



Constructing Purposeful
and Trusting Relationships
11824 Jollyville Rd, Suite 202
Austin, Texas 78759
P: 512.342.2774
www.eciaustin.com

Subcontractor & Supplier Information Form

For an opportunity to be placed on our bidders list, please fill out this qualifications form. Submit to bids@eciaustin.com.

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: _____

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: _____



ECI Request for References

Please email completed form to bids@eciaustin.com

SUBCONTRACTOR INFORMATION	
Company Name:	Phone Number:
Contact Name:	Email Address:
Ownership:	Project Size: \$
Crew Count:	Bonding Capability:
Insurance Status:	Pending Lawsuits or Disputes:

REFERENCES				
REFERENCE 1	Company Name:			Phone Number(s):
	Contact Name & Title:			Email:
Project	Name	Year Completed	Approx. Cost	Scope
1				
2				
3				
4				

REFERENCE 2	Company Name:			Phone Number(s):
	Contact Name & Title:			Email:
Project	Name	Year Completed	Approx. Cost	Scope
1				
2				
3				
4				

REFERENCE 3	Company Name:			Phone Number(s):
	Contact Name & Title:			Email:
Project	Name	Year Completed	Approx. Cost	Scope
1				
2				
3				
4				

REFERENCE 4	Company Name:			Phone Number(s):
	Contact Name & Title:			Email:
Project	Name	Year Completed	Approx. Cost	Scope
1				
2				
3				
4				

SUPPLIER REFERENCES (Optional)				
	Company Name	Contact Name	Phone (s)	Email
1				
2				
3				
4				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/24/2024

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 have ADDITIONAL INSURED provisions or 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 SK&P Insurance Services 11940 Jollyville Rd #325s Austin TX 78759	CONTACT NAME: PHONE (A/C. No. Ext): 512-651-1087	FAX (A/C. No): 512-651-3934
	E-MAIL ADDRESS: info@skpinsurance.com	
INSURED NAMED INSURED STREET ADDRESS CITY TX 78759	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Charter Oak Fire Insurance Co.	NAIC # 25615
	INSURER B: Travelers Indemnity Company	25658
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 572288283 **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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:	X	X	6801N776220 Required	3/15/2024	3/15/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	6801N776220 Required Hired & NonOwned Minimum	3/15/2024	3/15/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	6801N776220 Required	3/15/2024	3/15/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	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	UB2N320299 Required	3/15/2024	3/15/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	INSTALLATION FLOATER			6801N776220 Required	3/15/2024	3/15/2025	Limit \$100,000 Limit sufficient to cover materials at jobsite

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

CERTIFICATE HOLDER**CANCELLATION**

Engen Contracting, Inc.
 11824 Jollville Rd #202
 Austin TX 78759

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

SIGNATURE REQUIRED

© 1988-2015 ACORD CORPORATION. All rights reserved.

EMPLOYEE SAFETY HANDBOOK

Reference Only

This handbook contains many of the important elements of the company safety and health program. Each employee should be given a copy of this handbook, read the handbook, and return the Commitment to Work Safely form on the last page of this handbook. If the employee has any questions, they should discuss it with their supervisor. The full Safety & Health Program will be made available at any time by request.