

E-VISION PROJECT DEVELOPMENT CORPORATION

2040B South Church Street, Ext Spartanburg, SC 29306

OFFICE (864) 968-1972

www.evisioncorp.com

On Time, Within Budget, Satisfaction Guaranteed!

VENDOR DATA SHEET

Business Name / Address

--	--

Company (EIN)

Incorporation Date

--	--

Vendor Business Type

License Number / Expiration Date

--	--

General Liability Insurance Company Info

Policy Number

--	--

Workers Comp Insurance Company Info

Policy Number

--	--

Contact Person

Phone Number

--	--

Fax Number

Web Site Address

--	--

PLEASE ATTACH CURRENT SEPARATE COPIES

State: _____ License No.: _____ Expiration: _____
State: _____ License No.: _____ Expiration: _____
State: _____ License No.: _____ Expiration: _____

COMMERCIAL PROJECT EXPERIENCE

Attach the following information on both all active projects and those completed in the last 12 months:

1.) Project Name, 2.) Project Location, 3.) Contracting Agency Company Name (who wrote your contract), 4.) Contracting Agency Contact Name, 5.) Contracting Agency Contact Phone No., 6.) Total Contract Amount, 7.) Percentage Complete (for active projects only), 8.) Owner Company Name, 9.) Scope of Work Performed.

↑ Average Project Size	↑ Largest Project Size	↑ Year Largest Project Completed
↑ Today's Backlog	↑ Backlog from One (1) Year Ago	

Labor Agreements Yes (*list separately*) No

1. Has your firm failed to complete any work awarded during the past three (3) years? Yes (please explain) No
2. Are there any pending or outstanding claims, arbitrations, or lawsuits against your firm? Yes (please explain) No
3. Has your firm filed any lawsuits or requested arbitration/mediation in the past three (3) years? Yes (please explain) No

SUPPLIER REFERENCES (*Provide 3 major supplier trade references*)

↓ Company Name	↓ Contact Name	↓ Phone	↓ Fax	↓ Email

WORK CAPACITY

\$	\$	\$
↑ Annual Volume - Prior Year	↑ Annual Volume - 2 Years Prior	↑ Annual Volume - 3 Years Prior
\$	\$	\$
↑ Bonding Capacity - Total	↑ Bonding Capacity – Per Project	↑ Bonding Capacity - Available
↑ Surety Company Name/Phone/Fax		↑ Bonding Agent Name/Phone/Fax/Email
		\$
↑ Last Bond Issued Date	↑ Last Bond Amount	

INSURANCE

E-VISION PROJECT DEVELOPMENT CORPORATION has very specific insurance requirements. All submitted bids must include the cost of

Leased Employees Yes No

Workers Compensation Experience Modification Rate: _____ *(Attach letter from your insurance carrier for verification.)*

SAFETY

Drug-Free Workplace Policy Letter (See pages 6 for instructions)

E-VISION PROJECT DEVELOPMENT CORPORATION is a drug free workplace and therefore requires evidence of an established drug free workplace policy that conforms to the requirements listed in state and federal statutes and regulations including proper written notice to employees and applicants from all subcontractors prior to contract execution. Please include the Letter of Certification of Drug-Free Workplace, on your letterhead, using the language provided on the next page, executed by a corporate officer, and notarized when returning this completed profile.

- 1. Does your firm have a written safety program? Yes No
- 2. Does your firm have new employee orientation? Yes No
- 3. Does your firm hold site safety meetings for Field Supervisors? Yes No
- 4. Does your firm hold site safety meetings for Field Employees? Yes No
- 5. Does your firm hold site safety meetings for New Hires? Yes No
- 6. Does your firm hold site safety meetings for Subcontractors? Yes No
- 7. Does your firm conduct project site safety inspections? Yes No
- 8. Name of the person who conducts the inspections: _____
- 9. Do you have a full-time safety representative? Yes No
- 10. If yes to 9, list the full-time safety representative full name and cell phone no.: _____
- 11. Do you have a program recognizing your employees for safety excellence? Yes No
- 12. How many OSHA citations have you received in the past three (3) years? _____
- 13. Describe any OSHA citations received: _____
- 14. Attach the safety information for the last three (3) years using your OSHA No. 300 Log:
 1.) Calendar year, 2.) Number of Fatalities, 3.) Number of Lost Work Date Cases, 4.) Number of Restricted Workday Cases, 5.) Number of Medical Attention Cases, 6.) Number of Employee Hours Worked (Excluding Overtime).

QUALITY

- 1. Does your firm have a written quality manual? Yes No
- 2. Will you provide a copy if requested? Yes No



INSURANCE COVERAGE REQUIREMENTS

*** All bids submitted must include the cost of these coverages. ***

Insurance Requirements – in accordance with the insurance articles of the Agreement, procure and maintain the following insurance coverages and limits as described below. Provide insurance certificates and endorsements, prior to starting the Work, and meeting all requirements. Certificates without the requisite endorsements are not acceptable to satisfy the requirements. **YOU CANNOT COMMENCE OR BE PAID FOR ANY WORK UNTIL YOUR INSURANCE DOCUMENTATION HAS BEEN APPROVED BY CONTRACTOR.** Documentation approval does not alter your insurance obligations under this Agreement. It is our desire to require only one certificate per policy period that will provide evidence showing coverage for all operations and meeting all requirements shown below. If all requirements cannot be met we will need to change to a project-specific certificate for every project. In that case, please request a project-specific insurance requirements document from email address shown below.

1. General Insurance Requirements

- Location of covered operations provided in the DESCRIPTION OF OPERATIONS: ***All operations of the insured.***
- Certificate Holder:** ***E-Vision Project Development Corporation, PO Box 1282, Greer, SC 29652***
- E-mail certificates, endorsements,** notices, and correspondence to ***insurance@evisioncorp.com.***
- The certificate must be dated with the current date and signed by an authorized representative.
- Show complete carrier name as listed in AM Best P&C Guide and supply the NAIC #. Carriers must have an AM Best rating of A- VI or better.
- Insurance coverages shall be maintained through the last applicable statute of repose.
- Endorsements must show the policy number and expiration unless the endorsement no. is referenced on the certificate.
- The policies must be endorsed to state that the carrier is responsible for notifying us, in writing, a minimum of thirty (30) days in advance of any reduction, lapse in, or termination of insurance coverage.
- All coverages must cover the Work of Agreements with us.

2. General Liability Insurance

- Commercial General Liability (supply copy of policy if other than form CG 00 01)
- Occurrence Based
- Each Occurrence Limit: \$1,000,000.00
- Fire Damage/Damage to Rented Premises Limit: \$ 50,000.00
- Personal/Advertising Injury Limit:..... \$1,000,000.00
- General Aggregate Limit: \$2,000,000.00 (*\$5MM for crane, hoist, and mast climber rental with operator*)
- Products – Completed Operations Aggregate Limit..... \$2,000,000.00
- In order to confirm coverage is valid for all E-VISION PROJECT DEVELOPMENT CORPORATION projects we must receive a copy of the Forms Page of your policy. If your carrier's Forms Page does not list the names of the endorsements with the number, please provide us with copies of the endorsements at the same time.

3. Automobile Liability Insurance

- Any Auto Combined Single Limit:..... \$1,000,000.00
- Coverage must provide for Any Autos; or (All Owned, Hired, and Non-Owned Autos); or (Scheduled, Hired, and Non-Owned Autos).

4. Excess / Umbrella Liability Insurance

- Each Occurrence Limit: \$1,000,000.00
- Aggregate Limit: \$1,000,000.00

5. Workers Compensation and Employer's Liability Insurance

- Workers Compensation Statutory
- E.L. Each Accident: \$500,000.00
- E.L. Disease – Ea. Employee: \$500,000.00
- E.L. Disease – Policy Limit: \$500,000.00
- Out of state agents or named insureds shall attach the declarations pages as evidence that coverage is valid in the state of the project.
- If using leased employees/PEO provide (1) an Alternate Employer's Endorsement, (2) evidence of a minimum premium policy, and (3) execution of a Leased Employee Affidavit by an officer of the corporation (request affidavit form from Contractor at above email address).
- Note whether there are any officer exclusions on certificate and if so, provide list of excluded people or attach the endorsement.
- FLORIDA projects: Provide copies of exemption certificates issued by the State for all excluded officers.
- TENNESSEE projects: We must be able to verify proper exemption filing on the State's website for all excluded officers.

6. Additional Insured Entities: = ***All persons or organizations as required by written contract with the Named Insured***

Provide additional insured coverage for all claims on a primary and noncontributory basis, at no additional cost to Contractor, for the above listed entities. Evidence shall be provided by attachment of policy language or endorsements as listed below. Other endorsements accepted if there is no exclusionary language or limitation beyond the industry standard endorsements shown as required below.

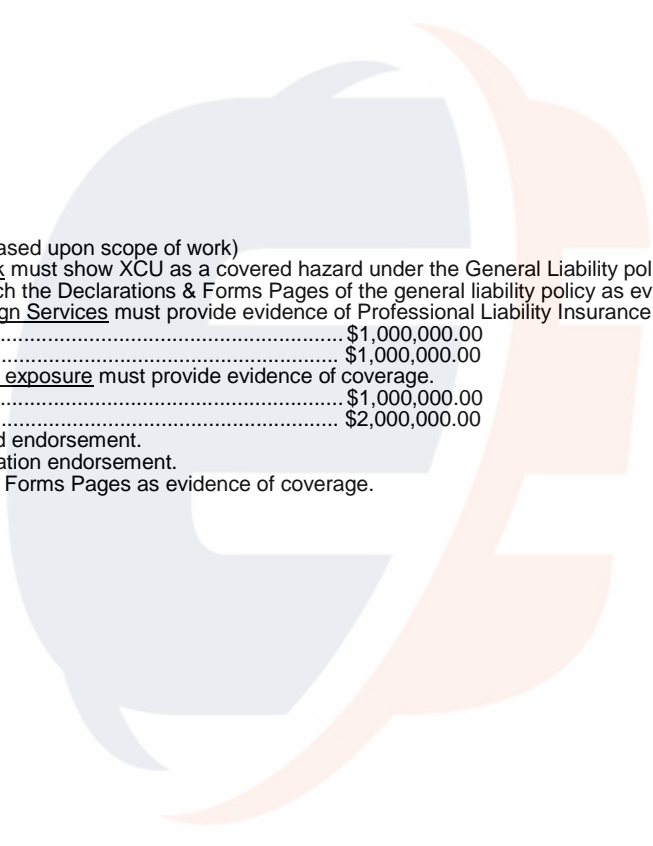
- Attach endorsement for General Liability - Ongoing Operations. ISO CG 20 10 11 85 or a more current version.
- Attach endorsement for General Liability - Completed Operations. ISO CG 20 10 11 85 or any version of the ISO CG 2037.
- Attach endorsement for Excess Liability Policy (*see below for follow-form option*).
- Attach endorsement for Primary and Non-Contributory coverage to the Additional Insureds for all claims arising from Insured's work (both ongoing and completed operations). The CG 00 01 is not noncontributory and this coverage must be added by endorsement. ISO CG 20 01.

If the excess liability/umbrella policy is a follow-form policy, evidence of additional insureds can be provided with the following statement added to the DESCRIPTION OF OPERATIONS section of the certificate, "The excess liability policy follows the additional insured and waiver of subrogation endorsements of the underlying general liability policy." Otherwise, attach the endorsements.

7. Waiver of Subrogation Entities: = ***All persons or organizations as required by written contract with the Named Insured***

Provide waiver of subrogation coverage at no additional cost to Contractor for the above listed entities. Evidence shall be provided by attachment of endorsements as listed below. Other endorsements accepted if there is no exclusionary language or limitation beyond the industry standard endorsements shown as required below.

- Attach endorsement for General Liability Policy. ISO CG 24 04.
- Attach endorsement for Workers Compensation Policy. WC 00 0313.
- Attach endorsement for Excess Liability Policy (*see above for follow-form option*).

- 
8. **Trade Specific Requirements** (based upon scope of work)
- Sitework and Demolition work must show XCU as a covered hazard under the General Liability policy.
 - EIFS/ Stucco work must attach the Declarations & Forms Pages of the general liability policy as evidence of coverage.
 - Surveying, Testing, and Design Services must provide evidence of Professional Liability Insurance coverage with the following limits:
 - Each Occurrence/Claim \$1,000,000.00
 - Aggregate..... \$1,000,000.00
 - Trades with Pollution Liability exposure must provide evidence of coverage.
 - Each Occurrence/Claim \$1,000,000.00
 - Aggregate..... \$2,000,000.00
 - Attach additional insured endorsement.
 - Attach waiver of subrogation endorsement.
 - Attach Declarations and Forms Pages as evidence of coverage.