

PF FORM # 102 (v. 7.27.09)

SUBCONTRACTOR PROFILE STATEMENT

All Subcontractors / Vendors are asked to **COMPLETE THIS FORM and RETURN IT TO:**

PAVARINI – General Contractors & Construction Managers

PAVARINI'S corporate policy requires that we have a completed Subcontractor Profile Statement before we enter into an agreement with any Subcontractor or Vendor.

Upon completion, Subcontractor/ Vendor must submit this form to **PAVARINI** signed, dated, notarized, and completed with the necessary documents attached via fax, by registered certified mail, by courier i.e. (FedEx, UPS, etc), or by scanning this document and emailing it to the e-mail address indicated on page two of this form.

In an effort to keep our files current on your firm, PAVARINI may ask you to re-submit a new Subcontractor Profile Statement with us in about two years, even if nothing has changed in your company. We request that you keep a hard copy or electronic scan of this form for future reference when re-submitting. Thank you for your time and effort.

Please contact the **PAVARINI – PURCHASING DEPARTMENT** if you have any questions.

Thank you for your interest in PAVARINI – General Contractors & Construction Managers. In order to develop a more complete knowledge of your Company and better match future opportunities to your company's capabilities please complete this form and return to:

PAVARINI 2400 East Cor Fort Lauderda 954-903-3700 954-903-3707	Phone	Suite 900	pavse.purcha	G DEPARTMENT asing@pavarini.co sing Department	m	
SUBCONTR	ACTOR/VENDO	OR COMPANY PRO	FILE STATEME	NT Date:		
Company Inf	formation:					
Firm Name:						
Street Address	::					
	City			State	Zip	
Mailing Addres	s:					
	City			State	Zip	
Phone:			Fax:			
Website:						
Contact/Title:		Phone:	Cell:	E-mail:		
Contact/Title:		Phone:	Cell:	E-mail:		
Is this address	listed above the:	Main Office	Regional Office	e 🗌 Branch Of	fice	
Name of Parer	nt Company:					
Address of Par	rent Company:					
Years in Busin	ess:	_ Type of Company:	🗌 Corp. 🗌	Sole Proprietor	🗌 Joint Venture 🔲 Othe	er
State of Incorp	State of Incorporation: Date Incorporated:					
Contractor's Lie	cense No.:		State:		Expiration:	
State Sales Ta	x Registration Nu	ımber:				
State Unemplo	yment Insurance	Number:				
Federal ID Nur	mber:					

Disadvantaged Business Enterprise Information/Status/Participation: Is your Company a recognized minority/disadvantaged business?						
			, What Type of	Certification/Ag	gency:	
(Please attach copies of all current certific	ations with ead	ch agency)				
MBE/WBE/DBE involvement for work your (average last 3 years) MBE%						
Corporate Information: List the Corporate Officers, Partners, Shar	eholders, and	Others wit	n more than 5%	of the stock of	your Company:	
Name	Year of Birth		Position		Percent Owned	
A		-				
В		_				
C		-				
Under what other name(s) has your Comp	any operated?	·				
How many people does your Company cu	rrently employ	?				
Home Office	Field Supervis	sory		Trades People	2	
On average, how many people has your C	company emplo	oyed for the	e last 3 years? _			
Home Office	Field Supervis	sory		Trades People	9	
Company Business/Legal History:						
Has your Company or any of its Principals on a contract awarded to you?					ulted or been terminated vritten explanation)	
Have any of the Owners, Officers or Major Stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct?						
Has your Company ever been disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency?						
Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations?						
Is your Company or any of its Owners, Officers or Major Shareholders currently involved in any arbitration or litigation?						
Does you Company have any outstanding judgments or claims against it?						

Please attach a list of any litigation brought against your Company in the past five (5) years asserting failure to make payment(s) to anyone.

<u>Affiliates</u>: Please list any subsidiaries and affiliates of your Company:

Company Name	<u>Ownership</u>	<u>1</u>	ype of Company
A			
В			
C			
Does your company have any joi	nt ventures with any other firms?	🗆 Yes 🔲 No	
Key Personnel/Staff: Please	list key office personnel, field supervis	sors and attach resu	mes:
Name/Position Held	Year of Birth Years	s of Experience	Previous Employer
1			
2	<u> </u>		
3	<u> </u>		
4			
5			
Union Affiliations: List Union	(s), which you have agreements with:		
Local Number:	Union Name:	<u> </u>	Agreement Expiration:
	<u>Union Name:</u> ships:		
Training Program Participat	ships:		
Trade Association Members	<u>hips</u> :		
Trade Association Members Training Program Participat Please list any local or national a training): Environmental Awareness:	<u>hips</u> :	our company partici	
Trade Association Members Training Program Participat Please list any local or national a training): Environmental Awareness:	ion: ccredited training programs in which y	our company partici	pates (craft or management
Trade Association Members Training Program Participat Please list any local or national a training): Environmental Awareness: Is your firm a member of the Unit	ion: ccredited training programs in which y red States Green Building Council (US Local Chapter #:	our company partici	pates (craft or management

Work Areas, Volume and Project Types:

Please list the trade(s) interested in bidding: (refer to Trade Categories at the end of this form):

List the geographical areas in which your firm works (States, Cities, Counties, etc.):					
	· · · · · ·				
Please indicate the size of project etc.), for other size projects you	ct you are most competitive in performing (e are capable of performing:	enter 1). Show in order of preference (2, 3,			
Under \$100,000	\$100,000 - \$500,000	\$500,000 - \$1,000,000			
\$1,000,000 - \$5,000,000	\$5,000,000 - \$10,000,000	Over \$10,000,000			
Check all building types on which	h your Company has worked:				
C. Hotels/MotelsD. Hospitals	E. Residential Image: Constraint of the second	I. Correctional Facilities			
List the trades normally perform					
Percentage of firm's work that is	normally subcontracted?%	. What trades are normally			
subcontracted?:					
What is largest contract firm has	completed? Amount: \$	Year:			
Project/scope:					
What is the largest dollar volume	e project you expect to do this year? Amou	nt: \$			
Project/scope:					
What is your expected annual volume this year?No. of Projects:No.					
What was the average annual vo	plume of work performed over the past 5 ye	ars?			
Yr./Vol	Yr./Vol	Yr./Vol			
′r./Vol Yr./Vol					

Attach a list of <u>current major projects</u> including the project name, address, Owner, Architect, General Contractor, contract amount, scope of work and scheduled completion. (Include contact names and telephone numbers)

Attach a list of <u>completed major projects</u> including the project name, address, Owner, Architect, General Contractor, contract amount and scope of work. (Include contact names and telephone numbers)

Financial Information:

What is the date of firm's most current audited or reviewed financial statement?

Attach a copy of your latest audited financial statement. (Your financial statement is strictly for Pavarini's Purchasing Department use and will be treated confidentially).

If the attached financial statement is not for the identical Company named above, please explain the relationship and financial responsibility of the Company whose financial statement has been provided:

Banking Information:

Name of Bank:						
Address:						
Line of Credit Amount \$	_ Amount Available \$	Expiration Date:				
UCC Filing? Yes No How is credit	secured?					
What is your Company's Dunn & Bradstreet Nur	nber?					
D&B Rating: Pay Re	ecord:	Date of Rating:				
Remarks:						
Bonding Information:						
Name of Surety: Contact Person & Phone Number:						
Bonding Capacity per Project \$Aggregate \$						
Date of Last Bond:Amount \$						
Please provide a list of the persons or entities that provide indemnification to your Surety:						

Insurance Information:

Please attach a current sample Certificate of Insurance outlining coverage and limits for the following:

- Commercial General Liability
- Automobile Liability
- Excess Liability (Umbrella Form)
- Worker's Compensation & Employer's Liability

Name of Agent/Broker:_____

Contact Name:

Phone:

Supplier Information: Please list three of your major suppliers:

1.	Company Name:	Contact:
		Telephone:
2.	Company Name:	_Contact:
	Address:	Telephone:
3.	Company Name:	_Contact:
	Address:	Telephone:

Reference Information: Please list three contractors that you do business with:

1.	Company Name:	Contact:
	Address:	Telephone:
2.		Contact:
		Telephone:
3.		Contact:
	Address:	_Telephone:

Other Information:

- 1. Does your company have an established compliance standards and a written code of business conduct for its employees? □Yes □No
- 2. Does your company employ or have a business relationship with any principal, officer, director, or employee of Structure Tone/Pavarini? Yes No (If yes please attach a narrative of relationship)
- 3. Does your company share office space, staff or equipment with any other business or organization?
- 4. Does you company participate in any Industrial and/or Commercial Incentive Programs?

Safety Profile Statement:

1. Please list your Company's Workers' Compensation Interstate/Intrastate Experience Modification Rate for the most recent three years. (Attach a copy of your insurance carrier or state fund (on their letterhead) verifying the EMR data.

Interstate (Yr./Rate) Intrastate (Yr./Rate/Name state(s) with abbreviations next to modification rate)

(SAMPLE)	<u>2008 / .92</u>	<u>/ FL</u>	<u>2007 / .9</u>) / FL	<u>2006</u>	/ .91 /	<u>FL</u>	
	/	/	/	/				
list. Shou programs Pavarini's	Ild your EMR e s, policies, and s Approved Co	exceed 1.0, the Co attitudes, which wontractor List. In th	R less than or equal ontractor must demo vill result in a safety is case it is the sole Requirements" belo	onstrate and conscious discretion	d document th	at it has or w in order to be	vill initiate e included	
2. Please a	attach the three	e most recent year	r's OSHA No. 300/2	200 Logs.				
3. How mai (Yr. = # vi		.,	Company received i	n the last th	nree years?			
	any willful OS	HA violations? rief description of	=the violation(s).	□ Yes	□ No	=		
		the past 3 years? rief description of	? the circumstances.	□ Yes	□ No			
			ble for safety withir				Yes 🗆	No
5. Does this	s person hand	le the safety inspe	ections on all of you	r projects?			Yes 🗆	No
6. How ofte	en are safety ir	spections perform	ned?					
7. Do you h	nave a written	Company Safety I	Policy and Program	and will yo	ou provide copi	ies if request	ed? 🗆 Ye	es 🗆 No
8. Does yo	ur Company in	nplement a substa	ance abuse policy?				Yes 🛛	No
		I Employment Scr t/Incident	uded in the Compa reening	ny policy.				
9. Do you h	nave a return to	o work/light duty p	orogram? 🛛 Y	es 🗆 No)			
10. Have yo	ou ever implem	nented 100% fall p	protection?	es 🗆 No)			
If reque	ested can you p	provide us with a s	site-specific program	n addressir	ng the fall haza	ards in your v	vork?□ Y	es 🗆 No
11. Do you	require docum	ented safety mee	tings for your empl	oyees? Indi	icate which, ar	nd how often.		
New Emp	d Supervisors: v Hires: ployees: 3CONTRACTOF	R/VENDORS:	☐ Yes ☐ M ☐ Yes ☐ M	lo 0	Frequency Frequency Frequency Frequency			

12.	Does your Company provide safety training for all employees?		Yes		No	
	If yes, please list training provided. (Pavarini requires that at least one full time on-site person must have completed the 30-hour OSHA training)					
13.	Do you have home office representatives, not directly involved in the project; who will visit a safety?	and a	udit th Yes			
	Frequency					
14.	Does your Company set annual safety goals?		Yes		No	
	If yes, please list training provided:					
15.	Does your Company have a program recognizing your employees for safety performance excellence?		Yes		No	
16.	Does your Company have a disciplinary program in place for safety violations?		Yes		No	
17.	Does your Company review the safety management systems of your sub-subcontractors?		Yes		No	
18.	Does your Company conduct accidental incident investigations?		Yes		No	
19.	List all supervisory employees who have completed an OSHA 30 Hour Training Program.					
	Employee Name OSHA 30 Hour/Date of Cert	ifica	<u>tion</u>			
	ecial Requirements for Contractors and/or Subcontractors on our projects with an Exp te (EMR) at or above 1.0 experience.)erie	nce M	odif	ication	
The	e following items listed below are included in contacts to contractors/subcontractors having a	n EM	IR of 1	.0 0	r above.	
The contractor/subcontractor shall develop a comprehensive site-specific Safety and Health program for their scope of work on the project.						
	e contractor/subcontractor shall designate a trained OSHA 30-Hour on-site full-time safety pen npany relating to safety issues.	rson	to rep	rese	ent their	
	e contractor/subcontractor shall conduct and document formal weekly project safety inspection submit these reports to Pavarini Construction Company Field Office.	ons o	f their	worł	k areas	
	e contractor/subcontractor Safety Director shall visit and document safety inspections of the p remi-Monthly basis to review safety performance of their employees.	orojeo	cts, at	a m	inimum, on	

A contractor/subcontractor representative shall attend all project pre-planning safety meetings related to their scope of work.

These above items are to ensure that the contractor/subcontractor are developing safety and health programs to protect their workers and that they are reviewing their work areas to prevent injuries to all workers on our projects.

<u>Trade Categories</u>: Please pick three top categories in order of priority, i.e. 1, 2, 3, of the CSI codes that best fit your company's line of work: () 07940 Eirostoppi

() 01000 General Requirements () 08100 Metal Doors & Frames () 02240 Devatering () 08230 Colling Doors & Grills () 02200 Demolition () 08340 Special Function Doors () 02200 Earthwork () 08440 Entrances/Storefronts () 02230 Soil Treatment () 08600 Skylights () 02230 Storm Drainage () 08700 Hardware () 02250 Wells () 08900 Glazed Curtain Walls () 02260 Wells () 09800 Translucent Panels () 02760 Pavement Markings & Speciaties () 09220 Cypsum Board Systems () 02760 Units & Ratural Surfaces () 09302 Cultured Marbie Vanities () 02760 Hawent Markings & Specialites () 09320 Cultured Anoustoal Collings () 02780 Units Ratural Surfaces () 09320 Cultured Anoustoal Collings () 02810 <t< th=""><th></th><th></th><th></th><th>()</th><th>07840</th><th>Firestopping</th></t<>				()	07840	Firestopping
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() 02200 Site Improvements & Preparation () 08340 Special Function Doors () 022300 Earthwork () 08450 Windows () 02260 Soil Treatment () 08500 Windows () 02550 Walls () 08700 Hardware () 02550 Walls () 08900 Glazzing () 02550 Walls () 08900 Glazzing () 02760 Pavement Markings & Specialties () 09220 Portland Coment Plaster () 027700 Pavement Markings & Specialties () 09302 Culturent Astione () 027700 Units Pavers Glawalis () 09302 Calturent Tops () 02780 Unit Pavers Glawalis () 09302 Calturent Tops () 02810 Inrigation System () 09960 Specialty Flooring () 02820 Fences & Gates () 09960 Carpeting () 02820 Iste Imining Specialti	()	02240	Dewatering	()	08330	Coiling Doors & Grills
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(1) 02780 Unit Pavers 09302 Cultured Marble Vanities (1) 02790 Athletic & Recreational Surfaces (1) 09320 Granite Counter Tops (1) 02810 Irrigation System (1) 09810 Suspended Acoustical Cellings (1) 02815 Fountains & Water Features (1) 09840 Wood Flooring (1) 02820 Fences & Gates (1) 09840 Wood Flooring (1) 02800 Playfield Equipment & Site Structures (1) 09900 Painting (1) 02800 Trafic Signalization & Signs (1) 09900 Special Coatings (1) 02990 Site Improvements MISC (1) 10200 Louvers, Vents, Grilles & Screens (1) 03010 Concrete Formwork (1) 10500 Identifying Devices (1) 03100 Concrete Naterials (1) 10500 Library Equipment (1) 03310 Concrete Matrials (1) 11050 Library Equipment (1) 03310 Concrete Pumping (1) 11150 Parking Control Equipment		02770				
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SWORN STATEMENT

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of any work to our Comp	bany.	
Dated this	day of, 20	
Name of Comp	any:	
Completed by:	(Company Officer Print Name/Title)	
	(Signature)	
is true and suff	being duly sworn, deposes and s ciently complete so as to not be misleading	tates that the information provided herein
	Subscribed and sworn before me this	day of, 20
	Notary Public:	

My commission Expires: _____