

**Owner Controlled Insurance Program (OCIP)  
Notice of Work Completion Form**

**Contractor's Name:** \_\_\_\_\_

**Project Description:** \_\_\_\_\_

**Contract Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Representative Name:** \_\_\_\_\_

**Telephone#:** \_\_\_\_\_

**Job Description:** \_\_\_\_\_

**Contract Amount:**  
(including Change Orders)

**Date Work Completed:** \_\_\_\_\_

**FINAL INSURANCE AUDITS MAY BE CONDUCTED FROM PAYROLL AND OTHER RECORDS OF THE CONTRACTOR LOCATED AT:**

**NAME, ADDRESS AND TELEPHONE NUMBER OF EACH SUBCONTRACTOR ENROLLED IN THE OCIP FOR PAYROLL AUDIT PURPOSES:**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

**Return completed form to:** General Contractor

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_