

(Name of Company)

SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE

All subcontractors are required to complete this questionnaire. The contents of this questionnaire will be considered confidential and used solely to determine your firm's qualifications, and will not be disclosed to the project staff. Please direct any questions, and return this completed form, to:

Name of Company:
Address of Company:

Attention:
Web Address:
Telephone:
Fax No.:

1. **GENERAL INFORMATION** Please fill in the following: _____ will assign a subcontractor number to you.
(Name of company)

1.1 Name of Business **Hop River Concrete, Inc.**
Street Address **231 Route 6**
Post Office Address
City, State, Zip Code **Columbia, CT 06237**

1.2 Telephone Number **860-228-8881** Fax Number **860-228-6715**

1.3 Person to Contact **Peter P. Jacques**

1.4 SIC Code _____ [Subcontractor No. _____]

2. **LICENSE INFORMATION** Please provide all trade and professional licenses, if any, required for you to perform your services:

<u>Type of License/Name of License</u>	<u>State</u>	<u>License Number</u>
Major Contractor	CT	900714
Contractor	RI	20038

2. **ORGANIZATION** Please indicate your firm's legal structure:

3.1 This firm is a: () C. Corporation (**X**) S. Corporation () Partnership
() Sole Proprietor () Limited Liability Company

3.2 Date Founded **1987** State of Formation **Connecticut**

3.3 Federal Employer Identification Number: **06-119-1704**

3.4 Names, Titles and ages and length in position of Officers, Managers, or Principals:

<u>Name</u>	<u>Title</u>	<u>Age</u>	<u>Time in Position</u>
Peter P. Jacques	President	55	19 Years
John Siemienski	Vice President	55	4 Years

3.5 Is your firm a qualified minority business? **NO** Certification No. _____

3.6 What percentage of minority ownership? **N/A**

3.7 Under what other names has your firm operated? **Hop River Construction**

3.8 If your firm owned or controlled by any other organization? **NO**
If yes, please describe:

3.9 Has any officer/principal been associated with a firm that has filed bankruptcy? **NO**

4. WORK CLASSIFICATION

4.1 Please list the type(s) of work you are interested in bidding: **Concrete**

4.2 Please list the type of work your firm normally performs with your own employees:
**Cast in place concrete
Slabs**

4.3 Please list the geographic areas you prefer to work in: **Connecticut,
Massachusetts and Rhode Island**

5. WORK EXPERIENCE

5.1 Please attach a list of the major projects your firm currently has in progress showing the project name, location, owner, architect/engineer, general contractor, contract amount, percent complete and scheduled completion date and contact person. **(See - Jobs in Progress)**

5.2 Please attach a list of the major projects your firm has completed in the last three (3) years showing the project name, location, owner, architect/engineer, general contractor, contract amount and completion date, and contact person. **(See - Jobs Completed . 3 years)**

5.3 Has your firm or any other organization, with which the officers or partners were involved during the last three (3) years, ever failed to complete any work awarded?
() No () Yes - If yes, please explain: _____

5.4 Are there any judgments, claims, arbitrations, proceedings or suits pending/outstanding against your firm or its officers or principals?
() No () Yes - If yes, please explain: _____

5.5 Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years? (X) No () Yes
If yes, please explain: _____

5.6 What is your average job size: \$20,000.00 - \$500,000.00

5.7 What is your largest job size to date: \$3,100,000.00

5.8 What is your backlog:

(i) as of last financial statement: (available upon request)

(ii) as of today: (available upon request)

(iii) as of 12 months ago: (available upon request)

6. FINANCIAL INFORMATION

6.1 Please attach your firm's most current financial statements (audited, if available), for the entity that will be signing the subcontract. (Upon Request)

6.2 Please attach your firm's most current work in progress report. (Upon Request)

7. REFERENCES

7.1 Bank Reference:

<u>Name</u>	<u>Contact Person</u>	<u>Telephone</u>
New Alliance Bank	I Robyn McCullough	I 860-456-2792

7.2 Do you have a line of credit? (X) Yes () No

7.3 Bonding Reference: Bonding Company: Metayer Bonding Association, LLC

Bonding Agent: Name - Mike Metayer

Address - 200 Fisher Drive, Avon, CT 06001

Phone # - 860-676-9402

Bonding Capacity: \$6,000,000.00 Per Project

\$ _____ Aggregate

Date, amount and type of last bond issued: \$1,200,000.00

Bond Rate: \$25 per 1,000 - 1st million / \$15 per 1,000 - \$400,000 /

\$10 per 1,000 - \$2,000,000

7.4 Credit References:

<u>Name</u>	<u>Contact Person</u>	<u>Telephone</u>
Barker Steel	I Ray Kandolin	I 860-282-1860
Builders Concrete	I Steve Aiudi	I 860-456-1787
Maynard Concrete	I Clyde Maynard	I 860-233-4700
Modern Concrete Pumping	I George King	I 860-233-6362

7.5 Owner, General Contractor or Subcontractor References:

<u>Name</u>	<u>Contact Person</u>	<u>Telephone</u>
Newfield Construction	I Tom DeMauro	I 860-953-1477
Casle Corporation	I John Burger	I 860-674-9000
Konover Const. Corp.	I Tony Maselli	I 860-284-7110

8. CONTRACTOR PROFILE

8.1 Current number of employees:

Office: 7 Field: 41 Shop(s): 2

8.2 Does your firm operate as a Union Shop? () Yes (X) No
 Merit Shop? (X) Yes () No

9. QUALITY

9.1 Do you have a written quality manual? (X) Yes () No
 Would you provide it upon request? (X) Yes () No

10. ADDITIONAL INFORMATION

10.1 Please list any additional information that you feel will help up determine your firm's qualifications and expertise:

Evergreen Walk - \$3,100,000.00
 Lake of Isles - \$ 990,000.00
 Stafford Elementary - \$ 945,000.00

11. INSURANCE CARRIER - Limits - Mod

		<u>0.0 - 0.4</u>	<u>0.5 - 0.9</u>	<u>1.0 & ></u>
a. Provide Experience Modifier Rate		2005 _____	.76	_____
(EMR) for the most recent three years.	EMR	2004 _____	.80	_____
		2003 _____	.92	_____

12. Man-Hours	<u>Year</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>
	<u>Man-hours</u>	102,972	129,484	99,466

13. Have you ever had a fatality? YES___ NO X
 If YES, when? _____

SUBCONTRACTOR NAME: Hop River Concrete, Inc.

DATE: _____

- 1. List all OSHA citations received in the most recent three (3) years:
Refer to: <http://www.osha.gov/pls/imis/establishment.html>

<u>YEAR</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>
	<u> </u> Serious	<u> </u> Serious	<u> </u> Serious
# of Citations	<u> </u> Wilful	<u> </u> Wilful	<u> </u> Wilful
	<u> </u> Repeat	<u> </u> Repeat	<u> </u> Repeat

		<u>\$0 - \$99</u>	<u>\$100k -</u>	<u>\$249k</u>
		<u>k</u>	<u>\$249k</u>	<u>& ></u>
2. What are your total General Liability (GL) losses for the most recent three (3) years?	GL	2005 0	0	0
Provide loss runs:	Losses	2004 1	0	0
		2003 0	0	0

3. Do you plan to employ sub tier contractors? YES___ and/or NO ___
If YES, they will be required to complete this document for _____ review.

4. Does your company have a written safety and health program? YES **X** NO ___

5. Will you staff a full time safety representative on the project or do you have a safety representative that will make periodic visits to the project? YES **X** NO ___

If YES: Name: **Peter P. Jacques**
Telephone #: **860-228-8881**

This Pre-Qualification Questionnaire was completed by:

NAME: **Margaret M. Soulia**

TITLE: **Office Coordinator**

DATE: **06/02/2006**