Page(s)	
6.	Provide a statement from the owner (OCIP) or contractor (CCIP) that the safety person and the alternate safety person will not be working on any other OCIP/CCIP.		<input type="checkbox"/>
7.	Provide a statement that there will be a safety person on site during all hours of operation.		<input type="checkbox"/>
8.	Provide a statement that there will be an administrator for claims on site during all hours of operation.		<input type="checkbox"/>

9.	Provide a sample notice or advertisement for bids that states that employees of contractors and subcontractors will be covered by an OCIP or CCIP.		<input type="checkbox"/>
10.	Provide a copy of the plan or other materials developed for the required pre-bid conference. Indicate the page numbers of the provisions that explain:		<input type="checkbox"/>
	a. How an OCIP/CCIP operates	Page(s)	
	b. A general description of the safety requirements	Page(s)	
	c. A general description of claims handling	Page(s)	
	d. An overview of the provisions of NRS 616B.710 to 616B.727	Page(s)	
11.	Provide a copy of the safety program. Indicate the page numbers for the provisions that provide for the following:		<input type="checkbox"/>
	a. Minimum standards of safety to be observed	Page(s)	
	b. Regular safety meetings	Page(s)	
	c. Training of contractors and subcontractors regarding safety issues and procedures	Page(s)	
	d. Regular safety inspections	Page(s)	
	e. The method of notifying contractors and subcontractors of special safety hazards and insuring that minimal safety standards are observed	Page(s)	
	f. Prompt investigation of accidents resulting in serious injury or death	Page(s)	
12.	Confirm that a copy of the qualifications of the primary and alternate safety coordinators have been submitted to the Division of Industrial Relations.		<input type="checkbox"/>
13.	Confirm that the primary and safety coordinators have at least 3 years of relevant experience.		<input type="checkbox"/>
14.	Provide a statement from the Administrator of the Division of Industrial Relations that the primary and alternate safety coordinators have adequate credentials.		<input type="checkbox"/>
Submitted by:		Date:	