

SUBCONTRACTOR PREQUALIFICATION APPLICATION

GENERAL INFORMATION

| | | | |
|-----------------------|-------------|----------------|---------------|
| Company name: | | Date: | |
| Phone: | Fax: | E-mail: | |
| Main Office Address: | | | |
| City: | | State: | ZIP Code: |
| Website: | | | |
| Sole Proprietorship | Partnership | Corporation | Other: |
| Year Company Started: | | State of Inc.: | Date of Inc.: |
| Dun & Bradstreet #: | | | |

REQUIRED ATTACHMENTS

| |
|-----------------------------------|
| W-9 |
| EMR VERIFICATION |
| PREVIOUS (3) YEARS OSHA 300A LOGS |

MAIN ACCOUNTING CONTACT

| | | |
|-----------|--------|------|
| Name: | Phone: | Fax: |
| Position: | Email: | |

BID CONTACT

| | | |
|-----------|--------|------|
| Name: | Phone: | Fax: |
| Position: | Email: | |
| Cell: | | |

CORPORATE OFFICERS

| | |
|----------------|--------|
| Name: | Phone: |
| Position: | Fax: |
| Percent Owned: | Email: |
| | |
| Name: | Phone: |
| Position: | Fax: |
| Percent Owned: | Email: |

GEOGRAPHIC WORK AREAS – LOCAL AREA NAME

Please list primary CSI codes:

| |
|----|
| 1. |
| 2. |
| 3. |

SAFETY INFORMATION

SAFETY DIRECTOR CONTACT

| | | |
|--------|--------|------|
| Name: | Phone: | Fax: |
| Email: | | |

OSHA Recordable Incident Rate

| | |
|--|--|
| List your firm's Total OSHA Recordable Incident Rate for 20__: | |
| List your firm's Total OSHA Recordable Incident Rate for 20__: | |
| List your firm's Total OSHA Recordable Incident Rate for 20__: | |

SAFETY QUESTIONNAIRE

| | | |
|---|--------------------------------------|--------|
| Does your company have a qualified person responsible for safety within your Company? | YES | NO |
| Does this person do safety inspections on all of your projects? | YES | NO |
| If yes, how often are these inspections? | DAILY WEEKLY MONTHLY QUARTERLY | YEARLY |
| Does your company have a written Company Safety Policy and Program? | YES | NO |
| Does your company require documented safety meetings for your employees? | YES | NO |
| Indicate how often: | DAILY WEEKLY MONTHLY QUARTERLY | YEARLY |
| Does your company provide safety training for all employees? | YES | NO |
| If yes, describe training provided: | | |
| | | |
| Does your company review the safety management system of your sub-contractors? | YES | NO |
| Does your company conduct accident/incident investigations? | YES | NO |
| Does your company participate in a drug-free workplace program? | YES | NO |
| If yes, describe: | | |
| | | |
| | | |

FINANCIAL INFORMATION

Largest Contract Completed

| | | | |
|-------|-------|---------|--------|
| Name: | Year: | Amount: | Scope: |
|-------|-------|---------|--------|

Expected annual volume this year 20

| | |
|--|---------------------|
| Amount: | Number of projects: |
| Percent of work normally subcontracted: % | |
| Current Backlog: | |

Average annual volume of work performed over the past five years

| | |
|----|-----------------|
| 20 | Average volume: |
| 20 | Average volume: |
| 20 | Average volume: |

Banking General Information

| | | |
|--------------------|---------------|----------|
| Bank Name: | | |
| Line of Credit: \$ | Available: \$ | Expires: |
| Remarks: | | |
| Contact Name: | | |
| Phone: | Email: | |

BONDING / SURETY INFORMATION

| | |
|------------------------------|---------------------|
| Surety Company Name: | Surety Broker Name: |
| Bonding Capacity Per Job: \$ | Aggregate: \$ |
| Date of Last Bond: | Bond Rate: |
| Contact Name: | |
| Phone: | Email: |

INSURANCE INFORMATION

Workers Compensation and Employer's Liability Information

| | | | |
|--|--------|--------|--------|
| Do you have Kentucky Workers' Compensation? | YES | NO | |
| Do you have Ohio Workers' Compensation? | YES | NO | |
| Other State Coverage for Workers' Compensation | State: | State: | State: |

LEGAL INFORMATION

| | | |
|--|-----|----|
| 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, enter explanatory notes:

| | | |
|---|-----|----|
| 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, enter explanatory notes:

| | | |
|---|-----|----|
| Has your Company or any of the owners, officers or major stockholders ever been suspended, disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive to a public agency? | YES | NO |
|---|-----|----|

If yes, enter explanatory notes:

| | | |
|---|-----|----|
| 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, enter explanatory notes:

| | | |
|---|-----|----|
| Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation? | YES | NO |
|---|-----|----|

If yes, enter explanatory notes:

| | | |
|--|-----|----|
| Does your Company have any outstanding judgments or claims against it? | YES | NO |
|--|-----|----|

If yes, enter explanatory notes:

| | | |
|--|-----|----|
| Has your company or any of the owners, officer or major stockholders ever been investigated for, or charged with, alleged labor law violations including alleged violations of Immigration Control and Reform Act; state or local laws regarding employment of immigrants; prevailing wage laws; wage and hour laws or other federal, local or state labor laws? | YES | NO |
|--|-----|----|

If yes, enter explanatory notes:

Please list any litigation brought against your Company in the past five years asserting that you failed to make payment to anyone.

DISADVANTAGED BUSINESS STATUS

| | | |
|---|-----|----|
| Does your company have a disadvantaged business status certification? | YES | NO |
|---|-----|----|

Please list:

A copy of each certification must be included with application.

CREDIT REFERENCES

Major Supplier

| | | | |
|----------------------|--------|----------|--|
| Company: | | Contact: | |
| Main Office Address: | | City: | |
| State: | Zip: | Phone: | |
| Fax: | Email: | | |
| Notes: | | | |

Other

| | | | |
|----------------------|--------|----------|--|
| Company: | | Contact: | |
| Main Office Address: | | City: | |
| State: | Zip: | Phone: | |
| Fax: | Email: | | |
| Notes: | | | |

Other

| | | | |
|----------------------|--------|----------|--|
| Company: | | Contact: | |
| Main Office Address: | | City: | |
| State: | Zip: | Phone: | |
| Fax: | Email: | | |
| Notes: | | | |

SIGNATURE

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 HGC Construction Co. 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.

| |
|------------------|
| Name of Company: |
| Completed by: |
| Signature: |
| Title: |
| Date: |