

SA Group, LLC

General Contractor Pre-Qualification Requirements

The General Contractor shall provide complete answers to the following questions:

A. Organizational Structure

1. Provide a brief history of the company as well as the corporate organizational structure. Please indicate if the organization is a subsidiary or branch office. Please provide organizational charts for the entire organization showing the relationship of **all** companies within the parent organization. If the entity is proposed to be a joint venture, please provide this information for both sponsoring organizations.
2. Please list all officers and directors of the office proposed to be in charge of this project, as well as the parent organization. Please provide resumés of all officers of the parent organization as well as other key personnel, including accounting, estimating, purchasing, safety and project management. If the entity is proposed to be a joint venture, please provide this information for both sponsoring organizations.
3. Please list all changes of ownership in the past ten years for all organizations described in item 2 above. If the entity is proposed to be a joint venture, please provide this information for both sponsoring organizations.
4. Please list all owners or stockholders and their percentage of ownership or stock holdings for all organizations described in item 2 above. If the entity is proposed to be a joint venture, please provide this information for both sponsoring organizations.
5. Please list the Dunn & Bradstreet Identification Number for all organizations described in item 2 above. If the entity is proposed to be a joint venture, please provide this information for both sponsoring organizations.
6. Please disclose any discussions, negotiations or any other matters that relate to the potential sell or trade of the company that are currently underway or that have taken place within the past three (3) years.
7. Please disclose the names and positions of all company personnel who serve in any capacity for the University of South Alabama.

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B. Project Experience

1. Please provide a list of all current projects including current contract amount, start and anticipated completion date, and current percentage complete. Please provide complete **current** contact information (company name, contact name, complete address, telephone numbers (voice and facsimile), email address if available, **for the owner and architect of each current project.**
2. Please provide a list of all similar size and/or scope projects, completed or current, that the organization has performed in the past ten (10) years. If the entity is proposed to be a joint venture, please provide this information for both organizations.
3. Please highlight and provide a short description of patient hospital and children's and women's hospital, building and renovation projects in excess of \$30,000,000.00 that are included in question 2 above.
4. Please provide a brief description of the assets such as local knowledge, trained workforce, aggressive safety program, owner partnering concept or others that your company possesses that will benefit the overall success of this project.
5. Please provide a complete list of current or recently completed (last two years) projects involving ADPH, including the name of the ADPH technical staff who oversaw the project.

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C. Personnel

1. Please provide resumé of all key personnel to be assigned to the project, including project manager, project engineers or coordinators, superintendents, quality control representative, accounting, estimating, and safety.

The owner will require a fulltime project manager(s), project engineers or coordinators, superintendent(s) , designated safety representative, and quality control manager for this project. Please provide detailed resumes of your proposed personnel for these positions. If the project bids within sixty (60) days of the published date these personnel must be assigned to the project in order for the bidder to be considered as submitting a responsive bid.

2. Please provide your proposed organizational chart for this project indicating the quantity and titles of all personnel assigned to the project office and field.
3. Please provide separate totals for employees currently employed separately by the parent company and separately by the office proposed to be in charge of this project in the following classifications.

Officers & Professionals
Administrative
Estimating & Purchasing
Project Management & Superintendents
Tradesman
Training & Safety
Other (Please Describe)

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D. Informational Questions

1. Please provide your employee modification rate (EMR) for **each** of the past five (5) years for all interstate work as well as all intrastate work.
2. Please provide copies of your OSHA 200 Log Summary for **each** of the past five (5) years. Please state your lost work days for the past five (5) years. Please show this information in the following format for each year separately:

Number of Lost Work Day Cases	Years 2005 through 2009
Number of Restricted Work Day Cases	Years 2005 through 2009
Number of Case for First Aid Only	Years 2005 through 2009
Total Hours Worked	Years 2005 through 2009

A sample form is shown below in order to submit the information requested in item 1 and 2.

3. Please list all civil or criminal litigation in which the organization and any officers have been named in the past ten (10) years.
4. Please list all claims made, no matter how settled, filed or placed against any owner with which the organization had a contract in the past ten years.
5. Please list all projects which the organization has failed to complete, or for which the organization has been terminated for any reason in the past ten (10) years.
6. Please provide a copy of an Accord Form Certificate of Insurance indicating all coverages and limits available.
7. Please provide a letter from your surety company, **not your agent**, indicating your single project dollar limit for a one hundred percent (100%) payment and performance bond.
8. Please provide three copies of the organization's latest audited financial statement.

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9. The Owner will require that all major suppliers and subcontractors shall be pre-qualified and bondable in order to provide bids to the General Contractor and shall be named at bid time. Please describe the specific areas of work which you feel should be included in this procedure. Please indicate areas of work that you would perform with your own forces. Please state your comments regarding your willingness to conform to this requirement.
10. Please provide the State of Alabama Contractor License Number and work limit of the organization. If the entity is proposed to be a joint venture, please provide this information for both sponsoring organizations.
11. Please list two individuals and their contact information including telephone, facsimile and email should we have any questions regarding your response.

All responses must be signed by an officer or director of the company or companies if a joint venture is submitting this Request for Pre-Qualification response as shown below.

Please include the below signature format and notary format at the end of your submission.

Submitted By:

Company: _____

Name: _____

Title: _____

Date: _____

All signatures must be notarized as shown below:

STATE OF _____
COUNTY OF _____

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared insert name as insert title of insert company name after being duly sworn, did depose and say that he/she, as such officer and with full authority, signed the above and foregoing voluntarily for and as the act of insert company name.

Sworn to and subscribed before me this ____ day of _____, 2010.

NOTARY PUBLIC
(Affix seal)

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Item	2005	2006	2007	2008	2009
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Entire Organization

Employer Modification Rate

Interstate					
Intrastate					

OSHA Information

Number of Lost Work Days for the year					
Number of Restricted Work Days for the year					
Total Hours Work					

Designated Project Office

Employer Modification Rate

Interstate

Intrastate

OSHA Information

Number of Lost Work Days for the year					
Number of Restricted Work Days for the year					
Total Hours Work					