

PRE-QUALIFICATION FORM
(State of California)

Please Read Entire Form Carefully Before Completing

- 1. PLEASE FILL OUT THE FORM ELECTRONICALLY.**
- 2. PLEASE FILL OUT PAYMENT FORM ATTACHED**
- 3. PRINT OUT THE LAST PAGE AND SIGN/DATE.**
- 4. SCAN LAST PAGE AND ATTACH TO COMPLETED ELECTRONIC FORM.**

Pre-Qualification Form

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All information submitted for pre-qualification evaluation will be considered official information acquired in confidence.

NAME OF FIRM: _____
SENIOR MANAGER: _____
CONTACT: _____
ADDRESS: _____
PHONE NUMBER: _____
FAX NUMBER: _____
EMAIL ADDRESS: _____
SENIOR ESTIMATOR(S) _____
SENIOR ESTIMATOR(S) Email: _____
WEBSITE ADDRESS: _____

1. LICENSE

Contractor must be licensed in the State of California. Submit the following:

A. Name of license holder exactly as on file with the California State License Board.

B. License Number _____ Expiration Date _____

License Classification _____

2. COMPANY STRUCTURE (Select One)

CORPORATION _____

Date of Incorporation _____ State of Incorporation _____

President _____ Vice President _____

Secretary _____ Treasurer _____

PARTNERSHIP _____

Date of Organization _____ General or Limited _____

Name and Address of Principals:

SOLE PROPRIETORSHIP _____

Name and Address of Owner(s):

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3. EXPERIENCE

How many years has your company been in business as a Contractor? _____

How many years has your company been in business under its present business name? _____

Under what other former names has your company operated?

Name _____ Years _____

Name _____ Years _____

List the scope / type of work normally performed with your own forces:

How much of your work is self-performed? _____% Subcontracted? _____%

Average Total Number of Employees: _____

Exempt: _____ Non-Exempt: _____ Craft: _____

Union Affiliation(s), if any: _____

Has your company performed work on Prevailing Wage Job(s)? Yes No

If so, list project name & location(s)

Has your company been a party to an alleged or real prevailing wage violation in the last 10 years? Yes No

Please check all applicable project types your company has worked on

- Affordable Multi-Family Housing
- Affordable Senior Housing
- Market Rate Condos/Townhomes
- Market Rate Single Family Attached

4. FINANCIAL

A. What was your company's average yearly volume of work for the past three years in terms of revenue received?

20__ _____ 20__ _____ 20__ _____

What was your company's net income for each of the last three years?

20__ _____ 20__ _____ 20__ _____

B. Average Contract Size \$ _____

Minimum: \$ _____ Maximum: \$ _____

C. Geographical Area of Work (check all that apply):

- All California
- Northern California
- Central California
- Southern California

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- D. Company's Dunn & Bradstreet No: _____
- E. Has your company (either under current or previous name) ever filed for bankruptcy protection with the U.S. Bankruptcy Court? No Yes
- If Yes, Date of Filing _____ Classification of Filing _____
- F. Have any principals of your company, either past or present, been affiliated with any type of bankruptcy?
No Yes If Yes, Explain and Provide Dates:

5. LITIGATION

- A. Have you ever had a contract terminated for default within the past five years?
No Yes If Yes, Why?: _____
When? _____
- B. Are there any judgments, claims, arbitration proceedings, or suits pending or out standing against your company?
No Yes If Yes, Explain:
- C. Has your company filed any lawsuits, submitted claims, or been involved in any litigation with regard to your contract activity within the last five years?
No Yes If Yes, Explain:

6. INSURANCE
(see subcontractor Insurance Requirements Form)

Can you provide current evidence or evidence of ability to insure to minimum limits ("Acord" Form or other of General Liability Insurance coverage as listed below (ROEM will not pay any special endorsements or waivers)?

Yes No

- Commercial General Liability- \$1 million each occurrence / \$2 million per project aggregate
- Additional Insured Endorsement Listed owner, general contractor, lender and construction management firm
- Worker's Compensation & Employers' Liability Insurance- \$1 million
- Waiver of Subrogation Endorsement
- Automobile Liability (Owner, hired, Non-Owned) - \$1 million
- Excess Liability (Umbrella) – \$1M Umbrella in excess of CGL, Auto and Workers Compensation
- Qualified to do business in California; minimum A.M. Best Rated A- X or better

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7. BONDING

A. If you anticipate a contract of over \$200,000, please provide and complete the following:

Are you a bondable company? Yes No

If so, what is your company's bond rate? _____% Capacity? \$ _____

What percentage of your company's capacity is available? _____%

B. Bonding company name: _____

Address: _____

Agent Name: _____ Phone Number: _____

A.M. Best Rating: _____

8. REFERENCES

A. Bank Reference _____

Bank Name and Branch: _____

Account Manager: _____ Phone Number : _____

Address: _____

Line of Credit: \$ _____ Amount in Use: \$ _____

B. Customer

Please identify four General Contractors for whom you have worked in the past two years:

Company	Contact Person	Phone Number
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C. Please identify three Subcontractor/ Supplier references with whom you have worked in the past two years:

Company	Contact Person	Phone Number
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9. SAFETY

A. List your company's experience modification rate (EMR) for the past three years.

20__ _____ 20__ _____ 20__ _____

B. Has your company been cited by Cal OSHA, the EPA, the Bay Area Air Quality Management District, or any other Air quality Management District (or similar jurisdiction or agency) in the past five years?

No Yes How Often? _____ (attach a sheet listing and describing each citation.)

C. Has your company ever been associated with or involved in a job site death(s)?

No Yes If Yes, please explain:

D. Do you require documented safety meetings be held for :

Field Supervisor Yes No Frequency _____

Employees Yes No Frequency _____

New Hires Yes No Frequency _____

Safety Director Name: _____

Safety Director Phone No: _____

10. PAYMENT METHODS

Please fill out the below information completely.

Do you accept Payments Via Credit Card: Yes No

If Yes, please check all that apply Visa MasterCard American Express

List any associated Fees Visa: _____% Mastercard: _____% American Express: _____%

If No, Explain:

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11. Acknowledgment

We have read and agree to the terms and conditions of the ROEM Builders standard agreement _____ (initial)

The above information is true and correct to the best of my knowledge

Signature _____ Date _____

Print Name _____ Title _____

Thank you for providing the above information. What concerns, comments or questions do you have of Roem Builders, Inc. at this time? Also, please feel free to use this space to recommend any other companies you feel may be interested in working with ROEM Builders, Inc. in the future.