

RLH

CONSTRUCTION COMPANY

Reliable Luxury Habitations

Thank you for your interest in RLH Construction Company. In order to develop a more complete knowledge of your Company and better match future RLH opportunities to your Company's capabilities please complete this form and return to:

RLH Construction Company

Attention: Purchasing Department
 Phone: 407-330-7104
 Fax: 407-328-8055
 Email: MyGC@RLHManagement.com

Date of Response: _____

SUBCONTRACTOR/VENDOR PREQUALIFICATION STATEMENT

Name of Company: _____

Street Address: _____

_____ (city) _____ (state) _____ (zip)

Phone: _____ 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: _____

Is your Company:

MBE/WBE/DBE Certified by: _____

Please attach copies of all certifications.

Is this address the: Main Office Regional Office Branch Office

Name of Parent Company: _____

Address if Parent Company: _____

Trades

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

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

SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIR (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>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 _____ Trades people _____

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

Home Office _____ Field Supervisory _____ Trades people _____

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: _____

SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIR (continued)

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: _____

Has your company or any of its owners, officers or major stock holders been investigated for or charged with alleged labor law violations including alleged violations of the Immigration Control and Reform Act; state or local laws regarding employment of immigrants; prevailing wage laws; wage and hour laws or other federal, state or local labor laws?

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.

If yes, please explain: _____

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 Bldg. | _____ |
| 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? _____%

SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIR (continued)

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: \$ _____ Year: _____ 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)

Attach a list of complete 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 RLH Construction Purchasing 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 provide: _____

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:

Name of Surety Key Contact Person/Phone
A. _____

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: _____

SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIR (continued)

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 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 of 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: _____

SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIR (continued)

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 Turner 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: _____
Title: _____

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

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

Notary Public: _____
My commission Expires: _____

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: Yes No Frequency _____

OR's: Yes No Frequency _____

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

If yes, please list training provided:

(RLH 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? _____ Yes _____ No

16. Does your Company review the safety management systems of your sub-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: _____

Insurance Questionnaire

D. Automobile Liability

Insurance Carrier:

1. Policy Form	Policy Number	Policy Period		Max Obtainable
		From	To	
	Current			
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.