



Thank you for your interest in RADIX Construction, Inc. In order to develop a more complete knowledge of your Company & better match future RADIX opportunities to your Company's capabilities, please complete this form & click on the "email" button or mail / fax to:

2422 12th Ave. Rd. #153
 Nampa, ID 83686
 Phone: (208) 442-7106 Fax: (208) 442-7107

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 #	Email Address

Website Address: _____

Is your Company: MBE WBE DBE MBE/WBE/DBE Certified by: _____

PLEASE ATTACH COPIES OF ALL CERTIFICATIONS

Is the 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

SUBCONTRACTOR / VENDER PREQUALIFICATION QUESTIONNAIRE (continued)

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

State of Incorporation: _____ Date of Incorporation: _____

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

State Sales Tax Registration Number: _____ (Attach list if needed)

State Unemployment Insurance Number: _____ (Attach list if needed)

Federal ID Number: _____

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

NAME	YEAR OF BIRTH	POSITION	PERCENT OWNED

Under what other names has your Company operated? _____

How many people does your Company presently employ?

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 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: _____

SUBCONTRACTOR / VENDER PREQUALIFICATION QUESTIONNAIRE (continued)

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 judgments or claims against it? Yes No If yes, please explain:

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 & Reform Act, state or local laws regarding employment of immigrants, prevailing wage laws, wage & 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 payment 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			

SUBCONTRACTOR / VENDER PREQUALIFICATION QUESTIONNAIRE (continued)

Check all building types on which your Company has worked:

A. High-rise Office Building		E. Residential		I. Correctional Facilities	
B. Mid-rise Office Building		F. Sports / Entertainment		J. Design Build / Design Assist	
C. Hotels / Motels		G. Industrial Building		K. Restaurants	
D. Hospitals		H. High Tech / Laboratories			

List the trades you normally perform with your own forces: _____

What is the largest contract your Company has completed?

Amount: \$ _____ Year: _____ Project name & scope: _____

What is the largest dollar volume job you expect to do during this year? \$ _____

Amount: \$ _____ Project name & scope: _____

What is your expected annual volume this year? \$ _____ # of Projects: _____

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

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

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

MBE / WBE Participation in work which you subcontract (average participation for last 3 yrs.):

MBE _____% WBE _____%

Minority / Female workforce participation (average % 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 & scheduled completion (include contact people & phone numbers).

Attach a list of completed major projects giving name of project, address, owner, architect, general contractor; contract amount & scope of work (include contact people & phone numbers).

Name of your Bank: _____

Address: _____

Phone: _____ Contact Person: _____

Amount of line-of-credit: \$ _____ Amount Available: \$ _____ Exp. 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: _____

SUBCONTRACTOR / VENDER PREQUALIFICATION QUESTIONNAIRE (continued)

Bonding Company - Name of Surety: _____

Key Contact Person / Phone: _____

Bonding Capacity – Per Job: \$ _____ Aggregate: \$ _____

Date of Last Bond: _____ Amount: \$ _____ Bond Rate: _____ %

Please list the persons or entities that provide indemnification to your Surety: _____

List three of your major suppliers:

A. Name: _____

Address: _____

Contact: _____ Phone: _____

B. Name: _____

Address: _____

Contact: _____ Phone: _____

C. Name: _____

Address: _____

Contact: _____ Phone: _____

List three contractors that you do business with:

A. Name: _____

Address: _____

Contact: _____ Phone: _____

B. Name: _____

Address: _____

Contact: _____ Phone: _____

C. Name: _____

Address: _____

Contact: _____ Phone: _____

Trade Association Memberships: _____

SUBCONTRACTOR / VENDER PREQUALIFICATION QUESTIONNAIRE (continued)

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

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

NAME & POSITION	YEAR OF BIRTH	YEARS EXPERIENCE	PREVIOUS EMPLOYER

List any subsidiaries & affiliates of your Company:

COMPANY NAME	OWNERSHIP	TYPE OF COMPANY

General Remarks: _____

We have attempted to answer all questions in a full & 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 RADIX will be relying on the accuracy of the information & our responses in this questionnaire in deciding whether to permit us to bid & in awarding work to our Company.

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

Name of Company: _____

Completed by: _____ (must be an officer of the Company)

Title: _____

Exhibit A

**RADIX Construction, Inc.
SUBCONTRACTOR Pre-Qualification
Safety Prequalification Form**

1. How many OSHA violation(s) has your Company received in the last three years? (Yr. = # of violations)

_____ = _____ _____ = _____ _____ = _____

Any willful OSHA violations? Yes No

Please give a brief description of the violation(s); (use additional paper if necessary)

Any employee deaths in the past 3 years? Yes No

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

2. Do you have a qualified person responsible for safety within your Company: Yes No

Please describe his/her qualifications: _____

3. Does this person do safety inspections on all of your projects? Yes No Frequency _____

4. Do you have a written Company Safety Policy & Program & will you provide copies if requested?

Yes No

5. Does your Company have a substance abuse policy: Yes No

If yes, please check which are included in the policy:

Pre-hire/Initial Employment

Cause

Post Accident/Incident

Random

Periodic

6. Do you have a return to work/light duty program? Yes No

If yes, please describe: _____

7. Have you ever implemented 100% fall protection? Yes No

If requested, can you provide us with a site-specific program addressing the fall hazards in your work?

Yes No

8. Do you require documented safety meetings for your employees? Yes No

SAFETY PREQUALIFICATION FORM (continued)

Indicate which employees, & how often:

EMPLOYEE	YES	NO	FREQUENCY
Field supervisors			
New Hires			
Other Employees			
SUBCONTRACTOR / VENDOR			

9. Does your Company provide safety training for all employees? Yes No

If yes, please list training provided: _____

(RADIX will require that at least one full time on-site person must have completed the 30 hour OSHA training)

10. Do you have home office representatives (not directly involved in the project) who will visit & audit the project for safety? Yes No Frequency _____

11. Does your Company set annual safety goals? Yes No

If yes, please list training provided: _____

12. Does your Company have a program recognizing your employees for safety performance excellence?

Yes No

13. Does your Company have a disciplinary program in place for safety violations? Yes No

14. Does your Company review the safety management systems of your sub-subcontractors? Yes No

15. Does your Company conduct accident/incident investigations? Yes No

16. List all supervisory employees who have completed an OSHA 30 Hour Training Program:

EMPLOYEE NAME	OSHA 30 HOUR – DATE OF CERTIFICATION

The undersigned warrants and represents the data provided is accurate in all respects:

Name of Company: _____

Prepared By: _____

Signature: _____

Title: _____

Date: _____

Exhibit B

**RADIX Construction, Inc.
SUBCONTRACTOR Prequalification
Insurance Questionnaire**

Agent / Broker: _____

Contact: _____

Phone: _____

A. Commercial General Liability

Insurance Carrier: _____

1. Policy Form _____ Occurrence Based: _____

Policy Number _____ Claims Made: _____

Policy Period - From _____ to _____

2. Any exclusion from Standard CGL Policy? Yes No

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 Form _____ Occurrence Based: _____

Policy Number _____ Claims Made: _____

Policy Period - From _____ to _____

2. Umbrella _____ or _____

	CURRENT	MAX OBTAINABLE
3. Each Occurrence:	\$	\$
4. Aggregate:	\$	\$

INSURANCE QUESTIONNAIRE (continued)

C. Worker's Compensation and Employer's Liability

Insurance Carrier: _____

1. Policy Form _____ 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 Form _____ 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 Form _____ 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.