



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

Tompkins Builders, Inc.
1110 Vermont Ave., Suite 200
Washington, DC 20005
Attention: Purchasing Department
Phone: (202) 789-0770
Fax:(202) 898-5779

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 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 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>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 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 judgements 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. _____

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 | _____ | 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? _____ %

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 Turner 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 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: _____
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>
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 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: _____ (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 Prequalification Form

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 Turner Construction'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 Turner's Approved Contractor List. In this case it is the sole discretion of Turner 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

Any employee 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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency _____
New Hires:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency _____
Employees:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency _____
SUBCONTRACTOR/VEND ORs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency _____

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

(Turner 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 _____

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-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
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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	
			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.

REQUEST FOR VENDOR INFORMATION IDENTIFICATION AND CERTIFICATION

WE ARE A FEDERAL CONTRACTOR AND FULLY SUPPORT LEGISLATION PERTAINING TO THE EMPLOYMENT OF DISADVANTAGED, WOMEN AND SMALL BUSINESS ENTERPRISES IN CONSTRUCTION. IN ORDER TO COMPLY WITH PUBLIC LAW 95-107 AND THE INTERESTS OF VARIOUS STATE AND LOCAL MUNICIPALITIES, WE NEED TO KNOW THE CLASSIFICATION OF YOUR COMPANY. EACH CLASSIFICATION IS LISTED BELOW WITH A BRIEF EXPLANATION.

PLEASE MARK ONE OF THE FOLLOWING COMPANY CLASSIFICATIONS:

- | | |
|--|---|
| <p>_____ Individual</p> <p>_____ Sole Proprietorship</p> <p>_____ Partnership</p> <p>_____ Estate</p> <p>_____ Trust</p> | <p>_____ Corporation providing Health Care and Medical Service</p> <p>_____ Corporation (Other)</p> <p>_____ Tax Exempt Organization</p> <p>_____ Other (please describe) _____</p> |
|--|---|

CHECK THE CATEGORY BELOW WHICH BEST DESCRIBE YOUR COMPANY:

- _____ 1. **SMALL BUSINESS CONCERN(10a – E#20) – (Include SDB, WOSB, HBCU/MI, HUBZone SB, VOSB and Service-Disabled VOSB).** A firm including its affiliates, is considered such if it is independently owned and operated, is not dominant in the field of operations in which it performs work, and is qualified as small business under the criteria and size standards in 13 CFR part 121. **The company’s average yearly revenues over the last three years must be less than seventeen million dollars.**
- _____ 2. **SMALL DISADVANTAGED (SDB) CONCERNS(11 – E#50) – (Include HBCU/MI).** A Small Business Concern as defined under item 1 above and which is unconditionally owned and controlled by socially and economically disadvantaged individuals. THE term “Small Business Concern owned and controlled by socially and economically disadvantaged individuals” means a Small Business Concern.
- that is at least 51 percentum unconditionally owned by one or more socially and economically disadvantaged individuals; or, in the case of any publicly owned business, at least 51 percentum of the stock of which is owned by one or more socially or economically disadvantaged individuals; and
 - whose management and daily business operations are controlled by one or more such individuals.
- THE offer shall presume that socially and economically disadvantaged individuals include Black Americans, Hispanic Americans, Asian-Pacific Americans, Subcontinent-Asian Americans, Native Americans (such as American Indians, Eskimos, Aleuts, and Native Hawaiians), and other minorities or any other individuals found to be disadvantaged by the Small Business Administration pursuant to Section 8(a) of the Small Business Act.
- _____ 3. **WOMEN-OWNED SMALL BUSINESS (WOSB) CONCERNS(12 – E#60) -** Same as Small Business Concern, Item 1 above, except at least 51 percent owned by one or more women; or in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more women; and whose management and daily business operations are controlled by one or more women.
- _____ 4. **HUBZONE SMALL BUSINESS (HUBZone SB) CONCERNS(14) –** A small business concern that appears on the List of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration.
- _____ 5. **VETERAN-OWNED SMALL BUSINESS(15a) -** A small business concern that is not less than 51 percent owned by one or more veterans (as defined at 38 U.S.C. 101 (2)) or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more veterans; and the management and daily business operations of which are controlled by one or more veterans.
- _____ 6. **SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CONCERNS(15b) –** A small business concern that is not less than 51 percent owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more service-disabled veterans; and, the management and daily business operations of which are controlled by one or more service disabled veterans or, in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran. Note: Service-disabled veteran means a veteran as defined in 38 U.S.C. 101 (2), with a disability that is service-connected, as defined in 38 U.S.C. 101 (16).
- _____ 7. **DISADVANTAGED LARGE BUSINESS ENTERPRISE(11a - E#51) –** A firm socially and economically disadvantaged as defined in Item 2 above, but not classified as a Small Business Concern.
- _____ 8. **WOMEN DISADVANTAGED LARGE BUSINESS ENTERPRISE(12a – E#81) -** A firm socially and economically disadvantaged as described in Item 2 above plus women owned as defined in defined in Item 3 above, but not classified as a Small Business Concern.
- _____ 9. **WOMEN LARGE BUSINESS ENTERPRISE(12b - E#61) -** A firm as described in Item 3 above, but not classified as a Small Business Concern.
- _____ 10. **LARGE BUSINESS ENTERPRISE(10b – E#11) -** A company whose business is not classified as any other business concern listed here.

If you ARE NOT subject to back-up withholding under the provisions of Section 3406 (a)(1)(c) of the Internal Revenue Code, Check this Box.

Furnish your **Taxpayer Identification Number** _____ (Federal Employer Identification Number **or** Social Security Number)

CERTIFICATION: Under the penalties of perjury, I certify that the information provided on this form is true, correct and complete.

(Firm Name)

(Name of Individual Completing Form)

(Signature)

PLEASE RETURN TO:
Tompkins Builders, Inc.
1110 Vermont Ave., NW, Suite 200
Washington, DC 20005
Attn: Purchasing Department
Fax: (202) 898-5779