

SHIEL SEXTON



Date: _____
To: Subcontractor or Supplier
From: Shiel Sexton Company, Inc.
Subject: Subcontractor & Supplier Information Form

Shiel Sexton has taken pride over the years to provide top quality buildings to its clients on schedule and within budget. In order to assure the quality and timeliness of our projects we continually review and evaluate our subcontractors and suppliers job performance and qualifications to insure they meet our standards and expectations. Constant evaluation of all subcontractors and suppliers involved on Shiel Sexton projects will remain a top priority in our company. Input of services your company can provide will assist our evaluations.

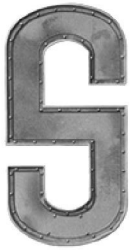
Please include the following items with your completed information form and return no later than fourteen (14) days of receipt to contractorinfo@shielsexton.com.

- 1. Subcontractor/Supplier Information Form**
- 2. W-9**
- 3. SSC Minimum Insurance Requirements (reference only)**
- 4. Financials**

Shiel Sexton appreciates the efforts of all subcontractors and suppliers who have helped Shiel Sexton Company's fantastic growth in the construction industry. We assure you that our reputation of superior quality and timely schedules will not be compromised in our continued growth. Please feel free to call if you have any questions regarding this memo or the enclosed application.

All Shiel Sexton's contract information is contained in the Shiel Sexton Standard Terms. This information is available upon request.

We appreciate your cooperation.



SHIEL SEXTON

CONTRACTOR INFORMATION

Contractor Bid/Award Information
Contractor Legal & Financial Information

Company Name _____ Date _____

E-mail Address _____ Website _____
() _____ () _____
Fax _____ Phone _____

Mailing Address _____ City _____ State _____ Zip Code _____

Physical Address _____ City _____ State _____ Zip Code _____

State of Incorporation _____ Federal EIN Number _____

Type of Firm: Sole Proprietorship Partnership Corporation LLC

Year business formed _____ Owners _____

***Note: Where above information has been previously provided in the contact form, provide only company name

Sales volume over the past (3) years:
20() \$ _____ 20() \$ _____ 20() \$ _____

Type of trade or service provided (include CSI Division/s): _____

Minimum contract amount your company can effectively manage: \$ _____

Maximum contract amount your company can effectively manage: \$ _____

What is the largest dollar volume on a single contract that you performed in the last two years? \$ _____

D/MBE Certified – Disadvantaged Minority Business Enterprise

D/WBE Certified – Disadvantaged Women Business Enterprise

MBE – Minority Business Enterprise State Certified? City Certified?
If applicable, please attach a copy of your certification

WBE – Women Business Enterprise State Certified? City Certified?
If applicable, please attach a copy of your certification

VBE – Veteran Business Enterprise

Is your company registered in the Government's Central Contractor Registration? (CCR) Yes No

Is your company Union? Is your company Non-Union? Will you bid prevailing wage projects? Yes No

CONTRACTOR INFORMATION

Identify persons or firms who provide the following services:

| Department: | Contact Name: | Phone: | Fax: |
|------------------------|---------------|--------|-------|
| Estimating | _____ | _____ | _____ |
| Marketing | _____ | _____ | _____ |
| H.R./Employment | _____ | _____ | _____ |
| Accounting | _____ | _____ | _____ |
| Legal Council/Attorney | _____ | _____ | _____ |
| Field Operations | _____ | _____ | _____ |

Number of full time field workforce: _____

Geographic areas of operation (states) _____

Identify work travel distance/area(s) your company will travel: _____

Type of work subcontracted to others: _____

List the type of work to be subcontracted to others, as well as the percentage that work represents to your overall budget.

| <u>Work to be Subcontracted</u> Your Work | <u>% to Total</u> 100% |
|--|---------------------------|
| _____ | _____ |
| _____ | _____ |
| Total | 100% |

Please provide your OSHA 300A form for the most recent year and the following safety information?

Lost Time Accident Rate (LTA): _____ Recordable Injury Rate (RIR): _____

Number of Fatalities: _____ Total Hours Worked: _____

List your firms experience modification rate (EMR) for the three most recent years:

20 () _____ 20 () _____ 20 () _____

Do you have a written safety program Yes No

Do you have hazardous communications plan? Yes No

Do you have a light duty program? Yes No

Do you have a drug testing program? Yes No

Financial Contact: _____

Direct Phone: _____

Can you provide a form W-9? Yes No

Are you interested in our early pay program? Yes No

1. Bank References:

| Bank Name: | Individual's Name: | Phone Number: |
|------------|--------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

2. Insurance in formation:

Attach Current Insurance Certificates, inclusive of General Liability, Automobile, etc.

3. Affiliations with other companies (identify if associated with other entities):

CONTRACTOR INFORMATION

4. Miscellaneous:

Company Shareholders'

a. Equity _____

b. Annual Sales Volume (last 5 years)

20() \$ _____ 20() \$ _____ 20() \$ _____ 20() \$ _____ 20() \$ _____

c. Do you have your company books audited by a CPA at least once per year? Yes No

If yes, attach a copy of your audited financial statements for the past 3 years.

If the most recent year is not audited, attach internal year to date financials for the most recent year.

d. Do you furnish information to Dun and Bradstreet? Yes No

e. Bonding Capacity: _____ Bonding Rate: _____

Surety(s): _____

Attach a letter from your bonding company indicating that a bond will be provided on this job, if one is required.

f. Has your company or any of its affiliates ever filed for bankruptcy? Yes No

If yes, provide the court case and date of filing below.

g. Is your company or any of its affiliates presently or at any time in the past ever entered into litigation or claim disputes with Shiel Sexton Company, Inc. or any of their affiliates? Yes No

If yes, provide a brief explanation below including offices involved, dates and principal individuals involved.

h. List all pending litigation, arbitration, proceedings, or suits pending/outstanding against or initiated by your firm, or its officers or principals.

i. Have you ever defaulted or been alleged to have defaulted on a construction contract? Yes No

If yes, please explain.

j. Have you ever been terminated on a construction contract? Yes No

If yes, please explain.

CONTRACTOR INFORMATION

Client References

List names of persons, agencies and organizations you have done work for during the last three (3) years

Client: _____ Project: _____
Contact Person: _____ Phone Number: _____
Contract Amount: \$ _____

Client: _____ Project: _____
Contact Person: _____ Phone Number: _____
Contract Amount: \$ _____

Client: _____ Project: _____
Contact Person: _____ Phone Number: _____
Contract Amount: \$ _____

For Office Use Only

| Accounting | Initials | Legal | Initials | Insurance | Initials | Operations | Initials |
|-------------------|----------|-----------------|----------|------------------|----------|-------------------|----------|
| Comments | | Comments | | Comments | | Comments | |



Subcontractor Insurance Requirements

We require a Certificate of Insurance (either the ACORD 25-S or the AIA G705) providing the coverage, limits of liability and endorsements listed below. (see attached sample) We also request an addendum to the Certificate of Insurance be attached to the certificate to confirm compliance with our requirements.

Commercial General Liability

| | | |
|---------------------------------|----------------------|-------------|
| Bodily Injury & Property Damage | Each Occurrence | \$1,000,000 |
| Combined Single Limit * | General Aggregate | \$1,000,000 |
| | Products-Completed | \$2,000,000 |
| | Operations Aggregate | |

- CGL policy is to include coverage for property damage for the X (explosion), C (collapse) and U (underground) hazards.

Automobile Liability (Incl. Owned, hired & non-owned)

| | | |
|---------------------------------|---------------|-------------|
| Bodily Injury & Property Damage | Each Accident | \$1,000,000 |
| Combined Single Limit | | |

Workers Compensation Employers Liability

| | |
|-----------------------|------------|
| Statutory | |
| Each Accident | \$ 100,000 |
| Disease Each Employee | \$ 100,000 |
| Policy Limit | \$ 500,000 |

Umbrella/Excess Liability

| | |
|------------------|-------------|
| Each Occurrence | \$5,000,000 |
| Retention | \$ 10,000 |
| Annual Aggregate | \$5,000,000 |

ADDITIONAL INSURED ENDORSEMENT:

Add Shiel Sexton Co., Inc. and Owner (where required) as Additional Insured:
Insurance Services Office (ISO) Forms or its equivalent G 2010 10 and CG 2037 to be used on the:

- Commercial General Liability policy providing AI status for Completed Operations
- Commercial General Liability (GL)
- Automobile Liability

ADDITIONAL REQUIREMENTS:

- General Aggregate applies separately to each project: (GL) CG 2503
- Insurance Services Office (ISO) Forms or its equivalent
- Waiver of Subrogation in favor of Shiel Sexton Co., Inc., and Owner (where required):
 - Commercial General Liability, Automobile Liability and Workers Compensation
- Primary and Non Contributory for work on Shiel Sexton projects:
 - All policies
- Notice of Cancellation Clause;30 days written notice of cancellation
 - Commercial General Liability, Automobile Liability and Workers Compensation

For insurance inquiries, please contact Kathy Jones, Shiel Sexton Company at 317-423-6000.