

I595-Express, LLC

Thank you for your interest in I595-Express, LLC. 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:

I595-Express, LLC.
10368 W. SR 84
Suite 201
Davie, FL 33324
Telephone: 954-668-2015
Fax: 954-668-2014

Date of Response: _____

SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE

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: _____

Website: _____

Is your Company: DBE Certified by: _____

Please attach copies of all certifications.

Is this address the: Main Office Regional Office Branch Office

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: _____

SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE (continued)

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

Federal ID Number _____

List the corporate officers, CEO, President, Vice President and Treasurer of your Company:

<u>applicable)</u>	<u>Name</u>	<u>Tenure in Office</u>	<u>Position</u>	<u>Percent Owned (if</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

Under what other names has your Company operated? _____

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: _____

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

SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE (continued)

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	_____		_____

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. _____

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 most recent audited financial statement.

(Your financial statement is strictly for I595-Express, LLC. 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: _____

SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE (continued)

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: _____

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: _____

SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE (continued)

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>
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- 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 I595 Express, LLC. 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 _____, 2 _____

Notary Public: _____

My commission Expires: _____

SUBCONTRACTOR SAFETY PREQUALIFICATION QUESTIONNAIRE

1. **Attach a copy of your last two years' OSHA 200 and 300 logs.**

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

Interstate (Yr./Rate)

_____ / _____ / _____

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:

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 Do you practice 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

Safety Prequalification Questionnaire (Continued)

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/ VENDORS:	<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.

(Dragados USA 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:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Frequency	_____
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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-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 (attach list if necessary).

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 _____