



Thank you for your interest in Pillar Homes, LLC. Please complete this form in order to be added to our current Bidder's List.

Attach and submit the following items with your completed application:

- W9 Form
- Copy of Current License
- General Liability and Workers Compensation Insurance Certificates

Return to:

By Mail:
 Pillar Construction Group, LLC
 1312 Bowman Street
 Clermont, FL 34711

By Fax: (352) 394-1794

By E-mail: michael.boutros@pillargroupfl.com

SUBCONTRACTOR/VENDOR PREQUALIFICATION STATEMENT

Name of Company: _____

Street Address: _____
Address City State Zip

Mailing Address: _____
Address City State Zip

Phone: _____ Fax: _____

Contact: _____
 Title: _____

E-mail: _____
 Cell: _____
 Phone/Fax: _____
If different from "main" phone/fax.

Contact: _____
 Title: _____

E-mail: _____
 Cell: _____
 Phone/Fax: _____
If different from "main" phone/fax.

Contact: _____
 Title: _____

E-mail: _____
 Cell: _____
 Phone/Fax: _____
If different from "main" phone/fax.

Website: _____

Is your company a: MBE WBE DBE (Please attach copies of all certifications.)
 MBE/WBE/DBE Certified By: _____

Is the address above the: Corporate Regional Office Branch Office
 Name of Parent Company: _____

Address: _____
Address City State Zip

Trade(s) / CSI Division(s)

Please write in the trade(s) and/or CSI Division(s) your company is interested in bidding.

Year Company Started: _____

Type of Company: Corporation Partnership Proprietorship Sub S Corporation

State of Incorporation: _____ Date of Incorporation: _____

SUBCONTRACTOR/VENDOR PREQUALIFICATION STATEMENT cont'd

License(s) Held (State, County, City) (Attach lists as needed.)

<u>Number</u>	<u>Issued By</u>	<u>Expiration</u>
_____	_____	_____
_____	_____	_____

State Sales Tax Registration Number: _____

State Unemployment Insurance Number: _____

Federal ID Number: _____

List 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>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

List any other names your company has operated under:

How many people does your company presently employ?

Corporate Office _____ Field Supervisory _____ Trades people _____

How many people did your company employ on average for the last three (3) years?

Corporate Office _____ Field Supervisory _____ Trades people _____

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 your company owners, officers or major stockholders ever been indicated 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, officer or major stockholders currently involved in any arbitration or litigation? Yes No

If yes, please explain: _____

Does your company have any outstanding judgments or claims against it? Yes No

If yes, please explain: _____

SUBCONTRACTOR/VENDOR PREQUALIFICATION STATEMENT cont'd

Has your company or any owners, officers or major stockholders ever 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 an hour laws or other federal, state or local labor laws? 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.

List the geographical areas in which your company performs work.

Indicate all building types on which your company has performed work:

- | | | |
|--|---|---|
| <input type="checkbox"/> High Rise Office Building | <input type="checkbox"/> Hospital | <input type="checkbox"/> Industrial Building |
| <input type="checkbox"/> Mid Rise Office Building | <input type="checkbox"/> Residential | <input type="checkbox"/> Technology/Laboratory |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Sports/Entertainment | <input type="checkbox"/> Design Build/Design Assist |
| <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Educational Facility | |

List the trade(s) your company normally self-performs:

What percentage of your company's work is normally subcontracted? _____%

List the trade(s) your company normally subcontracts:

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

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

What is the largest contract your company has completed?

Amount: \$ _____ Year: _____

Project name and Scope: _____

What is the largest dollar volume contract your company expects to do this year?

Amount: \$ _____

Project name and Scope: _____

What is your company's expected annual volume for this year?

\$ _____ # of Projects: _____

What was your company's average annual volume of work performed over the past five (5) years?

Year: _____ Volume: # _____ Year: _____ Volume: \$ _____

Year: _____ Volume: # _____ Year: _____ Volume: \$ _____

Year: _____ Volume: # _____ Year: _____ Volume: \$ _____

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 names and phone numbers.)

Attach a list of completed major projects, giving name of project, address, Owner, Architect, General Contractor, contract amount, scope of work and scheduled completion. (Include contact names and phone numbers.)

SUBCONTRACTOR/VENDOR PREQUALIFICATION STATEMENT cont'd

Trade Association Memberships: _____

List any accredited training programs in which your company participates (craft or management training):

List key office personnel and field supervisors (attach resumes):

	<u>Name</u>	<u>Year of Birth</u>	<u>Position</u>	<u>Years Experience</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

List any subsidiaries and affiliates of your company:

	<u>Company Name</u>	<u>Ownership</u>	<u>Type of Company</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

General Remarks: _____

SUBCONTRACTOR/VENDOR PREQUALIFICATION STATEMENT cont'd

INSURANCE REQUIREMENTS

Please submit a Sample Certificate of Insurance for review along with this completed Prequalification Statement. For each project we require a Certificate of Insurance providing the coverage, limits of liability and endorsements listed below. We also request written confirmation attached to the Certificate of compliance with our requirements.

GENERAL LIABILITY COVERAGE

- Commercial General Liability policy with limits as follows:
 - \$1,000,000 Each Occurrence
 - \$1,000,000 Personal & Advertising Injury
 - \$1,000,000 General Aggregate
 - \$1,000,000 Products – Completed Operations Aggregate
- General Liability ISO “occurrence” coverage form CG0001 or its equivalent applies.
- Pillar Construction Group, LLC. (Contractor) and Owner (Project Owner), and their successors, assigns, officers, employees, directors, shareholders, partners and members are General Liability additional insured’s on ISO endorsements CG2010 or CG2033 (ongoing operations) and CG2037 (products-completed operations) or their equivalents.
- General Liability is primary without contribution from other insurance available to Contractor or Project Owner
- General Liability ISO endorsement Designated Construction Project(s) General Aggregate Limit CG2503 or its equivalent applies
- General Liability does not contain an exclusion for or limitation of Products – Completed Operations Hazard “Insured Contract” Contractual liability (as defined in ISO General Liability CG0001), Cross Suits liability (insured vs. insured), Explosion, Collapse and Underground Property Damage Hazard, or Continuing or Progressively Deteriorating Damages.
- Subcontractor waives all rights of recovery against Contractor, Project Owner, and their affiliated Organizations, their successors, assigns, officers, employees, directors, shareholders, partners and members, to the extent coverage is provided under Subcontractor’s General Liability Insurance, including any covered or uncovered deductible(s) and self-insured retention(s).

BUSINESS AUTO LIABILITY COVERAGE

- Auto liability ISO coverage form CA0001 or its equivalent applies.
- Any Auto (Symbol 1) coverage applies.
- \$1,000,000 Per Accident (minimum limit).
- Pillar Construction Group, LLC. (Contractor), the Owner (Project Owner), and their successors, assigns, officers, employees, directors, shareholders, partners and members are Business Auto designated Insured’s on ISO endorsement on ISO endorsement CG2048 or its equivalent.
- Subcontractor waives all rights of recovery against Contractor, Project Owner, and their affiliated organizations, their successors, assigns, officers, employees, directors, shareholders, partner and members, to the extent coverage is provided under Subcontractor’s Auto Liability insurance, including any covered or uncovered deductible(s) and self-insured retention(s).

WORKERS COMPENSATION AND EMPLOYERS LIABILITY COVERAGE

- Employers Liability minimum limits as follows:
 - \$100,000 Each Accident
 - \$100,000 Disease – Each Employee
 - \$500,000 Disease – Policy Limit
- Workers Compensation Waiver of Right to Recover from Others Endorsement WC000313 or its equivalent applies in favor of Pillar Construction Group, LLC. Owner and their affiliated organizations, their successors, assigns, officers, employees, directors, shareholders, partners and members.

SUBCONTRACTOR/VENDOR PREQUALIFICATION STATEMENT cont'd

SAFETY PREQUALIFICATION

1. Please list your company's worker's compensation experience modification rate (EMR) for the most recent three (3) years. (Year/Rate)

____/____ ____/____ ____/____

2. How many OSHA violations has your company received in the last three (3) years?
(Year/#Violations)

____/____ ____/____ ____/____

Any employee deaths in the last three (3) years? Yes No

If yes, please give a brief description of circumstances: _____

3. Does your company have a qualified person responsible for safety within your company?

Yes No

If yes, please describe their qualifications: _____

Does this person do safety inspections on all of your projects? Yes No

If yes, frequency: _____

4. Does your company have a written Company Safety Policy and Program, and will you provide copies
If requested?

Yes No

5. Does your company have a substance abuse policy?

Yes No

If yes, please indicate which of the following are included:

Pre-Hire/Initial Employment Cause Post Accident/Incident Random Periodic

6. Has your company ever implemented 100% fall protection?

Yes No

If yes, please describe: _____

If requested, can your company provide us with a site-specific program addressing the fall hazards in
your work? Yes No

7. Does your company require documented safety meetings for any of the following?

Field Supervisors: Yes No Frequency: _____

New Hires: Yes No Frequency: _____

Employees: Yes No Frequency: _____

Subcontractors/Vendors: Yes No Frequency: _____

8. Does your company provide safety training for all employees?

Yes No

If yes, please list training provided: _____

9. Does your company have a program recognizing employees for safety performance excellence?

Yes No

10. Does your company conduct accident/incident investigations?

Yes No

11. List all supervisory employees who have completed an OSHA 10 Hour Training Program:

	<u>Name</u>	<u>Date of Certification</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

SUBCONTRACTOR/VENDOR PREQUALIFICATION STATEMENT cont'd

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 Pillar Construction Group, 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 this _____ day of _____, _____

Name of Company: _____

Completed By: _____

Printed Name: _____

Title: _____

Sworn to and subscribed before me this _____ day of _____, _____

Notary Public (Signature)

Personally Known or Produced Identification
Type of Identification Produced _____

(Print, type or Stamp Commissioned name of Notary Public)