

Cheever

Thank you for your interest in Cheever Development Corporation. In order to develop a more complete knowledge of your Company & better match future Cheever opportunities to your Company's capabilities, please complete this form & return to:

Cheever Development Corp.

Attention: Purchasing Department

Phone:

Fax:

Date of Response: _____

SUBCONTRACTOR / VENDOR PREQUALIFICATION STATEMENT

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:
___ MBE ___ WBE ___ DBE MBE/WBE/DBE Certified by: _____

Please attach copies of all certifications.

Is this address the: ___ Main Office ___ Regional Office ___ Branch Office

Name of Parent Company: _____

Address of Parent Company: _____

Trades

Please fill-in the trade(s) that your Company is interested in bidding

Your Company Started: _____ Type of Company: ___ Corp. ___ Partnership ___ Proprietorship ___ Sub S. Corp.

State of Incorporation: _____ Date of Incorporation: _____

SUBCONTRACTOR / VENDOR PREQUALIFICATION QUESTIONNAIRE (continued)

Contractor's License Number: _____ State: _____ Expiration: _____ (Attach list if needed)

State Sales Tax Registration Number: _____ (attach list as needed)

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

Federal ID Number: _____

List the corporate officers, partners, proprietors, members and shareholders of more than 5% of the stock of your Company:

	Name	Year of Birth	Position	Percent Owned
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____

Under what other names has your Company operated? _____

How many people does your Company presently employ?

Home Office _____ Field Supervisory _____ Trades people _____

How many people did your Company employ on average for the last 3 years?

Home 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: _____

Has 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 any of the 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: _____

SUBCONTRACTOR / VENDOR PREQUALIFICATION QUESTIONNAIRE (continued)

Has your company or any of its owners, officers or major stock holders 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 and hour laws or other federal, state or local labor laws? 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 you work: _____

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	_____		_____

Check all building types on which your Company has worked:

- | | | | |
|------------------------------|-------|-------------------------------|-------|
| A. High rise office building | _____ | F. Sports / Entertainment | _____ |
| 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 Asst. | _____ |

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 _____

SUBCONTRACTOR / VENDOR PREQUALIFICATION QUESTIONNAIRE (continued)

What was the average annual volume of work performed over the past 5 years:

Yr./Vol. _____ Yr./Vol. _____ Yr./Vol. _____

Yr./Vol. _____ Yr./Vol. _____ Yr./Vol. _____

MBE/WBE Participation in work which you subcontract (average participation for last 3 years) MBE _____%
WBE _____%

Minority/Female workforce participation (average percentage utilization for last 3 years) MIN _____%
FEM _____%

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, scope of work and scheduled completion. (Include contact people and phone numbers)

Attach a copy of your latest audited financial statement. (Your financial statement is strictly for Cheever Development Corp. 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: _____

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: _____

SUBCONTRACTOR / VENDOR PREQUALIFICATION QUESTIONNAIRE (continued)

List three of your major suppliers:

- A. Name: _____
Address: _____
Contact: _____
- B. Name: _____
Address: _____
Contact: _____
- C. Name: _____
Address: _____
Contact: _____

List three contractors that you do business with:

- A. Name: _____
Address: _____
Contact: _____
- B. Name: _____
Address: _____
Contact: _____
- C. Name: _____
Address: _____
Contact: _____

Trade Association Memberships: _____

List local or national accredited training programs in which you participate (craft or management training): _____

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

	Name	Position	Year of Birth	Years Experience	Previous Employer
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____

List any subsidiaries and affiliates of your Company:

	Company Name	Ownership	Type of Company
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

General Remarks: _____

SUBCONTRACTOR / VENDOR PREQUALIFICATION QUESTIONNAIRE (continued)

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 Cheever Development Corp. Will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and awarding work to our Company.

Dated at _____ this _____ day of Two thousand and _____ (_____) _____

Name of Company: _____

Completed by: _____

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 _____, 20____

Notary Public: _____

My commission Expires: _____

Exhibit B
CHEEVER DEVELOPMENT CORPORATION

Subcontractor Pre-qualification Insurance Questionnaire

Agent / Broker: _____
 Contact: _____
 Phone: _____

A. Commercial General Liability

Insurance Carrier: _____

1. Policy From _____ Policy Number _____ Policy Period _____ Occurrence Based _____
 From To Claims Made _____

Any exclusion from Standard CGL Policy? (Y/N)

2. _____

3. Limits:	Current	Max Obtainable
General Aggregate	\$ _____	\$ _____
Products-Comp/Op Agg.	\$ _____	\$ _____
Personal/Adv. Injury	\$ _____	\$ _____
Each Occurrence	\$ _____	\$ _____
Fire Damage (any one fire)	\$ _____	\$ _____
Med. Exp (any one person)	\$ _____	\$ _____

4. Deductible: \$ _____

5. Per Project limits _____ Yes _____ No

B. Excess Liability

Insurance Carrier _____

1. Policy From _____ Policy Number _____ Policy Period _____ Occurrence Based _____
 From To Claims Made _____

2. Umbrella: _____

Or Excess: _____

3.	Current	Max Obtainable
Each Occurrence	\$ _____	\$ _____
Aggregate:	\$ _____	\$ _____

C. Worker's Compensation and Employer's Liability

Insurance Carrier _____

1. Policy From _____ Policy Number _____ Policy Period: From _____ To _____

2. Limits \$ _____

3. E.L. Each Accident \$ _____

4. E.L. Disease-Policy Limit \$ _____

5. E.L. Disease-each Employee \$ _____

D. Automobile Liability

Insurance Carrier _____

1. Policy From _____ Policy Number _____ Policy Period: From _____ To _____

	Current	Max Obtainable
2. Combined Single Limit	\$ _____	\$ _____
3. Bodily Injury (per person)	\$ _____	\$ _____
4. Bodily Injury (per accident)	\$ _____	\$ _____
5. Property Damage	\$ _____	\$ _____

E. Professional Liability Insurance

Insurance Carrier

1. Policy From Policy Number Policy Period: From To
 2. Office Policy Limit: \$ _____ Deductible: \$ _____
 3. Project Specific Limit available: \$ _____ Extended Reporting Period (tail) _____ yrs.
- Prior Acts Yes _____ No _____

F.: Submit Rate Pages for Worker's Compensation, Commercial General Liability and Umbrella Insurance for current policy year.