

DRAGADOS USA

Thank you for your interest in Dragados-USA!!

In order to develop a more complete knowledge of your Company and better match future Company opportunities to your Company's capabilities please complete this form and return to:

**Dragados USA, Inc.
10368 W. SR 84, Suite 201
Davie, FL 33324**

Date of Response: _____

SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE

Name of Company: _____

Street Address: _____

(City) (State) (Zip)

Mailing Address: _____

(City) (State) (Zip)

Phone: _____ Fax: _____

Contact : _____ Phone: _____ Cell Phone: _____ E-mail: _____

Contact _____ Phone: _____ Cell Phone: _____ E-mail: _____

Website: _____

Is your Company: DBE Certified by: _____

Please attach copies of all certifications.

Is this address the: Main Office Regional Office Branch Office

Trades

Please fill-in the trade(s) that your Company is interested in bidding

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

State of Incorporation: _____ Date of Incorporation: _____

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

State Sales Tax Registration Number: _____

State Unemployment Insurance Number: _____ (attach list as needed)

Federal ID Number _____

Under what other names has your Company operated? _____

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: _____

Have any of the Owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct? _____ 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: _____

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 judgements or claims against it? _____ 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 payments to anyone.

List the trades you normally perform with your own forces:

Attach (or send under separate cover) a list of equipment that you own for the work that you perform:

Attach (or send under separate cover) a list of equipment that you may rent for the work that you perform:

How many people does your Company presently employ:

HomeOffice _____ Field Supervisory _____ Tradespeople | _____

What trades do you normally subcontract?

What percentage of the Company's work is normally subcontracted?

_____%

DBE participation in work which you subcontract (average participation for last 2 years)

DBE %

_____%

What is the largest contract your Company has completed?

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

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

Amount: \$ _____ Project name and 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. _____

Attach (or send under separate cover) a list of current major projects giving name of project, address, owner, architect, general contractor, contract amount, scope of work and scheduled completion. (Include contact people and phone numbers)

Attach (or send under separate cover) a list of completed major projects giving name of project, address, owner, architect, general contractor, contract amount and scope of work. (Include contact people and phone numbers)

Attach (or send under separate cover) a copy of your most recent audited financial statement.
(Your financial statement is strictly for Dragados USA Purchasing Dept use and will be treated confidentially).

Name of your Bank: _____
Address: _____
Phone: _____ Contact Person: _____

Amount of line of credit: \$ _____ Amount Available: \$ _____ Expiration 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: _____

Bonding Company: Name of Surety Key Contact Person/Phone

A. _____

B. Bonding Capacity: Per Job \$ _____ Aggregate: \$ _____

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

C. Please list the persons or entities who provide indemnification to your Surety: _____

List three of your major Suppliers

- A. Name: _____
Address: _____ Telephone: _____
Contact: _____
- B. Name: _____
Address: _____ Telephone: _____
Contact: _____
- C. Name: _____
Address: _____ Telephone: _____
Contact: _____

List three contractors that you do business with:

- A. Name: _____
Address: _____ Telephone: _____
Contact: _____
- B. Name: _____
Address: _____ Telephone: _____
Contact: _____
- C. Name: _____
Address: _____ Telephone: _____
Contact: _____

Trade Association Memberships: _____

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

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

	<u>Name</u>	<u>Position</u>	<u>Years Experience</u>	<u>Previous Employer</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

We have attempted to answer all questions in a full and 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 Dragados USA will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and 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: _____

Title: _____

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

Subscribed and sworn before me this _____ Day of _____, 20____

Notary Public: _____

My commission Expires: _____

SUBCONTRACTOR SAFETY PREQUALIFICATION QUESTIONNAIRE

- 1. Attach (or send under separate cover) a copy of your last two years' OSHA 200 and 300 logs.**
2. Please list your Company's Workers' Compensation Interstate/Intrastate Experience Modification Rate for the most recent two years. (Attach a copy of your insurance carrier or state fund (on their letterhead) verifying the EMR data.

Interstate (Yr. /Rate)

_____/_____/_____/_____

3. How many OSHA violation(s) has your Company received in the last three years?

(Yr. = # 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:	

4 Do you have a qualified person responsible for safety within your Company: _____ Yes _____ No

Please describe his/her qualifications: _____

5 Does this person do safety inspections on all of your projects: _____ Yes _____ No Frequency _____

6 Do you have a written Company Safety Policy and Program and will you provide copies if requested: _____ Yes _____ No

7 Do you have a return to work/light duty program? _____ Yes _____ No
If yes, please describe: _____

8 Do you practice 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

9 Do you require documented safety meetings for your employees? Indicate which, and how often.

Field Supervisors: _____ Yes _____ No Frequency _____

New Hires: _____ Yes _____ No Frequency _____

Employees: _____ Yes _____ No Frequency _____

SUBCONTRACTOR/
VENDORS: _____ Yes _____ No Frequency _____

10 Does your Company provide safety training for all employees: _____ Yes _____ No
If yes, please list training provided.

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

11 Do you have home office representatives (not directly involved in the project) who will visit and audit the project for safety:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency	<input type="text"/>
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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 (attach list if necessary).

Employee Name	OSHA 30 Hour Date of Certification
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The undersigned warrants and represents the data provided is accurate in all respects.

Name of Company: _____
Prepared By: _____
Signature: _____
Title: _____
Date _____

Dragados USA, Inc. is an equal opportunity employer