

**EBCO GENERAL CONTRACTOR, LTD.**  
**SUBCONTRACTOR PRE-QUALIFICATION FORM**

PROJECT NAME: \_\_\_\_\_ BID DATE: \_\_\_\_\_

The bid your firm submitted for the project listed above is being considered. As part of our evaluation we request the following information: *(When completed please fax to (254)697-8656. Questions may be directed to Kenny Hartman @ (254)697-8516).*

**COMPANY INFO:**

COMPANYS LEGAL NAME: \_\_\_\_\_

Address \_\_\_\_\_ Ph# \_\_\_\_\_ Fax# \_\_\_\_\_

Is this a residential address? Y\_\_\_ N\_\_\_

POINT OF CONTACT FOR BID: \_\_\_\_\_

NAME/TITLE

E-MAIL ADDRESS: \_\_\_\_\_ # OF EMPLOYEES \_\_\_\_\_

TYPE OF COMPANY: \_\_\_\_\_ SPECIAL GROUP: \_\_\_\_\_

Circle one: Corporation Partnership Sole Proprietor (MBE/WBE/UNION,etc)

FED ID # \_\_\_\_\_ or S.S. # \_\_\_\_\_

Owners or Major Stockholders \_\_\_\_\_

Date the Firm was organized in its present form \_\_\_\_\_ D&B# \_\_\_\_\_

HAVE YOU BEEN IN BUSINESS UNDER ANY OTHER NAME IN PAST FIVE YEARS? \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_ & EXPLAIN ON SEPARATE PAPER

IS THE FIRM NOW, OR HAS EVER BEEN INVOLVED IN BANKRUPTCY PROCEEDINGS? \_\_\_\_\_ ( IF YES, EXPLAIN ON SEPARATE PAPER.)

ARE THERE ANY PENDING OR OUTSTANDING JUDGEMENTS, CLAIMS, OR SUITS? Y\_\_\_ N\_\_\_ (IF YES, EXPLAIN ON SEPARATE PAPER)

**THIS PROJECT:**

HAVE YOU SEEN THE ADDENDUMS ASSOCIATED WITH THIS PROJECT? IF SO, PLEASE LIST WHICH NUMBERS YOU HAVE REVIEWED: \_\_\_\_\_

DO YOU PLAN ON SUBCONTRACTING ANY OF YOUR WORK OUT? \_\_\_\_\_ IF SO, WHAT PART AND TO WHOM? \_\_\_\_\_

DO YOU CURRENTLY HOLD A STATE LICENSE IN THE STATE WHERE THIS JOB IS LOCATED? Y\_\_\_ N\_\_\_

HOW MANY PRODUCTION DAYS DO YOU HAVE ESTIMATED FOR THIS WORK? \_\_\_\_\_

**REFERENCES:**

**BANK REFERENCE:** \_\_\_\_\_

Name of Contact \_\_\_\_\_ Ph# \_\_\_\_\_

**SUPPLIER REFERENCES:** (Please list the subs/suppliers you plan to utilize for this project and have a history with)

NAME	ADDRESS	PHONE	ACCT #
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1	_____	_____	_____
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2	_____	_____	_____
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3	_____	_____	_____
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**GENERAL CONTRACTOR REFERENCES:** (Please list projects your company has done with similar scope.)

NAME /PHONE	PROJECT	VALUE
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1	_____	_____
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2	_____	_____
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3	_____	_____
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**JOB HISTORY:**

PLEASE LIST THE 3 LARGEST JOBS IN THE PAST 3 YEARS:

PROJECT NAME/GENERAL CONTRACTOR	CONTACT/PHONE #	CONTRACT VALUE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

HAVE YOU EVER FAILED TO COMPLETE A JOB OR RECEIVED A NOTICE OF \_\_\_\_\_  
IF YES, PLEASE EXPLAIN ON SEPARATE PAPER.

**INSURANCE & SAFETY:**

INSURANCE AGENT:

NAME: \_\_\_\_\_  
COMPANY \_\_\_\_\_  
PH# \_\_\_\_\_

BONDING AGENT:

NAME: \_\_\_\_\_  
COMPANY \_\_\_\_\_  
PH# \_\_\_\_\_

IF REQUIRED, CAN A PAYMENT & PERFORMANCE BOND BE RECEIVED FOR THIS JOB? \_\_\_\_\_

EXPERIENCE MODIFIER FOR LAST 3 YEARS: 2005 \_\_\_\_\_ 2004 \_\_\_\_\_ 2003 \_\_\_\_\_

DO YOU HAVE A SAFETY PROGRAM IN PLACE? \_\_\_\_\_

HAVE YOU RECEIVED AN OSHA CITATION IN THE LAST 3 YEARS UNDER ANY BUSINESS YOU'VE OPERATED UNDER? \_\_\_\_\_ IF YES, EXPLAIN ON BACK OR ATTACH A COPY

**NOTICE:**

**ATTACHED IS EBCO'S INSURANCE EXHIBIT AND A SAMPLE OF WHAT OUR INSURANCE REQUIREMENTS ARE. PLEASE FORWARD THESE TO YOUR AGENT AS SOON AS POSSIBLE. A CURRENT AND PROPER CERTIFICATE MUST BE ATTACHED TO THIS QUALIFICATION FORM FOR YOU TO BE CONSIDERED FOR THIS JOB.**

**IF YOU DO NOT HAVE THESE LIMITS CURRENTLY, ARE YOU ABLE TO OBTAIN THE NECESSARY INSURANCE LIMITS AS PER OUR INSURANCE EXHIBIT ATTACHED?**

Y\_\_\_\_ N\_\_\_\_ (If no, list reason on separate paper)

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

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE

# EXHIBIT D

## INSURANCE COVERAGE REQUIREMENTS & PROCEDURES

**PLEASE FORWARD A COPY OF THESE INSURANCE REQUIREMENTS TO YOUR INSURANCE AGENT TO ENSURE COMPLIANCE. NO PAY APPLICATIONS WILL BE PAID UNLESS CORRECT INS. CERTIFICATE IS ON FILE WITH US!**

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 EBCO General Contractor, Ltd.

### **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.

**EBCO General Contractor, LTD., 305 W. GILLIS, CAMERON, TEXAS 76520 NEEDS TO BE LISTED AS CERTIFICATE HOLDER & ADDITIONAL NAMED INSURED WITH SPECIFIC PROJECT NOTED.**

**INSURANCE COMPANY MUST HAVE AN AM BEST RATING OF A7 OR BETTER.**

**SHOW THE CANCELLATION DATE AS 30 DAYS. PLEASE MAIL AN ADDENDUM ALONG WITH YOUR INS.CERT. SHOWING ANY EXCLUSIONS AND SIGNED BY YOUR AGENT.**