

SUBCONTRACTOR QUALIFICATION

Company Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Physical Address: _____

City, State, Zip: _____

Web Address: _____

<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture Date Founded: _____ State: _____ Federal EIN: _____ Type of Minority Contractor: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> N/A If so, certified by which agency: State: _____ Cert. No.: _____ Expiration: _____ HUB Certified Contractor: <input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Contact Name/Title: _____

Email Address: _____

Owner/President: _____

(If other than Primary Contact)

Company Scope of Work: _____

- | | | |
|--|------------------------------|-----------------------------|
| Has your firm ever filed bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there pending judgments against your firm? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any claims against your firm? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your firm been cited for any State or Federal safety violations in the past three years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has firm ever failed to complete a project or default on a contract? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any of the above questions, please explain on a separate sheet of paper, including as much detail as possible and dates.

Does your firm have a drug testing program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If not, you MUST comply with RLM General Contractors' program.

Random Drug Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Post-Incident Drug Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Does your firm have a written safety policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, is a copy of the policy available upon request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Is your firm affiliated with any other contracting firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes:
Firm Name(s): _____

Address: _____

Phone: _____

City, State, Zip: _____

Contact Person: _____

List three general contractors you currently do business with:

Company Name: _____
Address: _____
City, State, Zip: _____
Contact: _____ Phone: _____

Company Name: _____
Address: _____
City, State, Zip: _____
Contact: _____ Phone: _____

Company Name: _____
Address: _____
City, State, Zip: _____
Contact: _____ Phone: _____

List the three largest projects your firm has been involved in during the last two years:

Project: _____
Date: _____ Contract Value: _____
Contractor: _____
Contact Person: _____ Phone: _____

Project: _____
Date: _____ Contract Value: _____
Contractor: _____
Contact Person: _____ Phone: _____

Project: _____
Date: _____ Contract Value: _____
Contractor: _____
Contact Person: _____ Phone: _____

FINANCIAL REFERENCES

Bank Name: _____
 Address: _____
 City, State, Zip: _____
 Contact: _____ Phone: _____

Insurance Company: _____
 Address: _____
 City, State, Zip: _____
 Contact: _____ Phone: _____

Bonding Company: _____
 Address: _____
 City, State, Zip: _____
 Contact: _____ Phone: _____

Surety Company: _____
 Address: _____
 City, State, Zip: _____
 Contact: _____ Phone: _____

Bonding capacity for single job: \$ _____
 Aggregate: \$ _____
 Amount of work currently bonded: \$ _____

List three vendors currently extending credit to your company:

Company Name: _____ Account No.: _____
 Phone: _____ Fax: _____
 Company Name: _____ Account No.: _____
 Phone: _____ Fax: _____
 Company Name: _____ Account No.: _____
 Phone: _____ Fax: _____

Subcontractor hereby authorizes any and all vendors listed above to release information requested by RLM General Contractors as part of its financial diligence process. Subcontractor further understands that a current Interim Income Statement and Balance Sheet, as well as most recent Fiscal Year End Statements, must be provided upon request.

Signed/Title

Date