



SUBCONTRACTOR QUALIFICATION FORM

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 Cert. #: _____

Scopes of Work Performed *(please include descriptions of what you self-perform and what you sub-out):*

Licensed to Perform Work in: _____

License Number(s): _____

TYPE OF BUSINESS:

If a CORPORATION,

Year Co. was established: _____ # of years under present Ownership: _____

If a PARTNERSHIP,

Date of Organization: _____ Type of Partnership: General Limited Association

If a SUPPLIER,

Year Co. was established: _____ # of years under present Ownership: _____

Have you ever done business under any other name? Yes No

If yes, list name(s): _____

REFERENCES: (Please provide 3 professional non trade references)

Reference # 1: _____ Contact: _____
 Address: _____ State: _____ Zip Code: _____
 Telephone: _____ Fax: _____

Reference # 2: _____ Contact: _____
 Address: _____ State: _____ Zip Code: _____
 Telephone: _____ Fax: _____

Reference # 3: _____ Contact: _____
 Address: _____ State: _____ Zip Code: _____
 Telephone: _____ Fax: _____

List all litigation or formal arbitration to which your organization has been a part of for the past five years inclusive of unsettled litigation or arbitration: _____

WORK IN PROGRESS:

Job Name	Location	Owner	Contract Amount	Scheduled Completion Date

SAFETY:

SAFETY PERFORMANCE:

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

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

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	_____	_____	_____

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

Company Safety Contact:
 Name: _____
 Phone #: _____

SAFETY PROGRAM:

Safety Program Documentation

- a. Do you have a written Safety Program Manual? Yes No
 - Last revision date: _____
- b. Are all workers given a booklet that contains work rules, responsibilities, and other appropriate information? Yes No

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 executive management review:
 - Accident Reports Safety Statistics Inspection Reports
- d. Do you have a written policy on accident reporting and investigation? Yes No
- e. Do you safety pre-qualify subcontractors? Yes No
- f. Do you have a light duty return to work policy? Yes No
- g. Is safety part of your supervisor's performance evaluation? Yes No
- h. Do you have a personal protective equipment (PPE) policy? Yes No
- i. Do you have a written substance abuse program? Yes No
 - If Yes, does it include:
 - Pre-Employment testing Return to duty testing Disciplinary testing
 - Random testing Reasonable cause testing Alcohol testing
 - Post Accident testing 5 Panel drug screen

Training & 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 jobsite? Yes No
- c. Does your safety program require safety training meetings for each supervisor? 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? Daily Weekly Bi-Weekly Monthly
- e. Do you require equipment operation / certification training? Yes No

Administration & Procedures

- a. Does your written safety program address administrative procedures? Yes No
If yes, check all that apply:
 - Pre-project / task planning Record Keeping
 - Safety Committees Return to Work
 - HAZCOM Subcontractor Qualification
 - Substance Abuse Prevention Other: _____
- b. Do you have project safety committees? Yes No
- c. Do you conduct job site safety inspections? Yes No
How often? Daily Weekly Bi-Weekly Monthly
- 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

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: _____



ATTACHMENT TO SUBCONTRACT –
Certificate of Insurance

The following shall be included with and become a part of the subcontract agreement. Notwithstanding anything herein to the contrary, the following clauses and covenants shall modify, alter, add to, delete or replace the clauses of the main Subcontract as the case may be for referenced Section.

Section 13: Add to section specifying the following insurance requirements:

The provisions of the Agreement require the following mandatory insurance coverage for Subcontractor to begin work for General Contractor and Owner:

1. General Contractor and Owner must be listed as additional insured on a primary and non-contributory basis on the Certificate with waiver of subrogation.
2. The Additional insured endorsement should be a CG2010 (12/03 or 07/04) or Subcontractor must provide completed operations/product liability coverage with Middleman Construction Company as an Additional Insured.
3. Insurance carrier must be an A rated carrier licensed to do business in the state of project location.
4. There should be a minimum coverage of \$1,000,000 per project for both General Liability and Workers Compensation.
5. **General Contractor must receive Certificate of Liability Insurance Certificate before work is started on project.**

By execution of this Agreement, Subcontractor acknowledges that failure to meet all insurance requirements, or cancellation either by the insured or the insurer of any portion of the insurance required to be carried by Subcontractor by this Agreement, or the lapse or suspension of the required insurance for any reason shall be considered a material breach of this Agreement by Subcontractor and Contractor shall be entitled to exercise the termination rights set forth in Article 19 and any other right contained in this Agreement and shall have the right to prohibit Subcontractor from entering the premises.

Contractor:

Subcontractor:

Middleman Construction Company LLC

By: _____

By: _____

Title: _____

Title: _____



SCHEDULE OF INSURANCE COVERAGE

<u>Coverage</u>	<u>Minimum Amounts and Limits</u>
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A. Workers Compensation

Worker's Compensation	Statutory Limits
Employer's Liability	\$ 500,000

B. Commercial General Liability

Bodily Injury	\$ 1,000,000 per person/occurrence
Property Damage	\$ 1,000,000 per occurrence
Aggregate	\$ 2,000,000

This policy shall be on a form acceptable to Owner and/or Contractor, endorsed to include the Indemnitees and additional insured(s), contain cross-liability and severability of interest endorsements, state that this insurance is primary insurance as regards to any other insurance carried by the Indemnities, and shall include the following coverages:

1. Premises/Operations
2. Independent Contractors
3. Completed Operations and Products Liability for a period of one (1) year following the acceptance of the Subcontractors work
4. Broad Form Contractual Liability specifically in support of, but not limited to, the Indemnity sections of the contract
5. Broad Form Property Damage
6. Personal Injury Liability with employee and contractual exclusions removed
7. Delete Exclusions relative to Explosion, Collapse and Underground Property Damage Hazards

C. Complete Automobile Liability

Bodily Injury	Combined Liability Limits of
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 Indemnitees as additional insured, contain cross-liability and severability of interest endorsements, and state that this insurance is primary insurance as regards any other insurance carried by the indemnitees.

D. Umbrella Excess Liability Insurance \$ 1,000,000

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 Indemnitees as additional insured, contain cross-liability and severability of interest endorsements, and state that this insurance is primary insurance as regards any other insurance carried by the Indemnitees. In addition, the policy shall be endorsed to provide defense obligations.

E. Subcontractor's Equipment Policy

Any such insurance policy covering Subcontractor's equipment against loss by physical damage shall include an endorsement waiving the insurer's right of subrogation against the Indemnitees. Such insurance shall be Subcontractor's sole and complete means of recovery for any such loss. Should Subcontractor choose to self insure this risk, it is expressly agreed that the Subcontractor hereby waives any claim for damage or loss to said equipment in favor of the Indemnitees.

F. Evidence of Insurance

Evidence of the insurance coverage required to be maintained by the Subcontractor under this agreement, represented by Certificates of Insurance issued by the insurance carrier, must be furnished to the Owner and/or Contractor prior to the Subcontractor starting the Work. Certificates of Insurance shall state that the Owner and/or Contractor will be notified in writing thirty (30) days prior to cancellation, material change, or non-renewal of insurance. Subcontractor will provide Owner and/or Contractor a certified copy of any and all applicable insurance policies upon the request of either Owner and/or Contractor. Timely renewal certificates will be provided to Owner and/or Contractor as the coverage renews.

EXAMPLE CERTIFICATE OF INSURANCE

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID PS MDDL-3	DATE (MM/DD/YYYY) 11/13/08
PRODUCER INSURED CONTRACTORS NAME CONTRACTORS ADDRESS CONTRACTORS CITY, STATE ZIP	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.		
		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: INSURANCE COMPANY A RATED	
		INSURER B: INSURANCE COMPANY A RATED	
		INSURER C: INSURANCE COMPANY A RATED	
		INSURER D:	
		INSURER E:	

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.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY	POLICY NUMBER			EACH OCCURRENCE \$ 1,000,000.
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000.
						PERSONAL & ADV INJURY \$ 1,000,000.
						GENERAL AGGREGATE \$ 2,000,000.
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 2,000,000.
		<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A	X	AUTOMOBILE LIABILITY	POLICY NUMBER			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				
		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
		<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident) \$					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
B	X	EXCESS/UMBRELLA LIABILITY	POLICY NUMBER			EACH OCCURRENCE \$ 1,000,000.
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 1,000,000.
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
C	X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	POLICY NUMBER			<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 500,000.
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 500,000.
		OTHER				E.L. DISEASE - POLICY LIMIT \$ 500,000.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
PROJECT: INSERT PROJECT NAME & ADDRESS HERE

MIDDLEMAN CONSTRUCTION COMPANY AND "INSERT PROJECT OWNERS NAME HERE" ARE LISTED AS ADDITIONAL INSURED ON THE GENERAL LIABILITY IS ENDORSED WITH CG2503 AGGREGATE LIMITS PER PROJECT AND ADDITIONAL ENDOREMENT CG20101185

CERTIFICATE HOLDER <p style="text-align: center;">MIDDLEM</p> <p>MIDDLEMAN CONSTRUCTION COMPANY ATTN: MARK MIDDLEMAN 9631 MCCULLOUGH SAN ANTONIO TX 78216</p>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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
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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.

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(FORM B) OR CG2010 (10/93) AND CG2037 OR 2033 AND CG2037 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 MIDDLEMAN CONSTRUCTION COMPANY AND "INSERT PROJECT OWNER".

A WAIVER OF SUBROGATION IS PROVIDED IN FAVOR OF MIDDLEMAN CONSTRUCTION COMPANY AND THEIR EMPLOYEES AND "INSERT 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 NON PAYMENT OF PREMIUM.

IF A RESIDENTIAL PROJECT - CERTIFICATE MUST ADVISE "NO RESIDENTIAL EXCLUSIONS" AND PROVIDE COPIES OF ANY RESIDENTIAL LIMITATIONS.