

SUBCONTRACTOR PREQUALIFICATION PACKAGE

APRIL 2020



Thank you for choosing to work with SilMan Industries. We are excited to begin a new partnership with your organization. We look forward to a SAFE, profitable and successful experience on this project, including future opportunities and working relationships with our team.

You are receiving this package because we are setting you up as a “**Partner**” with SilMan. Partners are considered subcontractors (sub-tier specialty contractors), vendors, engineering/design firms, consultants, or similar service providers. We are requesting that your organization read this package in order for each Partner to understand and meet SilMan’s minimum requirements.

SAFETY is a core value to our company and is integral to every aspect of our business. Being safe on the job is paramount to everyone’s success. We encourage and expect that your company equally share this core value.

Prequalification Package Contents

1. Employer Responsibilities and Safety & Health Program Guidelines

Review this document and then submit your Safety & Health Manual, including any individual written S&H Programs, that are applicable to your company’s risks and exposures while working on site. This will indicate that your company actually takes safety & health of employees seriously as well as having official written policies and/or procedures that meet applicable OSHA regulations.

NOTE: We may request copies of additional S&H programs and proof of training at a later date.

2. Summary of Basic Insurance Requirements

Review this document in its entirety, consult with your broker, and submit a ***Certificate of Liability Insurance (COLI)***, indicating ALL relevant insurance policies and limits per this document as it relates to the written contract or service agreement.

3. Subcontractor Pre-Qualification Form

Complete this form in its entirety, so we understand your organization, obtain updated contact information, and get a general representation of your organization’s safety & health history.

NOTE: **Incomplete forms will be rejected.** Completion of this entire prequalification package is dependent on approving your company to work with SilMan before issuing any contracts and/or starting work on site. If you are NOT approved or fail to complete this package, you cannot work for SilMan.

If you need assistance or have any questions regarding any of this information, please contact your SilMan representative or call our corporate office at **510-347-4800**.

We look forward to working with you in the near future.

Thank you!

~ SilMan Industries

EMPLOYER RESPONSIBILITIES AND SAFETY & HEALTH PROGRAM GUIDELINES

SilMan has developed this document to assist your organization with the general understanding of OSHA regulations, as well as the standard expectations of our clients and SilMan Industries. Whether the contents of this document are applicable to your company or not, we are simply offering this support for all sizes and levels of business structures, as a summarized guideline to follow, should your company need to improve its safety and health records, experience, and internal documentation.

OSH Act 1970 - General Duty Clause	
SEC. 5. Duties	
(a) Each employer shall--	
(1) <u>furnish to each of his employees employment and a place of employment which are free from recognized hazards</u> that are causing or are likely to cause death or serious physical harm to his employees;	29 USC 654
(2) <u>comply with occupational safety and health standards</u> promulgated under this Act.	
(b) Each employee shall comply with occupational safety and health standards and all rules, regulations, and orders issued pursuant to this Act which are applicable to his own actions and conduct.	

EVERY employer is required by law to keep their workers safe, while providing a safe and healthy working environment. It is also required that employees follow and comply with all safety rules applicable to their assigned work and roles/responsibilities. Not only is this a contractual obligation (in writing or not), it is our duty and responsibility as business partners to ensure that each and every person on site, work harmoniously with the same positive attitude and mindset of our safety culture.

A. Employer Responsibilities

Under *OSHA's General Duty Clause* above, **ALL employers have a duty and responsibility** to provide a safe workplace for their employees. The following is a summary of the key responsibilities of employers.

By law, employers must:

- **Provide a safe work environment free from recognized hazards** that can cause death or serious harm.
- **Comply with ALL industry standards, rules and regulations** issued under the OSH Act. OSHA regulations at times will incorporate by reference (IBR), many other industry standards such as; ANSI, NFPA, ASTM, NIOSH, including manufacturer's recommendations, etc. The employer must verify what laws regulate or govern their scope of work and employee exposures.
- **Examine workplace conditions** to make sure they are safe and conform to OSHA regulations. In general, the workplace environment must remain free from recognizable hazards.
- **Make sure employees understand how to use tools and equipment safely.** Employers must train their employees on how to use them properly while properly maintaining tooling and equipment for authorized employee use.
- **Use color codes, posters, labels or signs to warn employees** of potential hazards in a language all can understand.
- **Establish or update operating procedures** and communicate them so that employees follow safety and health requirements.

- **Provide safety training** in a language and vocabulary workers can understand.
- **Employers with hazardous chemicals in the workplace must develop and implement a written hazard communication program and train employees** on the hazards they are exposed to and proper precautions (and a copy of safety data sheets must be readily available). See the OSHA page on Hazard Communication.
- **Provide medical examinations and training** when required by OSHA standards.
- **Post, at a prominent location within the workplace, the OSHA poster** (or the state-plan equivalent) informing employees of their rights and responsibilities (a.k.a. AKA a current annual Labor Law Posters) which must indicate worker's rights and worker's compensation information. Again, in all languages each employee can understand.
- **Report to the nearest OSHA office within 8 hours**, for all work-related fatalities and report within 24 hours for serious injuries requiring inpatient hospitalization overnight. Verify all reporting rules effective Jan 2016.
- **Keep records of work-related injuries and illnesses (a.k.a. OSHA 300/300A Logs)** - Note: Employers with 10 or fewer employees and employers in certain low-hazard industries are exempt from this requirement.
- **Provide access to employee medical records and exposure records** to employees or their authorized representatives upon written request. Remember to protect employee privacy under HIPPA law.
- **Provide to the OSHA compliance officer the names of authorized employee representatives** who may be asked to accompany the compliance officer during an inspection.
- **Not discriminate against employees who exercise their rights** under the Act, per "Whistleblower Protection".
- **Post OSHA citations at or near the work area involved.** Each citation must remain posted until the violation has been corrected, or for 3 working days, whichever is longer. Post abatement verification documents or tags.
- **Correct cited violations** by the deadline set in the OSHA citation and submit required abatement (closure) verification documentation, indicating proof all items were fully corrected.
- **OSHA encourages all employers to adopt an Injury and Illness Prevention Program (IIPP) or I2P2.** *IIPPs*, are known by a variety of names, such as: S&H Manuals, EH&S Policies, SOPs, etc., which are universal policies that can support an organization on how that employer manages to reduce the number and severity of workplace injuries and alleviate the associated financial burdens on U.S. workplaces.

OSHA supporting links:

- <https://www.osha.gov/as/opa/worker/employer-responsibility.html>,
- <https://www.osha.gov/dsg/topics/safetyhealth/index.html>

B. Injury Illness Prevention Program (CA IIPP or Fed I2P2)

In 1991, Cal OSHA implemented the new IIPP regulation [T8 CCR 3203](#), requiring ALL California employers (with 10+ employees) to create and implement their own IIPP. Since then, many other states including Federal OSHA have followed suit. Fed OSHA has recently adopted their own version called the **I2P2**, which is essentially the same program as CA's **IIPP**. There are different model programs for different types of employers (small vs large, etc). Your organization will need to determine the best one relevant to your business operations. The hyperlinks below can help your organization easily create an effective *IIPP* or *I2P2* should one not be in place currently.

- Cal OSHA IIP Program ETOOL: <http://www.dir.ca.gov/title8/3203.html>
- Fed OSHA I2P2 resources: <https://www.osha.gov/dsg/topics/safetyhealth/index.html>
- OSHA White Paper: <https://www.osha.gov/dsg/InjuryIllnessPreventionProgramsWhitePaper.html>
- UC Berkeley Template: <http://ehs.berkeley.edu/workplace-safety/injury-and-illness-prevention-program-iipp-template-and-forms>
- Simply Safety: http://simplysafety.com/news_OSHA_I2P2_standard.asp

The following 8 core elements are required for an effective IIPP (per Cal OSHA T8 CCR 3203):

1. **Responsibility** - Identify the person(s) with authority and responsibility for implementing, enforcing, and maintaining this *IIPP*. Person's name and signature should be on the document;
2. **Compliance** - Provide a written system for ensuring that employees comply with safe work practices and are accountable for unsafe acts, such as disciplinary action, or similar;
3. **Communication** - Provide a system for communicating with employees and supervisors on matters relating to occupational safety and health issues, including provisions designed to encourage employees to inform the employer (supervisors) of recognized hazards at the worksite, without fear of reprisal;
4. **Hazard Assessment** - Provide procedures and methods for identifying, evaluating and controlling work place hazards, such as periodic or random safety inspections and audits;
5. **Hazard Correction** - Establish procedures for correcting unsafe acts, unsafe work practices and unsafe/unhealthy work conditions, in a timely manner based on its severity;
6. **Accident Investigation** - Provide procedures for investigating all incidences involving near misses, or actual injuries and illnesses occurring at the workplace;
7. **Training** - Establish procedures for training and re-training employees when required; and
8. **Recordkeeping** – Procedures for maintaining all S&H records (investigations, inspections, training records, etc.) in order to implement and maintain an effective *IIPP*.
9. **Safety Committee (optional)**. See specific regulations for Safety Committee requirements when an employer has one in place [Ref: CCR T8 3202(c)]

C. Safety & Health Programs - Management Guidelines (OSHA Subpart C)

Effective management of worker safety and health protection is a decisive factor in reducing the extent and severity of work-related injuries, illnesses and incident related costs. In 1982, OSHA began to approve worksites with exemplary safety and health management programs for participation in ***Voluntary Protection Programs (VPP)***. More information on VPP can be obtained from your OSHA Regional or Area Office listed at the end of this publication.

Depending on the operations your company is involved in or manages will dictate what specific S&H Programs you will be required to have in your overall S&H Manual. For example, if your company installs underground electrical, your company may be required to have a S&H Programs in PPE, Heat Illness, Confined Space Entry, Excavation, Electrical Safety, HazCom, Fall Protection, Hearing Protection, Incident Management, and Respiratory Protection, at a minimum. It is your responsibility to verify with OSHA under each applicable regulation for what specific S&H Program is required, including its overall content.

In 1989, OSHA issued recommended guidelines for the effective management and protection of worker safety and health.

1. Major Elements of S&H Programs

An **effective Safety & Health Program typically includes key elements** within its structure. The major elements included are - management commitment and employee involvement, worksite assessment, hazard prevention and control, detailed policies and procedures, and employee training.

NOTE: Additional elements within each program are also encouraged, such as - Purpose and Scope, Roles/Responsibilities, General Rules/Policies, Special Rules, Recordkeeping, and Appendices for supporting data and applicable program documentation, etc. OSHA regulations will outline what major elements are required within each program. The remaining elements can be added as supporting information.

a. Management Commitment and Employee Involvement

Management commitment and employee involvement is at the foundation of any safety and health program. **Management's commitment** provides the motivating force for organizing and controlling safety within an organization. For an effective program to be successful, management must regard worker safety and health as a core value of the organization and should stand by its commitment to safety and health protection of all employees with as much importance as all other organizational goals.

Employee involvement provides means by which workers are encouraged to express their own opinions and personal ownership to safety and health protection for themselves and for their fellow teammates.

Having both management and employees directly involved in safety, present the best solutions.

Below are examples of some ways to indicate management commitment and employee involvement within your S&H Programs:

- **Clearly state worksite policies on maintaining safe and healthy working conditions**, so that all employees at each worksite fully understand the importance of safety and health protection within the organization.
- **Establish and communicate clear goals for the S&H Program** and define objectives for meeting those goals so that all members of the organization understand the results desired and measures planned for achieving them.
- **Provide visible top management involvement** in implementing the program so that all employees understand that management's commitment is serious.
- **Encourage employee involvement** within the structure of the program and in decisions that affect their safety and health so that they will offer ideas and commit energy to achieving the company's goals and objectives in safety.
- **Assign and communicate responsibility** for all aspects of the program so that managers, supervisors, and employees in all parts of the organization know what is expected of them.
- **Provide adequate authority and resources** to those responsible, so that assigned responsibilities can be met.
- **Hold managers, supervisors, and employees accountable** for meeting their responsibilities and the company's goals so that essential tasks will be performed safely and consistently.
- **Review S&H Programs and company operations at least annually** to evaluate their success in meeting the goals and objectives, so that deficiencies can be identified, and the program and/or the objectives can be revised when they do not meet the goal of effective safety and health protection.

b. Worksite Assessment

A comprehensive assessment of each workplace involves physical inspections to identify hazards, exposures, worker behaviors, training necessary, equipment used, and existing conditions within all operations. Failure to recognize hazards and assess the workplace properly is a sign that safety and health policies and/or practices are not effective. Effective managers **pro-actively** assess the physical workspace including all tasks within each space in order to anticipate and prevent incidences from occurring in the first place.

Recommendations to help identify existing and potential hazards in the workplace:

- **Conduct comprehensive job-walks and site surveys.** Involve all levels of employees in this effort.
- **Conduct random site safety inspections/audits** so that new hazards (or previously missed hazards) are quickly identified and corrected. Also, so that pre-planned prevention methods and controls are effective.
- **Analyze existing and newly planned** work, areas, processes, materials, and equipment.
- **Develop Job Hazard Analyses (JHAs)** for each task/process. From here, assess risk factors on assigned tasks.
- **Provide a reliable system** for employees to report and notify management about conditions that appear hazardous and to receive responses in a timely and appropriate manner. Encourage employees to use the system without fear of reprisal. This system utilizes employee insight and experience in safety and health protection and allows employee concerns to be addressed.
- **Investigate all incidences**, including near misses, so that the causes and means of prevention can be identified.
- **Analyze injury and illness trends** over time so that patterns with common causes can be identified.

c. Hazard Prevention and Control

Workplace hazards can be prevented by simply pre-panning your job and informing your workers. When it is infeasible to eliminate such hazards, they must be controlled utilizing safe, effective, and feasible means to prevent employee exposure. Total elimination of the hazard is preferred, otherwise reasonable and effective controls should occur in a timely manner as soon as they are recognized. Specifically, as part of the program, employers must establish procedures to correct and control existing potential hazards in a quick and timely manner.

Hazard control procedures should include:

- **Implementing Engineering Controls**, such as designed equipment, techniques and guards when feasible and appropriate to totally eliminate the hazard(s).
- **Implementing Administrative Controls**, such as a change in schedule to reduce time of exposure or establish safe work practices and procedures that must be understood and followed by all affected employees.
- **Providing and requiring use of proper PPE** when engineering or administrative controls are ineffective.
- **Pre-planning safe work methods** for all tasks and operations.
- **Planing and preparing for work-related incidents** and/or emergencies.

d. Detailed Policies & Procedures

Once an assessment of the workplace and the work tasks has been completed, management can then establish and develop specific policies and procedures that their employees (and subcontractor employees) must follow help eliminate or prevent injuries and illnesses based on those operations and workplace exposures. Safety policies and procedures should be reasonable and follow the law (per OSHA and industry standards) at a minimum. Hazard prevention and control methods based on your assessments per above can be incorporated as policies and procedures.

e. Safety & Health Training (OSHA 29 CFR 1926.21)

Training is an essential component of an effective Safety & Health Program. Training helps identify the safety and health responsibilities of both management and employees at the site. Training is often most effective when incorporated into other education or performance requirements and job practices. The amount and type of training depends on the responsibility of each employee including the tasks they are assigned, hazards they are exposed to, and equipment they are using.

- ✓ **Supervisor Training** - Supervisors should be trained to understand the key role they play in job site safety and to enable them to carry out their safety and health responsibilities effectively as it relates to each S&H Program requirements. OSHA regulations lean more on supervisors for employee protection, therefore they should be trained to be fully aware of hazard recognition and use proper procedures to correct or eliminate those hazards.
- ✓ **Employee Training** - Employee training programs should be designed to ensure that all exposed or affected employees are aware of and understand the hazards they may be exposed to, including proper methods for eliminating, controlling or avoiding such hazards.

Source reference: https://www.osha.gov/Publications/Const_Res_Man/1926_C_SH_guide.html

2. Safety & Health Programs Required for your Organization

Your organization may be required by law to create individual S&H Programs specific to each operation and/or establishment. These programs will accompany the IIPP (core S&H Program) and will encompass your entire S&H Manual.

Individual S&H Programs required by your organization may include:

- **Code of Safe Work Practices** – Mainly required for all construction contractors. This is basically a running list of company and industry general safety policies, rules and practices that requires employees to follow under each category or type of operation your company performs on a normal basis.
- **Disciplinary Action Program** – Establishes an organization's internal actions and accountability measures involving fair and balanced discipline of employees. Its intent is to promote better communication, safer workers, and improvement of unwanted behavior.
- **Substance Abuse Prevention Program** – required when employers mandate employees to provide drug or alcohol testing either at a particular worksite or in general. Substance testing is typically required for safety sensitive positions but can include all employees.
- **Personal Protective Equipment (PPE) Program** – Establishes company rules for proper selection, use, inspection, care and maintenance of PPE during each type of operation the company is involved in.
- **Emergency Action Plan (a.k.a Incident/Crisis Management Plan)** This program defines local emergency contacts, responsibilities, evacuation maps, assembly areas, first aid measures and procedures to handle all types of

emergencies from minor to catastrophic events, including security threats. This plan may be shared by a host employer or GC. An EAP should be developed for each workplace or establishment.

- **Heat Illness Prevention Program** – required for employers who require employees to work in high heat conditions (indoor or outdoor).
- **Forklift Safety Program** – required for employers whose employees operate lift trucks in any class type at any workplace.
- **Aerial Lift Safety Program** - required for employers whose employees operate Mobile Elevating Work Platforms (MEWPs) of any class type at any work location. Note that a *Fall Protection Program* is also required since workers are required to use fall protection in most aerial lifts.
- **Fall Protection Program** - required for employers whose employees work at heights at 4-6 feet or higher above normal walking-working surfaces and ground levels. It is also necessary when personal fall arrest systems are used for any operation, such as aerial lifts, connecting steel, etc.
- **Respiratory Protection Program (RPP)** – required for employers whose employees use respirators when working with or exposed to hazardous chemicals, dust, mists, smoke, fumes, gases, and vapors at or above the TLV & PEL. RPPs must be integrally related to the HazCom program, confined space entry operations, painting, welding, sand blasting, and similar operations.
- **Hazard Communication Program (HazCom or HCS/GHS)** - required for employers whose employees handle, use and store hazardous chemicals in any form, for any reason.
- **Excavation and Trenching Program** - required for employers who dig and enter excavations and trenches over 4 ft in depth.
- **Lockout/Tagout (LOTO) Program** - required for employers whose employees must control hazardous energy sources, shut off and lock out machinery or systems containing live energy sources that can affect their overall health and safety.
- **Confined Space Entry Program** – required for employers who require their employees to enter confined spaces for work. Typically a Respiratory Protection Program and a Fall Protection Program would also be required, since they are closely related.
- **Fire Prevention Program** - required for employers who work around fire hazards, flammables, combustibles, hot work, and may require employees to engage in firefighting efforts.
- **Electrical Safety Program (NFPA 70E)** - required for employers whose employees work with and around live (or potentially live) electrical equipment or energized systems over 50V.
- **Scaffolding Safety Program** - required for employers who use, erect and dismantle scaffolding.
- **Crane Safety, Hoisting and Rigging Program** - required for employers who use rigging, signal persons, and operate cranes or hoisting equipment.
- **Hearing Conservation Program** - required for employers whose employees are exposed to noise levels over 90dB in an 8 hour TWA (time weighted average).
- **Other S&H Programs** – Each organization must understand their daily operations including all OSHA regulations that govern each operation category. In general, if your employees are engaged in any activities that require them to work with equipment or tools and are exposed to specific hazards, there is more than likely a safety program associated with it. OSHA reg's will explain what written programs are required and what elements must be included. Some examples of other mandated S&H Programs are:
 - ✓ Medical and First Aid Program
 - ✓ Crystalline Silica Dust Exposure Control Program
 - ✓ Ammonia Awareness Program

- ✓ Lead and Asbestos Awareness Program
- ✓ Environmental Protection Program
- ✓ Bloodborne Pathogen Prevention Program or Exposure Control Plan
- ✓ Ergonomics Program
- ✓ Hand and Power Tool Safety Program
- ✓ Workplace Violence Prevention Program
- ✓ And many more

3. Available Resources

Many resources are free and simple to create yourself, while others can be very comprehensive, confusing and costly, but so are fatalities, injuries and illnesses. There are many **free** available resources and samples that can be searched on the internet, or you can take advantage of services offered by WC carriers, insurance brokers, attorneys, and IH or safety professionals. The best way to get help is to hire a Safety & Health consultant, a labor law attorney, or purchase these programs online. Do your research.

OSHA, NIOSH, CDC, J.J.Keller-Online and NSC are solid resources with tons of free information. Copying a written program from an outside source and simply replacing your company name and logo can be plagiarism, however the safety community and public resources often share non-copywritten material for all to use. Any program can be modified to “fit” your organization. It is your responsibility as a company to ensure the policies and rules set forth in each of your programs will actually be enforced, required by employees, and followed by your organization.

Remember, anything you put in your S&H Program will be expected to be followed by OSHA inspectors, attorneys, and legal entities, even if these policies are not required by law.

For additional support on prequalification package review status, specific details or S&H Program support, please contact our **Safety Director** (Scott Harding) directly at **510-314-4546**, or email: scottharding@silmanindustries.com.

~ Thank you

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Welcome to SilMan Industries!

This document summarizes our basic insurance requirements for all **“Partners”** (suppliers, vendors, subcontractors, service providers, and/or specialty trade consultants) where potential risk(s) may occur.

Each Partner, at their expense, shall procure, maintain and submit the required insurance based on the scope of work and/or services being provided to/for SilMan, according to the written agreement, PO, or contract. It is advised to forward this document to your agent to avoid any delays or coverage issues.

All coverages must be acceptable to SilMan and our client’s (CM/GC/facility owner/host-employer) policies, as it applies to the written contract (or Master Subcontract Agreement).

NOTE: If no written agreement/contract exists between both parties, a standard “hold harmless” agreement with SilMan still applies. SilMan shall NOT be held responsible for any unsafe acts, failures or incidences created or caused by our Partners (including their employees or representatives) while on site.

A. Acceptance and Compliance

All required insurance is subject to approval by SilMan corporate office. Any form of “approval” or “acceptance” of insurance certificates by SilMan representatives, shall in NO way limit nor relieve the Partner (including their sub-tier suppliers) of their legal or contractual obligations, safety of workers, scope of work, or general duties and responsibilities as a business entity; nor will any such approval, limit or relieve the Partner from any other stipulations as written in the contract with SilMan or any other party represented by SilMan.

If higher limits or additional forms of insurance are required under the prime contract with SilMan’s client (GC/Facility Owner/Host Employer, etc.), then SilMan’s Partner (and their sub-tier suppliers) are equally required to comply with the same policies and amounts as SilMan. The GC/Facility Owner/Host Employer and/or SilMan may take additional steps as necessary, to ensure each Partner remains in compliance with ALL insurance requirements under the prime contract.

If insurance policies and/or coverages do not meet these minimum requirements, the certificate of insurance will not be accepted. Therefore, your company will need to amend and re-submit the correct certificate (or similar proof), in order to proceed.

NOTE: In the event a Partner’s insurance expires, fails to maintain minimum policy limits or fails to provide written evidence of insurance (including all endorsements), SilMan reserves the right to cancel or terminate the written contract.

B. Certificate of Liability Insurance (COLI)

Certificates of Liability Insurance (COLIs) support liability protection for all parties involved at each site location during their scope of work. COLIs are typically presented using the nationally recognized ACORD form, however they may be presented in other acceptable formats, based on the insurance agent, carrier, or governmental agency involved.

COLI must be received and accepted by SilMan prior to authorization for start of work.

1. Submitting your COLI

COLIs indicating all general insurance policies and coverage limits (per below) must be submitted in order to pre-qualify your company with SilMan.

COLIs can be mailed, emailed, faxed, hand-delivered, or transmitted in such a manner that it is received and acknowledged. Please follow up with your SilMan contact to confirm it was received.

COLIs that state, “Evidence of Insurance” may be submitted before any agreements are signed, for pre-qualification purposes only. The evidentiary COLI will not apply to the actual contract or work performed.

Once the written contract/agreement is accepted and signed by all parties, an official COLI must be submitted (or re-submitted) to SilMan corporate office for final acceptance. It is the Partner’s responsibility to provide SilMan with complete and correct insurance coverages PRIOR to commencement of any work for SilMan.

Each Partner must:

- **Submit a COLI** per this document, and **include all applicable endorsements**.
- If applicable, **submit a separate COLI for each project and worksite location**, based on a master agreement for combined scope of work on multiple projects or at multiple worksite locations. **Blanket Additional Insured Endorsements** may be accepted under special circumstances, however, this must be verified with your agent/broker and SilMan corporate office.
- If applicable, **ensure that each Sub-Tier Partner also submit a copy of their COLI**, including all applicable endorsements. Sub-Tier COLIs must indicate proper insurance coverage in equal limits/amounts as required under the prime contract. *NOTE:* Sub-Tier Partner’s insurance may vary based on their unique scope and risk involved.

The main COLI form should indicate all relevant policies, limits/coverages, and special endorsements as required under the prime contract or subcontract agreement.

Some Partners may hire different agents/brokers to handle their individual policies. Submitting separate COLIs for these individual policies or group of policies, may be acceptable as well. Submitting other types of proof of coverage, such as declaration forms or State Fund reports, may also be acceptable under special circumstances.

2. Description of Operations / Locations / Vehicles Box

Each Partner (including Sub-Tier Partners) must provide written language within the “Description of Operations/Locations/Vehicles” box, in order to specify the applicable location, project, and parties being protected. Language may need to also represent any included special endorsements.

The exact statement written in this box can vary between each agent, broker, or carrier, however, in most cases, it is common language. Depending on the wording used, it may/may not be accepted. Please verify the correct language to be used with your agent.

At minimum, the written language or statement must meet or exceed the following:

RE: Project (# or name), located at (site address).

SilMan Venture Corp dba SilMan Industries, is additional insured on all liability policies, including primary and non-contributory wording. Waiver of subrogation applies to General Liability, Auto Liability and Worker's Compensation, as per the written contract, and per attached forms:

NOTE: When additional policies, special endorsements, and/or waivers are included, this will prompt additional forms to be attached as well as additional language within this Description of Operations box.

3. Certificate Holder Box

Each Partner (and sub-tier partners) must name *SilMan Venture Corp. dba SilMan Industries* as the Certificate Holder within the Certificate Holder box, as follows:

SilMan Venture Corporation
dba SilMan Industries
1600 Factor Ave.
San Leandro, CA 94577

C. Minimum Insurance Policies and Limits

At minimum, submitted insurance policies must meet the following basic requirements:

1. Commercial General Liability

Commercial General Liability (GL) is on an "occurrence" coverage basis. GL is mandatory for all services, projects, and locations regardless of size or scope.

General Aggregate Limit applies per "Project" typically, however, can include Policy or Location.

Limits of General Liability shall be at least:

- \$1,000,000 for each occurrence (combined single limit for bodily injury and property damage);
- \$1,000,000 for personal and advertising injury liability;
- \$2,000,000 aggregate on products and completed operations;
- \$2,000,000 general aggregate.

Additional Insured Endorsement(s) or Blanket additional insured coverage(s) should be requested to include SilMan, its officers, directors and employees, the owner, and any other party, as required.

Waiver of Subrogation is mandatory.

2. Automobile Liability

Automobile Liability (AL) insurance is required if your company is driving ANY vehicle onto the worksite property.

Limits of Auto Liability shall be at least:

- \$1,000,000 combined single limit each accident for bodily injury and property damage. Include coverage on all owned, hired, and non-owned automobiles (if applicable).

Additional Insured and Waiver of Subrogation is mandatory.

3. Worker's Compensation (Statutory) and Employer's Liability

Worker's Compensation (WC) insurance is required by all employers in all states with 1 or more employees. Only sole-proprietors or certain LLCs may be exempt from WC coverage if they do not have any employees other than the owner or partner him/herself.

Limits of Worker's Comp coverage shall be at least:

- \$1,000,000 each accident for bodily injury by accident;
- \$1,000,000 each employee for bodily injury by disease;
- \$1,000,000 policy limit for bodily injury by disease.

Additional Insured does not apply to WC, therefore not required.

Waiver of Subrogation under WC is statutory and is required within most states, however may be excluded in other states. Verify with the State's Dept. of Worker's Compensation you are performing work in.

NOTE: If there is an exposure of injury to Trade Contractor's employees under the U.S. Longshore and Harbor Workers Compensation Act, the Jones Act, or under laws, regulations or statutes applicable to maritime employees, coverage shall be included for such injuries or claims.

4. Additional Insurance Policies and Limits (based on contract)

Your company must fully review the subcontract or agreement to determine if **additional** insurance policies and/or limits are required, beyond the GL, AL, & WC policies listed above. If no subcontract or agreement exists, only the general policies will apply, unless specifically requested by SilMan management.

There may be unique liability exposures or additional risks on a particular project that may warrant additional policies and/or limits, such as **Pollution Liability, Professional E&O, or Rigger's Liability**, etc. These additional policies and limits will typically be mandated by the prime contract. Please consult with your insurance agent/broker to determine if any additional insurance policies are necessary.

When required, examples of additional policies and their minimum limits are:

a. Umbrella and/or Excess Liability Insurance

Umbrella (UB) and/or Excess Liability (EL) insurance may be required under certain master contracts or agreements with the facility owner (host-employer) containing additional coverage over and above the Commercial General Liability policy coverages. Verify this requirement and amounts within the contract language.

In most cases, UB or EL limits of liability shall be at least:

- \$5,000,000 each occurrence
- \$5,000,000 general aggregate

Additional Insured and **Waiver of Subrogation** is required.

b. Professional (E&O) Liability

Professional Liability or Errors and Omissions insurance is required for specific Partners and/or design groups performing design and engineering services and support directly to the facility owner or as it pertains to the equipment/systems being installed per contract. In most cases, limits of liability shall NOT be less than:

- \$1,000,000 limit.

D. Conflicts or Questions

If there are any conflicts or questions regarding our insurance requirements per the written contract, please contact the SilMan Project Manager directly or the SilMan corporate office at **(510) 347-4800**.

E. Conclusion

Since COLIs establish basic liability protection between the listed parties involved, it is important that each certificate meets or exceeds these requirements. Inaccurate or missing information may open up liabilities to either party. Therefore, each certificate must be complete and accurate as possible.

We have included a *Sample ACORD form certificate* on the following page to be used as a general guideline only.

Certificate of Liability Insurance (COLI) Sample

		SILMA-2	OP ID: AV														
CERTIFICATE OF LIABILITY INSURANCE			DATE (MM/DD/YYYY) 04/21/2020														
<p>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.</p>																	
<p>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).</p>																	
PRODUCER 925-462-2111 Pleasanton Valley Insurance Lic #0B07066 6602 Owens Drive, Suite 200 Pleasanton, CA 94588 Wayne Rudick		CONTACT Jeanne Winter PHONE (A/C, No, Ext): 925-462-2111 FAX (A/C, No): 925-462-2113 E-MAIL ADDRESS: certs@pvigroup.com															
INSURED SilMan Venture Corporation DBA: SilMan Industries SilMan Construction SilMan Logistics 1600 Factor Avenue San Leandro, CA 94577		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Travelers Indemnity of CT</td> <td>25682</td> </tr> <tr> <td>INSURER B : St. Paul Surplus Lines Ins. Co</td> <td>30481</td> </tr> <tr> <td>INSURER C : Travelers Prop&Cas of America</td> <td>25674</td> </tr> <tr> <td>INSURER D : Berkshire Hathaway Homestate</td> <td>20044</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Travelers Indemnity of CT	25682	INSURER B : St. Paul Surplus Lines Ins. Co	30481	INSURER C : Travelers Prop&Cas of America	25674	INSURER D : Berkshire Hathaway Homestate	20044	INSURER E :		INSURER F :	
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INSURER F :																	
COVERAGES		CERTIFICATE NUMBER:															
REVISION NUMBER:																	
<p>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.</p>																	
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS											
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$500 PD Ded <input checked="" type="checkbox"/> E&O/Polil \$25K Ded GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X X	CO-1L751130	08/01/2019	08/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/DP AGG \$ 2,000,000 E&O/Polil \$ 5,000,000											
B			ZCE61N17813	08/01/2019	08/01/2020												
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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 <input checked="" type="checkbox"/> HA PhysDam	X X	810-2N890167	08/01/2019	08/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coil Ded \$ 500											
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X X	CUP-1L793679	08/01/2019	08/01/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 FOLLOW FORM											
D	<input checked="" type="checkbox"/> 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	SIWC033500	08/01/2019	08/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000											
C	Installation Rigger's Liab Incl		660-2L180431	08/01/2019	08/01/2020	SF/RC Ded 1,000,000 1,000											
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SilMan Venture Corporation dba SilMan Industries is additional insured on all liability policies (except E&O). Waiver of subrogation applies to GL, Auto, Umbrella & WC. Coverage is primary and non-contributory; endorsements attached.																	
CERTIFICATE HOLDER			CANCELLATION														
SILMANC SilMan Venture Corporation dba SilMan Industries 1600 Factor Avenue San Leandro, CA 94577			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 Wayne M Rudick														
ACORD 25 (2016/03)			© 1988-2015 ACORD CORPORATION. All rights reserved.														
The ACORD name and logo are registered marks of ACORD																	



SUBCONTRACTOR PREQUALIFICATION FORM

Welcome to the SilMan Community!

This form is used to pre-qualify your company with SilMan Industries as a quality subcontractor. The information and supporting documentation you provide will help us verify that minimum requirements of all applicable laws and SilMan policies are met, prior to signing any legally binding agreements. Please complete this form in its entirety. **NOTE:** Additional information may be requested prior to initial approval and after the approval process.

General Company Information

Date _____

Company Name (incl. DBA) _____

Address _____

Office telephone (main) _____ Fax _____

Primary Contact(s) _____ Phone _____

Business Structure (Corp, LLC, etc.) _____

Trades (Concrete, Fire Sprinklers, etc.) _____

Union Affiliation(s) _____

Will you self-perform all work if contracted? Yes No

Business/Contractors License(s) # _____

Specialty Licenses/Designations/Cert(s) _____

Environmental, Health, and Safety (EH&S)

Do you have a dedicated full-time EH&S Director or a Site Safety Manager? Yes No

EH&S Manager Contact info. _____

If not, who's primary responsibility is Safety? _____

Safety Record Data for the past 3 years <small>(companywide or establishment)</small>	20__	20__	20__
EMR (WCIRB Experience Modification Rate)			
Total hours worked by all employees			
Total # of OSHA Recordable Cases			
Total # of cases of days away from work, restricted or transfer of duty			
Total # of fatalities			

Have you been issued any OSHA/EPA citations within the past 5 years? Yes No

Do you currently have any open or ongoing investigations? Yes No

➤ If you answered “Yes” for any of the above 2 questions, please explain on separate sheet.

Do you have a written Safety & Health Manual? Or, if operating in CA, a written IIPP? Yes No

Do you have a written Code of Safe Practices / S.O.P.? (submit current copies for review) Yes No

Subcontractor Prequalification - continued

Do you have written S&H Policies or Programs applicable for your scopes of work? Yes No

- Example: If contracted to perform Excavation work your company must have written programs in Excavation/Trenching, Fall Protection and Confined Space, as they may be integrally related. If yes, submit ALL programs and policies applicable to your work.

Do you have a safety plan and procedure for recognizing hazards prior to work? Yes No

- ALL companies are required to submit a Pre-Task Plan/JHA/JSA for each task, before commencing work.

Do you conduct periodic Jobsite Safety Audits? Yes No Frequency _____

Do you hold "Toolbox" safety meetings for your employees? Yes No Frequency _____

Are your Mobile Equip. Operators certified, trained and authorized to operate equipment? Yes No

- If yes, you may be asked to submit current proof of training for each operator and equipment type.

Submittal Items

Please submit the following documentation applicable to your organization or when specifically requested.

Y N/A

<input type="checkbox"/>	<input type="checkbox"/>	Subcontractor Prequalification Form (this document)
<input type="checkbox"/>	<input type="checkbox"/>	W-9 IRS Form (Request for Taxpayer Identification Number and Certification)
<input type="checkbox"/>	<input type="checkbox"/>	S&H Manual, IIPP, Code of Safe Practices (including all relevant EH&S Programs & Policies)
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Liability Insurance (COLI) (Either "Evidence of Insurance" or a "project-specific" COI may be requested)
<input type="checkbox"/>	<input type="checkbox"/>	Financial Statements and Bonding Capacity Certification Letter (Upon request only)
<input type="checkbox"/>	<input type="checkbox"/>	Other (Upon request: EMR letter, OSHA 300A logs, JHAs, SDSs, training records, OSHA/EPA citations, etc.)

Comments _____

 Authorized Agent Name Authorized Agent Signature Date

SilMan Industries Review

Initial client worksite _____

Job # & Name _____

Comments _____

Subcontractor Approved? Yes No

 SilMan Review Name SilMan Review Signature Date