



# Subcontractor & Supplier Information Form

BEC Austin recognizes the value of forming partnerships with sub-contractors who excel in their field. If you would like the opportunity to be placed on our bidders list, please fill out the qualification form below.

Type of Work You Perform \_\_\_\_\_

Company Name \_\_\_\_\_

Principal Contact \_\_\_\_\_ Principal Email \_\_\_\_\_

Estimating Contact \_\_\_\_\_ Estimating Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Years in This Business \_\_\_\_\_ Form of Business \_\_\_\_\_  
Company/Corporation/LLP

Bank Reference \_\_\_\_\_  
Bank Name Contact Phone Number

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

Vendor References 1. \_\_\_\_\_  
2. \_\_\_\_\_  
Vendor Contact Phone Number

Business or Trade Licenses \_\_\_\_\_

Are You Qualified: MBE \_\_\_\_\_ WBE \_\_\_\_\_ SBE \_\_\_\_\_ HUB \_\_\_\_\_ OTHER \_\_\_\_\_  
Y or N Y or N Y or N Y or N

Personnel Breakdown: Office \_\_\_\_\_ Field Supervisory \_\_\_\_\_ Field Workers \_\_\_\_\_

Do You Have a Written Safety Program? \_\_\_\_\_ Do You Conduct Safety Meetings? \_\_\_\_\_

What Was Your Last Year EMR Rate \_\_\_\_\_ What Is Your Current EMR Rate \_\_\_\_\_

Have Your Been Cited by OSHA in the Last 3 Years \_\_\_\_\_ Willful Violation? \_\_\_\_\_

If Yes, Explain



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**Insurance Requirements:** These limits of liability must be met and maintained.

Coverages	Limits of Liability
WORKERS COMPENSATION AND EMPLOYER'S 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 not less than three times contract amount)	\$2,000,000 General Aggregate \$1,000,000 Products/Completed Operations - Aggregate \$1,000,000 Personal & Advertising \$1,000,000 Each Occurrence \$300,000 Fire Damage (any one fire) \$10,000 Medical Expense Any One Person
AUTOMOBILE LIABILITY	\$500,000 Each Accident

I certify that the above information provided by me is true and correct and is to be used by BEC Austin General Contractor in evaluating our company to become a subcontractor on future projects.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail, fax or email completed and signed form to:

**BEC Austin General Contractor**  
8320 Bee Cave Road Suite 200  
Austin, Texas 78746  
Email: info@becaustin.com