

Subcontractor's Statement of Qualifications

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Further information and endorsing organization's perspectives are available at
https://www.consensusdocs.org/FooterSection_Resources/Guidebook.

The contents of this Subcontractor's Statement of Qualifications shall be treated as confidential.

Section 1: Organization Information

General Information

Company Name: Earth Support Corp.
Company Phone: (617) 712-8391 **Contact Email:** derek@earthsupportcorp.com
Company Website: <https://earthsupportcorp.com>
Company Home Address: 56 Broad Street, Suite 32686 Boston, MA 02109
Company Branch Address: Equipment Yard / Receiving: 6 Norfolk Road Millis, MA 02054
(if different from above)

Additional Company Information

Promotional Information: Attach brochure or promotional information.
(If you have multiple documents,  [View: 'ESC_Capability_Statement.pdf'](#) combine before attaching.)

Type of Organization

Corporation: ☒ Yes ☐ No ☐ No Response

The following questions in red are required if your organization is a Corporation.

Date of Incorporation: 01/08/2025 **State of Incorporation:** Massachusetts

Executive Officers

1) Executive Officer Name: Derek Snow
Title: Treasurer, Secretary & Director (Chairman)
Address: 56 Broad Street, Suite 32686 Boston, MA 02109
2) Executive Officer Name: Jean Prinsloo
Title: President & Director
Address: 56 Broad Street, Suite 32686 Boston, MA 02109
3) Executive Officer Name:
Title:
Address:
4) Executive Officer Name:
Title:
Address:

Partnership: ☐ Yes ☒ No ☐ No Response

The following questions in red are required if your organization is a Partnership.

Date of Organization: **State of Organization:**

Current General Partners

1) Name:
Address:
2) Name:
Address:
3) Name:
Address:
4) Name:
Address:

Joint Venture: ☐ Yes ☒ No ☐ No Response

The following questions in red are required if your organization is a Joint Venture.

Date of Organization: **State of Organization:**

1) Joint Venture Name:
Title:

Managing / Controlling Joint Venture:
Address:

2) Joint Venture Name:
Title:

Managing / Controlling Joint Venture:

Address:

3) Joint Venture Name:

Title:

Managing / Controlling Joint

Venture:

Address:

4) Joint Venture Name:

Title:

Managing / Controlling Joint

Venture:

Address:

Limited Liability Company: ☐ Yes ☒ No ☐ No Response

The following questions in red are required if your organization is a Limited Liability Company.

Date of Organization:

State of Organization:

Members:

1) Limited Liability Name:

Address:

2) Limited Liability Name:

Address:

3) Limited Liability Name:

Address:

4) Limited Liability Name:

Address:

Sole Proprietorship: ☐ Yes ☒ No ☐ No Response

The following questions in red are required if your organization is a Sole Proprietorship.

Date of Organization:

State of Organization:

Owner or Owners

1) Owner Name:

Address:

2) Owner Name:

Address:

3) Owner Name:

Address:

4) Owner Name:

Address:

Other: ☐ Yes ☒ No ☐ No Response

The following questions in red are required if your organization is Other.

Type of Organization:

State of Organization:

Owners and/or Principals

1) Owner / Principal Name:

Address:

2) Owner / Principal Name:

Address:

3) Owner / Principal Name:

Address:

4) Owner / Principal Name:

Address:

In addition to the above categories of business entities, indicate if your organization is certified as any of the following.

Minority Information:

Certifying Agencies

1) Certifying Agency Name:

Phone:

2) Certifying Agency Name:

Phone:

3) Certifying Agency Name:

Phone:

4) Certifying Agency Name:

Phone:

Section 2: Licensing and Registration

Licensing and Registration

Jurisdictions in which your company is legally qualified to conduct business.			
1)Issuing Authority:	Commonwealth of Massachusetts - Division of Occupational Licensure (Board of Building Regulations & Standards)	Type:	Construction Supervisor License - Unrestricted (held by Jean Prinsloo, President)
License Number:	CS-122896	Expiration:	03/02/2030
2)Issuing Authority:	Commonwealth of Massachusetts - Office of Public Safety & Inspections	Type:	Hoisting Engineer License, Classes 1B / 2A / 4B (held by Jean Prinsloo)
License Number:	HE-192955	Expiration:	03/02/2027
3)Issuing Authority:	U.S. DOT - Federal Motor Carrier Safety Administration	Type:	USDOT Number (2026 Unified Carrier Registration - Motor Private Carrier)
License Number:	5392054	Expiration:	12/31/2026
4) Issuing Authority:	Commonwealth of Massachusetts - Secretary of the Commonwealth	Type:	Business Corporation (M.G.L. c.156D), in good standing
License Number:	001860016	Expiration:	
In the past three years from the signature date, has your company had any business or professional license suspended or revoked?			
		☐ Yes ☒ No ☐ No Response	
If Yes, describe circumstances, including jurisdiction and bases for suspension or revocation.		N/A	

Section 3: Personnel and Management Approach

Key Construction Personnel

1) Name: Jean Prinsloo

Title: President / Site Superintendent / Designated Competent Person

Years with the Company: 1

Total Years of Relevant Experience: 19

Construction Experience: 19 years of hands-on drilling and deep-foundation experience. Runs all ESC field operations: rig operation, drilled-pier and soil-nail installation, daily rig and excavation inspection; Competent Person for excavation, rigging, silica, fall protection and PPE with stop-work authority. Prior: The Middlesex Corporation (2020-2023); A.A. Will Corp. / East Coast Slurry Co. (2023-2025). Licenses: MA Construction Supervisor CS-122896 (Unrestricted); MA Hoisting Engineer HE-192955 (1B/2A/4B); OSHA 10-Hour Construction (09/2026).

Percentage of time that will be committed to the project: 100

Individual is anticipated to be stationed at your company's headquarters or on the project site. ☒ Yes ☐ No ☐ No Response

2) Name: Derek Snow

Title: Owner / Treasurer - Estimating, Contracts & Insurance

Years with the Company: 1

Total Years of Relevant Experience: 1

Construction Experience: Responsible for estimating, scheduling, contract administration, insurance and billing (AIA G702/703, lien waivers, certified payroll). Owner of the Safety & Health Program; performs monthly management site audits and is the escalation contact for stop-work events.

Percentage of time that will be committed to the project:

Individual is anticipated to be stationed at your company's headquarters or on the project site. ☐ Yes ☒ No ☐ No Response

3) Name: [redacted]

Title: Caisson & Underpinning Laborer

Years with the Company: 0

Total Years of Relevant Experience:

Construction Experience: Field crew. OSHA 10-Hour Construction (09/2026); OSHA 30 (2016); TWIC card; steel erection (Subpart R) and scaffold user training; rigger/signal awareness.

Percentage of time that will be committed to the project: 100

Individual is anticipated to be stationed at your company's headquarters or on the project site. ☒ Yes ☐ No ☐ No Response

4) Name: [redacted]

Title: Caisson Laborer / CDL Driver - Equipment

Years with the Company: 0

Total Years of Relevant Experience:

Construction Experience: Field crew and equipment hauling. Massachusetts Class A CDL; OSHA 10-Hour Construction (09/2026).

Percentage of time that will be committed to the project: 100

Individual is anticipated to be stationed at your company's headquarters or on the project site. ☒ Yes ☐ No ☐ No Response

5) Name:

Title:

Years with the Company:

Total Years of Relevant Experience:

Construction Experience:

Percentage of time that will be committed to the project:

Individual is anticipated to be stationed at your company's headquarters or on the project site. ☐ Yes ☐ No ☒ No Response

List the types of work generally performed by your own work force:	ESC self-performs its scope with its own crews and its own rigs and equipment: drilled concrete piers / caissons (including rock-socketed piers), rebar-cage setting and concrete placement in drilled shafts, soil-nail walls and anchors (install to a PE-stamped design by others, including proof/verification testing), and earth-retention / support of
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	excavation.
Indicate criteria used in the selection of your Subcontractors (Select all that apply):	Not Applicable
If Other, describe:	Not applicable - ESC self-performs its scope.
Do you plan to require your Subcontractors to be bonded on all projects:	☒ Yes ☒ No ☐ No Response
Do you plan Subcontractor Default Insurance for all projects to cover your Subcontractors:	☒ Yes ☒ No ☐ No Response
If necessary please describe your policy in regard to bonding policies of your Subcontractors:	ESC self-performs its work and does not normally subcontract any portion of its scope. If a lower-tier subcontractor is ever used, bonding would be required where the prime contract requires it.
Describe your company's proposed technical and management approach to the Project, including assurances of high quality, timely completion and cost control:	Organization: two-person management - Jean Prinsloo (President, MA CSL CS-122896) runs the field as superintendent and Competent Person; Derek Snow (Treasurer) runs estimating, scheduling, contracts, insurance and billing. Crews self-perform. Pre-construction: site inspection and geotechnical/constraint review, then a detailed line-item quote (technique, sequence, assumptions) and a pre-mobilization safety meeting with the GC; site-specific safety plan and JHAs reviewed with the crew before drilling. Quality: installation to the engineer of record's stamped design; daily documented rig and shaft inspections; tiebacks and soil nails proof-tested before lock-off using a calibrated jack and gauge; machine limits taken from the operator's manual and recorded on the daily inspection form. Schedule & cost control: fixed schedule-of-values pricing, weekly progress communication with the GC, AIA G702/703 billing with lien waivers, and weekly certified payroll on prevailing-wage work.

Attach a copy of your company's quality control plan, if available:
(If you have multiple documents, combine before attaching.)

Section 4: Relevant Experience

Past Projects

List projects in the past three years that your company has performed the subcontract work (for Joint Ventures, list each joint venturer's projects separately). You are hereby giving permission to contract the parties involved in the relevant experience listed.

1) Project Name: 16 Edgemont Landing - Phase II Garage Soil-Nail Wall
Reference / Contact: [redacted], Project Manager - [redacted] - [redacted]
Owner: Private owner (residential)
Contractor: Youngblood Builders, Inc.
Contract Price: [redacted] Completion Date: 07/01/2026
Location: 16 Edgemont Landing, Newbury, NH 03255
Project Delivery Method: Other
Description: Soil-nail shoring for a garage excavation, installed to a PE-stamped design by others, including test nails and verification testing. Original subcontract [redacted] plus Change Order 01 (20 additional nails, [redacted]) = [redacted]. Field work completed July 2026.

2) Project Name:
Reference / Contact:
Owner:
Contractor:
Contract Price: Completion Date:
Location:
Project Delivery Method:
Description:

3) Project Name:
Reference / Contact:
Owner:
Contractor:
Contract Price: Completion Date:
Location:
Project Delivery Method:
Description:

4) Project Name:
Reference / Contact:
Owner:
Contractor:
Contract Price: Completion Date:
Location:
Project Delivery Method:
Description:

5) Project Name:
Reference / Contact:
Owner:
Contractor:
Contract Price: Completion Date:
Location:
Project Delivery Method:
Description:

Current Projects

1) Project Name: DCAMM Office of Vehicle Management - Solar Canopy Foundations
Reference / Contact: [redacted], [redacted] - [redacted] - [redacted]
Owner: Commonwealth of Massachusetts (DCAMM); developer Solect Energy
Contractor: Parasol Structures (ESC subcontract [redacted])
Contract Price: [redacted] Completion Date:
Location: 289 Lyman Street, Northborough, MA

Description: 14 drilled concrete piers, 36-inch diameter, 10 ft minimum embedment, for solar carport canopies. ESC furnishes reinforcing cages, drills, sets cages and places concrete. MA prevailing wage. Mobilized 09/04/2026; in progress.

2) Project Name: Acton Public Safety Building - Solar Carport Foundations

Reference / Contact: [redacted], [redacted] - [redacted]
[redacted]

Owner: Town of Acton; developer Solect Energy

Contractor: Parasol Structures (ESC subcontract [redacted])

Contract Price: [redacted] **Completion Date:**

Location: 371 Main Street, Acton, MA 01720

Description: 11 drilled concrete piers, 36-inch diameter, 9-12.5 ft embedment keyed to bedrock, 5,000 psi concrete, (16) #8 vertical bars with #4 spiral cages. Active police/fire station site. Cages fabricated; field drilling scheduled.

3) Project Name:

Reference / Contact:

Owner:

Contractor:

Contract Price: **Completion Date:**

Location:

Description:

4) Project Name:

Reference / Contact:

Owner:

Contractor:

Contract Price: **Completion Date:**

Location:

Description:

5) Project Name:

Reference / Contact:

Owner:

Contractor:

Contract Price: **Completion Date:**

Location:

Description:

Annual Construction Volume

Indicate the annual volume of work completed for the past three years from the signature date:		
<i>Last Year</i>	<i>Two Years Ago</i>	<i>Three Years Ago</i>
[redacted]	\$0	\$0
In the past three years from the signature date, has your company defaulted, been terminated for cause or failed to complete a construction contract awarded to it?	☐ Yes ☒ No ☐ No Response	
If Yes, describe circumstances, including dates and owner, and if applicable, your company's surety.	N/A	
In the past three (3) years from the signature date has any officer, partner, joint venture or proprietor of your company ever failed to complete a construction contract awarded to that person or entity in their name or on behalf of another organization?	☐ Yes ☒ No ☐ No Response	
If Yes, describe circumstances, including dates and owner, and if applicable, surety.	N/A	
Describe all litigation arising from your company's active projects or projects worked on within the last three years from the signature date.	None. ESC has no litigation, claims or liens arising from any active or past project.	

Section 5: Safety Program

If your company has a written safety program, attach a copy: [View: 'ESC Safety and Health Program Public.pdf'](#)
(If you have multiple documents, combine before attaching.)

Does your company's safety program include instructions on the following:

Safety Work Practices:	☒ Yes	☐ No	☐ No Response
Safety Supervision:	☒ Yes	☐ No	☐ No Response
Toolbox Safety Meetings:	☒ Yes	☐ No	☐ No Response
Emergency Procedures:	☒ Yes	☐ No	☐ No Response
First Aid Procedures:	☒ Yes	☐ No	☐ No Response
Accident Investigation:	☒ Yes	☐ No	☐ No Response
Fire Protection:	☒ Yes	☐ No	☐ No Response
New Worker's Orientation:	☒ Yes	☐ No	☐ No Response

Do you have a safety officer /department in your company?: ☒ Yes ☐ No ☐ No Response

If Yes, provide the following information in red.

Safety Officer Name: Jean Prinsloo

Safety Officer Title: President / Site Superintendent - Designated Competent Person

Safety Officer Phone: (978) 846-6851

Do you conduct project safety inspections? ☒ Yes ☐ No ☐ No Response

If Yes, how often? Every shift (pre-task, rig and shaft/excavation inspections); documented site safety inspection weekly; management audit monthly

Who conducts this inspection?

Safety Inspector Name: Jean Prinsloo (daily/weekly); Derek Snow (monthly management audit)

Safety Inspector Title: Competent Person / Treasurer

Do you hold project safety meetings for field supervisors? ☒ Yes ☐ No ☐ No Response

If Yes, how often? Weekly

Do you have in place an instruction program on safety for newly hired or promoted supervisors? ☐ Yes ☒ No ☐ No Response

If Yes, please attach a copy of the program format:
(If you have multiple documents, combine before attaching.)

If craft "toolbox" safety meetings are held, what is their frequency? Weekly

Do you have a drug and alcohol testing policy? ☒ Yes ☐ No ☐ No Response

If Yes, please attach a copy of the policy: [View: 'ESC Safety and Health Program Public.pdf'](#)
(If you have multiple documents, combine before attaching.)

Provide your company's OSHA No. 300A Summary of Occupational Injuries and Illnesses for the past three years.		
Last Year	Two Years Ago	Three Years Ago
0	0	0

Upon request, your company shall provide a written copy of OSHA No. 300 Log with reasonable promptness. [View: 'ESC Safety and Health Program Public.pdf'](#)
(If you have multiple documents, combine before attaching.)

List all OSHA Citations and Notifications of Penalty, monetary or other, received within the last three years. (Indicate final disposition as applicable.)		
Last Year	Two Years Ago	Three Years Ago
0	0	0
List all safety citations of violations under state law received within the last three years. (Indicate final disposition as applicable.)		
Last Year	Two Years Ago	Three Years Ago
0	0	0
List your company's Workers Compensation Experience Modification Rate (EMR) for the past three		

years. (The EMR may be obtained from your insurance agent.)		
<i>Last Year</i>	<i>Two Years Ago</i>	<i>Three Years Ago</i>

Attach a copy of the insurance agent's EMR verification letter:
(If you have multiple documents, combine before attaching.)

List your company's Total Recordable Frequency Rate (TRFR) for the past three years. (The TRFR may be obtained from your insurance agent.)		
<i>Last Year</i>	<i>Two Years Ago</i>	<i>Three Years Ago</i>
0	0	0

Attach a copy of the insurance agent's TRFR verification letter:
(If you have multiple documents, combine before attaching.)

List your company's total number of construction man hours worked for the past three years:		
<i>Last Year</i>	<i>Two Years Ago</i>	<i>Three Years Ago</i>
	0	0

Comment on any additional areas of your company's safety program and policies that you feel will be appropriate in our evaluation:

Company incorporated 01/08/2025 - there is no 2-year or 3-year-ago history, so those columns are blank. ESC is partially exempt from routine OSHA 300/300A recordkeeping under 29 CFR 1904.1 (10 or fewer employees); figures shown are zero recordables / zero citations. The Workers' Compensation EMR letter is issued directly by our carrier, biBERK (1-844-472-0967), on request. Written Safety & Health Program Rev 1.0 (effective 07/14/2026) adopting ANSI/ASSP A10.23 for drilled shafts; Activity Hazard Analysis plus 12 task-level JHAs prepared before mobilization. Zero OSHA recordables, no fatalities, no OSHA citations; no GL claims (carrier loss run 08/2026). Any employee may stop work; no-man-entry policy for shafts. Daily tailgate briefings, weekly toolbox talks, new-hire orientation before any work, all field employees OSHA 10 trained (09/2026). Written drug & alcohol policy (pre-employment, reasonable suspicion, post-incident, return-to-duty). Fatality/hospitalization reporting per 29 CFR 1904.39.

Section 6: Surety and Insurance

Surety Company Name: None - ESC does not currently hold a surety bond program

Address:

Surety Agent Name:

Surety Agent Phone :

Surety Agent Address:

Aggregate Bonding Capacity: \$0

Bonding Limit Per Project: \$0

Available Bonding Capacity as of this date: \$0

Can your company provide a bid bond? (if applicable)	☒ Yes ☒ No ☒ No Response
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Attach a copy of the Commercial General Liability Carrier and summary of liability coverage, including deductibles: (certificate furnished on request)

(If you have multiple documents, combine before attaching.)

Section 7: Financial Information

Financial Statements	
Attach any available audited financial statements for the past three years, including latest balance sheet, containing but not limited to the following information (available unaudited financial statements should be included if audited statements are not available):	
Current Assets	Net Fixed Assets
Other Assets	Retained Earnings and Net Worth
Current Liabilities (i.e. accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes)	Other Liabilities (i.e. capital, capital stock, authorized and outstanding shares par values, earned surplus)
Date of Statement	Name of the Firm Preparing Statement
(If you have multiple documents, combine before attaching.)	
Balance Sheet: (If you have multiple documents, combine before attaching.)	
Balance Sheet Prepared Internally?	☐ Yes ☐ No ☐ No Response
Auditor's Statement: (If you have multiple documents, combine before attaching.)	
State whether your company, or any of the individuals identified in Section 1 has/have been the subject of any bankruptcy proceeding within the last three years.	☐ Yes ☐ No ☐ No Response
If Yes, describe circumstances:	N/A

Section 8: Industry Affiliations, Memberships, Awards and Honors

List Trade Unions or Associations with which your company has an Agreement:

Trade Unions or Associations: None - open shop; not signatory to any collective bargaining agreement

List Affiliations or Memberships with which your company has an Agreement:

Affiliations or Memberships: None

List any Industry Awards or Honors your company has earned:

Awards or Honors: None

Section 9: Other Information

Within the past three years, has your company or any of the individuals identified in Section 3: Personnel and Management Approach been the subject of any criminal indictment or judgment of conviction for any business-related conduct constituting a crime under state or federal law?	☐ Yes ☒ No ☐ No Response
If Yes, describe circumstances:	N/A
Within the past three years, has your company or any of the individuals identified in Section 3: Personnel and Management Approach been the subject of any federal or state suspension or disbarment?	☐ Yes ☒ No ☐ No Response
If Yes, describe circumstances:	N/A
Within the past three years, has your company or any of the individuals identified in Section 3: Personnel and Management Approach been the subject of any formal proceeding or consent order with a state or federal environmental agency involving a violation of state or federal environmental laws?	☐ Yes ☒ No ☐ No Response
If Yes, describe circumstances:	N/A

Section 10: References

Owner References

- 1) **Owner Company Name:** Solest Energy (developer/owner's rep - Acton & OVM Northborough solar canopies)
Owner Contact Name:
Owner Contact Title:
Owner Contact Phone: **Owner Contact Fax:**
Owner Contact Email:
Owner Company Address:
- 2) **Owner Company Name:**
Owner Contact Name:
Owner Contact Title:
Owner Contact Phone: **Owner Contact Fax:**
Owner Contact Email:
Owner Company Address:
- 3) **Owner Company Name:**
Owner Contact Name:
Owner Contact Title:
Owner Contact Phone: **Owner Contact Fax:**
Owner Contact Email:
Owner Company Address:

General Contractor / Construction Manager References

- 1) **GC/CM Company Name:** Parasol Structures
GC/CM Contact Name: [redacted]
GC/CM Contact Title: [redacted]
GC/CM Contact Phone: [redacted] **GC/CM Contact Fax:**
GC/CM Contact Email: [redacted]
GC/CM Company Address: 3 Oak Street Irvington, NY 10533
- 2) **GC/CM Company Name:** Youngblood Builders, Inc.
GC/CM Contact Name: [redacted]
GC/CM Contact Title: Project Manager
GC/CM Contact Phone: [redacted] **GC/CM Contact Fax:**
GC/CM Contact Email: [redacted]
GC/CM Company Address: 830 Moody Street Waltham, MA 02453
- 3) **GC/CM Company Name:**
GC/CM Contact Name:
GC/CM Contact Title:
GC/CM Contact Phone: **GC/CM Contact Fax:**
GC/CM Contact Email:
GC/CM Company Address:

Architect / Engineer References

- 1) **A/E Company Name:** KPFF Consulting Engineers (Engineer of Record - Acton Public Safety Building carport, Job #2600350)
A/E Contact Name:
A/E Contact Title:
A/E Contact Phone: **A/E Contact Fax:**
A/E Contact Email:
A/E Company Address:
- 2) **A/E Company Name:** Stephens Associates Consulting Engineers, LLC (Geotechnical Engineer - Acton, Report SA 144-23-012)
A/E Contact Name:
A/E Contact Title:
A/E Contact Phone: **A/E Contact Fax:**
A/E Contact Email:
A/E Company Address:
- 3) **A/E Company Name:**
A/E Contact Name:
A/E Contact Title:
A/E Contact Phone: **A/E Contact Fax:**
A/E Contact Email:
A/E Company Address:

Supplier References

- 1) **Supplier Company Name:** Thompson & Lichtner Co., Inc.
Supplier Contact Name:
Supplier Contact Title: Materials testing / calibration
Supplier Contact Phone: [redacted] **Supplier Contact Fax:**
Supplier Contact Email:
Supplier Company Address: 480 Neponset Street, Unit 11A Canton, MA 02021
- 2) **Supplier Company Name:** PJR Equipment Services, LLC
Supplier Contact Name:

Supplier Contact Title: Drill rig repair & service
Supplier Contact Phone: [redacted] *Supplier Contact Fax:*
Supplier Contact Email: [redacted]
Supplier Company Address: 714 North Street Suffield, CT 06078
3) Supplier Company Name: Titan Foundation Equipment LLC
Supplier Contact Name: [redacted]
Supplier Contact Title: Foundation drilling tooling
Supplier Contact Phone: [redacted] *Supplier Contact Fax:*
Supplier Contact Email: [redacted]
Supplier Company Address: 310 Edgewood Lane Cleburne, TX 76031

Section 11: Signature

Signature

The Undersigned, on behalf of your company, certifies under oath that the information provided herein, including any schedule or attachment, is true and sufficiently complete so as not to be misleading.

Signed By: Derek Snow

Signed By Title: Treasurer

Signed Date: 09/14/2026