

- c. Names and titles of all officers: _____

- d. Names of all of your company's subsidiaries, or parent corporations, all sister corporations and all companies controlled by any of the principals of your company, giving the relationship of each to your company:

5. If your Company is a partnership, state:

- a. Date of formation: _____
- b. State under whose laws the partnership was formed: _____
- c. Whether partnership is general or limited: _____
- d. Names and home address of all partners (indicate any limited Partners):

- e. Names of all companies controlled by your Company or any of the partners:

6. If your Company is a limited liability company, state:

- a. Date of formation: _____
- b. State under whose laws the company was formed: _____
- c. Names and titles of all managers and officers: _____

- d. Names and home address of all members: _____

- e. Names of all companies controlled by your Company or any of the members:

7. If your Company is a sole proprietorship or some other organization other than a corporation, limited liability company or partnership, state:

a.The type of organization and the date established:_____

b.Names and addresses of each of the principals:_____

c.Names of all companies controlled by your Company or any of its principals:

8. How many years has your organization been in business as a Contractor or Subcontractor under your present business name?_____

9. Under what other or former names has your organization operated?_____

10. How many years experience in this type of construction work has your organization had?

a. as a prime contractor:_____

b. as a subcontractor:_____

11. Safety:

a. Have you had any OSHA fines within the lasts 3 years?
(if yes, please submit on a separate sheet the details describing the circumstances surrounding each accident.)

Yes_____ No_____

b. Have you had any jobsite fatalities within the last 5 years?

Yes_____ No_____

c. Please state your EMR rating for the past 3 years:

Year_____ Rating_____

Year_____ Rating_____

Year_____ Rating_____

d. Please provide copies of your OSHA Summary of Work-Related Injuries and Illnesses Logs (OSHA's Form 300A0) for the past 3 years.

12. State:

a. The percentage of work normally completed with your own forces:_____

b. The percentage of work your Company intends to complete itself on this Project:_____

c. The nature of the work your Company will perform itself on this Project and the trades which will be employed:_____

d. The equipment that you own that is available for work:_____

e. The nature of the work which your Company would expect to subcontract on this Project:_____

f. The names and addresses of your Company's major suppliers:

g. List and collective bargaining agreements to which you are bound:

13. Claims and Suits. (If the answers to any of the questions below are yes, please attach details.)

a. Has your organization ever failed to complete any work awarded to it?

Yes_____ No_____

If so, state the name of the Project, the total value of the contract, the date of said failure, and a brief explanation.

b. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organizations or its officers? If yes, please give details on a separate sheet.

Yes_____ No_____

c. Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years? If yes, please give details on a separate sheet.

Yes_____ No_____

- d. Within the last five years, has any principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract?

Yes_____ No_____

If so, state the name of the Project, the total value of the contract, the date of said failure, and a brief explanation.

- 14. State the total dollar value of work which your Company currently has under contract:

- 15. **Current Work in Progress:** List the name of the Project, the Owner, the Architect, the General Contractor or Construction Manager, the total contract value, the percentage of completion and the scheduled completion date for the major construction projects which your Company has under construction: (Please attach a separate sheet, if necessary)

- 16. **Completed Projects Past Two Years:** List the name of the Project, the Owner, the Architect, the General Contractor or Construction Manager, the total contract value, the date of completion, and the percentage of work completed with your own forces for the major construction projects which your Company has completed in the past two years: (Please attach a separate sheet, if necessary)

- 17. State the figure showing the largest amount of completed work in any one calendar year During the past five years.

Year_____ Amount_____

- 18. List the names of the individuals who would be principally involved in this project for your Company and for each give his/her title, a description of his/her function on the Project, and a history of his/her construction experience (include resumes for principals of your organization and the proposed Project Manager and Field Superintendent):

19. State the names of all trade associations (if any) of which your Company is a member:

20. List and categorize your principal material sources (MS) and subcontractors (Sub):

| | <u>Name</u> | <u>Address</u> | <u>MS or Sub?</u> |
|----|-------------|----------------|-------------------|
| a. | _____ | _____ | _____ |
| b. | _____ | _____ | _____ |
| c. | _____ | _____ | _____ |
| d. | _____ | _____ | _____ |
| e. | _____ | _____ | _____ |
| f. | _____ | _____ | _____ |
| g. | _____ | _____ | _____ |

21. List the name and address of your Bank and give the name and telephone number of the Person to contact at your bank as a reference for your Company:

22. a. List the name and address of your Bonding Company and give the name and telephone number of the person to contact as a reference for your Company:

b. Name and Address of Agent:

23. a. Do you currently have sufficient available bonding capacity to furnish payment and Performance surety bonds on this Project?

Yes_____ No_____

b. What is your aggregate bonding limit? \$_____

c. What is your single job bonding limit? \$_____

d. What is your current available capacity? \$_____

24. State your Company's payment and performance surety bond premium rates:_____

25. Are you currently in a reorganization under Chapter 11 of the United States Bankruptcy Code, or, in any other manner seeking an arrangement, or debt adjustment with your Creditors?

Yes_____ No_____

26. Has your company, any parent, subsidiary, sister corporation, or any other company affiliated with your Company declared bankruptcy, or been placed into bankruptcy, in the last ten years?

Yes_____ No_____

27. Have any of your officers or principal operating personnel been employed by or associated with a company that has been in bankruptcy or ceased to operate at any time during the last ten years? If so, state the person's name, and the name of the company involved.

Yes_____ No_____

28. State the net worth of your Company currently:_____

29. List the names of your Company's secured creditors, and the property subject to their security interests.

30. List the names of your Company's three largest unsecured creditors:

31. **In a sealed envelope, marked Confidential and addressed to The Controller, attach the latest financial statement as prepared by independent accounts including a balance sheet, income statement, statement of cash flows and the related footnotes. This statement should not be older than six months. (Omission of this information will preclude you from any awards of contracts.)**

32. Is your Company registered to do business in _____ **(LOCATION OF PROJECT)?**

Yes _____ No _____

33 Does your Company hold all necessary licenses to perform the work for which you desire to Be considered for the Project?

Yes _____ No _____

Please list those licenses below

Other? (for example: NJ Department of Labor, NJ Department of Labor and Workforce Development, NJ Division of Property Management, NJ Division of Revenue, NJ Economic Development Authority, DE Division of Revenue)

List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license number, if applicable.

List jurisdictions in which your organization's partnership or trade name if filed.

34. Is your Company certified as a minority or woman owned business enterprise and/or Disadvantaged business enterprise and, if so, by which agencies (list below):

Yes _____ No _____

Certifying Agencies:

If so, please provide copies of the applicable certifications and complete the following on Behalf of all principals:

 Name Percentage Ownership WMBE Classification

35. Are you registered as a small business enterprise with the Federal Small Business Administration?

Yes_____ No_____

Is your organization a:

HUBZone Small Business Concern: Yes_____ No_____

Small Business Disadvantaged Concern: Yes_____ No_____

Small Business Concern: Yes_____ No_____

Small Woman Owned Business Concern: Yes_____ No_____

36. Have sanctions and/or penalties of any nature ever been imposed upon your Company by a Federal, state or local governmental agency or body for failure to comply with any Equal Opportunity Clause, contract provisions or Executive Order concerning the prohibition of discrimination by reason of race, color, creed or sex? If so, identify the agency imposing the sanction or penalty, the date thereof and explain the circumstances surrounding imposition.

SUBCONTRACTOR:

By: _____

Title: _____

Attest:

Title: _____

Date: _____

STATE OF _____

ss: _____

COUNTY OF _____

I hereby certify that the answers to the above questions and all statements herein contained are True and correct, and that these answers are given and statements made with the intent that they be relied up by _____ **[OWNER NAME]** and B.C. Construction Co., Inc. in determining whether my Company is qualified to perform work on the above Project.

Sworn to and subscribed
Before me this _____ day of

_____, 2010.

Notary Public

