

# Standardized Pre-Qualification Form (PQF)

## GENERAL INFORMATION

1. Company Name: G.R. Birdwell Construction LP		Telephone: 281.890.4981	Fax: 281.664.7981
Street Address: 9721 Derrington Houston, TX 77064		Mailing Address: PO Box 690748 Houston, TX 77269	
Website: www.grbirdwell.com		ISNetworld ID#: 400-128502	
Contact Person: Brad Birdwell		Email: Brad.birdwell@grbirdwell.com	
2. Officers:		Years with Company	
Owner/President:	Brad Birdwell	39	
Owner/CEO:	Gene Birdwell	46	
CFO:	John Lynch	14	
3. How many years has your organization been in business under your present firm name?		46	
4. Parent Company Name: n/a			
City:		State:	
Subsidiaries:		Zip:	
5. Under Current Management Since (Date): 3/1/77			
6. Contact for Insurance Information:		Murray	Doris Adams-Chayka
Title: Insurance Agent	Telephone: 713.397.9600	Fax: 713.299.6770	
7. Insurance Carrier(s):			
Name	Type of Coverage	Telephone	
Zurich American Insurance Co	General Liability	See Attached Certificate	
Zurich American Insurance Co	Workers Compensation	See Attached Certificate	
Zurich American Insurance Co	Automobile	See Attached Certificate	
Federal Insurance Co.	Construction Equipment	See Attached Certificate	
8. Are you self insured for Worker's Compensation Insurance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Contact for Requesting Bids: Eric Olmon		Title: Vice President of Operations	
Telephone: 281.664.7921	Fax: 281.664.7921	Email: sales@grbirdwell.com	
10. PQF Updated by: René Satterfield		Title: Corp. H&S Coordinator	Date: 1/12/2023
Telephone: 281.664.7990	Fax: 281.664.7990	Email: rene.satterfield@grbirdwell.com	

**ORGANIZATION**

11. Form of Business: Sole Owner  Partnership  Corporation   
 Date & State of Incorporation: N/A

12. Percent Minority/Female Owned: N/A EEO Category: N/A

13. A. Describe Services Performed

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Construction                       | <input type="checkbox"/> Original Equipment Manufacturer and Maintenance |
| <input checked="" type="checkbox"/> Construction Design                | <input type="checkbox"/> Service Work (e.g. janitorial, clerical, etc.)  |
| <input type="checkbox"/> Original Equipment Manufacturer and Installer | <input type="checkbox"/> Turnaround                                      |
| <input type="checkbox"/> Maintenance                                   | <input type="checkbox"/> Engineering                                     |
| <input type="checkbox"/> Specialty Maintenance                         | <input type="checkbox"/> Other: See Additional Services for Description  |
| <input type="checkbox"/> Manpower and Resource                         |  |

B. Work Categories

Check the categories in which you are interested in bidding and in which you are qualified to perform work. Attach additional information clarifying your capabilities and specialties.

(C) denotes work done by your company employees (S) denotes work done by subcontractors

- |                                     |                                     |  |                                     |                                     |                                       |
|-------------------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|---------------------------------------|
| <b>C</b>                            | <b>S</b>                            | <b>1. Air Conditioning/Refrigeration</b> | <b>C</b>                            | <b>S</b>                            | <b>12. Instrumentation</b>            |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Comfort Cooling/HVAC                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | General                               |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Process Refrigeration                    | <input type="checkbox"/>            | <input type="checkbox"/>            | DCS Control Systems                   |
| <b>C</b>                            | <b>S</b>                            | <b>2. Buildings</b>                      | <b>C</b>                            | <b>S</b>                            | <b>13. Insulation</b>                 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Remodeling                               | <input type="checkbox"/>            | <input type="checkbox"/>            | General                               |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | New (steel, brick, block, other)         | <input type="checkbox"/>            | <input type="checkbox"/>            | Asbestos Abatement                    |
| <b>C</b>                            | <b>S</b>                            | <b>3. Cleaning</b>                       | <b>C</b>                            | <b>S</b>                            | <b>14. Linings/coatings for:</b>      |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Industrial                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Metal                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Janitorial                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Concrete                              |
| <b>C</b>                            | <b>S</b>                            | <b>4. Civil</b>                          | <b>C</b>                            | <b>S</b>                            | <b>15. Field Maintenance</b>          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Concrete                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | General                               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Excavation/Grading Paving                | <input type="checkbox"/>            | <input type="checkbox"/>            | Hot Tap/line stops                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | -Asphalt                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | Leak Sealing (online)                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | -Concrete                                | <input type="checkbox"/>            | <input type="checkbox"/>            | Field Machining                       |
| <b>C</b>                            | <b>S</b>                            | <b>5. Demolition/Dismantling</b>         | <input type="checkbox"/>            | <input type="checkbox"/>            | Tank/Vessel Code                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            |  | <input type="checkbox"/>            | <input type="checkbox"/>            | Boiler Code                           |
| <b>C</b>                            | <b>S</b>                            | <b>6. Electrical</b>                     | <input type="checkbox"/>            | <input type="checkbox"/>            | Exchanger Retubing                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | General                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | Rotating Equipment                    |
| <input type="checkbox"/>            | <input type="checkbox"/>            | High-voltage/High-line                   | <input type="checkbox"/>            | <input type="checkbox"/>            | Valve                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Heat Tracing                             | <input type="checkbox"/>            | <input type="checkbox"/>            | Cooling Tower                         |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Cathodic Protection                      | <input type="checkbox"/>            | <input type="checkbox"/>            | High Alloy Welding (list type)        |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grounding Systems                        | <input type="checkbox"/>            | <input type="checkbox"/>            | Lead Lining                           |
| <b>C</b>                            | <b>S</b>                            | <b>7. Inspection &amp; Testing</b>       | <input type="checkbox"/>            | <input type="checkbox"/>            | Glass Lining                          |
| <input type="checkbox"/>            | <input type="checkbox"/>            | General NDT                              | <input type="checkbox"/>            | <input type="checkbox"/>            | Heat Treating                         |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Radiography                              | <input type="checkbox"/>            | <input type="checkbox"/>            | Nonmetallic materials                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Infrared Scanning                        | <input type="checkbox"/>            | <input type="checkbox"/>            | Pipe Fabrication                      |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Eddy Current Testing                     | <input type="checkbox"/>            | <input type="checkbox"/>            | Mobil Equipment Repair                |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Acoustic Emission                        | <b>C</b>                            | <b>S</b>                            | <b>16. New Construction</b>           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Column Scanning                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                       |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Civil/Soils                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>17. Painting</b>                   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | High Voltage Electrical                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>18. Refractory/Acid Brick</b>      |
|                                     |                                     |  | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>19. Rigging/Equipment Erection</b> |

<input type="checkbox"/>	<input type="checkbox"/>	Electrical Ground Inspection	C	S	<b>20. Consulting</b> Mechanical Electrical Chemical Metallurgical Controls
<input type="checkbox"/>	<input type="checkbox"/>	Fiberglass Inspection	<input type="checkbox"/>	<input type="checkbox"/>	
C	S		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>8. Scaffolding</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>9. Scale Maintenance</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>10. Structural Steel Fab/Erection</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>11. Tank – Field Erection</b>			

14. Describe Additional Services Performed:

15. List other types of work within the services you normally perform that you subcontract to others:  
Asphalt, Fencing, Electrical

16. A. Do you normally employ: Union Personnel  Non-Union Personnel  Leased Personnel   
If union, list trades/locals:  
B. Average number of employees for last 3 years: 197

**WORK HISTORY**

17. Annual Dollar Volume for the Past Three Years:	YE: 12/2022 \$45.0 MM	YE: 12/2021 \$49.6 MM	YE: 12/2020 \$58.2 MM
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18. Largest Job During the Last 3 Years: \$13.9 MM

19. Your Firm's Desired Project Size: \$1 – 20 MM	Maximum: \$40 MM	Minimum: \$200,000
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20. A. D&B Financial Rating: 3A3	B. Annual Sales: \$45.0 MM	C. Net Worth: \$33.2 MM
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D. DUNS #:097674410	Date:	E. Tax ID #:74-1971206
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21. Bank Line of Credit: n/a	Bonding Capacity: \$30 MM	Wells Fargo Bank Contact: Kelly Babineaux Tel: 281.681.4133
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22. Major Jobs in Progress:

Customer/Location	Type of Work	Size \$	Customer Contact	Telephone
Valero/Houston, TX	Sitework/Concrete	5.0 MM	James Ermel	713.923.3560
Enterprise Products/Morgan's Point, TX	Sitework/Concrete	8.9 MM	Ryan Pippett	918.379.6117
Energy Transfer/Nederland, TX	Sitework/Concrete	1.0 MM	Drew Comeaux	225.644.8747
Scion/Houston, TX	Sitework/Concrete	4.2 MM	Collin Johnston	713.306.6373

23. Major Jobs completed in the past three years:

Customer/Location	Type of Work	Size \$	Customer Contact	Telephone
Howard Energy/Port Arthur, TX	Sitework/Concrete	4.5 MM	Travis Evans	409.996.7352
CB&I/Various Locations, TX	Sitework/Concrete	13.5 MM	Brad Veath	832.513.1252
Targa Resources/Mt. Belvieu, TX	Brine Pond	13.4 MM	Phil Applegate	281.385.3100
Clough/Houston, TX	Sitework/Concrete	2.1 MM	Matthew Shaw	281.668.1880

24. Are there any judgments, claims or suits pending or outstanding against your company?  
If yes, please attach details.  Yes  No

25. Are you now or have you ever been involved in any bankruptcy or reorganization proceedings?  
If yes, please attach details.  Yes  No

## SAFETY & HEALTH PERFORMANCE

26. Workers Compensation Experience Modification Rate (EMR) Data:

- |   |   |
|---|---|
| <p>a. EMR is:</p> <p><input checked="" type="checkbox"/> Interstate rate</p> <p><input type="checkbox"/> Intrastate rate</p> <p><input type="checkbox"/> Monopolistic State rate</p> <p><input type="checkbox"/> Dual Rate</p> <p>c. State of Origin: TX</p> <p>e. Standard Industrial Code (SIC): 1541/ 1542/ 1629</p> <p>f. Primary NAICS Codes: 238110/238190/213112/238910/236210</p> | <p>b. EMR for last three years:</p> <p>YR: 3/2023 EMR: .71</p> <p>YR: 5/2022 EMR: .93</p> <p>YR: 5/2021 EMR: .89</p> <p>d. EMR Anniversary Date: 3/1/2024</p> |
|---|---|

27. Injury and Illness Data:

a. Total company employee hours worked last three years (excluding subcontractors):	Year	2022	2021	2020
	Field	405336	458592	529685
	Total	405336	458592	529685

b. Provide data (excluding subcontractors) using your OSHA 200 and 300 Forms from the past three (3) years:

Notes:

- (1) Data should be total company data unless specifically requested by client.
- (2) Combine injuries and illnesses from 200 Form as reported on 300 Form
- (3) If your company is not required to maintain OSHA 200/300 forms, please provide information from your Worker's Compensation insurance carrier itemizing all claims for the last 3 years.

	YR: 2022	YR: 2021	YR: 2020
<b>Fatalities</b>			
Rate = Number of Fatalities x 200,000 /Total Employee Hours	0    0	0    0	0    0
<b>Lost workday case injuries and illness involving days away from work, or days of restricted work activity, or both. (Rate = Total LW and restricted cases x 200,000/ Total Employee Hours) "DART"</b>	0    0	1    .44	1    .38
<b>Lost workday case injuries and illnesses involving days away from work. (Rate = LW cases ** x 200,000/Total Employee Hours) "LWD"</b>	0    0	0    0	0    0
<b>Injuries and Illnesses involving medical treatment only. (Rate = Total Injuries and Illnesses involving medical treatment only x 200,000/Total Employee Hours)</b>	0    0	0    0	0    0
<b>Total OSHA Recordable Injury and Illness Rate (Rate = Total Injuries and Illnesses x 200,000/Total Employee Hours)</b>	0    0	1    .44	1    .38

Have you received any regulatory (EPA, OSHA, etc.), civil or criminal citations in the last three years?

28.  Yes       No

## SAFETY, HEALTH & ENVIRONMENTAL MANAGEMENT

29. Name of highest ranking safety/health professional in the company:

Name: Troy Wedgeworth	Title: Corp. Health & Safety Manager	Certifications: BCSP-Construction Health & Safety Technician OSHA 500 Instructor 30-Hour OSHA Construction Safety & Health
Phone: 281.664.7971	Fax: 281.664.7971	

This person reports to: Brad Birdwell Title: Owner/President

30. Do you have or provide:

- |  |   |                             |
|--|---|-----------------------------|
| A. Full time Safety/Health Director        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Full time Site Safety/Health Supervisor | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Full Time Job Safety/Health Coordinator | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

31. Do you have or provide:

- |  |   |                             |
|--|---|-----------------------------|
| A. Safety/Health Incentive program     | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Company paid safety/health training | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

## SAFETY, HEALTH & ENVIRONMENTAL PROGRAMS/PROCEDURES

- |   |   |                             |
|---|---|-----------------------------|
| 32. A. Do you have a written S, H & E Program?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Does the program address the following key elements?   |   |                             |
| 1. Management commitment and expectations   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Employee participation   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Accountabilities and responsibilities for managers, supervisors and employees                                  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Resources for meeting safety, health & environmental requirements  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Periodic safety and health performance appraisals for all employees  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Safety, Health & Environmental Recognition Program   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Does the program satisfy your responsibility under the law for:  |   |                             |
| 1. Ensuring your employees follow the safety rules of the facility  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Advising owner of any unique hazards presented by the contractor's work and of any hazards found by contractor | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

- |   |   |                             |   |
|---|---|-----------------------------|---|
| 33. Does the program include work practices and procedures such as: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| A. Equipment Lockout and Tagout (LOTO)                              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| B. Confined Space Entry   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| C. Injury & Illness Recording/Reporting                             | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| D. Fall Protection  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| E. Personal Protective Equipment                                    | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| F. Portable Electrical/Power Tools                                  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| G. Vehicle Safety   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| H. Compressed Gas Cylinders   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| I. Electrical Equipment Grounding Assurance                         | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| J. Powered Industrial Vehicles (Cranes, Forklifts, JLGs)            | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| K. Housekeeping   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| L. Accident/Incident Reporting                                      | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| M. Unsafe Condition Reporting                                       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| N. Emergency Preparedness, including evacuation plan                | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| O. Waste Disposal/Waste Minimization/Spill Prevention               | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| P. Back Injury Prevention   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| Q. Hazwoper Training  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| R. Heat Stress Prevention   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| S. Scaffold Building/Scaffold Use                                   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| T. General NDT & Radiography  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

<p>34. Do you have written programs for the following?</p> <p>A. Hearing Conservation</p> <p>B. Spill Prevention and Waste Minimization</p> <p>C. Hazard Communication</p> <p>D. Program to support the contractor requirement of the OSHA Process Safety Management of Highly Hazardous Chemicals; Explosives and Blasting Agents Standard (29 CFR 1910)</p> <p>E. Respiratory Protection</p> <p>Where applicable have employees been:</p> <p>Trained</p> <p>Fit Tested</p> <p>Medically approved</p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>35. Do you have a substance abuse program?</p> <p>If yes, does it include the following:</p> <ul style="list-style-type: none"> <li>• Pre-placement Testing</li> <li>• Random Testing</li> <li>• Testing for Cause</li> <li>• DOT Testing</li> <li>• Post Incident Testing</li> </ul>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>36. Do your employees read, write and understand English such that they can perform their job tasks safely without an interpreter? <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No *See below</p> <p>If no, provide a description of your plan to assure that they can safely perform their jobs: For many of our employees English is a second language. We have bilingual superintendents and conduct training in English and Spanish as needed.</p>	
<p>37. Medical</p> <p>A. Do you conduct medical examinations for:</p> <ul style="list-style-type: none"> <li>• Pre-placement – <i>As required by site:</i></li> <li>• Pre-placement Job Capability</li> <li>• Hearing Function (Audiograms)</li> <li>• Pulmonary</li> <li>• Respiratory</li> </ul> <p>B. Describe how you will provide first aid and other medical services for your employees while on site. Specify who will provide this service: G.R. Birdwell will have a local Occ. Med. Physician set up for medical assistance. Many superintendents are CPR/First Aid trained and G.R. Birdwell Construction will provide a Site Safety Rep., as needed, that will be CPR/First Aid trained.</p> <p>C. Do you have personnel trained to perform first aid and CPR?</p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>38. Do you hold site safety, health and environmental meetings for:</p> <ul style="list-style-type: none"> <li>• Field Supervisors</li> <li>• Employees</li> <li>• New Hires</li> <li>• Subcontractors</li> </ul> <p>Are the safety, health and environmental meetings documented?</p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    Frequency</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    Weekly</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    Weekly</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    Weekly</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    Weekly</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>39. Personal Protection Equipment (PPE)</p> <p>A. Is applicable PPE provided for employees?</p> <p>B. Do you have a program to assure that PPE is inspected and maintained?</p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>40. Do you have a corrective action process for addressing individual safety and health performance deficiencies?</p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>41. Equipment and Materials:</p> <p>A. Do you have a system for establishing applicable health, safety and environmental specifications for acquisition of materials and equipment?</p> <p>B. Do you conduct inspections on operating equipment (e.g. cranes, forklifts, JLGs) in compliance with regulatory requirements?</p> <p>C. Do you maintain operating equipment in compliance with regulatory requirements?</p> <p>D. Do you maintain the applicable inspection and maintenance certification records for operating equipment?</p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p>

42. Subcontractors	
Do you use subcontractors? (If no, skip to question 43.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
A. Do you use safety, health and environmental performance criteria in selection of subcontractors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Do you evaluate the ability of subcontractors to comply with applicable safety, health and environmental requirements as part of the selection process?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C. Do your subcontractors have a written Safety, Health and Environmental Program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
D. Do you include your subcontractors in:	
• Safety, Health & Environmental Orientation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Safety, Health & Environmental Meetings	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Safety, Health & Environmental Inspections	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Safety, Health & Environmental Audits	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

43. Inspections and Audits	
A. Do you conduct Safety, Health & Environmental inspections?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Do you conduct Safety, Health & Environmental program audits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C. Are corrections of deficiencies documented?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**SAFETY, HEALTH & ENVIRONMENTAL TRAINING**

44. Safety, Health & Environmental Orientation	New Hires	Supervisors
A. Do you have a Safety & Health Orientation Program for new hires and newly hired or promoted supervisors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Does the program provide instruction on the following:		
New Worker Orientation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Safe Work Practices	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Safety Supervision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Toolbox Meetings	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Procedures	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
First Aid Procedures	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Incident Investigation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fire Protection and Prevention	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Safety Intervention	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hazard Communication	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C. How long is the orientation program?	6-8 Hours	2 Hours
D. Are written exams given?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

45. Safety, Health & Environmental Training	
A. Do you know the regulatory safety, health and environmental training requirements for your employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Have your employees received the required safety, health and environmental training and retraining and is it documented?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C. Do you have a specific safety, health and environmental training program for supervisors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
D. Are all employees trained in the work practices needed to safely perform his/her job?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
E. Is each employee instructed in the known potential of fire, explosion or toxic release hazards related to this/her job, the process and the applicable provisions of the emergency action plan?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**CRAFT TRAINING AND ASSESSMENT**

Data time frame: \_\_\_\_\_ to \_\_\_\_\_

Notes: 1. Data should be the best available applicable for your company's workforce (use average of last twelve months.)  
2. Training, Skills Assessment Testing and Performance Verification refer to nationally recognized programs such as NCCER, NCCCO and DOL BAT Programs.

If not applicable, please explain:

46.	Workforce	#	%
A.	Journeyman	11	8%
B.	Sub-Journeyman Trainees (NCCER or DOL BAT covered)	0	0%
C.	Helpers	18	13%
D.	Non-covered Journeyman Craftsmen	31	22%
E.	Non-covered Sub-Journeyman Craftsmen/Trainees/Helpers	41	29%
F.	Supervision (Foremen/General Foremen)	18	13%
G.	Professional (Safety, Scheduling/Engineering)	3	2%
H.	Administration/Management	18	13%
I.	Total Workforce	140	100%
47.	Do you have written Workforce Development Policies & Procedures?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
48.	Formal training for Sub-Journeyman Trainees		
A.	Do you have and maintain craft training records for employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
B.	Do you provide incentives to trainees to complete formal training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
C.	% of sub-journeyman trainees that have completed all NCCER curriculum or DOL BAT and graduated		
	0%		
D.	% of S-J trainees presently enrolled in NCCER or DOL BAT Programs	0%	
E.	Is Company an accredited NCCER Training Sponsor or Unit?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
49.	Assessments, Upgrade Training & Certification	#	%
A.	Journeyman craftsmen who have been assessed through the craft skills assessment process		
B.	Journeyman craftsmen who have been certified through written skills assessment testing?	31	22%
C.	Journeyman craftsmen who have been certified in more than one craft?		
D.	Journeyman craftsmen with skills deficiencies identified through assessment testing and receiving upgrade training?		
E.	Journeyman craftsmen in upgrade training to improve areas identified through assessment testing?		
F.	Do you provide incentives for journeymen to become certified?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
G.	Do craftsmen have access to upgrade training to improve skills?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
H.	Is Company an accredited NCCER Assessment Center?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
I.	When are craftsmen assessed?		
	<input type="checkbox"/> Pre-employment	<input type="checkbox"/> Within 30 days	<input checked="" type="checkbox"/> Other, specify: As Needed per Project
50.	Performance Verification	#	%
A.	Journeyman craftsmen that have achieved verified performance	8	6%
B.	Journeyman craftsmen that have achieved both written certification and verified performance.	8	6%
<b>COMMENTS/EXPLANATION</b>			



**INFORMATION SUBMITTAL**

The following documents are included with the completed PQF:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> EMR documentation from your insurance carrier            | <input type="checkbox"/> Safety, Health & Environmental Training Schedule (Sample)   |
| <input checked="" type="checkbox"/> Insurance Certificate(s)                                 | <input type="checkbox"/> Safety, Health & Environmental Training for Supervisors (Outline)   |
| <input checked="" type="checkbox"/> OSHA 200 and 300 Logs (Past 3 Years)                     | <input type="checkbox"/> Copy of Louisiana Contractor's License  |
| <input type="checkbox"/> Safety, Health & Environmental Program                              | <input type="checkbox"/> Organization Chart  |
| <input type="checkbox"/> Safety, Health & Environmental Incentive Program                    | <input type="checkbox"/> List of major equipment (e.g. cranes, JLGs, forklifts) your company has available for work at this facility |
| <input type="checkbox"/> Substance Abuse Program (Include Substances Tested & Levels)        | <input type="checkbox"/> Equipment Lockout & Tagout (LOTO)   |
| <input type="checkbox"/> Hazard Communication Program  | <input type="checkbox"/> Confined Space Entry  |
| <input type="checkbox"/> Respiratory Protection Program                                      | <input type="checkbox"/> Fall Protection, Scaffold use, Scaffold building  |
| <input type="checkbox"/> Housekeeping Policy   | <input type="checkbox"/> Personal Protective Equipment   |
| <input type="checkbox"/> Accident/Incident Investigation Procedure                           | <input type="checkbox"/> Portable Electric/Power Equipment   |
| <input type="checkbox"/> Unsafe Condition Reporting Procedure                                | <input type="checkbox"/> Vehicle Safety  |
| <input type="checkbox"/> Safety, Health & Environmental Inspection Form                      | <input type="checkbox"/> Compressed Gas Cylinders  |
| <input type="checkbox"/> Safety, Health & Environmental Audit Procedure or Form              | <input type="checkbox"/> Electrical Equipment Grounding Assurance  |
| <input type="checkbox"/> Safety, Health & Environmental Orientation (Outline)                | <input type="checkbox"/> Emergency Preparedness, including evacuation plan.  |
| <input type="checkbox"/> Example of Employee Safety, Health & Environmental Training Records | <input type="checkbox"/> Waste Disposal  |
| <input type="checkbox"/> Workforce Development Policies                                      | <input type="checkbox"/> Back Injury Prevention  |
| <input type="checkbox"/> NDT & Radiography Program   | <input type="checkbox"/> Heat Stress Prevention  |

**NOTE: Owner checks items to be provided with PQF.**

**Fill in below Name & Title of Company Officer responsible for assuring the accuracy of this document:**

Name: Troy Wedgeworth  
Date: 1/15/2023



Title: Corp. H&S Manager

**EVALUATION**

**--OWNER USE ONLY--**

DO NOT FILL OUT – OWNER USE ONLY:

Contractor is:

- Acceptable for Approved Contractor List
- Conditionally acceptable for Approved Contractors List
- Conditions:

Unacceptable

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_



April 18, 2023

Subject: Experience Modification Factors

To Whom It May Concern -

At the request of GR Birdwell Construction LP, we are pleased to inform you of their NCCI Experience Modifier Ratio:

Robert Timmerman  
Zurich North America  
1299 Zurich Way  
10<sup>th</sup> Floor Schaumburg, IL  
60196-1056  
Telephone: 847-413-5990  
[robert.timmerman@zurichna.com](mailto:robert.timmerman@zurichna.com)

Effective Date: Experience Modification:

03/01/2023	0.71	NCCI
05/15/2022	0.93	NCCI
05/15/2021	0.89	NCCI

Please advise should you have any questions or concerns.

Sincerely,

*Robert Timmerman*

Robert Timmerman



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/22/2023

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 rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Assured Partners 39 N. Duke Street, P. O. Box 1728 Lancaster PA 17608-1728	<b>CONTACT NAME:</b> Krista McGinley		
	<b>PHONE (A/C, No. Ext):</b>	<b>FAX (A/C, No):</b>	
<b>E-MAIL ADDRESS:</b> Krista.mcginley@assuredpartners.com			
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
<b>INSURED</b> G.R. Birdwell Construction LP PO Box 690748 Houston TX 77269	<b>INSURER A:</b> Zurich American Insurance Co		16535
	<b>INSURER B:</b> Axis Surplus Insurance Company		26620
	<b>INSURER C:</b> Allied World Assurance Co (U.S.) Inc.		19489
	<b>INSURER D:</b> Arch Specialty Insurance Company		21199
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 930445752

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 INSD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GLO 5084851	3/1/2023	3/1/2024	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	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAP 5084852	3/1/2023	3/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B D	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			P-001-000107792601 UXP1047581-01	3/1/2023 3/1/2023	3/1/2024 3/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 5,000,000 Excess of \$ 5,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 5084850	3/1/2023	3/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Contractors Pollution Liability Professional Liability			0308-3634	3/1/2023	3/1/2024	10,000,000 ea Occ/Agg 10,000,000 ea Act/Agg 50,000 Retention 50,000 Retention

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Certificate holder is included as additional insured on all policies, except Workers' Compensation and Professional, as required by written contract. Primary and non-contributory provisions if required by written contract. Coverage is subject to the policy terms, conditions and exclusions as permitted by law. All policies include Blanket Waiver of Subrogation which applies as required by written contract; subject to policy terms, conditions and exclusions and as permitted by law. Workers' Compensation includes an Alternate Employer endorsement as required by written contract. Excess Liability is follow form to underlying General Liability, Auto Liability and Employers' Liability coverage subject to policy terms, conditions and exclusions

**CERTIFICATE HOLDER****CANCELLATION**

Sample	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/22/2023

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 rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Assured Partners 39 N. Duke Street, P. O. Box 1728 Lancaster PA 17608-1728	<b>CONTACT NAME:</b> Krista McGinley	
	<b>PHONE (A/C. No. Ext):</b>	<b>FAX (A/C. No.):</b>
<b>E-MAIL ADDRESS:</b> Krista.mcginley@assuredpartners.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Zurich American Insurance Co		16535
<b>INSURER B:</b> Travelers Property Casualty Co. of Amer		25674
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES** **CERTIFICATE NUMBER:** 1733088353 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GLO 5084851	3/1/2023	3/1/2024	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 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <b>(Mandatory in NH)</b> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Leased/Rented Equipment			QT-660-4T886923	3/1/2023	3/1/2024	900,000 per item 5,000 Deductible \$23,180,718 TIV

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Certificate holder is Loss Payee as regards the insurable value of the equipment leased/rented during the policy term. Sublimits and higher deductibles may apply

**CERTIFICATE HOLDER****CANCELLATION**

Sample

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# Summary of Work-Related Injuries and Illnesses



All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u>	<u>0</u>
(K)	(L)

### Injury and Illness Types

Total number of...	(M)
(1) Injury	<u>0</u>
(2) Skin Disorder	<u>0</u>
(3) Respiratory Condition	<u>0</u>
(4) Poisoning	<u>0</u>
(5) Hearing Loss	<u>0</u>
(6) All Other Illnesses	<u>0</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name GR Birdwell Construction LP.,

Street 9721 Derrington

City Houston State Texas Zip 77064

Industry description (e.g., Manufacture of motor truck trailers)  
Construction

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

1 5 4 2

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

2 3 8 1 1 0

### Employment information


Annual average number of employees 172

Total hours worked by all employees last year 405,336.00

### Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Brad Birdwell   
Brad Birdwell

President  
Title

281-664-7971  
Phone

1/6/2023  
Date

# OSHA's Form 300 (Rev. 01/2004)

## Log of Work-Related Injuries and Illnesses

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Year 2022  
**U.S. Department of Labor**  
 Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name GR Birdwell Construction LP.,  
 City Houston State Texas

Identify the person			Describe the case		Classify the case				Enter the number of days the injured or ill worker was:								
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Check the "injury" column or choose one type of illness:							
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M)					
						(G)	(H)	Job transfer or restriction	Other recordable cases	(K)	(L)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
<b>Page totals</b>						0	0	0	0	0	0	0	0	0	0	0	0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

# Summary of Work-Related Injuries and Illnesses



All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u>	<u>71</u>
(K)	(L)

### Injury and Illness Types

Total number of...	(M)	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
(1) Injury	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
(2) Skin Disorder	<u>0</u>			
(3) Respiratory Condition	<u>0</u>			

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

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Your establishment name GR Birdwell Construction LP.,

Street 9721 Derrington

City Houston State Texas Zip 77064

Industry description (e.g., Manufacture of motor truck trailers)  
Construction

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

1 5 4 2

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

2 3 8 1 1 0

### Employment information

Annual average number of employees 196

Total hours worked by all employees last year 458592

### Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Brad Birdwell  
Company executive

President  
Title

281-664-7906  
Phone

1/7/2022  
Date

OSHA's Form 300 (Rev. 01/2004)

# Log of Work-Related Injuries and Illnesses

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Year 2021  
**U.S. Department of Labor**  
 Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name GR Birdwell Construction LP.,  
 City Houston State Texas

Identify the person		Describe the case				Classify the case				Enter the number of days the injured or ill worker was:							
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M)					
								Job transfer or restriction	Other recordable cases			Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
001		Carpenter	10/27/21	Valero-CIWA Water Leak	FX-Right Ring Finger			X			71	x					
<b>Page totals</b>						0	0	1	0	0	71	1	0	0	0	0	0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Injury (1)  
 Skin Disorder (2)  
 Respiratory Condition (3)  
 Poisoning (4)  
 Hearing Loss (5)  
 All other illnesses (6)



# OSHA's Form 300A (Rev. 01/2004)

## Summary of Work-Related Injuries and Illnesses

Year 2020



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u>	<u>8</u>
(K)	(L)

### Injury and Illness Types

Total number of...			
(M)			
(1) Injury	<u>1</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory Condition	<u>0</u>	(6) All Other Illnesses	<u>0</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name GR Birdwell Construction LP.,

Street 9721 Derrington

City Houston State Texas Zip 77064

Industry description (e.g., Manufacture of motor truck trailers)  
Construction

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

1 5 4 2

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

2 3 8 1 1 0

### Employment information

Annual average number of employees 224

Total hours worked by all employees last year 529,685.00

### Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Brad Birdwell  
Company executive

President  
Title

281-664-7971  
Phone

1/8/2021  
Date

# OSHA's Form 300 (Rev. 01/2004)

## Log of Work-Related Injuries and Illnesses

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Form approved OMB no. 1218-0176

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name GR Birdwell Construction LP.,

City Houston State Texas

Identify the person			Describe the case			Classify the case				Check the "injury" column or choose one type of illness:							
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		(M)					
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	Job transfer or restriction (I)	Other recordable cases (J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
001		Carpenter	10/19/20	Tank 1597-ETP	laceration on right hand from snapped metal band			X			8	x					
<b>Page totals</b>						0	0	1	0	0	8	1	0	0	0	0	0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.