



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 Commercial Blvd., Suite 900
Fort Lauderdale, FL 33308
954-903-3700 Phone
954-903-3707 Fax

PURCHASING DEPARTMENT
pavse.purchasing@pavarini.com
Attn: Purchasing Department

SUBCONTRACTOR/VENDOR COMPANY PROFILE STATEMENT

Date: _____

Company Information:

Firm Name: _____

Street Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

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 ☐ Branch Office

Name of Parent Company: _____

Address of Parent Company: _____

Years in Business: _____ Type of Company: ☐ Corp. ☐ Sole Proprietor ☐ Joint Venture ☐ Other

State of Incorporation: _____ Date Incorporated: _____

Contractor's License No.: _____ State: _____ Expiration: _____

State Sales Tax Registration Number: _____

State Unemployment Insurance Number: _____

Federal ID Number: _____

Disadvantaged Business Enterprise Information/Status/Participation:

Is your Company a recognized minority/disadvantaged business? ☐ Yes ☐ No

☐ MBE ☐ WBE ☐ DBE ☐ CSBE ☐ State/Federal ☐ Other If So, What Type of Certification/Agency: _____
(Please attach copies of all current certifications with each agency)

MBE/WBE/DBE involvement for work your firm subcontracted out to disadvantaged business enterprises
(average last 3 years) MBE _____% WBE _____% DBE _____% Other _____%

Corporate Information:

List the Corporate Officers, Partners, Shareholders, and Others with more than 5% of the stock of your Company:

<u>Name</u>	<u>Year of Birth</u>	<u>Position</u>	<u>Percent Owned</u>
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____

Under what other name(s) has your Company operated? _____

How many people does your Company currently employ? _____

Home Office _____ Field Supervisory _____ Trades People _____

On average, how many people has your Company employed for the last 3 years? _____

Home Office _____ Field Supervisory _____ Trades People _____

Company Business/Legal History:

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 attach written 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? ☐ Yes ☐ No (If yes, please attach written explanation)

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? ☐ Yes ☐ No (If yes, please attach written explanation)

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 attach written explanation)

Is your Company or any of its Owners, Officers or Major Shareholders currently involved in any arbitration or litigation? ☐ Yes ☐ No (If yes, please attach written explanation)

Does your Company have any outstanding judgments or claims against it? ☐ Yes ☐ No (If yes, please attach written explanation)

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.

Affiliates: Please list any subsidiaries and affiliates of your Company:

<u>Company Name</u>	<u>Ownership</u>	<u>Type of Company</u>
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

Does your company have any joint ventures with any other firms? ☐ Yes ☐ No

Key Personnel/Staff: Please list key office personnel, field supervisors and attach resumes:

<u>Name/Position Held</u>	<u>Year of Birth</u>	<u>Years of Experience</u>	<u>Previous Employer</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Union Affiliations: List Union(s), which you have agreements with:

<u>Local Number:</u>	<u>Union Name:</u>	<u>Agreement Expiration:</u>
_____	_____	_____

Trade Association Memberships: _____

Training Program Participation:

Please list any local or national accredited training programs in which your company participates (craft or management training):

Environmental Awareness:

Is your firm a member of the United States Green Building Council (USGBC)? ☐ Yes ☐ No

National Chapter #: _____ Local Chapter #: _____

LEED AP(s) on staff: _____ LEED Green Associate: _____ LEED AP: _____

LEED Projects Completed: _____ Please attach list of LEED projects completed to date.

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 you are most competitive in performing (enter 1). Show in order of preference (2, 3, etc.), for other size projects you are capable of performing:

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 your Company has worked:

A. High Rise Office Building	<input type="checkbox"/>	E. Residential	<input type="checkbox"/>	I. Correctional Facilities	<input type="checkbox"/>
B. Mid Rise Office Building	<input type="checkbox"/>	F. Sports/Entertainment	<input type="checkbox"/>	J. Design Build/Design Assist.	<input type="checkbox"/>
C. Hotels/Motels	<input type="checkbox"/>	G. Industrial Bldg.	<input type="checkbox"/>	K. Schools	<input type="checkbox"/>
D. Hospitals	<input type="checkbox"/>	H. High Tech/Laboratories	<input type="checkbox"/>	L. Interiors	<input type="checkbox"/>

List the trades normally perform with firm's own forces: _____

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 project you expect to do this year? Amount: \$ _____

Project/scope: _____

What is your expected annual volume this year? _____ No. 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 a list of current major projects 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 completed major projects 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: _____

Phone: _____ Contact Person: _____

Line of Credit Amount \$ _____ Amount Available \$ _____ Expiration Date: _____

UCC Filing? ☐ Yes ☐ No How is credit secured? _____

What is your Company's Dunn & Bradstreet Number? _____

D&B Rating: _____ Pay Record: _____ 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: _____
Address: _____ 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. Company Name: _____ Contact: _____
Address: _____ Telephone: _____
3. Company Name: _____ 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? ☐ Yes ☐ No
4. Does your company participate in any Industrial and/or Commercial Incentive Programs? ☐ Yes ☐ No

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) 2008 / .92 / FL 2007 / .90 / FL 2006 / .91 / FL
 / / / / / /

***Subcontractors must have a current EMR less than or equal to 1.0 to qualify for Pavarini Construction's Bid list. Should your EMR exceed 1.0, the Contractor must demonstrate and document that it has or will initiate programs, policies, and attitudes, which will result in a safety conscious performance in order to be included on Pavarini's Approved Contractor List. In this case it is the sole discretion of Pavarini to approve or disapprove a SUBCONTRACTOR. (See the "Special Requirements" below).

2. Please attach the three most recent year's OSHA No. 300/200 Logs.

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

_____ = _____ _____ = _____ _____ = _____

Are there any willful OSHA violations? ☐ Yes ☐ No
If yes, please attach a brief description of the violation(s).

Any employee deaths in the past 3 years? ☐ Yes ☐ No
If yes, please attach 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 handle the safety inspections on all of your projects? ☐ Yes ☐ No

6. How often are safety inspections performed? _____

7. Do you have a written Company Safety Policy and Program and will you provide copies if requested? ☐ Yes ☐ No

8. Does your Company implement a substance abuse policy? ☐ Yes ☐ No

If yes, please check which are included in the Company policy.

- ☐ Pre-Hire/Initial Employment Screening
☐ Cause
☐ Post Accident/Incident
☐ Random/Periodic

9. Do you have a return to work/light duty program? ☐ Yes ☐ No

10. Have you ever implemented 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

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

Field Supervisors:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency _____
New Hires:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency _____
Employees:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency _____
SUBCONTRACTOR/VENDORS:	<input type="checkbox"/> Yes <input type="checkbox"/> No	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 and audit the project for safety? ☐ Yes ☐ No

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 Certification

Special Requirements for Contractors and/or Subcontractors on our projects with an Experience Modification Rate (EMR) at or above 1.0 experience.

The following items listed below are included in contracts to contractors/subcontractors having an EMR of 1.0 or above.

The contractor/subcontractor shall develop a comprehensive site-specific Safety and Health program for their scope of work on the project.

The contractor/subcontractor shall designate a trained OSHA 30-Hour on-site full-time safety person to represent their company relating to safety issues.

The contractor/subcontractor shall conduct and document formal weekly project safety inspections of their work areas and submit these reports to Pavarini Construction Company Field Office.

The contractor/subcontractor Safety Director shall visit and document safety inspections of the projects, at a minimum, on a Semi-Monthly basis to review safety performance of their employees.

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.

Trade Categories:

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:

<input type="checkbox"/>	<input type="checkbox"/>	01000	General Requirements	<input type="checkbox"/>	<input type="checkbox"/>	07840	Firestopping
<input type="checkbox"/>	<input type="checkbox"/>	01720	Surveying – Field Engineering	<input type="checkbox"/>	<input type="checkbox"/>	08100	Metal Doors & Frames
<input type="checkbox"/>	<input type="checkbox"/>	02240	Dewatering	<input type="checkbox"/>	<input type="checkbox"/>	08200	Wood & Plastic Doors
<input type="checkbox"/>	<input type="checkbox"/>	02200	Site Improvements & Preparation	<input type="checkbox"/>	<input type="checkbox"/>	08330	Coiling Doors & Grills
<input type="checkbox"/>	<input type="checkbox"/>	02220	Demolition	<input type="checkbox"/>	<input type="checkbox"/>	08340	Special Function Doors
<input type="checkbox"/>	<input type="checkbox"/>	02300	Earthwork	<input type="checkbox"/>	<input type="checkbox"/>	08400	Entrances/Storefronts
<input type="checkbox"/>	<input type="checkbox"/>	02360	Soil Treatment	<input type="checkbox"/>	<input type="checkbox"/>	08500	Windows
<input type="checkbox"/>	<input type="checkbox"/>	02465	Auger Cast Piles	<input type="checkbox"/>	<input type="checkbox"/>	08600	Skylights
<input type="checkbox"/>	<input type="checkbox"/>	02500	Utility Services	<input type="checkbox"/>	<input type="checkbox"/>	08700	Hardware
<input type="checkbox"/>	<input type="checkbox"/>	02520	Wells	<input type="checkbox"/>	<input type="checkbox"/>	08800	Glazing
<input type="checkbox"/>	<input type="checkbox"/>	02630	Storm Drainage	<input type="checkbox"/>	<input type="checkbox"/>	08900	Glazed Curtain Walls
<input type="checkbox"/>	<input type="checkbox"/>	02700	Pavement Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	08950	Translucent Panels
<input type="checkbox"/>	<input type="checkbox"/>	02760	Pavement Markings & Specialties	<input type="checkbox"/>	<input type="checkbox"/>	09220	Portland Cement Plaster
<input type="checkbox"/>	<input type="checkbox"/>	02770	Curbs, Gutters & Sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	09250	Gypsum Board Systems
<input type="checkbox"/>	<input type="checkbox"/>	02780	Unit Pavers	<input type="checkbox"/>	<input type="checkbox"/>	09300	Tile & Natural Stone
<input type="checkbox"/>	<input type="checkbox"/>	02790	Athletic & Recreational Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	09302	Cultured Marble Vanities
<input type="checkbox"/>	<input type="checkbox"/>	02810	Irrigation System	<input type="checkbox"/>	<input type="checkbox"/>	09320	Granite Counter Tops
<input type="checkbox"/>	<input type="checkbox"/>	02815	Fountains & Water Features	<input type="checkbox"/>	<input type="checkbox"/>	09510	Suspended Acoustical Ceilings
<input type="checkbox"/>	<input type="checkbox"/>	02820	Fences & Gates	<input type="checkbox"/>	<input type="checkbox"/>	09620	Specialty Flooring
<input type="checkbox"/>	<input type="checkbox"/>	02870	Site Furnishings	<input type="checkbox"/>	<input type="checkbox"/>	09640	Wood Flooring
<input type="checkbox"/>	<input type="checkbox"/>	02880	Playfield Equipment & Site Structures	<input type="checkbox"/>	<input type="checkbox"/>	09680	Carpeting
<input type="checkbox"/>	<input type="checkbox"/>	02890	Traffic Signalization & Signs	<input type="checkbox"/>	<input type="checkbox"/>	09700	Wall Finishes & Treatments
<input type="checkbox"/>	<input type="checkbox"/>	02900	Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	09900	Painting
<input type="checkbox"/>	<input type="checkbox"/>	02999	Site Improvements MISC	<input type="checkbox"/>	<input type="checkbox"/>	09960	Special Coatings
<input type="checkbox"/>	<input type="checkbox"/>	03055	Tower Crane	<input type="checkbox"/>	<input type="checkbox"/>	10200	Louvers, Vents, Grilles & Screens
<input type="checkbox"/>	<input type="checkbox"/>	03100	Concrete Formwork	<input type="checkbox"/>	<input type="checkbox"/>	10400	Identifying Devices
<input type="checkbox"/>	<input type="checkbox"/>	03200	Reinforcing (Rebar & PT Cable)	<input type="checkbox"/>	<input type="checkbox"/>	10520	Fire Protection Specialties
<input type="checkbox"/>	<input type="checkbox"/>	03205	INSTALL Rebar & PT Cable	<input type="checkbox"/>	<input type="checkbox"/>	10800	Toilet & Bath Accessories
<input type="checkbox"/>	<input type="checkbox"/>	03300	Cast-in Place Concrete	<input type="checkbox"/>	<input type="checkbox"/>	10999	Specialties MISC
<input type="checkbox"/>	<input type="checkbox"/>	03310	Concrete Materials	<input type="checkbox"/>	<input type="checkbox"/>	11010	Maintenance Equipment
<input type="checkbox"/>	<input type="checkbox"/>	03350	Place & Finish	<input type="checkbox"/>	<input type="checkbox"/>	11050	Library Equipment
<input type="checkbox"/>	<input type="checkbox"/>	03370	Concrete Pumping	<input type="checkbox"/>	<input type="checkbox"/>	11060	Theater Stage Equipment
<input type="checkbox"/>	<input type="checkbox"/>	03400	Precast Concrete	<input type="checkbox"/>	<input type="checkbox"/>	11150	Parking Control Equipment
<input type="checkbox"/>	<input type="checkbox"/>	03520	LW Insulating Concrete	<input type="checkbox"/>	<input type="checkbox"/>	11160	Loading Dock Equipment
<input type="checkbox"/>	<input type="checkbox"/>	03900	Concrete Restoration & Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	11170	Solid Waste Equipment
<input type="checkbox"/>	<input type="checkbox"/>	03999	Concrete MISC	<input type="checkbox"/>	<input type="checkbox"/>	11400	Food Service Equipment
<input type="checkbox"/>	<input type="checkbox"/>	04200	Unit Masonry	<input type="checkbox"/>	<input type="checkbox"/>	11450	Appliances
<input type="checkbox"/>	<input type="checkbox"/>	05100	Structural Steel / Metal Joist	<input type="checkbox"/>	<input type="checkbox"/>	11600	Laboratory Equipment
<input type="checkbox"/>	<input type="checkbox"/>	05400	Cold Formed Metal Framing	<input type="checkbox"/>	<input type="checkbox"/>	11999	Equipment MISC
<input type="checkbox"/>	<input type="checkbox"/>	05500	Metal Fabrication	<input type="checkbox"/>	<input type="checkbox"/>	12300	Manufactured Casework (Cabinets)
<input type="checkbox"/>	<input type="checkbox"/>	05520	Handrails/Railings	<input type="checkbox"/>	<input type="checkbox"/>	12490	Window Treatments
<input type="checkbox"/>	<input type="checkbox"/>	05700	Ornamental Metals	<input type="checkbox"/>	<input type="checkbox"/>	12600	Multiple Seating
<input type="checkbox"/>	<input type="checkbox"/>	05720	Glass Railings	<input type="checkbox"/>	<input type="checkbox"/>	12700	Systems Furniture
<input type="checkbox"/>	<input type="checkbox"/>	06100	Rough Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	12999	Furnishings MISC
<input type="checkbox"/>	<input type="checkbox"/>	06130	Heavy Timber Construction	<input type="checkbox"/>	<input type="checkbox"/>	13150	Swimming Pools
<input type="checkbox"/>	<input type="checkbox"/>	06200	Finish Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	13999	Special Construction MISC
<input type="checkbox"/>	<input type="checkbox"/>	06400	Architectural Woodwork	<input type="checkbox"/>	<input type="checkbox"/>	14200	Elevators / Escalators
<input type="checkbox"/>	<input type="checkbox"/>	06460	INSTALL Doors, Frames & Hardware	<input type="checkbox"/>	<input type="checkbox"/>	14400	Lifts
<input type="checkbox"/>	<input type="checkbox"/>	07100	Waterproofing	<input type="checkbox"/>	<input type="checkbox"/>	15300	Fire Protection
<input type="checkbox"/>	<input type="checkbox"/>	07200	Insulation	<input type="checkbox"/>	<input type="checkbox"/>	15400	Plumbing
<input type="checkbox"/>	<input type="checkbox"/>	07240	Exterior Insulation Finish System	<input type="checkbox"/>	<input type="checkbox"/>	15700	HVAC
<input type="checkbox"/>	<input type="checkbox"/>	07400	Manufactured Siding (Metal Roofing)	<input type="checkbox"/>	<input type="checkbox"/>	16000	Electrical
<input type="checkbox"/>	<input type="checkbox"/>	07500	Membrane Roofing	<input type="checkbox"/>	<input type="checkbox"/>	16400	Low-Voltage Distribution
<input type="checkbox"/>	<input type="checkbox"/>	07600	Flashing Sheet Metal	<input type="checkbox"/>	<input type="checkbox"/>	16700	Communication Systems
<input type="checkbox"/>	<input type="checkbox"/>	07800	Applied Fireproofing	<input type="checkbox"/>	<input type="checkbox"/>	16750	Security Systems

SWORN STATEMENT

I _____ on behalf of _____ have attempted to answer all questions in a
(Company Officer) (Company Name)

Full and complete manner to assure that the answers in provided in this questionnaire are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that **PAVARINI** will be relying on the accuracy of the information provided and our responses in this questionnaire, in deciding whether to permit us to bid and, in the award of any work to our Company.

Dated this _____ day of _____, 20_____.

Name of Company: _____

Completed by: _____
(Company Officer Print Name/Title)

(Signature)

_____ being duly sworn, deposes and states 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: _____