

**City of Oak Ridge Electric Department
Form for Establishing Pre-approved Contractors for High Voltage Electrical Work**

Company Name _____
Address _____

Primary Contact _____
Phone _____
Fax _____

Provide three references from Utilities and/or major industrial entities where your firm has performed high voltage work within the last 36 months:

Company Name _____
Address _____

Primary Contact _____
Phone _____
Fax _____

Company Name _____
Address _____

Primary Contact _____
Phone _____
Fax _____

Company Name _____
Address _____

Primary Contact _____
Phone _____
Fax _____

List two companies for whom you are *currently* performing high voltage electrical work:

Company Name _____
Address _____

Primary Contact _____
Phone _____
Fax _____

Company Name _____
Address _____

Primary Contact _____
Phone _____
Fax _____

The City of Oak Ridge is hereby authorized to perform a credit check on:

By: _____
Company Name

Authorizing Agent

Date

SUPERINTENDENT'S EXPERIENCE

The Contractor proposes to have as job superintendent on the work, _____,
whose experience record in responsible control of high voltage electrical work is as follows:

<u>Project Description</u>	<u>Dates of Service</u>	<u>Position</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will this Superintendent act as Quality Control Inspector ? ____ Yes ____ No
If not, name of Quality Control Inspector: _____

SUBCONTRACTORS

List Subcontractors and material suppliers you frequently use:

<u>Subcontract Work</u>	<u>Subcontractors' Names and Addresses</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do we have your permission to contact sub-contractors and material suppliers to verify you make timely payments?

Yes ____ No ____

Is there a monetary limit on your license with the State of Tennessee?

Yes ___ No ___ If yes, state the limit: _____

What is your State Contractor's License Number? _____

List the classification(s) of your Contractor's License: _____

CONTRACTOR'S SAFETY PERFORMANCE

Please complete the following:

B. What is your firm's Recordable Injury Incident Rate for field operations for the most recent full year? _____

C. Do you have a written Accident Prevention/Safety Program for field operations?

YES___ NO___

If yes, attach a copy of your program.

D. Do you conduct Project Safety Inspections?

YES___ NO___

If YES, who conducts these inspections from the site staff?

TITLE: _____ HOW OFTEN? _____

E. Do you have a home office safety representative who visits and inspects the job?

YES___ NO___

What is his name and title? _____

How often will he visit the site? _____

Does he have the authority to make corrections? YES___ NO___

F. Do you hold site Safety Meetings of Supervisors?

YES___ NO___ HOW OFTEN? _____

Who conducts these meetings? TITLE _____

G. Do you hold craft "toolbox" safety meetings?

YES___ NO___

If YES, how often? _____

Who conducts these meetings? TITLE _____

Are minutes kept of these meetings? YES___ NO___

H. Does your company have a written policy on drug and alcohol abuse?

YES___ NO___

If so, how is it disseminated? Handout Meeting

Other (specify)

Do you perform pre-employment drug screening? Yes___ No___

Do you perform random drug and alcohol screening? Yes___ No___

I. Do you have a safety orientation meeting for:

New hires? YES___ NO___

Newly hired or promoted foremen? YES___ NO

J. Do you participate in a formal apprenticeship program? Yes___ No___

If yes, do the apprentices attend a formal school? Yes___ No___

School Name: _____

Contact Name _____

Phone Number _____

INSURANCE

The Contractor shall conform to the Insurance Requirements attached and shall include the cost of insurance and performance bonds in the Contract Price.

Any Contractor, before commencing work for the City of Oak Ridge or on City of Oak Ridge property, shall deliver three (3) copies of Certificates of Insurance, completed by his insurance carrier or agent, certifying that minimum coverage, as required, are in effect. Certificates shall indicate Contractor's name, and Contract number. Duplicate copies of insurance policies shall be furnished to the Owner within ten (10) days after the execution of the Contract when so requested by the Owner. The foregoing shall also apply to subcontractors. The City shall be listed as a co-insured on the insurance.

INSURANCE REQUIREMENTS

Without limiting any of the other obligations or liabilities of the Contractor, the Contractor shall provide and maintain, until the Contract work is completed (unless otherwise indicated), minimum insurance coverage as follows:

TYPE OF INSURANCE	MINIMUM LIMITS OF LIABILITY	
	EACH OCCURRENCE	AGGREGATE
GENERAL LIABILITY <input checked="" type="checkbox"/> COMPREHENSIVE FORM (See Note 1) <input checked="" type="checkbox"/> PREMISES-OPERATIONS <input checked="" type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD <input checked="" type="checkbox"/> CONTRACTUAL INSURANCE (See Note 2) <input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE (See Note 3) <input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS <input checked="" type="checkbox"/> UNDERGROUND HAZARD	BODILY INJURY PROPERTY DAMAGE ----- OR ----- BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$1,000,000 \$1,000,000 \$1,000,000 \$2,000,000
<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD (See Note 4)	PRODUCTS/COMPLETED OPERATIONS	\$3,000,000
<input checked="" type="checkbox"/> PERSONAL INJURY	PERSONAL INJURY	\$1,000,000
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input checked="" type="checkbox"/> OWNED <input checked="" type="checkbox"/> HIRED <input checked="" type="checkbox"/> NON-OWNED	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$1,000,000
EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$2,000,000
WORKERS' COMPENSATION (See Note 5) AND EMPLOYERS' LIABILITY	STATUTORY	\$500,000 (EACH ACCIDENT)

NOTES:

1. Including Contractor's Protective Liability and, if applicable, Incidental Malpractice.
2. Including coverage for liability assumed in construction agreements and other types of contracts or agreements in effect in connection with the insured operations.
3. Coverage for damage to property in the care, custody or control of insured.
4. Completed operations shall remain in effect for at least two years after completion of the project.
5. Including coverage under United States Longshoremen's and Harbor Workers' Act where applicable.

With respect to General Liability, Automobile Liability, and Excess Liability above, coverage shall extend to Owner and the Engineer, and their respective subsidiaries and employees shall each be made Additional Insureds and the cross liability clause below shall be made part of the policy. The insurer shall waive subrogation against the Owner and the Engineer. Contractor shall cause its lower-tier contractors at the jobsite to obtain and maintain insurance policies to protect Owner and Engineer in accordance with the above requirements. All insurance provided by Contractor and its lower-tier contractors shall be primary and any similar insurance maintained by Owner and/or Engineer shall be excess thereof and not contributing with Contractor's or its lower-tier contractors' insurance.

Before commencing work under this Contract, the Contractor shall deliver to the Owner a Certificate of Insurance completed by his insurance carrier or agent certifying that minimum insurance coverage as required above are in effect and will not be cancelled or changed until thirty (30) days after written notice is given to the Owner. The certificate

shall indicate the exact coverage as required herein and include, except for Workers' Compensation and Employers' Liability, the following:

CROSS LIABILITY CLAUSE

The inclusion of more than one corporation, person, organization, firm or entity as insured under this policy shall not in any way affect the rights of any such corporation, person, organization, firm or entity as respects any claim, demand, suit or judgment made, brought or recovered, by or in favor of any other insured, or by or in favor of any employee of such other insured. This policy shall protect each corporation, person, organization, firm or entity in the same manner as though a separate policy had been issued to each, but nothing herein shall operate to increase the insurance company's liability as set forth elsewhere in this policy beyond the amount for which the insurance company would have been liable if only one person or interest had been named as insured.