

CUTLER ASSOCIATES, INC.

SUBCONTRACTOR/VENDOR PREQUALIFICATION STATEMENT

Section 1: General Information

1. Name of Company: _____
Company address: _____

- Is this address the: Main Office: Regional Office: Branch Office:
Mailing address, if different from above: _____
2. Main contact person in your office: _____
Telephone No.: _____ Fax No.: _____
E-Mail Address: _____
Estimating contact person in your office: _____
Telephone No.: _____ Fax No.: _____
E-Mail Address: _____
Company web site: _____
3. Name of Parent Company (if applicable): _____
Parent Company Address: _____
4. What Construction Specialty Institute (CSI) specification sections do you quote: (Please see attached list)

Section 2: Job Experience

5. Experience with Cutler? None: 1-3 Jobs: Over 3 Jobs:
Please list project names and year completed:

6. 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 | _____ | | |
7. Check all building types on which your Company has worked:
- | | |
|-------------------------------|-------------------------------|
| A. High rise Office Building: | F. Educational: |
| 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 |
8. Design-build capability? Yes: No: In-House? Yes: No:
9. What percentage of work does your company subcontract out? _____
10. What trades do you normally subcontract out? _____
11. List the trades you normally perform with your own forces: _____

12. What is the largest contract your Company has completed?
 Amount: \$ _____ Year: _____ Project name and scope: _____
13. What is the largest dollar volume job you expect to do during this year?
 Amount: \$ _____ Project name and scope: _____
14. What is your expected annual volume this year: \$ _____ # of Projects: _____
15. What was the average annual volume of work performed over the past 5 years:
 Yr./Vol. _____ Yr./Vol. _____ Yr./Vol. _____
 Yr./Vol. _____ Yr./Vol. _____

Section 3: License Information

16. Is your company: MBE: WBE: DBE:
 MBE/WBE/DBE Certified By: _____
 (Please attach all copies of certifications.)
17. Contractor's License Number: _____ State: _____ Expiration: _____
 State Sales Tax Registration Number: _____
 State Unemployment Insurance Number: _____
 Federal ID Number: _____

Section 4: Financial Information

18. How many people does your company currently employ?
 Home Office: _____ Field Supervisory: _____ Tradespeople: _____
19. How many people did your Company employ on average for the last 3 years?
 Home Office: _____ Field Supervisory: _____ Tradespeople: _____
20. 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?
 If yes, please explain:

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

Section 5: Bonding

22. Bondable? Yes: No:
23. What is Company's Dunn & Bradstreet Number: _____
 D & B Rating: _____ Pay Record: _____ Date of Rating: _____
 Remarks: _____

24. Bonding Company:
 Name of Surety: _____
 Key Contact Person: _____ Phone #: _____
25. Bonding Capacity: Per Job \$ _____ Aggregate: \$ _____
26. Date of last bond: _____ Amount: \$ _____
27. Bond rate: _____ %

28. Please list the persons or entities who provide indemnification to your Surety: _____

Section 6: Insurance

29. Do you have at least the insurance limits as indicated below? Yes: No:
- Worker's Compensation.....Statutory Benefits
 - Commercial General Liability.....Combined Single Limit including broad form
 - CGL extensions.....\$1,000,000 each occurrence
 - \$2,000,000 general aggregate
 - \$1,000,000 products-comp/op aggregate
 - \$1,000,000 personal and advertising injury
 - \$50,000 fire damage (any one fire)
 - \$5,000 medical expenses (any one person)
 - Automobile Combined Single Limit including scheduled, non-owned, and hired automobile liability coverage.....\$500,000
 - Umbrella Liability in excess of the above liability Limits.....\$1,000,000
 - Completed Operations Coverage.....Three Years

(Please supply sample certificate of insurance showing all policies.)

30. List your firm's Worker's Compensation Interstate or PA Intrastate Experience Modifier Rate for the three most recent years:
20__ _____ 20__ _____ 20__ _____
31. If your company does not have a MOD rating, please provide copies of your OSHA 300 Log for the three most recent years
32. Have you been cited by OSHA in the past three years? Yes: No:
If yes, explain in detail: _____
33. Are all of your employees OSHA 10 hour certified? Yes: No:
34. Do you have a written safety program? Yes: No:
35. Do you have a written hazard communications program? Yes: No:
36. Do you have a full time safety person? Yes: No:
Contact Information _____

Section 7: References

37. Please list 3 of your major subcontractors:
- Name: _____
Address: _____
- Contact: _____ Telephone No. _____
Name: _____
Address: _____
- Contact: _____ Telephone No. _____
Name: _____
Address: _____
- Contact: _____ Telephone No. _____

38. Please list 3 contractors that you do business with:

Name: _____

Address: _____

Contact: _____ Telephone No. _____

Name: _____

Address: _____

Contact: _____ Telephone No. _____

Name: _____

Address: _____

Contact: _____ Telephone No. _____

Section 8: Attachments

39. 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)

40. 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)

41. Attach a copy of your latest audited financial statement. (Your financial statement is strictly for Cutler's Purchasing Dept use and will be treated confidentially).

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 Cutler 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.

Date at _____ this _____ day of Two Thousand and _____

Name of Company: _____

Completed by: _____ (print name)

Signature: _____

Title: _____ (must be an officer of the company)

Cutler Associates

CSI Codes

- | | |
|--|--|
| <input type="checkbox"/> 1101 Plan Rooms (FL) | <input type="checkbox"/> 9511 Acoustical Ceilings (FL) |
| <input type="checkbox"/> 1741 Cleaning (FL) | <input type="checkbox"/> 9641 Wood Flooring (FL) |
| <input type="checkbox"/> 2001 Site Development (FL) | <input type="checkbox"/> 9651 Resilient Flooring (FL) |
| <input type="checkbox"/> 2221 Demolition (FL) | <input type="checkbox"/> 9681 Carpet (FL) |
| <input type="checkbox"/> 2821 Fences & Gates (FL) | <input type="checkbox"/> 9801 Acoustical Treatment (FL) |
| <input type="checkbox"/> 2881 Play Field Equip & Struct (FL) | <input type="checkbox"/> 9901 Paints & Coatings (FL) |
| <input type="checkbox"/> 2901 Landscape & Irrigation (FL) | <input type="checkbox"/> 10101 (FL) |
| <input type="checkbox"/> 3211 Reinforcing Steel (FL) | <input type="checkbox"/> 10201 Louvers & Vents (FL) |
| <input type="checkbox"/> 3301 Cast-in-Place Concrete (FL) | <input type="checkbox"/> 10261 Wall & Corner Guards (FL) |
| <input type="checkbox"/> 3411 Precast Hollow Core Plank | <input type="checkbox"/> 10271 Access Flooring (FL) |
| <input type="checkbox"/> 3471 Tilt-up Precast Concrete (FL) | <input type="checkbox"/> 10351 Flag Poles (FL) |
| <input type="checkbox"/> 4221 Concrete Masonry Units (FL) | <input type="checkbox"/> 10401 Identification Devices, Signage, Plaques (FL) |
| <input type="checkbox"/> 5121 Structural Steel (FL) | <input type="checkbox"/> 10501 Lockers (FL) |
| <input type="checkbox"/> 5201 Metal Joists (FL) | <input type="checkbox"/> 10521 Fire Protection Specialty (FL) |
| <input type="checkbox"/> 5301 Metal Deck (FL) | <input type="checkbox"/> 10531 Walkway Covers (FL) |
| <input type="checkbox"/> 5411 Pre-engineered Metal Trusses | <input type="checkbox"/> 10631 Operable Partitions (FL) |
| <input type="checkbox"/> 5511 Metal Stairs & Ladders (FL) | <input type="checkbox"/> 10671 Shelving (FL) |
| <input type="checkbox"/> 5521 Handrails & Railings (FL) | <input type="checkbox"/> 10801 Toilet & Bath Accessories, Toilet Partitions (FL) |
| <input type="checkbox"/> 6101 Rough Carpentry | <input type="checkbox"/> 11061 Theater & Stage Equipment (FL) |
| <input type="checkbox"/> 6201 Finish Carpentry (FL) | <input type="checkbox"/> 11401 Food Service Equipment (FL) |
| <input type="checkbox"/> 6221 Millwork (FL) | <input type="checkbox"/> 11451 Residential Appliances (FL) |
| <input type="checkbox"/> 7101 Dampproofing & Waterproof / Traffic Coating (FL) | <input type="checkbox"/> 11481 Athletic/Recreation Equip (FL) |
| <input type="checkbox"/> 7211 Building Insulation (FL) | <input type="checkbox"/> 12301 Manufactured Casework (FL) |
| <input type="checkbox"/> 7214 Foamed in Place Insulation | <input type="checkbox"/> 12491 Window Treatments (FL) |
| <input type="checkbox"/> 7551 Modified Bitum Membr Roof (FL) | <input type="checkbox"/> 12661 Telescoping Stands (FL) |
| <input type="checkbox"/> 7611 Sheet Metal Roofing (FL) | <input type="checkbox"/> 14201 Elevators (FL) |
| <input type="checkbox"/> 7811 Fireproofing (FL) | <input type="checkbox"/> 15001 Plumbing (FL) |
| <input type="checkbox"/> 7900 Joint Sealants | <input type="checkbox"/> 15301 Fire Protection (FL) |
| <input type="checkbox"/> 8101 Metal Doors & Frames (FL) | <input type="checkbox"/> 15501 HVAC (FL) |
| <input type="checkbox"/> 8201 Wood & Plastic Doors (FL) | <input type="checkbox"/> 16001 Electrical (FL) |
| <input type="checkbox"/> 8251 Door Install Only (FL) | <input type="checkbox"/> _____ Other _____ |
| <input type="checkbox"/> 8361 Overhead / Coiling Doors & Grilles (FL) | <input type="checkbox"/> _____ Other _____ |
| <input type="checkbox"/> 8501 Windows & Glazing (FL) | <input type="checkbox"/> _____ Other _____ |
| <input type="checkbox"/> 8711 Door Hardware (FL) | <input type="checkbox"/> _____ Other _____ |
| <input type="checkbox"/> 9221 Portland Cement Plaster (FL) | <input type="checkbox"/> _____ Other _____ |
| <input type="checkbox"/> 9251 Gypsum Board (FL) | <input type="checkbox"/> _____ Other _____ |
| <input type="checkbox"/> 9301 Tile (FL) | <input type="checkbox"/> _____ Other _____ |
| <input type="checkbox"/> 9401 Terrazzo (FL) | <input type="checkbox"/> _____ Other _____ |