



## SUPPLIER / VENDOR PRE-QUALIFICATION

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### 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. DBE CERTIFICATION**

2a. Is the company a certified, or any other type of certified business enterprise?

Yes  No  If yes, which type? \_\_\_\_\_

**3. SAFETY RECORD**

3e. Please Submit Current Copy of Insurance Certificate to FDLLC – See below for Example Certificate:

		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		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: Provide Agent Email Address					
INSURED Name of Insured Address Telephone		INSURER(S) AFFORDING COVERAGE		NAIC #			
		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 :					
<b>COVERAGES</b>		<b>CERTIFICATE NUMBER:</b>		<b>REVISION NUMBER:</b>			
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.							
INER LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	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			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/PO/ AGG \$ 2,000,000 OTHER: \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y				
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS			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 type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	Y				
<input checked="" type="checkbox"/>	UMBRELLA LIAB EXCESS LIAB			Enter Policy Number	Eff. Date	Exp. Date	EACH OCCURRENCE \$ \$5,000,000 AGGREGATE \$ \$5,000,000
	<input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$ Amount	Y	Y				
	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 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, offsholders, 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.							
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>			
Flatiron/Dragados, LLC ATTN: Jenny Janca 500 N. Shoreline Blvd., Ste. 500 Corpus Christi, Texas 78401				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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ACORD 25 (2014/01)		The ACORD name and logo are registered marks of ACORD					

#### 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. OTHER INFORMATION

- 5a.** Has your company or any of its personnel been a party to a bankruptcy or reorganization proceeding?  
 Yes  No  If yes, give date: \_\_\_\_\_
- 5b.** 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: \_\_\_\_\_
- 5c.** Have you ever failed to complete a contract, been defaulted, or had a contract terminated?  
 Yes  No  If yes, provide dates and details: \_\_\_\_\_
- 5d.** 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: \_\_\_\_\_

**6. REFERENCES - Attach extra sheet if necessary**

**6a.** List four (4) companies for whom your firm has provided goods 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 Agreements/Purchase Orders (Use separate sheet if needed).

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**6b.** Trade References (List three of your subcontractors or suppliers; include name, contact, and phone)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**6c.** Client References (List three clients, include name, contact and phone number)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**6d.** Have you or your organization, or any officer or partner thereof, failed to complete a Contract?  
Yes  No  If yes, give details: \_\_\_\_\_

**6e.** List the names of three persons from your firm and their titles who will be assigned to this project:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**6f.** Does your firm maintain a drug free work place? Yes  No

**6g.** Does your firm have a quality system? Yes  No  **If yes, submit a copy of your firm's quality manual.**

**6h.** 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](mailto:Procurement@harborbridgeproject.com)**