



New Subcontractor Prequalification Process

Dear Potential Subcontractor,

Thank you for your interest in working with Denark Construction. We value our relationships with our subcontractors and suppliers, and we strive to develop a strong team with those companies who are giving their very best to our industry. Therefore, we have an approval process for all companies before adding them to our team. Before we can list your company as approved for entering into contract agreements, please complete the enclosed forms in their entirety and return them to this office.

In order to complete our approval review process, we request that the attached forms be completed and returned to my attention, with the additional requested documents as listed below:

1. Subcontractor Prequalification Forms: DCI Package AIA A305 DCI qualification supplement
 - **List of previous projects: Please fill in the previous project(s) reference section(s) in full.**
It is important that contact names, telephone numbers, and fax numbers in the projects and credit reference sections are included
 - **Please fill in the safety section in full.**
If your WC policy does not meet NCCI's requirements for an EMR, please send us your insurance verification letter.
2. Certificate of Insurance (COD): Current Certificate of Insurance with limits as per requirements stipulated in the attached insurance requirements exhibit D. This is an extremely important part of our approval process. As a subcontractor working with Denark Construction, you must have current commercial, general, and automobile liability, as well as workers compensation insurance. Please have your insurance agent verify your insurance coverage by issuing a Certificate of Insurance, to be included with your completed forms. Once under contract, insurance requirements are subject to project-specific requirements; Denark Construction and possibly other parties must be named as an additional insured.
3. W-9 Request for Taxpayer Identification Number and Certification
4. OSHA 200/300 Reports (Loss Run Reports) for the past 2 years
5. Contractor/Business License (If Applicable): Tennessee Department of Revenue now requires that we provide contractor or business tax license number for all subcontractors doing business for us in the state of Tennessee for business tax reporting.
6. Financial Statement.

If you have any questions, please contact me. We look forward to adding you to our team!

Sincerely,
Samer Shatara

Attachments: Prequalification Form, W9 Form
 Copy: Estimating / LCD

AIA[®] Document A305[™] – 1986

Contractor's Qualification Statement

The Undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

SUBMITTED TO:

ADDRESS:

SUBMITTED BY:

NAME:

ADDRESS:

PRINCIPAL OFFICE:

- Corporation
- Partnership
- Individual
- Joint Venture
- Other

NAME OF PROJECT (if applicable):

TYPE OF WORK (file separate form for each Classification of Work):

- General Construction
- HVAC
- Electrical
- Plumbing
- Other (please specify)

§ 1. ORGANIZATION

§ 1.1 How many years has your organization been in business as a Contractor?

§ 1.2 How many years has your organization been in business under its present business name?

§ 1.2.1 Under what other or former names has your organization operated?

§ 1.3 If your organization is a corporation, answer the following:

§ 1.3.1 Date of incorporation:

§ 1.3.2 State of incorporation:

§ 1.3.3 President's name:

ADDITIONS AND DELETIONS:

The author of this document has added information needed for its completion. The author may also have revised the text of the original AIA standard form. An *Additions and Deletions Report* that notes added information as well as revisions to the standard form text is available from the author and should be reviewed. A vertical line in the left margin of this document indicates where the author has added necessary information and where the author has added to or deleted from the original AIA text.

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

This form is approved and recommended by the American Institute of Architects (AIA) and The Associated General Contractors of America (AGC) for use in evaluating the qualifications of contractors. No endorsement of the submitting party or verification of the information is made by AIA or AGC.

§ 1.3.4 Vice-president's name(s)

§ 1.3.5 Secretary's name:

§ 1.3.6 Treasurer's name:

§ 1.4 If your organization is a partnership, answer the following:

§ 1.4.1 Date of organization:

§ 1.4.2 Type of partnership (if applicable):

§ 1.4.3 Name(s) of general partner(s)

§ 1.5 If your organization is individually owned, answer the following:

§ 1.5.1 Date of organization:

§ 1.5.2 Name of owner:

§ 1.6 If the form of your organization is other than those listed above, describe it and name the principals:

§ 2. LICENSING

§ 2.1 List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable.

§ 2.2 List jurisdictions in which your organization's partnership or trade name is filed.

§ 3. EXPERIENCE

§ 3.1 List the categories of work that your organization normally performs with its own forces.

§ 3.2 Claims and Suits. (If the answer to any of the questions below is yes, please attach details.)

§ 3.2.1 Has your organization ever failed to complete any work awarded to it?

§ 3.2.2 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?

§ 3.2.3 Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five years?

§ 3.3 Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? (If the answer is yes, please attach details.)

§ 3.4 On a separate sheet, list major construction projects your organization has in progress, giving the name of project, owner, architect, contract amount, percent complete and scheduled completion date.

§ 3.4.1 State total worth of work in progress and under contract:

§ 3.5 On a separate sheet, list the major projects your organization has completed in the past five years, giving the name of project, owner, architect, contract amount, date of completion and percentage of the cost of the work performed with your own forces.

§ 3.5.1 State average annual amount of construction work performed during the past five years:

§ 3.6 On a separate sheet, list the construction experience and present commitments of the key individuals of your organization.

§ 4. REFERENCES

§ 4.1 Trade References:

§ 4.2 Bank References:

§ 4.3 Surety:

§ 4.3.1 Name of bonding company:

§ 4.3.2 Name and address of agent:

§ 5. FINANCING

§ 5.1 Financial Statement.

§ 5.1.1 Attach a financial statement, preferably audited, including your organization's latest balance sheet and income statement showing the following items:

Current Assets (e.g., cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepaid expenses);

Net Fixed Assets;

Other Assets;

Current Liabilities (e.g., accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes);

Other Liabilities (e.g., capital, capital stock, authorized and outstanding shares par values, earned surplus and retained earnings).

§ 5.1.2 Name and address of firm preparing attached financial statement, and date thereof:

§ 5.1.3 Is the attached financial statement for the identical organization named on page one?

§ 5.1.4 If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent-subsidiary).

§ 5.2 Will the organization whose financial statement is attached act as guarantor of the contract for construction?

§ 6. SIGNATURE

§ 6.1 Dated at this day of

Name of Organization:

By:

Title:

§ 6.2

M being duly sworn deposes and says that the information provided herein is true and sufficiently complete so as not to be misleading.

| Subscribed and sworn before me this day of 20

Notary Public:

My Commission Expires:



SUBCONTRACTOR QUALIFICATION SUPPLEMENT
(AIA Document A305 – 1986 Contractor’s Qualification Statement)

When submitting the AIA Document A305™ - 1986 Contractor’s Qualification Statement Denark Construction, Inc. requires this supplement to be filled in and attached in order to complete our approval process.

Date: _____

Complete Legal Name: _____

Mailing Address: _____
 (Main Address) _____

Contact Person: _____

Title: _____

Phone No.: _____

Fax No.: _____

E-mail Address: _____

Federal ID No.: _____

Work Category: Commercial Light Commercial Residential Other: _____

Does your company have a 24-hour service line? Yes No If Yes, Emergency No.: _____
(This is especially important for Mechanical, Electrical, and Roofing Subcontractors.)

Person(s) authorized to sign contracts and change orders (with title):

Types of Insurance required by Denark: Workers Comp, General Liability, Commercial Auto Liability and Excess (umbrella)
[Please see attached exhibit for details and attach a current Certificate of Insurance Coverage(s)]

Can you provide a payment and performance bond? Yes No If Yes, Rate: _____ Capacity: _____

Is your firm in compliance with EEO requirements? Yes No

Is your firm a minority business enterprise? Yes No If Yes, what classification? _____

Do you perform your work with hourly employees? Yes No

What percentage of your work is bid? _____ Negotiated? _____

What is your geographic work territory? (List all states and license numbers.):

List your three (3) largest projects for the last three (3) years. *(This section must be completed fully.)*

Date	Project Name	Amount of Contract	Name of Company/Contact	Phone No. (Required)	Fax No. (Required)

List three (3) credit references. *(This section must be completed fully.)*

Name of Supplier	Location	Contact Person	Phone No.

SAFETY

Please list your firm's workers' compensation experience modification rate for the most recent three years (**attach a copy of your insurance agent's verification letter**).

Year/EMR : _____ Year/EMR: _____ Year/EMR: _____

No. of Full-time Employees: 0-10 10 or More How many? _____

(If more than 10 Employees - PLEASE PROVIDE A COPY OF YOUR OSHA 200/300 LOG and LOSS RUN Reports)

Does your company have a written safety program? Yes No

Does your company have a written substance abuse program or participate in a Drug Free Workplace program? Yes No

Does your company have new employee safety orientation? Yes No

Do you hold site safety meetings? Yes No Frequency: _____

Do you conduct site safety inspections, including housekeeping? Yes No Frequency: _____

If Yes, who conducts these inspections? _____

Do you have a full-time safety representative? Yes No

Qualifications: _____

Training/Certifications: _____

Do you set annual safety goals? Yes No

Current Goals: _____

Do you have a program that recognizes employees for safety performance excellence? Yes No

I hereby authorize the release of information by the above-listed references to Denark Construction, Inc.

(Signature)

(Title)

(Date)

Should you need more space, please attach additional pages.