



**TITAN CONSTRUCTION & ENGINEERING**  
**(Subcontractors with Fewer Than 10 Employees**  
**Worker's Compensation Insurance required)**  
**SAFETY & INSURANCE PREQUALIFICATION QUESTIONNAIRE**

**COMPANY PROFILE**

1. Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Website: \_\_\_\_\_

**SAFETY AND HEALTH PERFORMANCE**

2. Have you received any regulatory citations (e.g., Federal or State OSHA) in the last 3 years?  
*If yes, provide explanation or attachment if necessary* Yes  No   
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Provide your Workers Compensation Experience Modification Rates (EMR)  
**\*Submit EMR documentation from insurance carrier for last 3 years**
- | (a) | EMR for last 3 years | Year  | Current Year <sup>(2)</sup> |
|-----|----------------------|-------|-----------------------------|
|     | _____                | _____ | _____                       |
|     | _____                | _____ | _____                       |
|     | _____                | _____ | _____                       |
- If EMR not applicable, provide explanation: \_\_\_\_\_  
 \_\_\_\_\_

**Note:**  
**\*If your company is not required to maintain OSHA 300 Logs (Employers with less than 10 persons), submit information from your Worker's Compensation insurance carrier itemizing all claims for the last 3 years.**

**SAFETY AND HEALTH PROGRAMS AND PROCEDURES**

4. Do you have or provide:
- (a) Safety and Health Policy. *\*If Yes, submit a copy.* Yes  No
- (b) Safety Disciplinary Policy. *\*If Yes, submit a copy.* Yes  No
- \*If no, skip to #11.**

If yes, does the program address the following key elements:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| (a) Management commitment and expectations   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (b) Employee participation   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (c) Accountabilities and responsibilities for managers, supervisors, and employees | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (d) Resources for meeting safety and health requirements                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (e) Safety and health performance appraisals for all employees                     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (f) Hazard recognition and control   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (g) Employee training  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

6. Does the program include work practices and procedures such as:

- |   |    |                          |     |                          |    |                          |
|---|----|--------------------------|-----|--------------------------|----|--------------------------|
| (a) Injury and Illness Reporting / Recording and Investigations | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (b) Near Miss and Unsafe Conditions Reporting                   | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (c) Motor Vehicle Safety  | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (d) Electrical Safety   | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (e) Personal Protective Equipment                               | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (f) Portable Electrical / Power Tools                           | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (g) Equipment Grounding Assurance                               | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (h) Compressed Gas Cylinders                                    | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (i) Fire Protection   | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (j) Powered Industrial Vehicles (Forklifts)                     | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (k) Housekeeping  | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (l) Material Handling (e.g., Cranes and Rigging)                | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (m) Excavation Safety and Competent Persons                     | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (n) Emergency Preparedness, including evacuation plans          | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (o) Mobile Elevated Work Platforms (MEWP)                       | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (p) Other: _____  | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

7. Do you have written safety and health programs for the following:

- |   |    |                          |     |                          |    |                          |
|---|----|--------------------------|-----|--------------------------|----|--------------------------|
| (a) Hearing Conservation                          | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (b) Respiratory Protection                        | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (c) Hazard Communication                          | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (d) Control of Hazardous Energy (Lockout/Tagout)  | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (e) Bloodborne Pathogen Exposure Control          | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (f) Confined Space Entry                          | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (g) Fall Protection                               | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (h) Pre-start Reviews & Process Safety Management | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (i) Traffic Control                               | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

- |     |  |    |                          |     |                          |    |                          |
|-----|--|----|--------------------------|-----|--------------------------|----|--------------------------|
| (j) | Job Hazard / Safety Analysis (JHA / JSA) | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (k) | Site Safety Inspection / Audits          | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

8. Do you have a substance abuse program? Yes  No   
 If yes, does it include the following:

- |     |                       |     |                          |    |                          |
|-----|-----------------------|-----|--------------------------|----|--------------------------|
| (a) | Pre-placement Testing | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (b) | Random Testing        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (c) | Testing for Cause     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (d) | DOT Testing           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

9. Do your employees read, write and understand English such that they can perform their job tasks safely without an interpreter? Yes  No   
*\*If no, submit (as an attachment to your program) a description of your plan to assure that your employees can safely perform their jobs.*

10. First Aid and CPR

(a) Do you have personnel trained to perform First Aid and CPR? Yes  No

11. Do you hold site safety and health meetings for:

- |                   |     |                          |    |                          |                  |
|-------------------|-----|--------------------------|----|--------------------------|------------------|
| Field Supervisors | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Frequency: _____ |
| Employees         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Frequency: _____ |
| New Hires         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Frequency: _____ |
| Subcontractors    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Frequency: _____ |

Do you keep a record of these meetings Yes  No

12. Inspections and Audits:

(a) Do you conduct safety and health audits/inspections? Yes  No

(b) If Yes, how often? \_\_\_\_\_

13. Equipment and Materials:

(a) Do you conduct inspections on operating equipment in compliance with regulatory requirements? (e.g., cranes, forklifts, MEWP) Yes  No

(b) Do you maintain operating equipment in compliance with regulatory requirements? Yes  No

(c) Do you maintain the applicable inspection and maintenance certification records for operating equipment? Yes  No

<b>SAFETY AND HEALTH TRAINING</b>
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14. Craft Training:

- (a) Have employees been trained in appropriate job skills? Yes  No
- (b) Are employees job skills certified where required by regulatory or industry consensus standards? Yes  No
- (c) List crafts which have been certified:
- 
- 
- 

15. Safety and Health Orientation:

- |  | <u>New Hires</u> |                          | <u>Supervisors</u> |                          |     |                          |    |                          |
|--|------------------|--------------------------|--------------------|--------------------------|-----|--------------------------|----|--------------------------|
| (a) Do you have a Safety and Health Orientation Program for new hires and newly hired or promoted supervisors? | Yes              | <input type="checkbox"/> | No                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**\*If no, skip to #17**

- (b) What is the program duration? \_\_\_\_\_ Hours

16. Safety and Health Orientation: (cont'd.)

- |  | <u>New Hires</u> |                          | <u>Supervisors</u> |                          |     |                          |    |                          |
|--|------------------|--------------------------|--------------------|--------------------------|-----|--------------------------|----|--------------------------|
| (c) Does the program provide instruction on the following: |                  |                          |                    |                          |     |                          |    |                          |
| • Safe Work Practices                                      | Yes              | <input type="checkbox"/> | No                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Safety Supervision                                       | Yes              | <input type="checkbox"/> | No                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Emergency Procedures                                     | Yes              | <input type="checkbox"/> | No                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • First Aid Procedures                                     | Yes              | <input type="checkbox"/> | No                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Incident Reporting / Investigation                       | Yes              | <input type="checkbox"/> | No                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Fire Protection and Prevention                           | Yes              | <input type="checkbox"/> | No                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Personal Protective Equipment                            | Yes              | <input type="checkbox"/> | No                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

17. Safety and Health Training

- (a) Have your employees received the required safety and health training and retraining? Yes  No
- (b) Are employees OSHA 10 or 30-Hour Trained? 10 HR  30 HR

18. Training Records:

- (a) Do you have safety and health training records for your employees that can be provided upon request? Yes  No
- (b) Do the training records include the following:
- |                           |     |                          |    |                          |
|---------------------------|-----|--------------------------|----|--------------------------|
| • Employee identification | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Date of training        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Name of course          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

- (c) How do you verify understanding of training?

(Check all that apply)

Written test

Job Monitoring

Oral test

Other (List): \_\_\_\_\_

Performance test

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## SUBCONTRACTOR AGREEMENT

Subcontractor agrees to comply with the following:

1. Subcontractor shall provide a safety and project orientation for each of its employees on the employees' first day on the project.
2. Hard hats, safety glasses, shirts, steel/composite toe work boots, and long pants are required at all times.
3. Any employee exposed to a fall of 6-foot or greater must utilize either fall protection or fall arrest systems. Fall arrest systems include a body harness and appropriate lanyard and available attachment points capable of sustaining loads outlined by OSHA and/or other appropriate governing authorities.
4. Smoking is allowed in designated areas only.
5. In the event Subcontractor employs non-English speaking personnel at the site, Subcontractor shall provide supervisory personnel fluent in both English and the non-English language spoken by such employees.
6. Subcontractor shall provide, erect and maintain proper warning signals, signs, lights, barricades and fences on and along the line of the Subcontract Work and shall take all other necessary precautions for the protection of the Subcontract Work and for the safety of the public.
7. Subcontractor agrees to follow all Safety requirements as found in the most current version of 29 CFR 1926 OSHA "Construction Industry Regulations" and all client site specific requirements.

## INSURANCE REQUIREMENTS

Subcontractors shall purchase and maintain insurance from a company lawfully authorized to do business in the State of Indiana, with a rating of no lower than (A-) by AM Best rating or other rating services. The insurance must be maintained without interruption from the date of commencement of the Subcontractors work in the following minimum limits of coverage: See attached sample Certificate of Insurance below.

CERTIFICATES OF INSURANCE

Acceptable certificates of insurance (ACORD Form 25-S) shall be filed prior to commencement of the Subcontractor's Work. These certificates and the insurance policies required shall contain a provision that coverages afforded under the policies will not be canceled or allowed to expire until at least 30 days' prior written notice has been given.

**\*SUBMIT YOUR CERTIFICATE OF INSURANCE**

Submitted by: \_\_\_\_\_  
Signature

\_\_\_\_\_

Title

\_\_\_\_\_

Date

Please send this form with all required attachments and submit your questions to:

Safety Director  
219-866-4651 ext 233  
e-mail: [SafetyDirector@TitanConstructionServices.com](mailto:SafetyDirector@TitanConstructionServices.com)

(Safety Questionnaire)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/07/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Agency Name Agency Address Agency City, State, Zip Agency Phone Number	<b>CONTACT NAME:</b> Agent Name <b>PHONE (A/C, No, Ext):</b> Agent Phone <b>FAX (A/C, No):</b> Agent Fax <b>E-MAIL ADDRESS:</b> Agent email address <hr/> INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Insurance Company Name INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
<b>INSURED</b> Subcontractor/Contractor Name Their Address Their City, State, Zip	

**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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	Policy Number	Date	Date	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$100,000 MED EXP (Any one person)      \$10,000 PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$2,000,000 PRODUCTS - COMP/OP AGG      \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	Policy Number	Date	Date	COMBINED SINGLE LIMIT (Ea accident)      \$1,000,000 BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0	X	X	Policy Number	Date	Date	EACH OCCURRENCE      \$1,000,000 AGGREGATE      \$1,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	Policy Number	Date	Date	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$500,000 E.L. DISEASE - EA EMPLOYEE      \$500,000 E.L. DISEASE - POLICY LIMIT      \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Titan Construction and Engineering Services, Inc. is to be listed as an Additional Insured as respect to General Liability, Automobile Liability, and Umbrella Liability on a primary and non contributory basis for both ongoing and completed operations as required by written contract. General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation Waivers of Subrogation apply when required by written contract to the Additional Insured. Umbrella coverage is Follow Form coverage. A 30-day notice of (See Attached Descriptions)**

<b>CERTIFICATE HOLDER</b> Titan Construction and Engineering Services, Inc. P.O. Box 203 Rensselaer, IN 47978	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <hr/> AUTHORIZED REPRESENTATIVE
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## DESCRIPTIONS (Continued from Page 1)

Cancellation applies.

### Additional Provisions:

Commercial General Liability coverage shall include:

- + Written on an occurrence basis with limits not less than what is shown on this sample certificate
- + Coverage for Ongoing Operations and Completed Operations
- + Additional Insured coverage for all upstream parties, on a primary & non-contributory basis (see below for additional information on this topic)
- + General Aggregate limit endorsed to apply on per project basis
- + Coverage for (no exclusion of) explosion, collapse and underground (XCU) hazards
- + Standard ISO CG0001 contractual liability and property damage coverages
- + Standard ISO CG0001 exception to the Your Work exclusion (L) for subcontracted work
- + Waiver of subrogation endorsement in your favor (where permitted by law)

Commercial Automobile Liability coverage shall include:

- + Limits not less than what is shown on this sample certificate
- + Shall include all owned, non-owned, and hired autos as covered autos for liability

Workers Compensation and Employer's Liability coverage shall include:

- + Limits not less than what is shown on this sample certificate
- + Shall include a waiver of subrogation endorsement in the insured Contractors favor (where permitted by law)

Umbrella and/or Excess Liability coverage shall include:

- + Written on an occurrence basis with limits not less than what is shown on this sample certificate
- + Providing umbrella or excess coverage over the underlying General Liability, Auto Liability and Employers Liability policies described above
- + Be at least as broad as the underlying policies
- + Include Additional Insured coverage for all upstream parties on a primary and noncontributory basis(see below for additional information on this topic)

### ADDITIONAL INSURED COVERAGE REQUIREMENTS:

The Subcontractors Commercial General Liability and Umbrella/Excess Liability policies must be endorsed to name the Contractor, Project Owner, Construction Manager, Architect and any other upstream parties required in the contract documents as an Additional Insured on a primary and non-contributory basis. This should be accomplished using ISO form CG 20 10 11 85 or CG 20 10 10 01, and CG 20 37 10 01 or equivalent forms that contain "arising out of" causation language, and prove "Your Work" coverage (i.e. work in progress or Ongoing Operations; and completed work or Products/Completed Operations) for damages "arising out of work" performed for the Contractor by the Subcontractor. Such Additional Insured coverage must provide completed operations coverage to the Additional Insured through the applicable statute of repose for the state where the project is located. The Additional Insured coverage shall be primary without right of contribution from any other insurance available to the Additional Insured, and the amount of the carriers liability under the Subcontractors policy shall not be reduced by the existence of such other insurance. A copy of the Additional Insured endorsement form shall be attached to the Certificate of Insurance.

### CERTIFICATES OF INSURANCE:

A certificate of insurance form outlining the required insurance coverages and limits above must be filed with the Contractor prior to the commencement of any work by the Subcontractor and must state coverage will not be altered, cancelled or allowed to expire without thirty (30) days advanced written notice by certified mail to the Contractor. If any of the above coverages are subject to or are in excess of any deductibles or self-retention, these amounts must be stated on the certificate, and said deductibles and self-retention will be the sole responsibility of the Subcontractor. A duplicate certificate of insurance, along with the Additional Insured endorsement, shall be sent to the Contractor.

### WORKERS COMPENSATION:

Workers Compensation coverage should be carried by all Subcontractors performing work on the Contractors behalf. Be sure none of the Subcontractors have excluded employees that are or will be actively involved

## DESCRIPTIONS (Continued from Page 1)

in the work at the jobsite. If an injury occurs to a person the Subcontractor has excluded from Workers Compensation coverage, the Contractor loses the benefit of the sole remedy provision of the Workers Compensation Act and could face a costly civil lawsuit. If Subcontractors do not carry Workers Compensation as required by law, the upstream Contractor will be charged premium at audit as if these workers were the Contractors own employees. Contractors must be sure to require a Certificate of Insurance from all Subcontractors evidencing Workers Compensation coverage is in force before letting them start work on the project.

### **SUGGESTED WAIVER OF SUBROGATION WORDING FOR WORKERS COMPENSATION:**

**Waiver of Workers Compensation Lien, Rights of Subrogation or Recovery of Workers Compensation Benefits**  
To the fullest extent permitted by law, Subcontractor for itself and on behalf of its workers compensation insurer who may be obligated to pay workers compensation benefits to Subcontractors employee, hereby waives and releases any and all rights and/or claims for subrogation, workers compensation statutory lien or other rights and/or claims of recovery for workers compensation benefits against Owner, General Contractor, Construction Manager, Contractor, Architect and Engineer, who are liable or alleged to be liable for work related injury to Subcontractors employee, arising out of Subcontractors contract with Contractor. Subcontractor will obtain a waiver of any subrogation rights or Workers Compensation lien that its insurers may acquire against Owner, General Contractor, Construction Manager, Contractor, Architect and Engineer by virtue of payment of any Workers Compensation benefits.