



EWING CONSTRUCTION CO, INC.

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WWW.EWINGCC.COM

Subcontractor Pre-Qualification Forms

PART 1 – GENERAL

Company Name: _____

Mailing Address: _____

Delivery Address: _____

Contact: _____ Mobile: _____

Office Phone: _____ Fax: _____

After Hours #: _____ Years In Business: _____

Email: _____

TAX ID#: _____ D & B #: _____

Minority Status: _____ Type: _____ HUB Status: _____

HUB Certificate # _____ Expiration Date: _____

Scopes of work performed: _____

Licensed to performed work in: _____

License Number(s): _____



PART 2 – FINANCIAL

Annual Sales Last Three Years: _____ Year (20_____)
_____ Year (20_____)
_____ Year (20_____)

1. **Bank Name:** _____

Address: _____

Contact: _____

Phone: _____

2. **Bonding Company:** _____

Address: _____

Contact: _____

Phone: _____

3. **Insurance Agent:** _____

Address: _____

Contact: _____

Phone: _____

4. **References (include contact, address & phone #):**



PART 3 – WORK IN PROGRESS

Job Name	Location	Owner	Contract Amount	Scheduled Completed Date

PART 4 – COMPLETED PROJECTS (MAJOR – LAST 5 YEARS)

Job Name	Location	Owner	Contract Amount	Completion Date



PART 5 – SAFETY

SAFETY PERFORMANCE:

1) List your company's Interstate Experience Rating Modifier (EMR) for the last three years:

YEAR:	RATING:
20 _____	_____
20 _____	_____
20 _____	_____

2) List your company's number of injuries/illnesses from your OSHA 300 logs for the three most recent years.

	20 ____	20 ____	20 ____
a) Fatalities	_____	_____	_____
b) OSHA work day incidents	_____	_____	_____
c) Total lost work days incidents	_____	_____	_____
d) Total hours worked	_____	_____	_____
e) Total hours worked	_____	_____	_____

3) Please provide copies of the following:
OSHA 300 Logs for the last three years and current year-to-date
Check if Enclosed:

4) Company Safety Contact:
Name: _____
Phone #: _____

SAFETY PROGRAM:

1. Safety Program Documentation
 - a) Do you have a written Safety Program Manual? Yes No
Last Revision date: _____
 - b) Do you have a written Safety Field Manual? Yes No
 - c) Are all workers given a booklet that contains work rules, responsibilities, and other appropriate information? Yes No
2. Policy Management Support
 - a) Do you have a safety policy statement from an officer of the company? Yes No
 - b) Do you have a disciplinary process for enforcement of your safety program? Yes No
 - c) Does management set corporate safety goals? Yes No
 - d) Does executive management review:
 - Accident Reports Safety Statistics
 - Inspection Reports
 - e) Do you have a written policy on accident reporting and investigation? Yes No
 - f) Do you safety pre-qualify subcontractors? Yes No
 - g) Do you have a light duty return to work policy? Yes No
 - h) Is safety part of your supervisor's performance evaluation? Yes No
 - i) Do you have a personal protective equipment (PPE) policy? Yes No



- j) Do you have a written substance abuse program? Yes No
If yes, does it include:
 Pre-Employment testing Return to duty testing
 Random testing Disciplinary testing
 Reasonable cause testing Alcohol testing
 Post accident testing National Institute on Drug Testing Abuse 5 Panel Screen
- k) Does each level of management have assigned safety duties & responsibilities? Yes No

3. TRAINING AND ORIENTATION

- a) Do you conduct safety orientation training for each employee? Yes No
- b) Do you conduct site safety orientation for every person new to the job site? Yes No
- c) Does your safety program require safety training meetings for each supervisor (foremen & above)? Yes No
How often? Weekly Monthly Quarterly Annually
- d) Do you hold tool box/tailgate safety meetings focused on your specific work operation exposures? Yes No
How often? Weekly Daily
- e) Do you require equipment operation/certification training? Yes No

4. ADMINISTRATION & PROCEDURES

- a) Does your written safety program address administrative procedures? Yes No
If yes, check all that apply:
 Pre-Project/task planning Return to Work
 Record Keeping Subcontractor Pre-Qualification
 Safety Committees Other: _____
 HAZCOM
 Substance Abuse Prevention
- b) Do you have project safety committees? Yes No
- c) Do you conduct job site safety inspections? Yes No
How often? Daily Weekly Monthly
 By Project By Foreman By Project Manager In accordance with OSHA
- d) Do you discuss safety at all pre-construction and progress meetings? Yes No
- e) Do you perform rigging and lifting checks prior to lifting? Yes No
 For personnel For equipment Heavy lifts (more than 10,000 lbs)

5. WORK RULES

- a) Do you periodically update work rules? Yes No
Last revision date? _____
- b) What work practices are addressed by your work rules? Yes No
- | | |
|---|---|
| <input type="checkbox"/> CPR/first aid | <input type="checkbox"/> Access – entrances/stairs |
| <input type="checkbox"/> Respiratory protection | <input type="checkbox"/> Barricades, signs, and signals |
| <input type="checkbox"/> Blasting | <input type="checkbox"/> Material handling/storage |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Temporary heat |
| <input type="checkbox"/> Vehicle safety | <input type="checkbox"/> Compressed air and gases |
| <input type="checkbox"/> Concrete work | <input type="checkbox"/> Traffic control |
| <input type="checkbox"/> Confined-space entry | <input type="checkbox"/> Site visitor escorting |
| <input type="checkbox"/> Public protection | <input type="checkbox"/> Cranes/rigging and hoisting |
| <input type="checkbox"/> Electrical grounding | <input type="checkbox"/> Equipment guards and grounding |
| <input type="checkbox"/> Emergency procedures | <input type="checkbox"/> Flammable material handling/storage |
| <input type="checkbox"/> Monitoring equipment | <input type="checkbox"/> Environmental controls and occupational health |
| <input type="checkbox"/> Site sanitation | <input type="checkbox"/> Fire protection and prevention |



- | | |
|--|--|
| <input type="checkbox"/> Floor and wall openings | <input type="checkbox"/> Trenching and excavating |
| <input type="checkbox"/> Fall protection | <input type="checkbox"/> Lockout/tagout |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Energized/pressurized equipment |
| <input type="checkbox"/> Ladders & scaffolds | <input type="checkbox"/> Personal protective equipment |
| <input type="checkbox"/> Tools, power and hand | <input type="checkbox"/> Welding and cutting (hot work) |
| <input type="checkbox"/> Mechanical equipment /maintenance/pre-op checks/operation | |
| <input type="checkbox"/> Other | |

6. OSHA INSPECTIONS

- a) Have you been inspected by OSHA in the last 3 years? Yes No
- b) Were these inspections in response to complaints? Yes No
- c) Have you been cited as a result of these inspections? Yes No
- If yes, describe the citations:



PART 6 – SUBCONTRACTOR MINIMUM INSURANCE REQUIREMENTS

Subcontractor, at its own cost, shall purchase and maintain in full force insurance with companies acceptable to the Contractor and with an A.M. Best Rating of A-VII or better, until all of Subcontractor's obligations hereunder are discharged all policies of insurance required to be provided by the Contractor or its subcontractors under the Contract Documents including, but not limited to, the following policies of insurance, which policies of insurance shall have limits and coverage's of not less than the greater of those specified below or those specified in the Contract Documents.

Workers' Compensation	Statutory; to comply with all applicable laws, including those of the state in which the Project is constructed and the State of Subcontractor's principal place of business.
Commercial General Liability	\$1,000,000 Each Occurrence Limit \$1,000,000 Personal & Advertising Injury Limit \$ 50,000 Fire Damage (anyone fire) \$ 5,000 Medical Expense Limit (anyone person) \$2,000,000 Products-Completed Operations Aggregate \$2,000,000 General Aggregate Aggregate limit to apply per project
Commercial Automobile Liability Covering Subcontractor's owned, non-owned And hired motor vehicles	\$1,000,000 Combined Single Limit
Umbrella	\$1,000,000 Occurrence \$1,000,000 Aggregate

All of said policies of insurance shall also cover and include all contractually assumed liability of Subcontractor under this Subcontract. Subcontractor's liabilities under this Subcontract shall not in any way be limited by or to the limits provided in or the risks covered by said policies of insurance.

Contractor and Owner (when required by the Contract Documents) shall be named as additional insured in each of such policies, except Workers Compensation, and each of the insurers under each of such policies shall waive all right of subrogation, by assignment, loan receipt or otherwise, against Contractor. Such coverage shall be primary and non-contributory and not excess to any other coverage. Each of such policies shall provide that same shall not terminate or be changed or canceled until thirty (30) days after Contractor has received written notice of such termination, cancellation or change. The additional insured endorsement shall be on a form satisfactory to the Contractor, and shall include coverage for Products-Completed Operations for the Additional Insured (example: ISO Additional Insured Endorsement CG 20 10 II 85 (Form B), or CG 20 10 1093 and CG 20 37 in combination, or CG 20 33 and CG 20 37 in combination, or an endorsement providing equivalent coverage to the additional insured(s)). A copy of the additional insured endorsements shall be attached to the certificate of insurance for Contractor approval.

Subcontractor, not later than ten (10) days after execution hereof, shall deliver to Contractor at Contractor's office in Corpus Christi, Nueces County, Texas, Certificates of Insurance and copies of policies with all endorsements evidencing all of such insurance and, in any event, shall not commence any of its work on the project until it has purchased all of such insurance and delivered such certificate and copies of policies and endorsements to Contractor. Acceptance by Contractor of a Certificate of Insurance and receipt of copies of policies and endorsements provided by the Subcontractor shall not relieve the Subcontractor of its obligation to provide the insurance and policies with coverage's and limits as required in the Contract Documents and this Subcontract even of said insurance, policies, limits and coverage's are not shown in the Certificate of Insurance. Subcontractor acknowledges that Contractor may rely and will rely upon the Subcontractor carrying all insurance and policies with limits and coverage's as reflected in the Certificate of Insurance even if said insurance, policies, limit and coverage's are not required by the Contract Documents or this Subcontract.



The Contractor and Subcontractor hereby acknowledge and agrees that: (a) the Subcontractor meets the qualifications of an independent contractor under Article 8308, Section 3.05 of the Texas Workers' Compensation Act (the "Act"); (l) the Subcontractor is operating as an independent contractor as that term is defined under Article 8308, Section 3.05 of the Act; (c) the Subcontractor assumes the responsibilities of an employer for the performance of work including, but not limited to, the Work required to be performed by Subcontractor under this Subcontract on the Project; and (d) the Subcontractor and the Subcontractor's employees are not employees of the Contractor for the purposes of the Act.

The Subcontractor shall be responsible for obtaining an Installation Floater and/or Builder's Risk Insurance Policies. Such policies shall be obtained to cover the Subcontractor's Work and the deductible payable under any other Builder's Risk Policy which may be provided for the Project. The Contractor shall have the right to withhold the amount of any deductible payable under any other Builder's Risk Policy which may be provided by or on behalf of the Contractor from any amount that may be payable to the Subcontractor. The Subcontractor shall provide to the Contractor, upon demand, a Certificate of Insurance which certifies that the Subcontractor has obtained the Installation Floater and/or Builder's Risk Policies. Any insurance policy provided by the Subcontractor shall be primary and non-contributory to any other insurance policy provided for the Project by the Contractor. Nothing in this paragraph shall limit any rights of the Contractor or its insurance carriers to subrogation.

1. Can you meet ECCI Insurance Requirements? Yes No
2. Certificate Attached? Yes No

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

DESCRIPTIONS (Continued from Page 1)

Liability is endorsed with CG2503 Aggregate Limits Apply Per Project and Additional Insured Endorsement CG20101185 (Form B) OR CG 20 10 (10/93) AND CG 20 37 OR CG 20 33 and CG20 37 OR an Additional Insured Endorsement with equivalent language to include completed operations "your work". General Liability coverage is primary and non contributory to any other insurance of Ewing Construction Co., Inc. and "Insert the Project Owner"

A Waiver of Subrogation is provided in favor of Ewing Construction Co., Inc. and their employees and "Insert Project Owners name" on the General Liability, Auto Liability, and Workers Comp Policies.

The Umbrella coverage is follow form on the above referenced policies.

30 Day Notice of cancellation except 10 days for nonpayment of premium.

If a Residential project - Certificate must advise "No Residential Exclusions" and provide copies of any residential limitations.

****ALL SUBCONTRACTORS MUST PROVIDE A COMPLETE COPY OF GENERAL LIABILITY AND WORKERS COMPENSATION POLICY INCLUDING ENDORSEMENT LIST WITH COPY OF ALL ENDORSEMENTS AND EXCLUSIONS.**