

Has this company ever received an OSHA citation?

Yes

No

(If you answered "yes" to any of the above, please explain on a separate sheet of paper.)

PROJECT INFORMATION

Are you applying to bid on a specific project? Yes No If yes, which one? _____

Do you plan to provide labor? Yes No

Do you plan to provide materials? Yes No

Do you plan to subcontract out any of your work? Yes No If yes, which part? _____

Do you currently hold a state license? Yes No If yes, to whom? _____

If yes, what state? _____

If yes, what number? _____

SAFETY AND INSURANCE INFORMATION

Insurance Agency: _____

Contact Name: _____ Phone: _____

Bonding Agency: _____

Contact Name: _____ Phone: _____

Does this company have a written job site safety policy? Yes No Please provide a copy.

Does this company conduct field safety meetings? Yes No By whom? _____

Frequency? _____

Does this company conduct drug testing program? Yes No

Does this company conduct pre-employment drug testing? Yes No

Does this company conduct post-incident drug testing? Yes No

Does this company conduct random drug testing? Yes No Frequency? _____

NOTICE: A copy of the BCC General Contractor Insurance Coverage Requirements & Procedures is attached. It includes a sample of the Certificate of Liability Insurance as well as the necessary coverage minimums. Please forward this attachment to your agent and return a copy of your certificate along with this form. A current and proper certificate MUST be secured by our office in order to consider your qualification.

REFERENCES

Bank Reference: _____

Contact Name: _____ Phone: _____

Supplier Reference: _____

Contact Name: _____ Phone: _____

Supplier Reference: _____

Contact Name: _____ Phone: _____

Supplier Reference: _____

Contact Name: _____ Phone: _____

General Contractor Reference: _____

Contact Name: _____ Phone: _____

General Contractor Reference: _____

Contact Name: _____ Phone: _____

General Contractor Reference: _____

Contact Name: _____ Phone: _____

I hereby certify that all the above information is true and correct and hereby authorize BCC General Contractor, LLC to perform a background check on my company which may include a credit check with the supplier, bank, and contractor references listed above.

Company Owner: _____

Signature: _____

Date: _____

INSURANCE COVERAGE REQUIREMENTS & PROCEDURES

Forward a copy of these requirements to your insurance agent to ensure compliance. Insurance company must have an AM Best Rating of A7 or better. **No Subcontractor Pre-Qualification Forms will be paid unless correct insurance certificate is on file with us.** You must provide a copy of the additional insured endorsement and a copy of exclusions or endorsements page from policy signed by your agent. The following must be listed as a certificate holder and additional named insured with specific project noted:

BCC GENERAL CONTRACTOR, LLC.
9105 Adams Lane, Ste E
Temple, TX 76502

Pursuant to Article 19 of the Subcontract Agreement, Subcontractor shall maintain at least the following insurance coverages in addition to any other coverages or any great limits required by the Contract Documents;

COMMERCIAL GENERAL LIABILITY:

\$1,000,000 Per Occurrence
\$2,000,000 General Aggregate
\$2,000,000 Product-Comp/OP Agg including **Per Project Aggregate**

This policy shall be on a form reasonably acceptable to Contractor & Owner, shall include a Waiver of Subrogation, and be endorsed to include the Contractor & Owner as additional insured, and shall include the following coverages:

- 1) Premises / operations
- 2) Independent agents
- 3) Completed operations for a period of two years following the acceptance of Contractor's Work
- 4) Broad form contractual liability specifically in support of, but not limited to, the indemnity sections of the Contract Agreement.
- 5) Broad form property damage.
- 6) Personal injury liability with employee and contractual exclusions removed
- 7) Delete exclusions relative to collapse, explosion, and underground property damage hazards.
- 8) Additional insured endorsement CG 2010 1185 or endorsement with equivalent wording.

BUSINESS AUTO COVERAGE:

\$1,000,000 combined single limit, each occurrence; bodily injury and property damage

This policy shall be on a standard form written to cover all owned, hired, and non-owned automobiles. The policy shall be endorsed to include the Contractor & Owner as additional named insured and shall include a Waiver of Subrogation.

WORKER'S COMPENSATION: – statutory limits

Employer's liability limits:

\$500,000 each accident
\$500,000 disease – policy limit
\$500,000 disease – each employee

This policy shall include a Waiver of Subrogation in favor of the Owner and BCC General Contractor, LLC.

UMBRELLA EXCESS LIABILITY INSURANCE:

\$1,000,000 per occurrence
\$1,000,000 aggregate

NOTICE OF CANCELLATION OR CHANGE:

If any insurance coverage required above is or is to be canceled or changed in any way so as not to satisfy the requirements above, Subcontractor shall provide, and Subcontractor shall require its Insurer to provide, notice in writing to the Contractor and its agents **thirty (30) days** in advance of the cancellation or change.

BUILDERS RISK INSURANCE:

If Builder's Risk insurance purchased by Owner or Contractor provides coverage for Subcontractor for loss or damage to Subcontractor's work, Subcontractor shall be responsible for the insurance policy deductible amount applicable to damage to Subcontractor's work and/or damage to other work caused by Subcontractor.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

INSURERS AFFORDING COVERAGE

INSURER A:
INSURER B:
INSURER C:
INSURER D:
INSURER E:

SAMPLE

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000												
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 500,000												
<input type="checkbox"/> CLAIMS MADE				\$ 5,000												
<input checked="" type="checkbox"/> CG 25 03 /				\$ 500,000												
<input checked="" type="checkbox"/> Contractual				\$ 2,000,000												
<input checked="" type="checkbox"/> Property Damage				\$ 2,000,000												
B AUTOMOBILE LIABILITY																
<input checked="" type="checkbox"/> ANY AUTO				\$ 1,000,000												
<input checked="" type="checkbox"/> ALL OWNER /																
<input checked="" type="checkbox"/> SCHEDULED /																
<input checked="" type="checkbox"/> HIRED AUTOS																
<input checked="" type="checkbox"/> NON-OWNED /																
GARAGE LIABILITY																
<input type="checkbox"/> ANY AUTO																
EXCESS LIABILITY																
<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$ 1,000,000												
<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 1,000,000												
<input type="checkbox"/> DEDUCTIBLE																
<input type="checkbox"/> RETENTION \$																
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY																
THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>WC STATUS:</td> <td>TOPLIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE-EA EMPLOYEE</td> <td></td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE-POLICY LIMIT</td> <td></td> <td>\$ 500,000</td> </tr> </table>	WC STATUS:	TOPLIMITS	OTHER	E.L. EACH ACCIDENT		\$ 500,000	E.L. DISEASE-EA EMPLOYEE		\$ 500,000	E.L. DISEASE-POLICY LIMIT		\$ 500,000
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MUST PROVIDE A COPY OF THE ADDITIONAL INSURED ENDORSEMENT AND EXCLUSIONS/ENDORSEMENT PAGE IN POLICY.

THESE LIMITS AND TYPES OF INSURANCE ARE THE MINIMUM REQUIRED AND MUST BE ADHERED TO.

All of the above policies include the following endorsements:

- 1) BCC General Contractor, LLC. & Owner as additional insured (excluding Workers' Compensation) endorsement CG 2010 1185 or equivalent
- 2) Waiver of Subrogation in favor of Certificate Holder & Owner
- 3) 30 days written notice to Certificate Holder & Owner in event of cancellation, material change, or any dilution of aggregate limits

SAMPLE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

RE: PROJECT NAME

NO endorsements have been made to the above Standard Form Commercial General Liability Policy that restricts or reduces any coverages provided.

CERTIFICATE HOLDER	<input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
BCC General Contractor, LLC 9105 Adams Lane, Ste E Temple, TX 76702		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: