

## Contractor Qualification Checklist

**Mandatory Documents** The following documents must be submitted in order for you to meet your Client’s compliance requirements

- Copies of Liability Insurance Certificates for all company liability insurance policies as outlined in “Guidelines.”
- Copies of OSHA 300A Logs for the last three years.
- Copies of your EMR documentation for this year (if available) and the last three years.
- Copies of OSHA and/or MSHA Citation/Violation Documentation for the last three years.
- Copy of Safety Program.
- Copy of HAZCOM Program
- I-9 Verification Document Signed
- Background Check Document Signed

**Other Documents** The following documents have been requested by your Client, but are not required in order for you to meet your Client’s compliance requirements

- Copies of License and/or Certificates in which your company is licensed to perform work.
- Copies of MSHA Safety Instructor’s Approval Letters and Certificates.

### Kennecott Utah Copper Insurance Requirements:

| Policy Type           | Limit Type   | Limit        | Required Endorsements |                       |
|-----------------------|--------------|--------------|-----------------------|-----------------------|
|                       |              |              | Additional Insured    | Waiver of Subrogation |
| General Liability     | Per Contract | Per Contract | Yes, See note below*  | Yes                   |
| Auto Policy           | Per Contract | Per Contract | No                    | No                    |
| Worker’s Compensation | Statutory    | Statutory    | No                    | No                    |

\*A copy of the endorsement page naming Kennecott Utah Copper as Additional Insured must be submitted to complete the registration.

**Certificate Holder:**

Kennecott Utah Copper  
 c/o BROWZ LLC  
 13937 Sprague Ln #100  
 Draper, UT 84020

## Contractor Qualification Checklist

### Historical Safety Requirements

- Company provides NAICS Code.
- DART Rate must not be greater than 85% of Industry Average (Industry Average is obtained from Bureau of Labor Statics based upon their NAICS Code)
- Total Recordable Rate must not be greater than 85% of Industry Average (Industry Average is obtained from Bureau of Labor Statics based upon their NAICS Code)
- The Experience Modification Rate (EMR) must not be greater than 1.0 for the current year

### Employee Requirements

To Create a Control Sheet

- Employee Photo
- Employee Birthdate DD/MM
- Current Drug Testing
- Current Passport Training
- If working at a MSHA site, current MSHA 5000-23



# CERTIFICATE OF LIABILITY INSURANCE

Issue Date  
mm/dd/yy

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).

|  |  |                |                                      |        |
|--|--|----------------|--------------------------------------|--------|
| <b>PRODUCER</b><br>Insurance Agent name<br>Insurance Agent Address<br>Insurance Agent Phone Number | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext):<br>E-MAIL ADDRESS: | FAX (A/C, No): | INSURER(S) AFFORDING COVERAGE        | NAIC # |
|  |  |                | INSURER A : Insurance Carrier's Name |        |
| <b>INSURED</b><br>Your Company name and address  | INSURER B : Insurance Carrier's Name                             |                |                                      |        |
|  | INSURER C :  |                |                                      |        |
|  | INSURER D :  |                |                                      |        |
|  | INSURER E :  |                |                                      |        |
|  | INSURER F :  |                |                                      |        |
|  |  |                |                                      |        |

! Your insurance agent will populate this document

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

Your policy # will go here  
General Liability Policy required. Include Limits for GL Policy (No Minimum Limit Required.)

Policy effective date (mm/dd/yy)  
Policy expiration date (mm/dd/yy)

! Check if Statutory

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

**Additional Insured Language:** The above General Liability policy has been endorsed to add Kennecott Utah Copper, its subsidiaries and affiliates as additional insured on a primary and non contributory basis.  
 \*A copy of the endorsement page naming Kennecott Utah Copper Corporation as Additional Insured must be submitted to complete the registration.

**Waiver of Subrogation Language:** The General Liability policy has been endorsed to include a waiver of subrogation as to Kennecott Utah Copper, its subsidiaries and affiliates.

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br>Kennecott Utah Copper<br>c/o BROWZ LLC<br>13937 Sprague Ln #100<br>Draper, UT 84020 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE<br>Agent Signature Required |
|--|--|