

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.

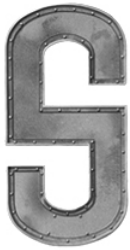
Please include the following items with your completed information form and return no later than fourteen (14) days of receipt to Dan Lawson, Project Manager at dlawson@shielsexton.com.

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

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

Contractor Bid/Award Information | Contractor Legal & Financial 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	