



Thank you for your interest in Sagoma Construction Services Inc. In order to develop a more complete knowledge of your Company and better match future Company opportunities to your Company's capabilities, please complete this form and return to info@sagomacs.com.

Date of Response: _____

SUBCONTRACTOR/VENDOR PREQUALIFICATION STATEMENT

Name of Company: _____

Street Address: _____

(city) (state) (zip)

Mailing Address: _____

(city) (state) (zip)

Phone: _____ Fax: _____

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

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

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

Website: _____

Is your Company:

MBE WBE DBE SBE

Certified by: _____

Please attach copies of all certifications.

Is this address the: Main Office Regional Office Branch Office

Name of Parent Company: _____

Address of Parent Company: _____

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: _____

SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE (continued)

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, proprietors, members and shareholders of more than 5% of the stock of your Company:

	<u>Name</u>	<u>YearofBirth</u>	<u>Position</u>	<u>PercentOwned</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

Under what other names has your Company operated? _____

How many people does your Company presently employ:

HomeOffice _____ Field Supervisory _____ Tradespeople _____

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

HomeOffice _____ Field Supervisory _____ Tradespeople _____

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

If yes, please explain: _____

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 shareholders 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: _____

SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE (continued)

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 _____
- B. Mid-rise Office Building _____
- C. Hotels/Motels _____
- D. Hospital _____
- E. Residential _____
- F. Sports/Entertainment _____
- G. Industrial Bldg. _____
- H. High Tech/Laboratories _____
- I. Correctional Facilities _____
- 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: _____

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. _____

SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE (continued)

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)

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

Attach a copy of your latest audited financial statement. (Your financial statement is strictly for Sagoma Construction Services Inc. Accounting Dept. use and will be treated confidentially).

If the attached financial statement is not for 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 _____ How is credit secured: _____

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 the 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: _____

SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE (continued)

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 local or national accredited training programs in which you participate (craft or management training): _____

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

<u>Name</u>	<u>Position</u>	<u>Year of Birth</u>	<u>Years Experience</u>	<u>Previous Employer</u>

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 Sagoma Construction Services, Inc 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: _____

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 before me this _____ Day of _____, 20____

Notary Public: _____
My commission Expires: _____

Exhibit A SUBCONTRACTOR Pre-Qualification Form Safety

1. Please list your Company's Workers' 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 Sagoma Construction Services, Inc'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 Sagoma Construction Services, Inc' Approved Contractor List. In this case it is the sole discretion of Sagoma 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 + 8 from 200)	_____	_____	_____
No. of lost & restricted workday cases (Column H + I) 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 your OSHA 300/200 Log

--Recordable Incidence Rate = [G, H, I, & 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

Safety Prequalification Form (Continued)

Any employee deaths in the past 3 years? Yes No

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

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/VEND ORs: Yes No Frequency _____

11. Does your Company provide safety training for all employees: Yes No

If yes, please list training provided. _____

(Sagoma Construction Services, Inc will require that at least one full time on-site person must have completed the 30 hour OSHA training)

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 _____

Safety Prequalification Form (Continued)

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

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

16. Does your Company review the safety management systems of your sub-subcontractors ? 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
---------------	--

The undersigned warrants and represents the data provided is accurate in all respects.

Name of Company: _____
 Prepared By: _____
 Signature: _____
 Title: _____
 Date _____

Exhibit B
SAGOMA CONSTRUCTION
SERVICES, INC CONSTRUCTION
Subcontractor Prequalification
Insurance Questionnaire

Agent/Broker: _____
Contact: _____
Phone: _____

A. Commercial General Liability

Insurance Carrier:

1.	Policy Form	Policy Number	Policy Period	Occurrence Based	_____
			From to	Claims Made	_____

Any exclusion from Standard CGL Policy? (Y/N)

2.

3.	Limits:	Current	Max Obtainable
	General Aggregate	\$ _____	\$ _____
	Products-Comp/Op Agg.	\$ _____	\$ _____
	Personal/Adv. Injury	\$ _____	\$ _____
	Each Occurrence	\$ _____	\$ _____
	Fire Damage (any one fire)	\$ _____	\$ _____
	Med. Exp (any one person)	\$ _____	\$ _____

4. Deductible: \$ _____

5. Per Project limits Yes _____ No _____

B. Excess Liability

Insurance Carrier:

1.	Policy Form	Policy Number	Policy Period	Occurrence Based	_____
			From To	Claims Made	_____

2. Umbrella _____

Or Excess: _____

		Current	Max Obtainable
3.	Each Occurrence	\$ _____	\$ _____
4.	Aggregate:	\$ _____	\$ _____

C. Worker's Compensation and Employer's Liability

Insurance Carrier:

1.	Policy Form	Policy Number	Policy Period
			From To

2.	Limits	\$ _____
3.	E.L. Each Accident	\$ _____
4.	E.L. Disease-Policy Limit	\$ _____
5.	E.L. Disease-Each Employee	\$ _____

Insurance Questionnaire

D. Automobile Liability

Insurance Carrier:

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

E. Professional Liability Insurance

Insurance Carrier:

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

F. Submit Rate Pages for Worker's compensation, Commercial General Liability and Umbrella Insurance for current policy year.