Contractor's Qualification Statement

INSTRUCTIONS TO CONTRACTORS

Paperwork Included:

- Contractor's Qualification Statement – this is a fillable pdf form
- E&A Standard Insurance Specifications for Contractors
- Sample Certificate of Insurance

When completed, return all required paperwork to:

Leslie Fitzgerald
conqual@eacg.com
E & A Consulting Group, Inc.
10909 Mill Valley Rd, Ste 100
Omaha, NE 68154

Completed paperwork can be emailed, mailed or dropped off at E&A's front desk

Print Reset

Contractor's Qualification Statement

(Attach Additional Sheets as Needed)

1. Contractor's Legal Name:

2. Principals:

3. Contractor's Primary Point of Contact (Name, Title, Phone Number & email address):

4. Year in Which the Business was Established:

5. Number of Employees by Trade and Years of Experience:

6. List of heavy equipment owned:

7. Similar projects completed in last three years (list a max of 5 projects):

Project Name	Contract Value (in thousands)	Year Completed	Contractor's Representative:	Owner's Representative & Phone No:

8. Additional References, if any:

9. Services Provided:

- ☐ Basin Clean Out
- ☐ Basin Closures & Conversions
- ☐ Box Culverts
- ☐ Bridges
- ☐ Grading
- ☐ Landscape/Park & Right of Way
- ☐ Maintenance
- ☐ Paving, Asphalt
- ☐ Paving, PCC
- ☐ Retaining Walls, Modular
- ☐ Retaining Walls, Structural
- ☐ Sanitary Sewer
- ☐ Seeding & Matting
- ☐ Silt Fence Installation & Maintenance
- ☐ Snow Removal
- ☐ Storm Sewer
- ☐ Streambank Stabilization
- ☐ Street Repairs
- ☐ Street Sweeping
- ☐ Trails, Sidewalks & Curb Ramps
- ☐ Other

If “Sanitary Sewer” or “Storm Sewer” were selected, what is your licensed* sewer layer’s name and license number?

*as defined in the Municipal Code of Omaha, NE, Chapter 49, Article II Licensing, Division 5 Sewer Layers

10. Please provide the following documentation when returning this completed form:
    - ☐ Letter of Good Standing from the NE Secretary of State
    - ☐ Current Certificate of Contractor Registration from the NE Department of Labor (https://dol.nebraska.gov/LaborStandards/Contractors/Overview)
    - ☐ Current W-9 (https://www.irs.gov/forms-pubs/about-form-w-9)
    - ☐ Current Certificate of Insurance meeting the limits shown in the attached "Insurance Requirements for Contractors" dated 2024-05-13 with E&A as the Certificate holder.

11. E&A bids both public & private work. For public work, contactors are required to use the Federal Government's E-Verify system. On which type of work do you wish to bid?

☐ Public ☐ Private ☐ Both

12. By signing below, Contractor attests that (1) the above information is correct and that (2) they can provide Performance Bonds as required.

Printed Name	Title	Date

Signature

INSURANCE REQUIREMENTS FOR CONTRACTORS

It is the policy of E & A Consulting Group, Inc. (E&A) that all Contractors provide a valid Certificate of Insurance indicating that the following insurance requirements have been met:

General Liability

- Limits of at least: $1,000,000 per Occurrence
  $2,000,000 General Aggregate
  $2,000,000 Completed Operations Aggregate
  $1,000,000 Personal and Advertising Injury
  $5,000 Medical Expense (any one person)
- Coverage shall be provided by a standard form Commercial General Liability Policy covering bodily injury, property damage including loss of use, and personal injury.
- E&A and the Owner shall be named as Additional Insured on a primary and non-contributory basis including completed operations.
- Contractor agrees to waive its rights of recovery against E&A and the Owner. Waiver of Subrogation in favor of E&A shall be added to the policy.
- Contractual liability coverage shall be on a broad form basis and shall not be amended by any limiting endorsements.

Automobile Liability

- Limits of at least: $1,000,000 CSL per Accident
- Coverage shall apply to all Owned, Hired, and Non-Owned Autos.
- E&A and the Owner shall be named as Additional Insured.
- Contractor agrees to waive its rights of recovery against E&A and the Owner. Waiver of Subrogation in favor of E&A shall be added to the policy.

Workers Compensation

- Limits: Statutory coverage for the state where the project is located
- Employers Liability limits: $500,000 each Accident
  $500,000 Disease – Per Person
  $500,000 Disease – Policy Limit
- Contractor agrees to waive its rights of recovery against E&A and the Owner.
- USL&H and Jones Act when applicable.

Umbrella / Excess

- Limits of at least: $2,000,000 per Occurrence
- Policy shall provide liability coverage in excess of the specified Workers Compensation/Employers Liability, Commercial General Liability and Auto Liability.
- E&A and the Owner shall be named as Additional Insured.
- Contractor agrees to waive its rights of recovery against E&A and the Owner. Waiver of Subrogation in favor of E&A shall be added to the policy.

Evidence of such insurance coverage in effect shall be provided to E&A in the form of an Acord certificate of insurance executed by a licensed representative of the participating insurer(s). Policies shall be endorsed to provide certificate holder with 10 days of prior notice of cancellation. Certificate along with appropriate endorsement(s) shall be provided to E&A within three (3) business days of execution of contract. Lastly, the certificate shall specifically refer to the E&A project number listed below.

Failure of E&A to demand such certificate(s) or other evidence of full compliance with these insurance requirements or failure of E&A to identify a deficiency from evidence provided by Contractor shall not be construed as a waiver of Contractor's obligation to maintain such insurance.

The Contractor shall indemnify, defend and save harmless the Owner, E&A, and the Owner's officers, employees and agents from all claims, suits or actions of every kind and character made upon or brought against the said Owner, E&A, and the Owner's officers, employees and agents, for or on account of any injuries or damages received or sustained by any party or parties by or from the acts of the said Contractor or its servants, agents and subcontractors, in doing the work herein contracted for, or by or in consequence of any negligence in guarding the same or any improper material used in its construction, or by or on account of any act or omission of said Contractor or its servants, agents and sub-contractors; and also from all claims of damage for infringement of any patent in fulfilling this Contract. This indemnity shall include attorney's fees and costs and all other expenses incurred in the defense of any suit.

By requiring insurance under this contract, E&A does not represent that the coverage and limits required will necessarily be adequate to protect the Contractor's interest in the work. Such coverage and limits shall not be deemed or construed to be any limitation on the Contractor's liabilities under any indemnification obligations provided to E&A under this contract.

Certificate Holder
E & A Consulting Group, Inc.
10909 Mill Valley Rd, Ste 100
Omaha, NE 68154
402.895.4700

The certificate of insurance should be emailed to conqual@eacg.com.

A current certificate of insurance that satisfies these specifications must be received by E&A prior to the payment of any of the Contractor's invoices.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/17/2026

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

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

PRODUCER
Sample Insurance Agency
P.O. Box 1234
Omaha NE 68123

Items in Yellow need to be updated per the Covered Entity's Policy

CONTACT NAME:
PHONE (A/C, No, Ext): XXX-XXX-XXXX
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : XYZ Insurance	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ABC Construction
123 Rightway St.
Omaha NE 68123

COVERAGES **CERTIFICATE NUMBER:** 1121441151 **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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO-JECT LOC OTHER:	Y	Y	POLICY NUMBER	00/00/0000	00/00/0000	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $100,000 $5,000 $1,000,000 $2,000,000 $2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	Y	Y	POLICY NUMBER	00/00/0000	00/00/0000	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000 $ $ $
A	X UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE X DED X RETENTION $ XXXXXXX	Y	Y	POLICY NUMBER	00/00/0000	00/00/0000	EACH OCCURRENCE AGGREGATE	$2,000,000 $2,000,000
A	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	N / A	Y	POLICY NUMBER	00/00/0000	00/00/0000	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $500,000 $500,000 $500,000

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

CERTIFICATE HOLDER

E & A Consulting Group, Inc.
10909 Mill Valley Rd, Ste 100
Omaha NE 68154

CANCELLATION 10 days notice for nonpayment

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

INFORMATION ONLY

© 1988-2014 ACORD CORPORATION. All rights reserved.