



SERVICES PRE-QUALIFICATION

1. COMPANY IDENTITY

1a.

Company Name: _____
Area of Expertise: _____
Address: _____
Phone Number: _____
Fax Number: _____
Tax ID or SS Number: _____
Email: _____
Contact Person(s): _____

1b. Type of Company (Check Applicable Box): Corporation Partnership Limited Liability Co.

1c. Date Company Formed: [Click here to enter a date.](#)

1d. State of Incorporation: _____

1e. Total Number of Employees: a. In Nueces County? _____ B. Outside Nueces County? _____

1f. In what state is company legally qualified to do business (Include type and license numbers):

State: _____ License Number: _____

1g. Names and titles of key personnel in company:

1h. Has the company operated under any other name in the past five years? Yes No

If yes, give name(s): _____

1i. Does the company have offices, plants, or warehouses at other locations? Yes No

If yes, give location(s): _____

1j. How many years has your organization been in business as a contractor under your present business name? _____ Years.

1k. If applicable, what previous names has your firm had in the last five years?

2. FINANCIAL INFORMATION

2a. Does the company have a line of credit from any lending institution? Yes No
 If yes, provide details: _____

2b. Lender's Name: _____
 Address: _____
 Officer's Name: _____
 Phone: _____
 Email Address: _____

2c. State your firm's annual average receipts over the past 3 fiscal years: \$ _____

3. DBE CERTIFICATION

3a. Is the company a certified, or any other type of certified business enterprise?
 Yes No If yes, which type? _____

4. INSURANCE LIMITS

Please list your current Insurance Limits in the table below.

| Type of Insurance | Limits | |
|---|---|----|
| Commercial General Liability | Each Occurrence | \$ |
| | Damage to Rented Premises (Ea occurrence) | \$ |
| | Med Exp (any one person) | \$ |
| | Personal & Adv Injury | \$ |
| | General Aggregate | \$ |
| | Products – Comp/OP Agg | \$ |
| Automobile Liability | Combined Single Limit (Ea Accident) | \$ |
| | Bodily Injury (Per person) | \$ |
| | Bodily Injury (Per accident) | \$ |
| | Property Damage (Per accident) | \$ |
| Umbrella Liability | Each Occurrence | \$ |
| | Aggregate | \$ |
| Workers Compensation and Employers' Liability | E.L Disease – EA Employee | \$ |
| | E.L Disease – Policy Limit | \$ |

5. SAFETY RECORD

5a. Please Submit Current Copy of Insurance Certificate to FDLLC – Below you will find an Example Certificate:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/27/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

| | |
|--|---|
| PRODUCER Name of Producer | CONTACT NAME: Contact Name of Agent |
| | PHONE (A/C, No, Ext): Provide Agent Phone FAX (A/C, No): E-MAIL ADDRESS: Provide Agent Email Address |
| INSURED Name of Insured Address Telephone | INSURER(S) AFFORDING COVERAGE |
| | INSURER A: Name of Insurance Company NAIC No. |
| | INSURER B: Name of Insurance Company NAIC No. |
| | INSURER C: Name of Insurance Company (if applicable) NAIC No. |
| | INSURER D: Name of Insurance Company (if applicable) NAIC No. |
| | INSURER E: |
| | INSURER F: |

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSUR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR YWR | POLICY NUMBER | POLICY EFF (MMDD/YYYY) | POLICY EXP (MMDD/YYYY) | LIMITS |
|-------------------------------------|--|-----------|------------|---------------------|------------------------|------------------------|---|
| <input checked="" type="checkbox"/> | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | Y | Enter Policy Number | Eff. Date | Exp. Date | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 \$ |
| <input checked="" type="checkbox"/> | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | Y | Y | Enter Policy Number | Eff. Date | Exp. Date | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| <input checked="" type="checkbox"/> | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ Amount | Y | Y | Enter Policy Number | Eff. Date | Exp. Date | EACH OCCURRENCE \$ \$5,000,000 AGGREGATE \$ \$5,000,000 \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y/N N/A | Enter Policy Number | Eff. Date | Exp. Date | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Project: US 181 Harbor Bridge Project, Corpus Christi, Texas

Flatiron/Dragados, LLC, the Texas Department Of Transportation, the State, Texas Transportation Commission, HNTB Corporation, Atkins Global, Port of Corpus Christi Authority, Port Commissioners, and their respective successors, assigns, officeholders, officers, directors, agents, representatives, consultants and employees are Additional Insured(s) with respects to General Liability, Automobile Liability and Excess Liability policies as required by written contract. The above General Liability and Automobile Liability Policies are afforded on a Primary and Non-Contributory basis as required by written contract. Excess Coverage is Follow Form. Waiver of Subrogation applies in favor of the aforementioned Additional Insured(s) and any other required by contract, with respect to General Liability, Automobile Liability, Excess Liability and Workers' Compensation as required by written contract. In the event of cancellation by the Insurance companies, the policies have been endorsed to provide thirty days notice of cancellation (except for non-payment) to the aforementioned Additional Insured(s), if required by written contract.

| | |
|---|---|
| CERTIFICATE HOLDER Flatiron/Dragados, LLC ATTN: Jenny Janca 500 N. Shoreline Blvd., Ste. 500 Corpus Christi, Texas 78401 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Signed by Authorized Representative |
|---|---|

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6. Other Information

- 6a.** Has your company or any of its personnel been a party to a bankruptcy or reorganization proceeding?
Yes No If yes, give date: _____
- 6b.** During the past five years, have any liens been filed against you by any of your subcontractors or suppliers? Yes No If yes, provide details: _____
- 6c.** Have you ever failed to complete a contract, been defaulted, or had a contract terminated?
Yes No If yes, provide dates and details: _____
- 6d.** In the past five years, has your company or any of its key personnel been involved in any lawsuits rising from construction projects? Yes No
If yes, provide details: _____

7. REFERENCES - Attach extra sheet if necessary

7a. List four (4) previous or ongoing Contracts for whom your firm has provided similar type services as required on this construction project. Provide the name of a contact person for each project, address, zip code, and telephone number who can be contacted to provide reference information on each Contract (Use separate sheet if needed).

- 1) _____
- 2) _____
- 3) _____
- 4) _____

7b. Trade References (List three of your subcontractors or suppliers; include name, contact, and phone)

- 1) _____
- 2) _____
- 3) _____

7c. Client References (List three clients, include name, contact and phone number)

- 1) _____
- 2) _____
- 3) _____

7d. Have you or your organization, or any officer or partner thereof, failed to complete a Contract?
Yes No If yes, give details: _____

7e. List the names of three persons from your firm and their titles who will be assigned to this project:

- 1) _____
- 2) _____
- 3) _____

7f. Does your firm maintain a drug free work place? Yes No

7g. Has company ever been placed on a debarred list? Yes No

The undersigned, on behalf of the Subcontractor, certifies under oath that the information provided herein, including any attachment, is true and sufficiently complete so as not to be misleading.

Name (Printed): _____

Signature: _____

Date: _____

Title: _____

Please send completed pre-qualification form to Flatiron/Dragados, LLC's Procurement Department at the email address below:

Procurement@harborbridgeproject.com