

OCIP Enrollment Form



**Sound Transit
Owner Controlled Insurance Program
For Contractors, Subcontractors,
Consultants, and Subconsultants
Involved in Sound Move Projects**

GENERAL INFORMATION					
Name of Company:					
Type Of Entity (Circle One):	Corporation	Partnership	Individual	Joint Venture	Limited Liability Company
Address, City, State, Zip:					
Telephone:			Federal Employer ID#:		
Fax number:			Prime Contractor:		
Administrative Contact Name:			Admin. Contact Telephone:		

CONTRACT or SUBCONTRACT INFORMATION					
Estimated Start Date:			Estimated Completion Date:		
Contract Amount:			Sound Transit Contract Number: RTA		
Scope of Work:					
Contractor	<input type="checkbox"/>	Subcontractor	<input type="checkbox"/>	Construction Management	<input type="checkbox"/>
Consultant	<input type="checkbox"/>	Subconsultant	<input type="checkbox"/>	Architect/Engineer	<input type="checkbox"/> (X in appropriate box)
List of Expected Subcontractors/Subconsultants (attach separate list if necessary):					
Subcontractor Name:		Subcontract Amount:		Description of Subcontract Work:	

ENROLLMENT CERTIFICATION

CERTIFICATION AND ASSIGNMENT

We hereby certify that the cost of insurance for those coverages provided by the Owner Controlled Insurance Program (OCIP) have not been included in our contract price. Further, we hereby assign, transfer and set over absolutely unto Sound Transit its right, title and interest to any and all returns of premiums, dividends, discounts, or other adjustments to this OCIP. This assignment shall pertain to the policies as now written and as subsequently modified, rewritten or replaced in Sound Transit's Insurance companies, including any additional amount or coverages as a result thereof. We also assign our right of cancellation of all Insurance policies provided to us by Sound Transit through the OCIP. This assignment is valid only for Insurance policies where premiums have been paid by Sound Transit on behalf of our firm. We agree that by signing this form, we request enrollment in the OCIP, and that enrollment will be confirmed once Sound Transit's insurance representative issues the appropriate OCIP certificates. OCIP coverage will become effective at the time our employees first come on to a Sound Move Project Site.

We hereby certify that the information set forth herein is true and accurate in all material respects.

Dated on this _____ day of _____, 20

Authorized Representative: _____

Printed Name: _____

Title: _____

If You Have Questions Regarding This Form, Please Direct Them To:

Consultants or Contractors:

Contact your Sound Transit Contract Administrator

Subconsultants or Subcontractors:

Contact your primary Consultant or Contractor

When Completed, Please Mail or Send This Form by Facsimile, to:

**Sound Transit Contract Division
401 S. Jackson Street
Seattle, WA 98104-2826**

Fax: (206) 398-5271