

# International Association of Geosynthetic Installers

## Approved Installation Contractor Submittal Form

[www.iagi.org](http://www.iagi.org)



**Year Reporting For**

Starting in 2014, the renewal process for AIC has changed. Please see the AIC Policy Manual for details. This submittal is (select one):

- ☐ First-time Application
- ☐ Full Renewal Application
- ☐ Sworn Statement Renewal (do not fill out this form—see Renewal Instructions)

### A. Corporate History / Information

#### Section A1.

Prepared by

Date

Authorized by

Phone number

#### Section A2.

Name of Company

Contact Name

Physical Address

City

Postal Code

State/Province

Country

Website

Mailing Address (if different from above)

City

Postal Code

State/Province

Country

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### Section A2. (continued)

**Attachment A—Description of Company.** Please provide a description of your company on a separate piece of paper.

- ☐ **For full renewals**, check here if the description of the company has not changed since the initial submittal. If there are no changes, there is no need to re-submit the document.

**Attachment B—Certificate of Registration/organization.** Please provide a copy of certificate of registration/organization from the Secretary of State or Government office with your AIC application package.

Type of Business (Corp., LLC etc.)

Location of Company's Incorporation/Registration (Country/State or Province)

EIN or Corporate Registration Number

Name of Parent Company

If a Division, name of Corporate Headquarters

If a Division, location of Corporate Headquarters

Date Business Founded

Under Present Ownership Since (year)

### Section A3.

**Attachment C—List Principals, Officers and Owners.** Please provide a list of principals, officers and anyone owning more than 10 percent of the company on an additional sheet of paper. Include names and positions.

- ☐ **For full renewals**, check here if all the information requested in **Attachment C** is the same as your previous application. There is no need to re-submit the document.

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**Attachment D—List of Completed Projects.** Please attach a list of projects completed within one year of the time of application. This list must include the name of the job, the name of the engineer/general contractor, the name of the person who can verify that your company did the job, telephone number and e-mail of the contact person who can verify the information. The third party will verify the projects listed.

☐ **For first-time applications,** check here if your company has installed a minimum of 464,000 square meters (5,000,000 square feet ) in the past year.

☐ **For full renewals,** check here if your company has installed a minimum of 232,000 square meters (2,500,000 square feet ) in the past year.

☐ **For sworn statements,** include your project list showing that your company has installed a minimum of 232,000 square meters (2,500,000 square feet ) in the past year with your sworn statement.

### B. Insurance Requirements

**Attachment E—Evidence of Bonding Capability.** Please provide a letter from the bonding company indicating their willingness to bond a company to the minimum *per job* level.

Please Select One:

☐ \$0—\$100,000 (USD)

☐ \$100,001- \$1,000,000

☐ \$1,000,001 or greater

Bonding Company

Bonding Agent

Bonding Company Telephone

Bonding Company E-mail

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### B. Insurance Requirements

Insurance Company

Insurance Agent

Insurance Company Telephone

Insurance Company E-mail

IAGI must be listed as a certificate holder on each of the required insurance policies. Please be sure you update IAGI's contact information with your insurance agent.

8601 West Cross Drive, Suite F5, #220

Littleton, CO 80123 USA

#### **Attachment F—General Liability Insurance Binder** (\$1,000,000 USD minimum coverage)

Please attach the insurance binder showing minimum level of coverage.

#### **Attachment G—Workers Compensation Insurance Binder** (Statutory minimum

coverage) Please attach the insurance binder showing minimum level of coverage.

#### **Attachment H—Automobile Liability Insurance Binder** (\$1,000,000 USD minimum

coverage) Please attach the insurance binder showing minimum level of coverage.

### C. Safety Training

#### Section C1.

**Attachment I—Drug Free Work Program.** Please provide a copy of the drug free program with the submittal.

Does your company have a substance abuse policy?

☐

YES

☐

NO

☐

For full renewals, check here if all the information requested in **Attachment I** is the same as your previous application.

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### C. Safety Training

#### Section C2.

##### Health and Safety Orientation Program

**Are your Supervisors trained in the following?**

Health and safety management orientation program for new hires, newly hired or promoted supervisors?

☐ YES ☐ NO

Does this program provide instruction on first aid and CPR procedures?

☐ YES ☐ NO

Does this program provide instruction at Toolbox Meetings?

☐ YES ☐ NO

Does this program provide instruction on safe installation practices?

☐ YES ☐ NO

Do you have an annual training program for your supervisors?

☐ YES ☐ NO

#### Section C3.

**Attachment J—Table of Contents for Company Safety Program.** Please provide a copy of the table of contents for your company's safety program with the submittal.

**Does your health and safety program address the following key elements:** (if yes, check the box)

- ☐ Accountability and responsibilities for manager, supervisors and employees
- ☐ Employee participation
- ☐ Hazard recognition and control
- ☐ Waste disposal
- ☐ Management commitment and expectations
- ☐ Resources for meeting health and safety requirements
- ☐ Supervisor and employee training
- ☐ Safety meetings and communications
- ☐ Employees working alone

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### C. Safety Training

#### Section C3. (continued)

Does the program include work practices and procedures such as: (if yes, check the box)

- ☐ Accident/incident reporting
- ☐ First aid log completion
- ☐ Modified work program/Medical accommodation program
- ☐ Electrical equipment grounding assurance
- ☐ Emergency preparedness, including an evacuation plan
- ☐ Fall protection
- ☐ Housekeeping
- ☐ Personal protective equipment
- ☐ Portable electrical/power tools
- ☐ Powered industrial vehicles (four-wheelers, etc.)
- ☐ Unsafe condition reporting
- ☐ Vehicle safety (i.e. defensive driving)

Please explain any unchecked boxes in section C3 here.

#### Section C4.

**Attachment K—Documentation of Health and Safety Training Records.** Please provide current documentation of the health and safety training records for your employees.

Does your company have health and safety training records for your employees?

- ☐ YES ☐ NO

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### C. Safety Training

#### Section C5.

How do you verify employee understanding of the safety related training. (please check all that apply)

- ☐ Job Monitoring
- ☐ Oral Testing
- ☐ Performance Testing
- ☐ Written Testing
- ☐ Other

### D. Professional Competence/Experience

#### Section D1.

Number of Field Supervision Staff

Number of Welding Technicians on Staff

#### Section D2.

**Attachment L—Certified Welding Technicians.** Please provide a list of the CWTs you have on staff; name and CWT number. (15 percent of field welders must have IAGI CWT certification\_

***Important note:** this information will be shared with IAGI for verification. As part of being an IAGI Approved Installation Contractor you are committing to providing at least one Certified Welding Technician per crew.*

#### Section D3.

**Attachment M—Written References Needed.** Please provide the letters requested below:

**M-1** Written references about a job satisfactorily completed within the last 12 months from 2 engineers.

**M-2** Written references about a job satisfactorily completed within the last 12 months from 2 general contractors/owners.

**M-3** Written references about a job satisfactorily completed within the last 12 months from 2 manufacturers

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**To file this document with The Honnigford Group, LLC please do the following:**

**Step 1.** Print the entire document. If you have the full version of Adobe Acrobat software, you may save this form electronically.

**Step 2:** We prefer you send your documents electronically. If you send your attachments electronically, please name the file with your company name, the year of submission and the attachment designation i.e.: COMPANY NAME\_2015\_Attachment A. Send them to [laurie@honnigford.com](mailto:laurie@honnigford.com). If you send physical documents to IAGI, please use the address below.

**Step 3.** Have your printed copy notarized. Make a photocopy of the notarized application for your records.

**The Honnigford Group, LLC**

8601 West Cross Drive, Suite F5, #220

Littleton, CO 80123 USA

**Telephone:** (720) 353-4977 **Email:** [laurie@honnigford.com](mailto:laurie@honnigford.com)

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**I certify that the above information and the information provided in the submittal package is true and complete to the best of my knowledge.**

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Signed by \_\_\_\_\_

*Authorized signature must be notarized*

Signature of Notary

\_\_\_\_\_

My commission expires on

\_\_\_\_\_