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Supplier/Contractor Agreement

CONTRACTOR INFORMATION

Today's Date ____/____/____

Name of Contractor _____

Address _____

City _____ State _____ Zip Code _____

Contractor Contact Name _____ Cell phone _____

Contractor main phone number (____) _____ Fax (____) _____

Name/Detail of Project _____

Dynomax Inc. person in charge of Project _____

Emergency Contact Person at Dynomax Inc. _____

Phone Number _____

Start Date of Project ____/____/____ Anticipated Date of Project Completion ____/____/____


Ongoing contractor for the year of _____

Office use only: PO # _____

Dynomax Inc. has established policies, procedures and practices necessary to protect the safety and health of Dynomax employees. Therefore, outside contractors are also required to establish (or have) policies, procedures and practices necessary to protect the safety and health of their employees while working with Dynomax employees or working on Dynomax property.

Qualified Contractors

It is the policy of Dynomax Inc. to retain only qualified contractors that have a demonstrable record of employee safety and health and regulatory compliance.

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Contractors Duties

The contractor shall be responsible for initiating, maintaining and supervising safety and health related policies, programs and work practices in connection with the performance of contractual work.

The contractor's safety and health program shall be in compliance with all applicable regulations (OSHA, federal, state, and local agencies), etc. and shall provide a level of employee protection that is equal to or greater than that is required by the strictest safety and health related policies and procedures.

The contractor shall be responsible for furnishing all safety and health related equipment necessary for the completion of contracted work.


Duties to Subcontractors

The contractor shall be responsible for communicating safety and health related information to subcontractors and shall ensure that subcontractors initiate, maintain and supervise safety and health related policies, programs and work practices while performing subcontracted work for/on Dynamax Inc. property.

Insurance

The contractor is required to submit to Dynamax current proof of liability and Workers' Comp insurance. The insurance must cover the estimated time the contractor will be on-site at any Dynamax facility and the policy must name Dynamax Inc. as additional insured. The main contractor is responsible for all sub-contractors, and must submit proof of insurance for all sub-contractors. All insurance document(s) must be submitted and received before any work may begin.

- Insurance Minimums (check which applies)
 - Type 1
 - ☐ General Liability
 - \$1M each occurrence
 - \$2M annual aggregate
 - Auto
 - \$1M combined single limit
 - Workers Compensation
 - \$1M bodily injury each accident
 - \$1M bodily injury by disease – each employee
 - \$1M bodily injury by disease – policy limit

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- Type 2



- General Liability
 - \$1M each occurrence
 - \$2M annual aggregate
 - \$2M general aggregate per location/project
- Pollution Liability ****
 - \$5M each occurrence
 - \$10M annual aggregate
 - \$10M annual products/completed operations aggregate
- Auto
 - \$1M combined single limit
- Workers Compensation
 - \$1M bodily injury each accident
 - \$1M bodily injury by disease – each employee
 - \$1M bodily injury by disease – policy limit
- Umbrella /Excess
 - \$10M each occurrence
 - \$10M annual aggregate

Notes: M = Million, *** as needed

Verbiage for insurance certificate and check boxes can be seen in specimen example: (see insurance form example)

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Imminent Danger

Dynomax reserves that right to suspend contracted work if said work exposes the employees of either employer to imminent danger.

Implementation Tools

Exchange of Safety and Health Related Information

Prior to the beginning of contracted work, the project manager/inspector and the contractor's job site supervisor shall exchange and review applicable safety and health related information, procedures and practices. The information exchange/review shall include, but is not limited to:

Hazardous materials present in Dynomax Inc. and materials that are or might be brought into the work place shall be identified. Information shared between the contractor and Dynomax Inc. shall include, but is not limited to:


- Identity and nature of hazardous materials
- Potential health hazards
- Protective measures
- Location of safety data sheets (SDS)

Appropriate procedures to be used by the contractor (including any subcontractors) shall be discussed and identified prior to its use.

Policies and practices relating to the use of personal protective equipment (PPE). Information provided to the contractor shall include, but is not be limited to:

- Dynomax personal protective equipment

Other safety and health related information applicable to contracted work.

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Coordination of Work


The project manager/inspector and the contractor's job site supervisor shall coordinate work activities that affect employee safety and health. Such work activities include, but is not limited to:

1. Shut down of machines and lockout/tag out procedures
2. Switching and tagging of electrical circuits
3. Entry into permit confined spaces
4. Site excavation
5. Fall protection
6. Use of portable tools (GFI)
7. Hoisting/heavy lifting
8. Demolition
9. Scaffolding

Additional Information

The following represents items that apply to all contractors and subcontractors. All contractors must agree to and follow each of the documents/policies. The below document(s) should be attached and/or kept at Dynomax Inc. for reference.

1. Contract documents (Scope of Work).
2. Dynomax Substance Abuse Policy
3. Dynomax smoke free workplace
4. Use of Dynomax owned equipment
5. Afterhours or weekend work
6. OTHER (please describe)

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ACKNOWLEDGEMENTS

As a contractor to Dynamax Inc., I understand that I am responsible for training all my employees, subcontractors and their employees, to ensure that they comply with OSHA and other governmental safety and health regulations as well as Dynamax Inc. safety policies and procedures. Further, I understand that as contractor or subcontractor, I am wholly responsible for the actions of our employees while on Dynamax Inc. property.

Company (Contractor) Name

Printed name of Contractor representative

Signature of Contractor representative


____/____/____
Date

Signature of Dynamax Inc. representative


____/____/____
Date

Printed Name and Title of Dynamax Inc. representative

Dynamax Inc.
1535 Abbott Dr
Wheeling, IL. 60090
Ph: 847-680-8833

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Example

		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 3/14/2023																																																	
<p>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.</p> <p>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).</p>																																																					
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<p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>INSR LTR</th> <th>TYPE OF INSURANCE</th> <th>ADOL INSD</th> <th>SUBR WVD</th> <th>POLICY NUMBER</th> <th>POLICY EFF (MM/DD/YYYY)</th> <th>POLICY EXP (MM/DD/YYYY)</th> <th>LIMITS</th> </tr> </thead> <tbody> <tr> <td>A</td> <td> <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"/> PROJECT <input type="checkbox"/> LOC OTHER: </td> <td></td> <td></td> <td>XXXX</td> <td>00/00/0000</td> <td>00/00/0000</td> <td> EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 </td> </tr> <tr> <td>A</td> <td> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY </td> <td></td> <td></td> <td>XXXX</td> <td>00/00/0000</td> <td>00/00/0000</td> <td> COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ </td> </tr> <tr> <td>A</td> <td> <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: <input checked="" type="checkbox"/> RETENTION \$ 0 </td> <td></td> <td></td> <td>XXXX</td> <td>00/00/0000</td> <td>00/00/0000</td> <td> EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 </td> </tr> <tr> <td>A</td> <td> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below </td> <td>Y/N</td> <td>N/A</td> <td>XXXXXX</td> <td>00/00/0000</td> <td>00/00/0000</td> <td> <input checked="" type="checkbox"/> PER STATUTE <input 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 </td> </tr> <tr> <td>A</td> <td>Pollution Liability</td> <td></td> <td></td> <td>XXXX</td> <td>00/00/0000</td> <td>00/00/0000</td> <td> Each Occurrence \$5,000,000 Aggregate \$10,000,000 Prod/Com Ops Ag \$10,000,000 </td> </tr> </tbody> </table>						INSR LTR	TYPE OF INSURANCE	ADOL 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"/> PROJECT <input type="checkbox"/> LOC OTHER:			XXXX	00/00/0000	00/00/0000	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			XXXX	00/00/0000	00/00/0000	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: <input checked="" type="checkbox"/> RETENTION \$ 0			XXXX	00/00/0000	00/00/0000	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000	A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	XXXXXX	00/00/0000	00/00/0000	<input checked="" type="checkbox"/> PER STATUTE <input 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	A	Pollution Liability			XXXX	00/00/0000	00/00/0000	Each Occurrence \$5,000,000 Aggregate \$10,000,000 Prod/Com Ops Ag \$10,000,000
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ACORD 25 (2016/03)

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