

BROWN & PIPKINS, LLC

ACSENTIAL ✦ ACSENTIAL CONSTRUCTION ✦ ACSENTIAL SERVICES ✦ ACSENTIAL TECHNOLOGIES

CONSTRUCTION SUB CONTRACTOR PROFILE

Thank you for your interest in Brown & Pipkins, LLC – Acsential Construction. Once you complete and submit the pre-qualification form and you meet required criteria, we will be in contact with you if we have a subcontracting need in your geographic area.

GENERAL INFORMATION

Today's Date: _____

Company Name: _____

Contact First Name: _____ Contact Last Name: _____

Contact Title: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

Mailing City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Web Site: _____

Submitted By: _____ Title: _____

BUSINESS INFORMATION

1. Is your company? Select One
- Sole Proprietorship
 - Partnership
 - Corporation
 - LLC

If incorporated, which states: _____

2. Years in Business: _____ Prior Year's Revenue: _____
D&B DUNS#: _____ Number of Customers: _____
Duns Rating: _____ Date of Rating: _____

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Number of Locations Served: _____ State(s) performing services: _____

3. Does your company have a business license(s) in the state(s) you perform services in? Yes No

Has that license ever been revoked in the state(s) you perform service in? Yes No

If yes, specify the reason: _____

Contractor's License Number: _____

Federal ID Number: _____

(A current business license(s) will be required before beginning services with Acsential Services)

4. Has your business provided subcontracted services for Acsential Construction in the past? Yes No

5. Are any family members currently employed by Acsential Construction or its affiliates? Yes No

6. Does your company currently provide subcontracted services for another janitorial services company? Yes No

a. If "Yes", list companies.

- b. Did your company or its employees sign a non-compete agreement? Yes No

7. Is your company classified as (select all that apply):

Minority-Owned Business (MBE) Certified By: _____

Women-Owned Business (WBE) Certified By: _____

Disadvantaged Business (DBE) Certified By: _____

Disabled Veteran Business (DVBE) Certified By: _____

*****Please note: To be classified as a minority, woman, disadvantaged, or disabled veteran owned business enterprise, your business must be at least 51% owned by one or more ethnic persons or color, women, disabled or disabled veteran in the case of any publicly owned business, at least 51% of the stock must be owned by one or more such individuals and its management and daily operations must be controlled by one or more such individuals.***

8. Please list any union affiliations:

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BUSINESS INFORMATION

9. Has your company or any of its Principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated from a contract?

If Yes, please explain

Yes No

10. Has your company ever had a claim made against it for insufficient, delayed, or non-compliant work?

If Yes, please explain

Yes No

11. Is your company or any of its Principles currently involved in any litigation?

If Yes, please explain

Yes No

12. Does your company or any of its Principals currently have any outstanding judgments or claims against it?

If Yes, please explain

Yes No

13. List all litigation brought against your company or its Principals in the last three (3) years:

14. What is your company's billing rate for additional services beyond the normal scope of services?

\$ _____ Per hour

OPERATIONS

1. Geographic areas where your services are and can be performed. _____

2. Geographic areas to which your company is willing to expand. _____

3. Is your business able to provide 24 hour, 7 days/week emergency service?

Yes No

4. Check the average contract value on projects in which your company performs:

Under \$5,000

\$5,000 - \$10,000

\$10,000 - \$30,000

\$30,000 - \$50,000

\$50,000 - \$100,000

\$100,000 - \$300,000

\$300,000 - \$500,000

Over \$500,000

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List the current workload (dollar volume) performed in the last 12 months. _____

OPERATIONS

5. Select all building types that your business has experience in.

- | | |
|---|------------|
| <input type="checkbox"/> Destination/Hotels | # of years |
| <input type="checkbox"/> Government | # of years |
| <input type="checkbox"/> Parking Facilities | # of years |
| <input type="checkbox"/> Correctional | # of years |
| <input type="checkbox"/> Healthcare | # of years |
| <input type="checkbox"/> Renovation | # of years |
| <input type="checkbox"/> Design/ Build | # of years |
| <input type="checkbox"/> High Tech/ Labs | # of years |
| <input type="checkbox"/> Transportation | # of years |
| <input type="checkbox"/> Commercial Office | # of years |
| <input type="checkbox"/> Educational | # of years |
| <input type="checkbox"/> Manufacturing/Industrial | # of years |
| <input type="checkbox"/> Residential | # of years |
| <input type="checkbox"/> Arts/ Cultural | # of years |
| <input type="checkbox"/> Athletic | # of years |
| <input type="checkbox"/> Other | # of years |

Describe

Describe your firm's design and/or in-house engineering capabilities, if any:

6. Attach a list of your **Current (work in progress) major contracts**. Please provide project name, location, owner, general contractor, contract amount, scope of work, start date and completion date. Include contact name, email, and telephone number.
7. Attach a list of **Completed (within the last 5 years) major contracts**. Please provide project name, location, owner, general contractor, contract amount, scope of work, start date and completion date. Include contact name, email, and telephone number.

Contracts with Acsential Services in the past?

Yes No

If Yes, please describe and give the dates. _____

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OPERATIONS

8. What construction services does your company currently provide (select all that apply)?

- Tests and Inspection
- Construction Cleaning
- Site Temporary Security Services
- Demolition
- Saw Cutting
- Contaminated Soils Removal
- Hazardous Abatement
- Reinforcing Steel
- C-I-P & Structural Concrete
- Precast Concrete
- Masonry
- Stone
- Structural Steel
- Metal Deck and Joists
- Metal Fabrications
- Ornamental Metals
- Rough Carpentry
- Finish Carpentry/ Arch Woodwork
- Plastic Fabrications
- Waterproofing
- Insulation
- Exterior Insulation & Finish System
- Metal Roofing and Siding
- Roofing
- Flashing & Sheet Metal
- Roof Specialties and Accessories
- Fireproofing
- Fire Stopping
- Sealants & Caulking
- Expansion Joint Cover Assemblies
- Steel Doors and Frames
- Wood Doors
- Coiling & Overhead Doors
- Alum Entrances & Storefronts
- Skylights
- Door Hardware
- Glass and Gazing
- Louvers and Vents
- Lath and Plaster
- Drywall
- Tile and grout
- Waste Removal
- Wood Flooring
- Resilient Flooring & Carpeting
- Terrazzo
- Access Flooring
- Wall Coverings
- Painting
- High Performance/ Special Coatings
- Visual Display Boards
- Signage
- Metal Toilet Compartments
- Operable Partitions
- Wall and Corner Guards
- Toilet and Bath Accessories
- Fire Extinguishers and Cabinets
- Lockers
- Loading Dock Equipment
- Laundry Equipment
- Food Service Equipment
- Projection Screens & A/V Equipment
- Window Treatment
- Countertops
- Metal Building Systems
- Elevators
- Fire Suppression
- Mechanical – Plumbing
- Mechanical – HVAC
- Testing, Adjusting and Balancing
- Integrated Automation/ Controls
- Electrical
- Communications
- Safety and Security
- Earthwork
- Piling, Shoring, Caissons
- Asphaltic Concrete Paving
- Site Concrete
- Unit Pavers
- Pavement Markings and Bumpers
- Fences and Gates
- Landscaping and Planting
- Utilities
- Acoustical Ceilings
- Other Describe

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OPERATIONS

9. How many construction employees does your company currently employ?

Full Time: _____

Part Time: _____

What work do you subcontract to others? _____

How many sub contractors do you have? _____

10. How many managers does your company currently employ? _____

How many supervisors does your company currently employ? _____

11. How does your company supervise the construction crews to ensure that services are performed in a timely, safe and professional manner?

12. Who is responsible for safety at your firm? Their title, qualifications and experience (please attach).

13. Do you have a written safety program? Yes No

If No, please explain: _____

14. Do you require your subs to have written safety programs? Yes No

If No, please explain: _____

15. Any OSHA (Federal or State) violations within the past 5 years? Yes No

If Yes, please explain: _____

13. Do those responsible for supervising your company's construction personnel have access to:

a. A computer with high speed internet? Email? Yes No

b. Mobile communication devices such as cell phones or smart phones? Yes No

c. 24 hour access to a fax machine? Yes No

14. Name of Banking Institution & Branch: _____

Since (indicate month/year): _____

Complete Address: _____

Contact Person Name: _____

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Email & Telephone: _____
Credit Line Amount \$ _____ Amount Available: \$ _____
Expiration Date: _____ UCC Filing? _____
How is credit secured? _____

INSURANCE/ BONDING/ SUPPLIERS

1. Does your business currently have the following coverages:

- a. General Liability Insurance Range – 500K to \$2M Yes No
Name of Carrier: _____
Policy Number: _____
Insurance Broker/ Agent Name: _____
Contact Number: _____
- b. Workers Compensation Range – Statutory Yes No
Name of Carrier: _____
Agent Name: _____
Contact Number: _____
- c. Automobile Liability Range - \$500K to \$1M Yes No
d. Crime Coverage Range - \$50K Yes No
e. Employer's Liability Range - \$300K to \$1M Yes No
f. Excess Liability Range - \$1M to \$5M Yes No

2. If your company does not carry the required insurance coverages, are you willing and able to maintain these limits of coverage? Yes No

3. Is your company bonded? Yes No

Bonding Company Name: _____
Surety Broker/Agent Name: _____
Bonding Capacity – Per Project \$ _____ Aggregate - \$ _____
Date of Last Bond Issued: _____ Amount - \$ _____ Type _____ Rate % _____
Persons or entities that provide indemnification to Surety: _____

4. Please list all suppliers

Supplier Name & Location: _____
Contact Person: _____ Email & Telephone: _____

Supplier Name & Location: _____
Contact Person: _____ Email & Telephone: _____

Supplier Name & Location: _____
Contact Person: _____ Email & Telephone: _____

Supplier Name & Location: _____
Contact Person: _____ Email & Telephone: _____

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ADMINISTRATION

Does your business:

1. Complete an I-9 Form for every employee hired Yes No
2. Verify the identity and work eligibility of every employee hired? Yes No
3. Pay workers on an hourly rate basis or a daily rate basis? Yes No
4. If on an hourly rate basis, what is the lowest hourly rate paid? \$_____per hour
5. If on a daily rate basis, what are the lowest and highest rates paid? \$_____per hour – lowest
\$_____per hour – highest
6. Assure that daily rate workers receive at least minimum wage per hour for every hour worked? Yes No
7. Pay overtime wages to your workers when they work more than 40 hours in one week? Yes No
8. Maintain records of all hours worked by your business' workers? Yes No
9. Report worker payments on an IRS Form 1099 or an IRS Form W-2 Yes No
10. Pay each employee's Social Security and Unemployment Taxes? Yes No
11. Pay company Social Security, State, and Federal Taxes quarterly? Yes No

Does your business currently conduct:

1. Pre-employment background checks? Yes No
2. Pre-employment drug tests? Yes No
3. Random drug tests? Yes No
4. Post-incident drug tests? Yes No

If Yes to any above, please describe:

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PROFESSIONAL ASSOCIATIONS AND ACCREDITATIONS

Please list all professional construction industry associations and accreditations of which your company (or its principals) is a member:

CUSTOMER REFERENCES

Please list three references. Include company name, contact person, address, email and telephone number.

1.

2.

3.

GENERAL COMMENTS

Add any additional comments:

Please Note: This form is for pre-qualification purposes. If your company meets the required criteria, your company will be considered for our subcontracting needs in your geographic area.

Submit