

BROWN & PIPKINS, LLC

ACSENTIAL ✦ ACSENTIAL CONSTRUCTION ✦ ACSENTIAL SERVICES ✦ ACSENTIAL TECHNOLOGIES

JANITORIAL SUB CONTRACTOR PROFILE

Thank you for your interest in Brown & Pipkins, LLC – Acsential Services. 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: _____
Number of Locations Serviced: _____ State(s) performing services: _____

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BUSINESS INFORMATION

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Has that license ever been revoked in the state(s) you perform service in?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:

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

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

5. Are any family members currently employed by Acsential Services 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. What is your company's billing rate for additional services beyond the normal scope of services?
\$_____ Per hour

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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. Select all janitorial services and environments that your business has experience in.

- | | |
|---|------------|
| <input type="checkbox"/> Banking/Finance | # of years |
| <input type="checkbox"/> Retail | # of years |
| <input type="checkbox"/> Commercial | # of years |
| <input type="checkbox"/> Education | # of years |
| <input type="checkbox"/> Manufacturing/Distribution | # of years |
| <input type="checkbox"/> Transportation | # of years |
| <input type="checkbox"/> Government | # of years |
| <input type="checkbox"/> Aviation | # of years |
| <input type="checkbox"/> Other | # of years |

Describe

5. What janitorial services does your company currently provide (select all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Daily Janitorial Services | <input type="checkbox"/> Post-Construction Cleaning |
| <input type="checkbox"/> Pressure Washing | <input type="checkbox"/> High Ceiling Dusting |
| <input type="checkbox"/> VCT Stripping & Refinishing | <input type="checkbox"/> Office Cleaning |
| <input type="checkbox"/> Carpet Cleaning | <input type="checkbox"/> Light Bulb Replacement |
| <input type="checkbox"/> Other | Describe: _____ |

6. Does your company have immediate capacity for servicing one or more locations of 500 square feet to 50,000 square feet in your area? Yes No

Please name previous experience: _____

If yes, how much square footage can you cover per day? _____

If No, estimate how long it would take to add resources to handle one additional 5,000 square foot facility:

7. How many cleaning employees does your company currently?

Full Time: _____

Part Time: _____

8. How many managers does your company currently employ? _____
How many supervisors does your company currently employ? _____

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OPERATIONS

9. How does your company supervise the cleaning crews to ensure that services are performed in a timely and professional manner?

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

11. Do you have a written safety program? Yes No
If No, please explain _____

12. Do you require your subs to have written safety programs? Yes No
If No, please explain _____

13. Any OSHA (Federal or State) violations within the past 5 years? Yes No
If Yes, please explain _____

14. Do those responsible for supervising your company's cleaning 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

15. Name of Banking Institution & Branch:

Since (indicate month/year): _____

Complete Address: _____

Contact Person Name: _____

Email & Telephone: _____

Credit Line Amount \$ _____

Amount Available: \$ _____

Expiration Date: _____

UCC Filing? _____

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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. 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 cleaning 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