



**Constructing Purposeful
and Trusting Relationships**
2100 Kramer Lane, Suite 550
Austin, Texas 78758
P: 512.342.2774
F: 512.342.9941
www.eciaustin.com

Subcontractor & Supplier Information Form

For an opportunity to be placed on our bidders list, please fill out this qualifications form. Submit via our website, www.eciaustin.com/contact, email to bids@eciaustin.com or fax to 512.342.9941.

Type of work you perform: _____

Company Name: _____

Address: _____

Principal Contact: _____ Principal Email: _____

Estimating Contact: _____ Estimating Email: _____

Phone: _____ Fax: _____

Years in Business: _____ Business Type: _____

Bonding Limitations: Single Project Max \$ _____ Aggregate Total \$ _____

Bank Reference: _____

Vendor References: 1. _____

2. _____

Business or Trade Licenses: _____

Staff Breakdown: Office: _____ Field Supervisory: _____ Field Workers: _____

Do you have a Safety Program? Yes No Do you conduct Safety Meetings? Yes No

Have you been sited by OSHA in the last 3 years? Yes No Willful violation? Yes No

If yes, please explain: _____

Insurance Requirements: Does your company meet the following listed limits? Yes No

COVERAGES	LIMITS OF LIABILITY
WORKERS COMPENSATION AND EMPLOYERS LIABILITY	Statutory Employers Liability: \$1,000,000 each accident \$1,000,000 disease policy limit \$1,000,000 disease each employee
COMMERCIAL GENERAL LIABILITY \$1,000,000 (minimum requirements but no less than three times contract amount)	\$2,000,000 General Aggregate \$1,000,000 Products/Completed Operations - Aggregate \$1,000,000 Personal & Advertising \$1,000,000n Each Occurance \$300,000 Fire Damage (any one fire) \$10,000 Medical Expense (any one person)
AUTOMOTIVE LIABILITY	\$500,000 Each Accident

I certify that the above information is true and correct and is to be used by ECI in evaluating our company to partner on future projects.

Name: _____

Title: _____

Signature: _____

Date: _____