

D.F. OSBORNE CONSTRUCTION INC.
SUB-CONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE
(Print and fax)
5005 Croco Road, Berryton, KS 66409
Phone (785) 862-2100 / Fax (785) 862-3100

All information submitted for pre-qualification evaluation will be considered official information acquired in confidence,

NAME OF FIRM: _____

CONTACT: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX: _____

E-MAIL ADDRESS: _____ TAX I.D. NO. _____

WEB SITE ADDRESS: _____

1. LICENSE

A. Name of license holder exactly as on file with the State License Board.

B. License Number _____

License Classification _____ Expiration Date _____

2. COMPANY STRUCTURE

A. **CORPORATION** _____

Date of Incorporation _____ State of Incorporation _____

President _____ Vice President _____

Secretary _____ Treasurer _____

PARTNERSHIP _____

Date of Organization _____ General of Limited _____

Name and Address of Principals:

SOLE PROPRIETORSHIP _____

Address _____

- B. How many years has your company been in business as a Contractor? _____
- How many years has your company been in business under its present business name? _____
- Under what other former names has your company operated?
- Name _____ Years _____
- Name _____ Years _____
- List the scope/type of work performed with your own forces:
- _____
- _____
- How much of your work is self performed? _____ Subcontracted? _____
- Average Total Number of Employees: _____
- Exempt: _____ Non-Exempt: _____ Craft: _____
- Union Affiliation (s), if any: _____

3. **FINANCIAL**

- A. Attach a copy of your latest profit and loss statement and balance sheet.
- B. What was your company's average yearly volume of work for the past three years?
- 2003 _____ 2004 _____ 2005 _____
- C. Average Contract Size \$ _____
- Minimum: \$ _____ Maximum: \$ _____
- Geographical Area of Work: _____
- _____
- D. Company's Dunn & Bradstreet No.: _____
- E. Has your company (either under current or previous name) ever filed for bankruptcy protection with the U.S. Bankruptcy Court? Y _____ N _____
- If yes, Date of filing _____ Classification of Filing _____
- F. Have any principals of your company, either past or present, been affiliated with any type of bankruptcy? Y _____ N _____
- If yes, explain and Provide Dates: _____
- _____

4. LITIGATION

A. Have you ever had a contract terminated for default within the past five years?

No _____ Yes _____ If yes, Why? _____

When? _____

B. Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your company?

No _____ Yes _____ If Yes, Explain: _____

C. Has your company filed any lawsuits, submitted claims, or been involved in any litigation with regard to your contract activity within the last five years?

No _____ Yes _____ If yes, Explain: _____

5. Insurance

A. Can you provide current evidence or evidence of ability to insure to minimum limits ("Acord" Form or other) of General Liability Insurance coverage as listed below (D.F. Osborne Construction, Inc. will not pay for special endorsements or waivers)? Yes _____ No _____

- Commercial General Liability - \$1 million each occurrence/\$2 million per project aggregate
- Additional Insured Endorsement listing owner, general contractor, and lender and construction management firm (if applicable) and their officers, directors, and employees – all in primary wording
- Worker's Compensation & Employers' Liability Insurance - \$1 million
- Waiver of Subrogation Endorsement
- Automobile Liability (Owned, Hired, Non-Owned) - \$1 million
- Excess Liability (Umbrella) – only required if General Liability is under \$2 million

6. Bonding

If you anticipate a contract of over \$1,000,000, please provide the following:

A. Provide a certified letter from your bonding company identifying the bonding rate per \$1,000, the aggregate and single project bonding capacity of the Company.

B. Bonding company name: _____

Address: _____

Agent Name: _____ Phone Number: _____

A.M. Best Rating: _____

7. **REFERENCES**

A. Bank Reference

Bank Name and Branch: _____

Account Manager: _____ Phone: _____

Address: _____

B. Customer

Please identify four General Contractors for whom you have worked in the past two years:

Company Name	Contact Person	Phone Number
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C. Please identify three Subcontractor/Supplier references with whom you have worked in the past two years:

Company Name	Contact Person	Phone Number
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8. **SAFETY**

A. List your company's experience modification rate (EMR) for the past three years. Provide a letter from your insurance carrier or state fund (on letterhead verifying the EMR data):

2003 _____ 2004 _____ 2005 _____

B. Has your company been cited by OSHA, the EPA in the past five years?

Yes _____ No _____ How Often _____

(Attach a sheet listing and describing each citation.)

C. Has your company ever been associated with or involved in a job site death (s)?

Yes _____ No _____

If yes, please explain: _____

The above information is true and correct to the best of my knowledge.

Signed

Printed Name

Date