

Homestead Concrete Drainage, Inc.
P.O. Box 1273
Homestead, FL 33090
Phone: 305-248-9649
Fax: 305-248-9650

Thank you for your interest in Homestead Concrete & Drainage, Inc. In order to develop a more complete knowledge of your company and better match for future opportunities please complete this form and return to the above address.

Non-Construction Related Vendors: Fill out Pages (1 and 3)

Construction Related Service Providers: Fill out Pages (1,2, and 15)

General Construction Companies/Tradesmen: Fill out Pages (1 and 4-15)

Date of Submission: _____

VENDOR PROFILE AND PRE-QUALIFICATION FORM

Name of Company: _____

Street Address: _____

_____ (city)

_____ (state)

_____ (zip)

Billing Address: _____

_____ (city)

_____ (state)

_____ (zip)

Customer Service Phone Number: _____ Fax: _____

Contact: _____ Phone: _____ Cell Phone: _____ E-mail: _____

Contact: _____ Phone: _____ Cell Phone: _____ E-mail: _____

Contact: _____ Phone: _____ Cell Phone: _____ E-mail: _____

Contact: _____ Phone: _____ Cell Phone: _____ E-mail: _____

Website: _____

Name of Parent Company: _____

Address of Parent Company: _____

Is your company minority-owned? (Circle one) **YES NO**

If yes, circle all that apply: African-American, Hispanic-American, Native-American, Asian-Pacific American, Asian-Indian American, Other: _____

If a minority-owned business, are you registered with a Minority Business Organization, Government Municipality or Agency? (Circle one) **YES NO**

If yes, what is the name of the entity? _____

Are you certified by MMBDC/NMSDC/CEED or another certifying organization (Circle one) **YES NO**

If yes, what is the name of the entity? _____

If yes, what is the certification expiration date? _____

(If yes, please provide a copy of your certification(s))

If no, are you in process of certification? (Circle one) **YES NO**

Is your business Women-owned? (Circle one) **YES NO** If "yes", please indication percentage of ownership?
_____ %

If a women-owned business, are you registered with the Majority Business Initiative (MBI)? (Circle one)
YES NO

Year Company Started: _____ Type of Company: Corp. Partnership Proprietorship

State of Incorporation: _____ Date of Incorporation: _____

State Sales Tax Registration Number: _____

Federal ID Number: _____

List the corporate officers, partners, proprietors, members and shareholders of more than 5% of the stock of your Company:

	<u>Name</u>	<u>Year of Birth</u>	<u>Position</u>	<u>Percent Owned</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____

Under what other names has your Company operated? _____

How many people does your Company presently employ:

Main Office: _____ Salespersons _____

Complete the Relevant Work History Form (Exhibit C) giving a description of project, location of the project, owner, architect, general contractor, contract amount and scope of work. (Include contact people and phone numbers)

We have attempted to answer all questions in a full complete manner.

Dated at _____ this _____ day of Two Thousand and _____

Name of Company: _____

Completed by: _____ (must be an officer of the Company)

Title: _____

Title: _____

_____ being duly sworn, deposes and says that the information provided herein is true and sufficiently complete so as to not be misleading.

Subscribed and sworn me this _____ Day of _____, _____

Notary Public: _____

My Commission Expires: _____

Type of Business (Circle all that apply)

- * Service
- * Manufacturing
- * Distributor
- * Broker
- * Specific Trade
- * Wholesaler/Retailer (circle one)
- * Professional Services (type)
- * Other (specify) _____

If you are a manufacturer, please list the names of your distributors. _____

Please provide a brief description of services and/or products offered: _____

Please list three customer references, including contact addresses and telephone numbers.

1). _____

2). _____

3). _____

Trades

Please fill-in the trade(s) that your Company is interested in bidding

Year Company Started: _____ Type of Company: Corp. Partnership Proprietorship Sub. S. Corp.

State of Incorporation: _____ Date of Incorporation: _____

Contractor's License Number: _____ State: _____ Expiration: _____ (Attach list if needed)

State Sales Tax Registration Number: _____ (attach list as needed)

State Unemployment Insurance Number: _____ (attach list as needed)

Federal ID Number _____

List the corporate officers, partners, members and shareholders of more than 5% of the stock of your Company:

	<u>Name</u>	<u>Year of Birth</u>	<u>Position</u>	<u>Percent Owned</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

Under what other names has your Company operated? _____

How many people does your Company presently employ:

Home Office _____ Field Supervisory _____ Tradespeople _____

How many people did your Company employ on average for the last 3 years?

Home Office _____ Field Supervisory _____ Tradespeople _____

Has your Company or any of its principals ever petitioned bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? _____ Yes _____ No

Have any of the Owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct? _____ Yes _____ No

If yes, please explain: _____

Has your Company or any Owners, officers or major stockholders ever been suspended, disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency? _____ Yes _____ No

If yes, please explain: _____

Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? _____ Yes _____ No

If yes, please explain: _____

Is your Company or any of its owners, officers or major stockholders currently involved in any arbitration or litigation? _____ Yes _____ No

If yes, please explain: _____

Does your Company have any outstanding judgments or claims against it? _____ Yes _____ No

If yes, please explain: _____

Please list any litigation brought against your Company in the past five (5) years asserting that you failed to make payments to anyone. _____

List the geographical areas in which you work: _____

List Unions which you have agreements with:

Local Number	Union Name	Agreement Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate the size of project you are most competitive in performing (enter 1). Show in preference order (2,3,...) other size projects you are capable of performing:

Under \$100,000	_____	\$3,000,000 - \$6,000,000	_____
\$100,000 - \$200,000	_____	\$6,000,000 - \$9,000,000	_____
\$200,000 - \$500,000	_____	\$10,000,000 - \$15,000,000	_____
\$500,000 - \$1,000,000	_____	Over \$15,000,000	_____
\$1,000,000 - \$3,000,000	_____		_____

Check all building types on which your Company has worked:

A. High rise Office Building	_____	F. Sports/Entertainment	_____
B. Mid rise Office Building	_____	G. Industrial Building	_____
C. Hotels/Motels	_____	H. High Tech/Laboratories	_____
D. Hospital	_____	I. Correctional Facilities	_____
E. Residential	_____	J. Design Build/Design Assist	_____

List the trades you normally perform with your own forces: _____

What percentage of the Company's work is normally subcontracted? _____ %

What trades do you normally subcontract? _____

What is the largest contract your Company has completed?

Amount: _____ Year: _____ Project name and scope: _____
 Indicate your company's gross of the largest project Gross \$ _____

What is the largest dollar volume job you expect to do during this year?

Amount: \$ _____ Project name and scope: _____

What is your expected annual volume this year: \$ _____ # of Projects _____

What was the average annual volume of work performed over the past 5 years:

Yr./Vol. _____ Yr./Vol. _____ Yr./Vol. _____
Yr./Vol. _____ Yr./Vol. _____

MBE/WBE Participation in work which you subcontract (average participation for last 3 years) MBE _____ % WBE _____ %
Minority/Female workforce participation (average percentage utilization for last 3 years) MIN _____ % FEM _____ %

Attach a list of current major projects giving name of project, address, owner, architect, general contractor, contract amount, scope of work and scheduled completion. (Include contact people and phone numbers)

Complete the Relevant Work History Form (Exhibit C) giving a description of project, location of the project, owner, architect, general contractor, contract amount and scope of work. (Include contact people and phone numbers)

Attach a State of Qualifications which will include your company's overview, healthcare expertise and representative projects.

Attach a copy of your latest audited and/or reviewed financial statement. (Your financial statement is strictly for Homestead Concrete & Drainage's use and will be treated confidentially).

If the attached financial statement is not the identical Company named above, explain the relationship and financial responsibility of the Company whose financial statement is provided: _____

Name of your Bank: _____
Address: _____
Phone: _____ Contact Person: _____

Amount of line of credit: \$ _____ Amount Available: \$ _____ Expiration Date: _____

UCC Filing? Yes _____ No _____
D&B Rating: _____ Pay Record: _____ Date of Rating: _____

What is Company's Dunn & Bradstreet Number: _____
D&B Rating: _____ Pay Record: _____ Date of Rating: _____

Remarks: _____

Bonding Company:
A. Name of Surety _____ Key Contact Person/Phone _____

B. Bonding Capacity: Per Job \$ _____ Aggregate: \$ _____
Date of Last Bond _____ Amount: \$ _____
Bond Rate _____ %

C. Please list persons or entities who provide indemnification to your Surety: _____

List three of your major suppliers:

- A. Name: _____
Address: _____ Telephone: _____
Contact: _____
- B. Name: _____
Address: _____ Telephone: _____
Contact: _____
- C. Name: _____
Address: _____ Telephone: _____
Contact: _____

List three contractors that you do business with:

- A. Name: _____
Address: _____ Telephone: _____
Contact: _____
- B. Name: _____
Address: _____ Telephone: _____
Contact: _____
- C. Name: _____
Address: _____ Telephone: _____
Contact: _____

Trade Association Memberships: _____

List key office personnel and field supervisors (attach resumes):

	<u>Name Position</u>	<u>Year of Birth</u>	<u>Years Experience</u>	<u>Previous Employer</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

List any subsidiaries and affiliates of your Company:

	<u>Company Name</u>	<u>Ownership</u>	<u>Type of Company</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

General Remarks: _____

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Homestead Concrete & Drainage will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Dated at _____ this ____ day of Two Thousand and _____ (_____) _____

Name of Company: _____

Completed by: _____ (must be an officer of the Company)

Title: _____

Signature: _____

_____ being duly sworn, deposes and says that the information provided herein is true and sufficiently complete so as to not be misleading.

Subscribed and sworn before me this _____ Day of _____, 2_____

Notary Public: _____

My Commission Expires: _____

EXHIBIT A
SUBCONTRACTOR Pre-Qualification Form
Safety Prequalification Form

1. Please list your Company's Worker's Compensation Interstate/Intrastate Experience Modification Rate for the most recent three years. (Attach a copy of your insurance carrier or state fund (on their letterhead) verifying the EMR data.

Interstate (Yr./Rate)

_____/_____/_____

Intrastate (Yr./Rate/Name state(s) with abbreviations next to modification rate)

_____/_____/_____/_____/_____/_____/_____

Note: Subcontractor's must have a current EMR less than or equal to 1.0 to qualify for Homestead Concrete & Drainage's Bid List. Should your EMR exceed 1.0, the Contractor must demonstrate and document that it has or will initiate programs, policies, and attitudes which will result in a safety conscious performance in order to be included on Homestead Concrete & Drainage's Approved Contractor List. In this case it is the sole discretion of Homestead Concrete & Drainage to approve or disapprove a SUBCONTRACTOR.

2. Please use the three most recent year's OSHA No. 300/200 Log to fill in the number of cases for each of the following categories: (attach a copy of your last three years of OSHA 300/200 logs.)

Year

No. of fatalities (Column G from 300) or (Columns 1 + / from 200) _____

No. of lost & restricted workday cases (Column H + 1) or (Columns 2 + 9) _____

No. of medical treatment cases (Column J) or (Columns 6 + 13) _____

No. of lost workday cases (Column H) or (Columns 3 + 10) _____

Employee Hours Worked _____

OSHA Recordable Incidence Rate _____

OSHA Lost Workday Incidence Rate _____

Note: -- Items in parenthesis come from OSHA 300/200 Log
 -- **Recordable Incidence Rate = [G, H, & J] or [1, 2, 6, 8, 9, 13] x 200,000 / Employee Hours Worked**
 -- **Lost Workday Incidence Rate = [H] or [3 + 10] x 200,000 / Employee Hours Worked**
 -- **Employee Hours Worked = total number of hours worked during the year by all employees**

3. How many OSHA violation(s) has your Company received in the last three years?
 (Yr. = # violations)

_____ = _____ _____ = _____ _____ = _____

Any willful OSHA violations: _____ Yes _____ No

Please give a brief description of the violation(s); use additional paper if necessary

Any employees deaths in the past 3 years? _____ Yes _____ No

If yes, please give a brief description of the circumstances: _____

Safety Prequalification Form (Continued)

4. Do you have a qualified person responsible for safety within your Company: ___ Yes ___ No
Please describe his/her qualifications: _____

5. Does this person do safety inspections on all of your projects: ___ Yes ___ No Frequency _____

6. Do you have a written Company Safety Policy and Program and will you provide copies if requested: _____ Yes _____ No

7. Does your Company have a substance abuse policy: _____ Yes _____ No
If Yes, please check which are included in the policy:

Pre-hire/Initial Employment	_____
Cause	_____
Post Accident/Incident	_____
Random	_____
Periodic	_____

8. Do you have a return to work/light duty program? _____ Yes _____ No
If yes, please describe: _____

9. Have you ever implemented 100% fall protection _____ Yes _____ No
If requested can you provide us with a site-specific program addressing the fall hazards in your work? _____ Yes _____ No

10. Do you require documented safety meetings for your employees? Indicate which, and how often.

Field Supervisors	___ Yes ___ No	Frequency _____
New Hires:	___ Yes ___ No	Frequency _____
Employees:	___ Yes ___ No	Frequency _____
SUBCONTRACTOR/VENDORS	___ Yes ___ No	Frequency _____

11. Does your Company provide safety training for all employees: _____ Yes _____ No
If yes, please list training provided: _____

(Homestead Concrete & Drainage will require that at least one full time on-site person must have complete the 30 hour OSHA training)

11a Does your company provide yearly Asbestos Awareness _____ Yes _____ No

12. Do you have home office representatives (not directly involved in the project) who will visit and audit the project for safety: _____ Yes _____ No Frequency _____

13. Does your Company set annual safety goals? _____ Yes _____ No

If yes, please list training provided:

14. Does your Company have a program recognizing your employees for safety performance excellence? _____ Yes _____ No

Safety Prequalification Form (Continued)

15. Does your Company have a disciplinary program in place for safety violations? _____ Yes _____ No

16. Does your Company review the safety management systems of your sub-contractors? _____ Yes _____ No

17. Does your Company conduct accident/incident investigations? _____ Yes _____ No

18. List all supervisory employees who have completed an OSHA 30 Hour Training Program.

Employee Name	OSHA 30 Hour Date of Certification
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The undersigned warrants and represents the data provided is accurate in all respects.

Name of Company: _____

Prepared By: _____

Signature: _____

Title: _____

Date _____

D. Automobile Liability

Insurance Carrier:

1.	Policy Form	Policy Number	Policy Period
		From	To
2.	Combined Single Limit	Current	Max Obtainable
3.	Bodily Injury (per person)	<u>\$ _____</u>	<u>\$ _____</u>
4.	Bodily Injury (per accident)	<u>\$ _____</u>	<u>\$ _____</u>
5.	Property Damage	<u>\$ _____</u>	<u>\$ _____</u>

E. Professional Liability Insurance

Insurance Carrier:

1.	Policy Form	Policy Number	Policy Period
		From	To
2.	Office Policy Limit:	<u>\$ _____</u>	Deductible: <u>\$ _____</u>
3.	Project Specific Limit available:	<u>\$ _____</u>	Extended Reporting Period (tail) ____ yrs. Prior Acts: Yes ____ No ____

Exhibit C
HOMESTEAD CONCRETE & DRAINAGE
RELEVANT WORK HISTORY FORM

Company	Contract Person (Owner, Architect, General Contractor)	Phone Number	Contract Amount	Location of the project	Description of the project