

FORM B – INSURANCE COST WORKSHEET

Section I

Contract/Bid Information

Contractor Name:	Alliant Assigned Contract #
Gross Contract Value (including insurance cost):	Net Contract Value (excluding insurance Cost):
Estimated Limited Payroll*:	Estimated Unlimited Payroll**:
Workers Compensation Deductible Amount:	General Liability Deductible Amount:

**Per NYCIRB workers compensation payroll limitation program*

***Straight wage rate times hours worked – no overtime premium.*

Section II

Calculate your insurance premium.

WC Trade Classification	WC Class Code	Work Hours	Estimated Limited Payroll*	Manual WC Rate	Premium = Est. Payrolls x WC Rate/100
			\$		\$
			\$		\$
			\$		\$

Attach separate worksheet if more codes apply.

Use Project Site Payroll only to calculate Total Insurance cost.

		Total Manual Premium		\$
		x Experience Mod		
		= Modified Premium		\$
Description		Rate	Modified \$	Running Total
	+ or -		\$	\$
	+ or -		\$	\$
	+ or -		\$	\$
	+ or -		\$	\$
= Total WC Premium				\$

General Liability

Current Rate	Factor 100/1000	Unlimited Payroll OR Receipts	Premium
		\$	\$

Excess Liability

Current Rate	Factor 100/1000	Unlimited Payroll OR Receipts	Premium
		\$	\$

Overhead and Profit	15%	\$
TOTAL ESTIMATED INSURANCE COST		\$

I hereby warrant that this worksheet reflects the projected insurance cost that would apply in the event my regular insurance program was in force at this location. I also recognize that the MTA and/or their wrap-up administrator Alliant may request copies of my actual policies to confirm these costs.

Signature: _____ Date: _____

Print: _____ Title: _____