

Thank you for your interest in Facchina Construction of Florida, LLC. In order to develop a more complete knowledge of your Company and better match future Facchina Construction of Florida, LLC opportunities to your Company's capabilities, please complete this form and return to our office.

Subcontractor: Performs work on site, complete entire form

Supplier: Does not perform work on site. Skip 4 & 5.

1. GENERAL INFORMATION

Name of Business _____

Street Address _____

City, State, Zip Code _____

Is the address of the Main Office Regional Office Branch Office

Telephone Number _____ Fax Number _____

Person to Contact _____ E-Mail Address _____

Name of Parent Company _____ Address of Parent Company _____

Date Founded _____ State of Incorporation _____ Date of Incorporation _____

Type of Company Corp Partnership S Corp Proprietorship

Is your Company a certified:

Small Disadvantaged Business (SDB) Women-Owned Small Business (WOSB) Minority Business Enterprise (MBE)

Small Business Enterprise (SBE) FDOT Certified SDB Native American

HUB Zone Small Business (HUB Zone SB) Veteran-Owned Small Business Concerns (VOSMC)

Service-Disabled Veteran-Owned Small Bus. Concerns (SDVOSMC) OTHER – Describe: _____

-Please attach copies of all certifications-

Contractor's License Number _____ State _____ Expiration _____

-Attach list if necessary

Federal Identification Number _____

-Attach copy of executed W-9 form-

State Sales Tax Registration Number _____ Attach list if necessary

Other names your Company has operated under _____

Names, titles, ages, and length in position of Officers, Managers, or Principals

Attach a copy of your company organization chart

2. WORK CLASSIFICATION

Please list the categories of work your firm provides: (trade/scope)

(Upon completion of Prequalification you will be provided a link to our Solicitation software so you may select the appropriate trade codes and any Minority Certifications.)

3. WORK EXPERIENCE

Please attach a list of the major projects your firm has completed in the last three (3) years showing the project name, location, owner, architect/engineer, general contractor, contract amount and completion date, and contact person.

Has your firm or any other organization, with which the officers or partners were involved during the past three years, ever failed to complete any work awarded? No Yes(attach explanation)

Are there any judgments, claims, arbitrations, proceedings or suits pending/outstanding against your firm or its officers or principals? No Yes(attach explanation)

Has your firm or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? No Yes(attach explanation)

Have any of the owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct? No Yes(attach explanation)

Has your firm ever been disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive to a public agency? No Yes(attach explanation)

Has your firm ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? No Yes(attach explanation)

What is your average job size \$ _____ Largest job to date \$ _____

What is your backlog as of last financial statement \$ _____

as of today \$ _____ as of 12 months ago \$ _____

4. BONDING & INSURANCE

Bonding Company _____ Agent Name _____

Address _____ Phone # _____

Bonding Capacity \$ _____ Per Project \$ _____ Aggregate

Date, amount and type of last bond issued _____ Bond rate _____%

Please list the person(s) who provides indemnification to your Surety _____

Insurance Agent/Broker _____

Contact _____ Phone _____

-Attach copy of a "GOOD GUY LETTER" directly from your surety, per Attachment 'A'-

NOTE: Facchina policy requires a bond on all subcontracts of \$100,000 or more. Bondability status must be proven if the Contractor Default Insurance Program will be used.

See Attachment 'C' for Facchina Construction Insurance Requirements

1. Our insurance meets Facchina's requirements including \$5,000,000 aggregate _____(initial)
OR
2. We will include cost of job specific coverage to meet above limits in our bids _____(initial)

SUBCONTRACTOR SAFETY PREQUALIFICATION FORM

All items on this form **must** be filled out in order for your firm to be considered a potential vendor. If not applicable show as N/A

SAFETY INFORMATION			
	2014	2013	2012
List your company interstate Experience Modification Rate (EMR)			
Total employee hours worked including overtime each year.			
Number of fatalities. (G)			
Number of lost workday cases. (H)			
Number of cases involving restricted work activity. (I)			
Number of other recordable cases. (J)			
Total Recordable Case Rate = $(G+H+I+J) \times 200,000 / \text{hours worked}$			
DART Incident Rate = $(H+I) \times 200,000 / \text{hours worked}$			
* If any fatalities are listed, please explain circumstances on a separate sheet of paper.			
SAFETY INFORMATION			
Does your company have a safety manager / department? <input type="checkbox"/> YES <input type="checkbox"/> NO Safety Manager's Name & Phone Number:			
Does your company have a written Safety Program? <input type="checkbox"/> YES <input type="checkbox"/> NO Please provide a copy			
Does your company conduct project safety inspections? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who conducts these inspections? _____ (Print Name and Title) How often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As Needed			
Do you have a New Hire Safety Orientation Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
How often are documented Safety Meetings held on-site? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed			
Has your company received any OSHA citations over the past five years? <input type="checkbox"/> YES <input type="checkbox"/> NO Separately, list & explain any OSHA citations issued to your company over the past five years.			
Does your company have a disciplinary program in place for safety violations? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Does your company have a drug free workplace policy? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Does your company conduct accident/incident investigations? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Does your company have a return to work / light duty policy? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Proof of safety training will be required for employees working on-site. Can you provide a list of trained employees, showing what component each person is specifically trained in? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Subcontractors are required to have Competent Person(s) on-site during specific work tasks. Please provide a list of your company competent persons, showing what task each person is specifically competent in?			
This safety information was compiled from the records that are available to me at this time and I declare that the information is true and accurate within the limitations of those records.			
_____ Print Name		_____ Initial	
_____ Signature of Principal of Company		_____ Print Name & Title	_____ Date

6. FINANCIAL INFORMATION

Attach a copy of your latest audited financial statement. (Your financial statement is strictly for Facchina Construction of Florida, LLC, Risk Management Department use and will be treated confidentially.)

NOTE: Reviewed statements with Compilation Report will be acceptable. Tax Returns and/or Internal Balance Sheets are NOT acceptable as financial statements.

If the attached financial statement is not for the identical Company name 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 _____

Company's Dunn & Bradstreet # _____ D & B Rating _____ Pay Record _____ Date of Rating _____

Contractor's Score: (See Attachment 'B' - letter from the President)

Remarks _____

List three (3) of your major suppliers

#1 Name _____ Address _____

Phone _____ Contact Person _____ Email _____

#2 Name _____ Address _____

Phone _____ Contact Person _____ Email _____

#3 Name _____ Address _____

Phone _____ Contact Person _____ Email _____

CONTRACTOR REFERENCES: Please be sure contact information is current!

#1 Name _____ Address _____

Email: _____ Phone _____

Contact Person _____

#2 Name _____ Address _____

Email _____ Phone _____

Contact Person _____

#3 Name _____ Address _____

Email _____ Phone _____

Contact Person _____

7. ESTIMATING/BID SOLICITATION INFORMATION

Contact Name: _____ Title: _____

Phone: _____ Fax: _____ E-Mail: _____

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, by either expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Facchina Construction of Florida, 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 _____ 20 _____. Company Name _____

Completed by _____ Title _____ (must be an officer of the Company) being duly sworn deposes & says that the information provided herein is true & sufficiently complete to not be misleading.

ATTACHMENT 'A'

What is needed in the Surety Letter

Facchina's goal to prequalify subcontractors and to establish the subcontractor's Surety relationship. This requires a reference letter from the subcontractor's broker.

Please forward these instructions to your broker and request they write a letter **on broker/surety letterhead**, addressed to Facchina.

In order to establish an existing bonding relationship, we ask that you provide at a minimum, the following information:

1. Name and AM Best rating of the surety handling bonding requirements.
2. Date the subcontractor first bonded through this surety.
3. Existing single and aggregate bond capacity.
4. Available bond capacity as of the date of this letter.
5. General comments as to character, business qualifications, etc.
6. Name of agent and contact number.
7. Signed by the insurer or the broker as attorney-in-fact

NOTE: A generic Surety Letter (dated within 6 months) is accepted for general prequalification; however, if your company is pursuing a specific project with Facchina please request a "project specific" beauty letter from your surety confirming ability to bond this specific project.

What is needed in the Bank Letter

Facchina's goal to prequalify subcontractors and to establish the subcontractor's liquidity requires a reference letter from the subcontractor's bank.

Please take this form to your bank and request they write a letter, on the bank's letterhead, addressed to Facchina.

This letter should incorporate answers to the following questions:

1. Date account opened.
2. Average checking balance for the past twelve months, and current checking and savings balances.
3. The dollar figures of the Line of Credit and the present amount in use (*the terminology of low, medium, or high is not acceptable*). We also need to know the expiration date of the line. If the Line of Credit is secured, please indicate the specific security.
4. Existing loan amount and terms.
5. General recommendations as to character, business qualifications, etc.
6. Name of bank officer and their title.

ATTACHMENT 'B' – Contractor's Score

Dear Trade Contractor / Subcontractor:

As you may know, Facchina Construction of Florida, LLC has built our reputation on a strong tradition of Teamwork not only within our organization, our Project Owners but also with the Sub-Contractor community. As we emerge from the recession and construction slow down, we look forward to many opportunities which are ahead.

With the positive upturn in the market, the management and financial resources contractors employ are under greater pressures now more than ever. In order to provide Facchina Construction of Florida, LLC with a benchmarking mechanism for evaluation of financial wherewithal of Sub-Contractors, we have engaged a new service called Contractor Score, LLC. The Contractor Score is a third party professional tool that measures a contractor's current management and financial capacity. Much like the consumer 'credit score', the Contractor Score evaluation result indicates a contractor's relative financial and management health. It is applicable to Sub-Contractors and General Contractors alike.

Beginning November 1, 2013, Facchina Construction of Florida, LLC will be requiring all subcontractors to submit their Contractor Score prior to being considered for a Subcontract award. The Contractor Score will become a mandatory part of Facchina's pre-qualification process. Contractor's Score is simply another data point in our evaluation process and a low score does not disqualify a company from a contract award.

The Contractor Score is simple, confidentially derived, and very inexpensive to acquire. Facchina is not involved in the actual Contractor Score evaluation process—we do however ask that you provide us with your score as soon as possible AND prior to a consideration for a contract award.

We do encourage you to engage now and get your scores. Please look at the details on Contractor Score's web site, start with "**Getting a Score**",
<http://www.contractorscore.net/Instructions.html>

Should you have any questions, please do not hesitate to contact us.

Sincerely,

FACCHINA CONSTRUCTION OF FLORIDA, LLC

Jesus Vazquez
President

ATTACHMENT 'C' – INSURANCE REQUIREMENTS

Prior to the commencement of any of the Work, the Subcontractor shall obtain the following insurance, at its own expense, to be maintained for the entire term of the project and as noted below, whichever is later. The term "Subcontractor and Sub-Subcontractor" as used herein means and includes Contractors and Subcontractors of every tier.

1. **Worker's Compensation and Employers' Liability Insurance** for all workers employed in connection with the project, as follows:

Coverage A (Workers' Compensation) - Statutory

Coverage B (Employers' Liability) - \$500,000 each accident and disease

Worker's Compensation insurance shall include Policy endorsements providing an extension of the policy to cover the liability of the insured under "All States Operations".

2. **Commercial General and Excess Liability Insurance** with a Combined Single Limit for Bodily Injury and Property Damage in the amount of \$5 million, unless greater limits are required by the Owner Contract.

Coverage Endorsements Required:

- a) Premises - Operations Liability
- b) Occurrence Bodily Injury and Property Damage Liability
- c) Independent Contractors Liability
- d) Completed Operations and Products Liability maintained for Five (5) year beyond completion and acceptance of the project, or as required by the Statute of Repose in the jurisdiction where the project is located, whichever is longer.
- e) Blanket Broad Form Contractual Liability, including the Indemnification set out in the General Conditions and all other contracts relative to the Project
- f) Personal Injury Liability Insurance Hazards A, B, C, with Employee Exclusion (c) deleted.
- g) Broad Form Property Damage Liability Insurance (Including Completed Operations).
- h) Incidental Medical Malpractice Liability Insurance
- i) Blanket X, C and U Coverage, where applicable
- j) Host Liquor Liability Insurance.

All new certificates issued by the Subcontractor shall indicate, "There is no General Liability exclusion for the performance of this Subcontractor's Work or operations as it relates to construction of residential condominiums or residential apartments within the State of Florida".

3. **Comprehensive Automobile Liability Insurance** covering all owned, hired or non-owned vehicles including the loading or unloading with a Combined Single Limit for Bodily Injury and Property Damage in the amount of \$1,000,000 per occurrence.
4. **Professional Liability Insurance** for the scope of work performed shall be maintained whenever the Subcontractor provides architectural, engineering, surveying, testing or other professional services under this Agreement. Such insurance shall have minimum limits of:

\$ 5,000,000 Each Occurrence

\$ 5,000,000 Aggregate

5. All such insurance shall include the interest of the entities named in paragraph 7 and their respective parent companies and/or corporations and their owned, controlled, associated, affiliated and subsidiary companies and/or corporations and the respective agents, consultants, servants and employees of each and all other interests as may be reasonably required by the Owner as Additional Insured utilizing form CG 20 10 and CG 20 37 or it's equivalent. The additional insured listing of the entities named in paragraph 7, and all their affiliates, on the policy must specifically state that it applies to ongoing and completed operation coverages or a separate listing of additional insured shall be provided for the completed operations coverage. The coverage afforded the Additional Insured under this policy shall be primary insurance. If the Additional Insured have other insurance, which is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.

Certificates of Insurance, in duplicate, indicating the jobsite and evidencing all required coverage must be submitted to and approved by the Contractor and Owner prior to the commencement of any of the Work. The certificate holders shall be as follows:

Contractor: Facchina Construction of Florida, LLC
9675 NW 117th Avenue
Suite 109, Miami, Florida 33178

All policies shall expressly require thirty (30) days written notice to the Contractor at the address set out above, and all other additional insureds of the cancellations or material alterations of such policies, and the Certificates of Insurance shall so provide. In the event of such expiration or cancellation notice, Subcontractor shall obtain equivalent insurance coverage from other insurance companies prior to the expiration or cancellation of the original insurance coverage.

All certificates shall be subject to the Owner and Contractor's approval of adequacy of protection and the satisfactory character of the Insurer.

In the event of failure of the Subcontractor to furnish and maintain said insurance and to furnish satisfactory evidence thereof, the Owner and/or Contractor shall have the right (but not the obligation) to take out and maintain, without the need for notice, the same for all parties on behalf of the Subcontractor, who agrees to furnish all necessary information thereof and to pay the cost thereof to the Owner and/or Contractor immediately upon presentation of a bill.

6. Property Damage

- a. Unless otherwise provided, the Owner will purchase and maintain property insurance upon the entire Work at the Project site to the full insurable value thereof. This insurance shall insure against the perils included in a standard "Builder's Risk" policy. The Builder's Risk policy will cover delay damages resulting from a covered event and will list "Facchina Construction of Florida, LLC and their Subcontractors" as co-insured's "as their interests may appear". Notwithstanding any other provision to the contrary, Contractor shall not be obligated to rebuild the structure if it is materially damaged or destroyed prior to completion if such a loss or material damage is not covered by Builders Risk Insurance. This insurance will not cover any tools owned by the mechanics, any tools, equipment, scaffolding, staging, towers, and forms owned or rented by the Contractor, the capital value of which is not included in the cost of the Work, or structures erected for housing the workman.
- b. Subcontractor shall secure, pay for and maintain whatever fire or extended coverage or other property insurance it may deem necessary for protection against loss of owned or rented capital equipment and tools, including any tools owned by mechanics, and any tools, equipment, scaffolding, staging, towers and forms owned or rented by it or its Sub-Subcontractors. Owner, Architect, Engineer and Contractor shall have no liability with respect to such equipment and tools.
- c. The requirements to secure and maintain the above insurance are solely for the benefit of the Subcontractor. Failure of the Subcontractor to secure such insurance or to maintain adequate levels of coverage shall not obligate the Owner, the Architect, the Engineer, the Contractor or their agents and employees for any losses of owned or rented equipment. If a Subcontractor secures such insurance, the insurance policy shall include a waiver of subrogation as follows, or words to this effect:

"It is agreed that in no event shall this insurance company have any right of recovery against the Owner, Architect, Engineer or Contractor."

7. General Terms

Any type of insurance or increase of limits of liability not described above which the Subcontractor requires for its own protection or on account of statute shall be its own responsibility and at its own expense.

The carrying of the insurance described shall in no way be interpreted as relieving the Subcontractor of any responsibility or liability under this contract.

Should the Subcontractor engage a Sub-Subcontractor, the same conditions will apply under this Agreement to each Sub-Subcontractor.

The Subcontractor hereby waives all rights of subrogation against the Owner, Facchina Construction of Florida, LLC and other indemnities of the Contract under all the foregoing policies of insurance.

8. Additional Insured:

- a. Facchina Construction of Florida, LLC (Contractor)
- b. TBD (Owner)
- c. TBD Bank 1 (Lender)
- d. TBD Bank 2 (Lender)