



## Cloud Peak Energy, LLC Company Registration Form

### General Instructions

#### Step 1 – Account Activation

The two items listed below must be completed before Browz can display your company's information to your Client. Your assigned Supplier Account Agent can help you complete the following items:

- **Supplier Registration Agreement** – Please sign and submit an unaltered copy of the Registration agreement (pages 2-3) to Browz.
- **Annual Subscription Fee** - An annual subscription fee of up to \$695.00 must be paid to Browz

#### Step 2 – Data Collection


Upon completion of the Account Activation you will be required to submit specific data about your company. Your assigned Supplier Compliance Agent will guide you through the process of completing this form, collecting the required data, and submitting it to Browz.



Throughout this document the 'Stop Sign Icon & Brackets' will indicate when a question or section must be completed. The information you provide will be used to assess your company's compliance against your Client's compliance requirements.

**Allow a minimum of five business days from the date Browz receives your information to process all completed forms and associated documents.**

Website: [www.browz.com](http://www.browz.com)  
E-mail: [processing@browz.com](mailto:processing@browz.com)  
Toll Free: (888) BROWZ-LC  
(888) 276-9952  
Fax: (801) 619-6050

Return Address:  Browz, LLC  
13997 S. Minuteman Dr.  
Suite 350  
Draper, Utah 84020

# Supplier Registration Agreement to Participate in the Browz Supply Chain Verification Service (Page 1 of 2)

**Sign and return Company Registration Form with all required documentation to Browz, LLC.**

This Agreement between Browz, LLC, a Utah limited liability company, and the undersigned ("**Company**") sets forth the terms and conditions of Company's participation as a supplier in the Browz Supply Chain Verification Service (the "**Service**").

The Service facilitates the limited sharing of certain business information with Company's approved customers to help those Customers rely on Company's qualifications and compliance and to provide those Customers and Company with the efficiencies available from certain technology. Company shall approve or reject each customer before it becomes a "Customer". "**Customers**" means those customers which Company has approved to obtain or receive its Information through the Service. This Agreement shall not require Company to provide any information to Browz.

Company grants Browz the right, without charge to Browz, to collect, verify, compile, organize and analyze information relating to Company (in raw or processed form, the "**Information**") and generate, use and distribute the Information, subject to the limitations set forth in this Agreement.

Browz may use, distribute and share Information provided by Company to Browz only in connection with the following purposes:

1. To communicate with Company using Company's contact information.
2. To obtain and verify Information.
3. To disclose to Customers as part of the Service.
4. To be included in a services registry to assist those using the Service in identifying and contacting prospective suppliers, contractors and vendors, provided that Company shall consent to be included.
5. To operate the Service and to offer other services to Company (for example, a service to help Company meet a Customer's policy). Browz relies on third parties to provide and support some of its business operations and services, including credit card processors, call centers, reviewers, auditors and attorneys. Browz requires those with whom it may share Confidential Information (defined below) to agree to similarly protect that Confidential Information.
6. To aggregate information - for example, to create and publish industry safety statistics.
7. To respond to subpoenas, court orders or legal process; to protect Browz's rights in lawsuits with third parties or, as applicable, Company; to prevent harm to any person; or as otherwise required by law or governmental order.
8. To protect Browz's rights, such as if Browz finds that Company's actions constitute improper use of the Browz web site or the Service or violate this Agreement.

Notwithstanding anything to the contrary in this Agreement, Browz may distribute Company's Confidential Information only: (a) to Customers, (b) as part of its business operations to operate the Service or (c) for a purpose specified in item 7 above, in which case Browz will provide Company with such notice as is practicable, by e-mail, fax, telephone, mail or otherwise as Browz shall reasonably determine to be appropriate, as soon in advance of any such actual disclosure referred to in item 7 as is reasonably practicable and appropriate under the circumstances and if legally possible. "**Confidential Information**" is material confidential and proprietary Information (which may include future business plans and strategies, customer lists and data, technical data, technology, designs, drawings and financial information) provided to Browz by Company in accordance with this Agreement (or a prior supplier registration agreement between the parties) and identified in writing (within 10 days of being provided) by Company to Browz as "confidential" and not otherwise independently available, developed or ascertainable from public or non-public third-party sources. Browz acknowledges that Company will be irreparably harmed if Confidential Information is distributed in breach of this paragraph, and that Company would not have an adequate remedy at law in the event of such an actual or threatened breach by Browz. Therefore, Browz agrees that Company shall be entitled to seek injunctive relief against any actual or threatened breaches of this paragraph by Browz without the necessity of Company showing actual damages or showing that monetary damages would not afford an adequate remedy.

The Service includes Information obtained by Browz from third-party sources, including under license from third-party licensors. Such third-party sources may include, but are not limited to, the Bureau of Labor Statistics of the U.S. Department of Labor, OSHA, NCCI (National Council on Compensation Insurance), State workers' compensation boards, Dun & Bradstreet, West Group (Westlaw<sup>®</sup>), ChoicePoint and LexisNexis. Licensed data is subject to restrictions, licenses, limitations of liability and warranties from the licensor. Company agrees that its use of any licensed data available from the Service is subject to the then-current Terms of Use for such licensed data on the Browz web site. BROWZ SHALL INCUR NO LIABILITY AS A RESULT OF OR DERIVED FROM ANY LICENSED DATA OR ANY ACTION OR INFORMATION SUPPLIED BY ANY SUCH THIRD PARTY, INCLUDING ANY GOVERNMENT AGENCY OR THIRD-PARTY LICENSOR.

Company represents and warrants that the Information submitted (and which may be submitted in the future) by or on behalf of Company to Browz, which includes statements and documents and may include personal information, is and shall be accurate, up-to-date, complete and submitted in compliance with privacy and other applicable laws, and does not and shall not infringe any rights relating to personal privacy or publicity under the laws of the European Union or elsewhere. Company agrees to indemnify, defend and hold harmless Browz from any and all losses, claims, damages, liabilities and expenses, including reasonable attorneys' fees, arising out of or relating to any fraud by Company or violation by Company of any law or governmental rule or regulation or right of any entity or individual arising thereunder.

# Supplier Registration Agreement to Participate in the Browz Supply Chain Verification Service (Page 2 of 2)

BROWZ DISCLAIMS ALL WARRANTIES, WHETHER EXPRESS OR IMPLIED, WRITTEN OR ORAL (INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE), WITH RESPECT TO THE SERVICE OR OTHERWISE UNDER THIS AGREEMENT. COMPANY ACKNOWLEDGES THAT BROWZ MAKES NO REPRESENTATION OR WARRANTY THAT ANY CUSTOMER OR BROWZ CLIENT WILL APPROVE COMPANY AS A SUPPLIER OR POTENTIAL SUPPLIER, NOR AS TO ANY FUTURE ACTION OR REQUIREMENT OF ANY CUSTOMER OR BROWZ CLIENT.

IN NO EVENT SHALL BROWZ BE LIABLE TO COMPANY FOR SPECIAL, INCIDENTAL, CONSEQUENTIAL, PUNITIVE, MULTIPLE OR OTHER INDIRECT DAMAGES, OR FOR LOSS OF PROFITS, LOSS OF DATA OR LOSS OF USE DAMAGES, ARISING OUT OF THE SERVICE OR OTHERWISE UNDER THIS AGREEMENT, WHETHER BASED UPON WARRANTY, CONTRACT, TORT, STRICT LIABILITY OR OTHERWISE, EVEN IF BROWZ HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES OR LOSSES.

ANY BROWZ LIABILITY ARISING OUT OF THE SERVICE OR OTHERWISE UNDER THIS AGREEMENT, WHETHER BASED UPON WARRANTY, CONTRACT, TORT, STRICT LIABILITY OR OTHERWISE, SHALL IN NO EVENT EXCEED THE AMOUNT PAID BY COMPANY TO BROWZ DURING THE MOST RECENT 12-MONTH PERIOD UNDER THIS AGREEMENT.

Some jurisdictions do not allow limitations on implied warranties, the exclusion or limitation of special, incidental, consequential, indirect or exemplary damages, or the limitation of liability to specified amounts, so the above limitations and exclusions may not apply to Company.

This Agreement shall be deemed accepted by Company upon execution by Company or Company's electronic acceptance, and such acceptance is limited to the terms of this Agreement in the form presented to Company by Browz and excluding any modifications hereto made by Company and not accepted by Browz in writing. This Agreement, when so accepted by Company, constitutes the entire agreement of the parties with respect to the subject matter and supersedes any oral negotiations and prior writings with respect to the subject matter, including with respect to confidential or proprietary information and including all prior supplier registration agreements relating to the Service. Except as otherwise provided in this paragraph, no term or provision of this Agreement may be modified, amended or waived without the signed written agreement of both Company and Browz. Company's participation in the Service is subject to payment to Browz of all applicable fees.

This Agreement shall continue in effect until terminated by written notice from either party, provided that there shall be no refunds. All provisions in this paragraph, and all provisions in this Agreement relating to Confidential Information, representations, warranties, disclaimers, limitations of and exclusions from liability, and indemnification, shall survive termination of this Agreement. Should any provision hereof for any reason be declared invalid or unenforceable, the remaining portions of this Agreement shall remain in full force and effect. This Agreement shall be governed by, and construed in accordance with, the laws of the State of New York.

When registering with Browz, network members agree to a non-refundable one year subscription. Network members are defined as any business or organization with a Browz membership. Refunds will only be considered, in the case of a duplicate payment (i.e., credit card processed twice) or when a duplicate account already exists in the Browz database with an active payment. Refunds will not be made once: data validation, data entry or outbound support is performed by Browz personnel.



Agreed to by: **COMPANY:**

\_\_\_\_\_  
Print Name of Company

\_\_\_\_\_  
Date

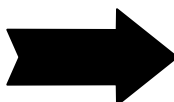
\_\_\_\_\_  
Print entity jurisdiction and type (e.g., a New York corporation or a Utah partnership)

By: \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name and Title of Person Signing for Company

\_\_\_\_\_  
Browz Registration ID

Return  
Address



**Browz, LLC  
13997 S. Minuteman Dr.  
Suite 150  
Draper, Utah 84020**

**Toll Free: (888) BROWZ - LC  
(888) 276-9952  
Fax: (801) 619-6050**



# Subscription Payment This section is provided for credit card payment information.

## Credit Card Payment

Company Name

\_\_\_\_\_

Card Type  VISA  Master Card  American Express  Discover

Dollar Amount (US)

\_\_\_\_\_.\_\_\_\_

Card Number (no spaces or punctuation)

\_\_\_\_\_

Expiration (MM YY)

\_\_\_\_/\_\_\_\_

CVV/CVC Code\*

\_\_\_\_

Name as it appears on card

\_\_\_\_\_

Signature as it appears on card

Date

### \*What is a CVV?

For your safety and security, our card processing server requires that you enter your card verification (CVV) number. The verification number is a 3 or 4 digit number printed on your card.

If you are using a Visa, Mastercard, or Bank card, it is the last 3 digits of the number that appears on the back of you card (see below).

If you are using an American Express card, the verification number is a 4 digit number that appears on the front of your card, above and either on the left or right of the card number (see below).



3 Digit Card Verification Number



4 Digit Card Verification Number

### Insurance Requirements

**A sample insurance certificate outlining your Client's insurance requirements is available on the next page for you to give to your insurance agent**

| Policy Type           | Limit Type      | Limit           | Additional Insured | Waiver of Subrogation |
|-----------------------|-----------------|-----------------|--------------------|-----------------------|
| General Liability     | Aggregate       | \$2,000,000**   | Yes*               | As Per Contract       |
| Automobile Liability  | As Per Contract | As Per Contract | As Per Contract    | As Per Contract       |
| Worker's Compensation | Statutory       | Statutory       | N/A                | As Per Contract       |

\*To fulfill the Additional Insured Endorsement requirement the actual policy endorsement listing "Cloud Peak Energy Resources, LLC and its affiliates" as additional insured must be submitted. **Only listing Additional Insured on the Insurance Certificate is not sufficient.**

\*\***Excess/Umbrella Liability Policies** may be used to supplement the General Liability requirements. However, when the Excess policy supplements the General Liability, the Excess Liability policy must also include Cloud Peak Energy Resources, LLC and its affiliates as additional insured.

**Certificate Holder -** Cloud Peak Energy Resources, LLC and its affiliates  
 c/o Browz, LLC  
 13997 South Minuteman Drive, Ste. 350  
 Draper, UT 84020

### Documents Checklist

**Mandatory Documents** The following documents must be submitted in order for you to meet your Client's compliance requirements

- | Included                 | Sent Separately          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of Liability Insurance Certificates for all company liability insurance policies as outlined in "Guidelines" above.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of OSHA logs for last year, two years ago, and three years ago and only for years in which hours worked are less than 1.5 million hours. If your business is contained to mining, submit MSHA 7000 – 2 reports for requested years. |
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of third party EMR documentation for this year (if available), last year, two years ago, and three years ago.   |

**Other Documents** The following documents have been requested by your Client, but are not required in order for you to meet your Client's compliance requirements

- | Included                 | Sent Separately          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of License Certificates in which your company is licensed to perform work.        |
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of current training certificates for all approved crane operators, if applicable. |
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of HSE Program(s) Table of Contents.  |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

|  |   |                |        |
|--|---|----------------|--------|
| <b>PRODUCER</b><br>Insurance Agent Name<br>Insurance Agent Address<br>Insurance Agent Phone Number | CONTACT NAME:<br>PHONE (A/C, No. Ext):<br>E-MAIL ADDRESS:   | FAX (A/C, No): |        |
|  | INSURER(S) AFFORDING COVERAGE<br>A: Insurance Carrier's Name<br>B: Insurance Carrier's Name<br>C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |                | NAIC # |
| <b>INSURED</b><br>Your company name and address  | <b>Your insurance agent will populate this document</b>   |                |        |

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
|          | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | X         |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE <b>\$2,000,000</b><br>PRODUCTS COMP/OP AGG \$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) <b>As per written contract</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                      |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       | N/A      |               |                         |                         | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$               |

**Minimum Requirements**

**Excess Liability not a required policy but may be used to supplement the General Liability policy.**

**Worker's Compensation must be Statutory.**

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

**Additional Insured wording:** "Cloud Peak Energy Resources, LLC and its affiliates" must be named as additional insured on the General Liability policy, and when the Excess Liability supplements the General Liability, it must also include the same additional insured endorsement language listed above.

**A copy of the completed additional insured endorsement form must be included with the certificate.**

**CERTIFICATE HOLDER**                      **CANCELLATION**

|  |   |
|--|---|
| Cloud Peak Energy Resources, LLC and its affiliates<br>c/o Browz LLC<br>13997 Minuteman Drive Suite 350<br>Draper Utah 84020 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE |
|--|---|

# Company Registration

Fill out your company's general information on this page. If you are outside the USA, include your country code in all phone numbers. Note: If there are not enough spaces on the form for the business name or any other requested information, please print that information on a separate page. On the separate page, please include the section title (example: Company) and the label above the spaces (Example: Site Name) and then print the full information.



Examples Example of printing legibly Century Suppliers Example of choice boxes  
Yes  No  n/a

## Company Information

Your organization's legal name is:

What is your organization's preferred name?

Select your organization's legal structure:  Corporation  Partnership  Sole Proprietorship  LLC/LC  Nonprofit  
 Government Agency  Tax Exempt Agency

Site Type:  Headquarters  Regional/Branch  Subsidiary

If your organization has a DBA ("Doing Business As") name, enter it below:

Organization Address:

City

State

Zip Code

In what year (yyyy) was your organization established?

## Market Your Products or Services Through Browz

Check "Yes" if you would like to be included in a services registry to allow prospective customers seeking pre-qualified contractors or suppliers to see limited identifying information about your Organization, such as your organization's name, contact information, industry classification, and minority and women business status. This may result in additional bidding opportunities for your Organization.

Yes  No

## Contact Information



Phone Number (no hyphens or punctuation, include country code if outside USA)

Fax Number

Toll Free Number

Web Site Address (Leave off http://www. prefix.)

Government Identifier (FEIN, GST, TIN, etc):









# EHS Practices

Use this section to identify the types of programs and policies related to Environmental, Health, and Safety. Due to the many ways in which program terms are interchanged, please use the individual questions to define the program that best applies to your organization. For example, if your program is a "Health and Safety" Program, select yes to "Health Program" and yes to "Safety Program." If your program is an "Environmental, Health, and Safety" or a "Health, Safety, and Environmental" Program, select "yes" to "Environmental Program," "Health Program," and "Safety Program."

## Environmental

- Does your company have a formal written Environmental Policy? Yes  No
- Does your company have a formal written Environmental Program? Yes  No
- Does your company have a formal written Environmental Management System? Yes  No

## Health

- Does your company have a formal written Health Policy? Yes  No
- Does your company have a formal written Health Program? Yes  No
- Does your company have a formal written Health Management System? Yes  No

## Safety

- Does your company have a formal written Safety Policy? Yes  No
- Does your company have a formal written Safety Program? Yes  No
- Does your company have a formal written Safety Management System? Yes  No

## If Yes to any of the above questions:

- Does your company have or provide a safety/health incentive program? Yes  No
- Does your company have or provide paid safety/health training? Yes  No

# EHS Program

Mark below all topics and procedures in your company's EHS program. Indicate the section in which each item is located (New Employee Orientation, EHS Employee Training, Foreman/Supervisor Training and EHS Procedures). Please leave boxes blank that are not applicable (n/a). Only mark in those that apply.

If this section is not applicable, check "n/a."

|  | New Employee Orientation | EHS Employee Training    | Foreman/Supervisor Training | EHS Procedures           |   | New Employee Orientation | EHS Employee Training    | Foreman/Supervisor Training | EHS Procedures           |
|--|--------------------------|--------------------------|-----------------------------|--------------------------|---|--------------------------|--------------------------|-----------------------------|--------------------------|
| Access/Egress  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Heat Stress Prevention                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Accident Reporting & Investigation                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Heavy Equipment Operation                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Air Quality Management                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Hot Work Procedures                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Back Injury Protection                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Housekeeping  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Blood-born Pathogens   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Inspections   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Business Continuity Planning                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Job Hazard Analysis/Control                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Chemical and Material Safety                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Ladder Safety   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Commercial Motor Vehicle Operation                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Medical Management of Work Related Injuries/Illnesses   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Compressed Gas Cylinders                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Medical Procedures                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Confined Space Procedures                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Meetings  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| CPR  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Modified Work Plan                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Disciplinary Action  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Personal Protective Equipment (Full Body)               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Electrical Equipment Grounding Assurance                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Recycling   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Electrical Safety  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Respiratory Protection Including Respirator Use         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Emergency Protocols  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Rigging and Crane Safety                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Emergency Response Procedures                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Safe Work Practices                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Employee Responsibilities                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Safety Supervision                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Energy Isolation Procedure (Lock-Out/Tag-Out)                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Scaffold Builder  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Environmental Protection/Practices                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Scaffold User   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Equipment and Materials                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Scaffolding Procedures (Building)                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Equipment Inspection/Maintenance                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Signs, Barricades, Roping, Perimeter Guarding, Flagging | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Evaluations  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Spill Prevention and Control                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Fall Protection  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Tool Box Meetings                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Fire Protection/Prevention                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Training  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| First Aid Procedures   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Trenching & Excavation                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| General NDT and Radiography                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Unsafe Condition Reporting                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| H2S Alive  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Waste Disposal  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Hazard Communication   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Waste Management (Solid and Hazardous)                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Hazard Recognition   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Water Quality Management                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Hazardous Material Transport                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Water Safety  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Hazardous Waste Operations and Emergency Response (HAZWOPER) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | WHMIS   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Hearing Protection   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | Waste Recycling   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
|  |                          |                          |                             |                          | Work Zone Safety  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |



# Equipment and Materials

Do you have a system for establishing applicable HSE specifications for acquisition of materials and equipment?

|                       |                       |
|-----------------------|-----------------------|
| Yes                   | No                    |
| <input type="radio"/> | <input type="radio"/> |

Do you conduct inspections on operating equipment (e.g. cranes, forklifts) in compliance with regulatory requirements?

|                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

Do you maintain operating equipment in compliance with regulatory requirements?

|                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

Do you maintain the applicable inspection and maintenance certification records for operating equipment?

|                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

# Evaluations

Do management and employee performance evaluations include Environmental - Health - Safety performance?

|                       |                       |
|-----------------------|-----------------------|
| Yes                   | No                    |
| <input type="radio"/> | <input type="radio"/> |

Does your organization have a work practice audit (behavioral) program?

|                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

Do your employees read, write, and understand English such that they can perform their job tasks safely without an interpreter?

|                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

What level of management in your company receives field safety reports?

# Heavy Equipment Operation

Does your organization currently have procedures that govern the operation, training, and certification with respect to fork trucks, cranes, and heavy equipment?

|                       |                       |
|-----------------------|-----------------------|
| Yes                   | No                    |
| <input type="radio"/> | <input type="radio"/> |

Do operators of fork trucks, cranes, and heavy equipment have the required medical clearance and training certificates?

|                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

# Inspections

Does your organization conduct equipment inspections that meet applicable government requirements?

|                       |                       |
|-----------------------|-----------------------|
| Yes                   | No                    |
| <input type="radio"/> | <input type="radio"/> |

Does your organization conduct Environmental – Health – Safety inspections for physical conditions?

|                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

Mark the frequency that your organization conducts Environmental - Health - Safety project inspections:

|                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

- Daily     Weekly     Biweekly     Monthly     Quarterly     Semiannually     Annually

Does your company have a workplace inspection form? If yes, please provide the document.

|                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

Does your organization have a written program for following up on corrective actions that assign responsibilities for the completion of deficiencies?

|                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

# Medical Procedures

Does your company have written programs for the following:

|                       |                       |
|-----------------------|-----------------------|
| Yes                   | No                    |
| <input type="radio"/> | <input type="radio"/> |

Hearing Conservation

Respiratory Protection

|                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

Do you have personnel trained to perform first aid and CPR?

|                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

Describe how you will provide first aid and other medical services for your employees while on site:

Do you perform medical examinations for:

|                       |                       |
|-----------------------|-----------------------|
| Yes                   | No                    |
| <input type="radio"/> | <input type="radio"/> |

Pre-Placement

Pre-Placement Job Capability

|                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

Hearing Function (Audiograms)

|                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

Pulmonary

|                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

Respiratory?

|                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

## Meetings

Mark the frequency that your organization conducts and documents field Environmental – Health – Safety meetings.

Daily  Weekly  Biweekly  Monthly  Quarterly  Semiannually  Annually

Mark the frequency that your company conducts and documents office safety meetings.

Daily  Weekly  Biweekly  Monthly  Quarterly  Semiannually  Annually

Select all groups for which your organization conducts site Environmental – Health - Safety meetings.

Contractor Employees  Field Supervisors  Subcontractors  Crew/Team

Do you have a training outline for all levels of employees? If so, please attach the training outline including a sample record.

Yes  No

## Personal Protective Equipment

Select the types of personal protective equipment used:  Head  Eye  Face  Body  Hand  Foot

Is applicable PPE provided for employees?  Yes  No

Do you have a program to ensure that PPE is inspected and maintained?  Yes  No

## Respiratory Protection

Does your organization require employees to use respiratory equipment?  Yes  No

Have employees been medically approved for respiratory protection?  Yes  No

Have employees been fit tested for respiratory equipment?  Yes  No

Have employees been trained in the use of respiratory protection equipment?  Yes  No

## Training

How often does your organization conduct refresher training?

Weekly  Biweekly  Monthly  Quarterly  Semiannually  Annually

Do you require on-site supervision to have OSHA 30-Hour Training Course?  Yes  No

Do you have certified trainers?  Yes  No

## Hazard Communication

Does your organization have a Hazard Communication Program?  Yes  No



# Safety & Loss Audits

Do you conduct Safety and Loss Prevention Program audits?

Yes  No

Frequency of audits by qualified Safety Practitioner:

Weekly  Biweekly  Monthly  Quarterly  Semiannually  Annually

Are corrections of deficiencies documented?

Yes  No



## Safe and Secure Workplace

Does your company perform criminal or other background screening on all employees and contractors? If so, provide the document.

Yes  No

Does your company have a method of screening prospective employees for Health and Safety Awareness?

Does your company have a substance abuse testing program for all employees and contractors? If so, provide the document.

Does your substance abuse program contain DOT testing?

If not, is your company currently participating in Drug & Alcohol Testing Program(s) with other companies?

Mark each occurrence in which your organization conducts substance abuse testing.

Pre-employment  Pre-Assignment  Random  For Cause  Post Accident  Not at All

Mark each occurrence in which your organization conducts alcohol abuse testing.

Pre-employment  Pre-Assignment  Random  For Cause  Post Accident  Not at All

Name of Testing Company use (Put Internal if conducted in-house):

If this section is not applicable to your business, please explain why below:



# Employees and Work Hours

List your company's total employees and total hours worked by all employees, including management, starting with the last full 3 years.



|              |                      |                      |                      |
|--------------|----------------------|----------------------|----------------------|
|              | Year: 20__ __        | Year: 20__ __        | Year: 20__ __        |
| Employees    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Hours Worked | <input type="text"/> | <input type="text"/> | <input type="text"/> |

## Accident/Incident History

Report your company's accidents and incidents for the last three full years, or the last full years your company has been in business. Even if your company is exempt from recording accidents/incidents per OSHA 29 CFR Part 1904 you are still required to report ACTUAL experience.

Refer to [http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=DIRECTIVES&p\\_id=3205](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES&p_id=3205) for more information about U.S. Department of Labor accident and incident reporting law.

## OSHA Reported Accident/Incident History (Use this section even if not required per OSHA)

|                          | <u>OSHA Log Location</u> | Year: 20__ __        | Year: 20__ __        | Year: 20__ __        |
|--------------------------|--------------------------|----------------------|----------------------|----------------------|
| Fatality Cases           | ("G" on 300 log)         | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Lost Workday Cases       | ("H" on 300 log)         | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Restricted Workday Cases | ("I" on 300 log)         | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other Recordable Cases   | ("J" on 300 log)         | <input type="text"/> | <input type="text"/> | <input type="text"/> |

## MSHA Reported Accident/Incident History Do not include any incidents reported in the OSHA Section above.

|                          | Year: 20__ __        | Year: 20__ __        | Year: 20__ __        |
|--------------------------|----------------------|----------------------|----------------------|
| Fatality Cases           | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Lost Workday Cases       | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Restricted Workday Cases | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other Recordable Cases   | <input type="text"/> | <input type="text"/> | <input type="text"/> |

## Government Issued Citations/Violations

Total your citations/violations from OSHA or MSHA for each of the last 3 years.

|                           | Year: 20__ __        | Year: 20__ __        | Year: 20__ __        |
|---------------------------|----------------------|----------------------|----------------------|
| OSHA Citations/Violations | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| MSHA Citations/Violations | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please indicate at which level the data pertains that is submitted in the following sections for Accident History, EMR, Citations/Violations, etc.

Corporate  Local/Regional

# Experience Modification Rate (EMR)

Please list your Experience Modification Rates (EMR) for each year. EMRs are obtained from your workers compensation insurance carrier or ordered on the Internet at [www.ncci.com](http://www.ncci.com). Because EMRs do not become effective based on a calendar year, provide 4 years of values and the effective (start) date for each. If applicable, answer the questions provided if your company does not have an EMR.



## Interstate EMR

|                 | EMR                  | Effective Date (MM DD YYYY) |   |
|-----------------|----------------------|-----------------------------|---|
| Present year    | <input type="text"/> | <input type="text"/>        | No EMR for this year <input type="checkbox"/> |
| Last Year       | <input type="text"/> | <input type="text"/>        | No EMR for this year <input type="checkbox"/> |
| Two Years Ago   | <input type="text"/> | <input type="text"/>        | No EMR for this year <input type="checkbox"/> |
| Three Years Ago | <input type="text"/> | <input type="text"/>        | No EMR for this year <input type="checkbox"/> |

## Intrastate EMR

|   | EMR                                  | Effective Date (MM DD YYYY) |   |
|---|--------------------------------------|-----------------------------|---|
| Same as Interstate <input type="checkbox"/> | Present year <input type="text"/>    | <input type="text"/>        | No EMR for this year <input type="checkbox"/> |
|   | Last Year <input type="text"/>       | <input type="text"/>        | No EMR for this year <input type="checkbox"/> |
|   | Two Years Ago <input type="text"/>   | <input type="text"/>        | No EMR for this year <input type="checkbox"/> |
|   | Three Years Ago <input type="text"/> | <input type="text"/>        | No EMR for this year <input type="checkbox"/> |

## Monopolistic EMR

|   | EMR                                  | Effective Date (MM DD YYYY) |   |
|---|--------------------------------------|-----------------------------|---|
| Same as Interstate <input type="checkbox"/> | Present year <input type="text"/>    | <input type="text"/>        | No EMR for this year <input type="checkbox"/> |
|   | Last Year <input type="text"/>       | <input type="text"/>        | No EMR for this year <input type="checkbox"/> |
|   | Two Years Ago <input type="text"/>   | <input type="text"/>        | No EMR for this year <input type="checkbox"/> |
|   | Three Years Ago <input type="text"/> | <input type="text"/>        | No EMR for this year <input type="checkbox"/> |

## Dual Rate EMR

|   | EMR                                  | Effective Date (MM DD YYYY) |   |
|---|--------------------------------------|-----------------------------|---|
| Same as Interstate <input type="checkbox"/> | Present year <input type="text"/>    | <input type="text"/>        | No EMR for this year <input type="checkbox"/> |
|   | Last Year <input type="text"/>       | <input type="text"/>        | No EMR for this year <input type="checkbox"/> |
|   | Two Years Ago <input type="text"/>   | <input type="text"/>        | No EMR for this year <input type="checkbox"/> |
|   | Three Years Ago <input type="text"/> | <input type="text"/>        | No EMR for this year <input type="checkbox"/> |

## Local Office Performing Work EMR

|   | EMR                                  | Effective Date (MM DD YYYY) |   |
|---|--------------------------------------|-----------------------------|---|
| Same as Interstate <input type="checkbox"/> | Present year <input type="text"/>    | <input type="text"/>        | No EMR for this year <input type="checkbox"/> |
|   | Last Year <input type="text"/>       | <input type="text"/>        | No EMR for this year <input type="checkbox"/> |
|   | Two Years Ago <input type="text"/>   | <input type="text"/>        | No EMR for this year <input type="checkbox"/> |
|   | Three Years Ago <input type="text"/> | <input type="text"/>        | No EMR for this year <input type="checkbox"/> |

If your company does not have an EMR for any of the above years, provide a written explanation as to why your company does not have one. Use this space provided or include a letter on company letterhead.

# MSHA Practices

Enter your organization's MSHA ID (omit hyphen):

Does your company have an approved MSHA training program and instructors?

Yes  No  n/a

Does your company outsource the training function?

If yes, list the name of the trainer who conducts training.

Trainer

Does your company have an MSHA HAZCOM Program?

If yes, provide the last revision date. (MM DD YYYY).

If yes, are all employees trained in the MSHA HAZCOM Program?

Does your company have an MSHA approved Work Area Inspection Log Book?

Have all site specific hazard training forms been completed?

Does your company have a part 62 hearing conservation program?

How many projects has your company completed on the MSHA regulated mine property in the last year?

Do you document pre-operation inspection of all mobile equipment?

Is there a trained/certified First-Aid person for each shift?

# Quality System Registrations

Check all Quality System Registrations or Certifications that apply to your company. Please include the name of the registrar or certifying agency and enter the expiration date, if any.

If this section is not applicable, check "n/a."

**ISO9001:2000** Name of registrar or certifying agency:   
Expiration Date (MM DD YYYY)

**AS9000** Name of registrar or certifying agency:   
Expiration Date (MM DD YYYY)

**TL9000** Name of registrar or certifying agency:   
Expiration Date (MM DD YYYY)

**TS16949** Name of registrar or certifying agency:   
Expiration Date (MM DD YYYY)

**CMMI** Name of registrar or certifying agency:   
Expiration Date (MM DD YYYY)

**Other** If Other is checked, please identify.   
Name of registrar or certifying agency:   
Expiration Date (MM DD YYYY)

## Legal

Please print or type clearly in the text boxes below.

Is your company a party to any judgments, claims, or lawsuits pending or outstanding? If yes, please explain below.  Yes  No

Is your company involved in any bankruptcy or reorganization proceedings? If yes, please explain below.  Yes  No

# References/Contracts

Enter up to two of your company's largest jobs, or up to two of your largest customers, clients, or contracts.

If this section is not applicable, check "n/a."

## Job 1: Reference Company Name

Contract Number

Address

Functioned as Prime Contractor

Functioned as Subcontractor

Contact: First Name

Last Name (Surname)

Phone Number (no hyphens or punctuation)

Extension

Fax Number (no hyphens or punctuation)

Start Date (MM DD YYYY)

Value of Work Performed by Your Own Forces (US \$)

Total Value of Project or Contract (US \$)

End Date (MM DD YYYY)

## Job 2: Reference Company Name

Contract Number

Address

Functioned as Prime Contractor

Functioned as Subcontractor

Contact: First Name

Last Name (Surname)

Phone Number (no hyphens or punctuation)

Extension

Fax Number (no hyphens or punctuation)

Start Date (MM DD YYYY)

Value of Work Performed by Your Own Forces (US \$)

Total Value of Project or Contract (US \$)

End Date (MM DD YYYY)

Enter up to three credit references

## Credit Reference 1: Reference Company Name

Address

Contact: First Name

Last Name (Surname)

Phone Number (no hyphens or punctuation, include country code if outside USA)

Fax Number

# Subcontractors

Answer the following questions regarding subcontractors.

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Do you hire subcontractors?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you evaluate the following criteria to pre-qualify subcontractors?  |                          |                          |
| OSHA Injury Rates  | <input type="checkbox"/> | <input type="checkbox"/> |
| OSHA Citations   | <input type="checkbox"/> | <input type="checkbox"/> |
| EMR  | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety Program   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you use HSE performance criteria in selection of subcontractors?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you evaluate the ability of subcontractors to comply with applicable HSE requirements as part of the selection process? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do your subcontractors have a written HSE management program?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you include your subcontractors in:   |                          |                          |
| HSE Orientation  | <input type="checkbox"/> | <input type="checkbox"/> |
| HSE Meetings   | <input type="checkbox"/> | <input type="checkbox"/> |
| Inspections  | <input type="checkbox"/> | <input type="checkbox"/> |
| Audit  | <input type="checkbox"/> | <input type="checkbox"/> |

## **Assisting Your Customers by Participating in the Browz Supply Chain Verification Service**

By participating in the Browz Service, you are assisting your current customers and, if you wish, helping prospective customers select you as a new supplier to them. Browz is in the business of helping companies such as yours comply with the contract selection and compliance requirements of your current and potential customers. Browz provides its Service by gathering information from your Company and various commercial and governmental sources available to the public such as reporting agencies and information services. Browz uses the information to verify information submitted to Browz by your Company and to provide selected information to your customers and prospective customers approved by you. Those customers have specifically requested this selected information.

Your Company must agree to the Supplier Registration Agreement to become a supplier whose information may be verified by the Browz Service, as requested by at least one of your customers. This agreement is in writing to provide Browz with the right to provide the Browz Service for your Company and cannot be changed. No changes made by you will be valid.

If you have any further questions, please call us at 888-276-9952 or e-mail us at [operations@browz.com](mailto:operations@browz.com).