

INSTRUCTIONS

Read carefully and submit completed form to Sacha Rodriguez, Preconstruction Coordinator at: srodriguez@nv2agroup.com.

This questionnaire serves to pre-select subcontractors who want to do business with NV2A Group. While some questions may not be applicable for your company, please try to answer all questions and insert N/A where necessary. If additional space is required, attach additional information at the end of this form referencing the specific question number.

Prepared By:					
Title:					
Date:					
Name of Firm:					
Address:					
City:		State:		Zip:	
Phone:		Fax:			
Website:					
Parent Company:					
Affiliates, Divisions and Subsidiaries with addresses (please list by Country):					

1. GENERAL DATA

a) Type of Work (i.e. Demo, Civil, Concrete, Finishes, Mechanical, Electrical, etc.)

Specialty: (be specific i.e. drywall, stucco, fireproofing, etc.)

b) Firm Established (Date): _____

c) Type of Organization: Sole Proprietorship Partnership Corporation

d) Is your organization registered as a Small Business within any County? Yes No

e) If yes, please indicate the type of Small Business qualifications your organization has (i.e. DSBE, MBE, SBE, SBE-Goods, Veteran, etc.)

f) Is your Organization registered as a Minority with any of the below Federal Classifications?

- Small Business Non-Disadvantage (SB)
- Small Business Disadvantage (SBD)
- Women-Owned (WO SB)
- HUBZone (HUBZone SB)
- Veteran-Owned (VO SB)
- Service-Disabled Veteran-Owned (SDVOSB)
- Disadvantaged Business Enterprise (DBE)

g) Is the firm currently under bankruptcy risk or involved in any lawsuit with clients, suppliers, or subcontractors? If yes, explain.

2. COMPANY OFFICIALS:

- a) President: _____
 - b) Head of Construction: _____
 - c) Head of Procurement: _____
 - d) Manager of Quality Improvement Process: _____
 - e) Contact Person for Bidding: _____
- Phone: _____ Mobile: _____ E-Mail: _____

3. BUSINESS VOLUME:

- Average Annual Billing Volume last 5 years: (\$) _____
- Estimated Backlog: (\$) _____
- Current Dollar Value of Work Under Contract: (\$) _____

PLEASE PROVIDE LATEST CERTIFIED FINANCIAL STATEMENT

4. TYPES OF BIDS / CONTRACTS ACCEPTED: (check all that apply)

- a) Healthcare Hi-Rise (non-residential) Institutional Transportation (airports, ports, etc.)
- other: _____
- b) Minimum Amount of contract accepted: \$ _____
- c) Maximum Amount of contract accepted: \$ _____
- d) Locations of work: (check all that apply) South Florida Central Florida Bahamas
- other: _____

5. PERSONNEL:

- a) Total permanent employees: _____
- b) Permanent employees for field construction: _____

6. PAYMENT AND PERFORMANCE BONDS:

- Bondable limitation on work accepted: (\$) _____
- Bonding company and rating: _____
- Contact: _____
- Telephone: _____

7. INSURANCE:

Please note, that by accepting any invitation to bid and submitting a proposal you are acknowledging receipt of the STANDARD INSURANCE POLICY REQUIREMENTS that NV2A Group has in place. NO EXCEPTIONS will be made. NO CHANGE ORDERS will be accepted to increase your contracts if awarded a contract.

Attachment 5.0 Insurance Requirements – Contracts over 100K & 5.1 Insurance Requirements – Contracts under 100K show the companies standard requirements & limits (herein attached). If your company does not require pollution coverage or professional liability (for your scope of work) you may disregard those items on the policy.

IT IS HIGHLY recommended that you send both 5.0 & 5.1 COI samples to your agents so that you can confirm if you the necessary coverage to work with NV2A Group. If you currently do not have those coverages/amounts, ask your agent for a quote and please include this cost in any proposal submitted.

8. QA/QC:

- a) Do you have a QA/QC program manual? Yes No

9. SAFETY:

Safety is a major criterion utilized in the selection of Contractors performing work for NV2A Group. Please ensure all information submitted is accurate and complete. NV2A's first process will be to ensure compliance with OSHA minimum standards; however, NV2A's ultimate goal will be "ZERO ACCIDENTS".

<http://osha.gov/pls/imis/establishment.html>

OSHA 300 SAFETY INFORMATION

SAFETY DATA	<i>Previous three years:</i>		
	20__	20__	20__
a) Recordable Injury/Illness Cases (TCIR) (total of columns G through J on 300 logs)	_____	_____	_____
b) Days Away Injury/Illness Cases (DAFWII) (total of column H on 300 log)	_____	_____	_____
c) Days Away, Restricted & Transfer Cases (DART) (total of columns H through I on 300 log)	_____	_____	_____
d) Number of Fatalities (total of column G on 300 log)	_____	_____	_____
e) Days away from work (total of column K on 300 log)	_____	_____	_____
f) Days on job transfer or restriction (total of column L on 300 log)	_____	_____	_____
g) Total Case Incident Rate (use formula below)	_____	_____	_____
h) DART Rate (use formula below)	_____	_____	_____
i) Total Hours Worked by All Employees	_____	_____	_____

Formula: # of cases x 200,000 / Total Hours Worked by all employees

DART – Days Away Restricted Transfer Time Rate (all cases except medical only)

Desired qualifications for Contractors AND THEIR SUBCONTRACTORS are as follows:

1. Workers' Compensation Experience Modification Rate (EMR) of 1.0 or less for Contractors' current insurance.
2. Documented Recordable Incidence Rate (RIR) of 5.0 or less.
3. Documented Lost Time Incidence Rate (LTIR) of 1.0 or less.

EXPERIENCE MODIFICATION RATE (EMR)

List **corporate** workers' compensation Experience Modification Rate for the most recent 3 years and include documentation.

Previous three years:

Corporate: 20__ 20__ 20__

OSHA CITATIONS

Has your company received any OSHA citations in the last 3 years? **If yes, please attach copies.**

Yes No

SAFETY GOALS AND OBJECTIVES

a) Do you have corporate safety goals and objectives? **Please provide as attachment.**

Yes No

b) Do you have a written occupational safety and health program/manual? **Please attach only the Table of Contents indicating section titles and page numbers.**

Yes No

DRUG AND ALCOHOL PROGRAMS

a) Does the company have a drug and alcohol-free workplace?

Yes No

SAFETY TRAINING AND ORIENTATION

a) Do you have a documented pre-job or new employee occupational safety & health orientation program?

Yes No

How many hours of occupational safety & health orientation/training are conducted? _____

What is the frequency of this training? _____

Who conducts this training (name, title)? _____

Acknowledgment:

I, _____, hereby acknowledge that I have fully read the insurance requirements and are aware of the limits that are REQUIRED in order to working with NV2A Group, LLC. I certify that based on information and belief formed after reasonable inquiry, the statements and information contained in this submittal are true, accurate, and complete.

Signature: _____

Title: _____

Printed Name: _____

Date: _____