

# Contractor Controlled Insurance Program Enrollment Application

Please complete this enrollment form for each project you are contracted on or when your insurance renews

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## A. Contractor, Subcontractor or Trucker Information

Company Named & dba if any: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Contact Name & Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

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## B. Contractor, Subcontractor or Trucker Information

Project Name/Job Number: \_\_\_\_\_  
Estimated Contract Amount \_\_\_\_\_ Estimated Field Payroll \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
\_\_\_\_\_

Are You Sub Contracting Any Work: \_\_\_\_\_  
\_\_\_\_\_

Contractors, Subcontractors and Truckers of all tiers are required to be enrolled in the Subcontractor Wrap-Up. Coverage will not apply to any contractors who have failed to enroll. **Confirmation of your enrollment is your receipt of a certificate of insurance and a copy of the Subcontractor Wrap-Up policies.**

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## C. Attachments

As outlined in the manual, please provide a current certificate of insurance as per the contract addendum in the CCIP manual.

If you are certified with the Contractor State License Board as having no employees or are a sole employer that is not required to carry worker's compensation insurance please type in your name and check the box. [ ]

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As outlined in the manual, enrolled parties will be required to provide a copy of their declarations page and rate page(s) for their General Liability and Umbrella/Excess Liability policies.

Please click on the "Send" button to process this request. A certificate of insurance confirming your enrollment will be e-mailed or faxed back to the enrolled Contractor. Please send a signed copy of this completed enrollment form, the certificate of insurance and insurance declarations and rating pages to:

**VRT Insurance Services**  
**Attn: Kim Leikam**  
**500 12<sup>th</sup> Street, Suite 340**  
**Oakland, CA 94607**

**Phone : 510-740-1956**  
**Fax: 510-587-7395**  
**E-mail: ccip@vrtinsurance.com**

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## D. Signature

\_\_\_\_\_  
Officer Signature

\_\_\_\_\_  
Officer Name