

All prospective subcontractors/suppliers interested in working on our projects 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 others. Please direct any questions and return the completed form to:

The Pike Company, Inc. One Circle Street Rochester, New York 14607 Please return this form to:

I.	G	Seneral information				
	A.	A. Name of your business:				
	B.	Address:				
	C.	C. Telephone number:				
		Fax number: Email:				
	D.	D. Contact name and title:				
	E.					
	F.	F. Are you listed in Dun & Bradstreet?  no  yes if yes, what is your DUNS Number?				
	G.	. Is your operation union or non-union or both please indicate here:				
	H.	. Trade:				
	I.	Referencing Pike Job:				
II.	Organization					
	A. Business type: corporation partnership limited liability company sole proprietor					
		other (specify)				
	B.	Date founded: State of formation:				
	C. Please indicate the following information about all officers, managers and principals on a separate sh					
		Full name, title, age and length of time in this position				
	D.	List all other names your firm has conducted operations				
E. Is your firm owned or controlled by a parent or any other organization?   no yes						
		If yes, please describe on a separate sheet.				

	F.	Small Business Concern:  o o yes						
	If yes:							
		Disadvantaged Owned:						
		Women Owned:						
		Veteran Owned:						
		Service Disabled Veteran Owned:						
		HUB Zone:						
		M/WBE Status:						
III.	Licensing information							
		A. Please provide all trade and professional licenses, if any, required for you to perform your services.						
		Type of license/name of licensee State License number						
		Has any license ever been denied or revoked?						
IV.	W	Work experience						
	A.	Please attach a list of the major projects your firm <b>has completed in the last three years</b> showing the project name, location, owner, architect/engineer, general contractor, contract amount and the completion date and contact person with telephone number.						
	В.	What is your average job size in dollars?						
		What was your largest job ever completed in dollars? In what year?						
	D.	What is your backlog in dollars? As of today?						
		As of last financial statement?						
		As of 12 months ago?						
	E.	Has your firm or any other organization with which your officers or owners were involved <b>during the past three years</b> , ever failed to complete any work awarded or been terminated for cause?   no yes if yes please provide a complete explanation.						

	F. Are there any judgments, claims, arbitration proceedings, or suits pending/out-standing against you its officers or principals?   no yes If yes, please provide a complete explanation.						
	G.	Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three years?   no  yes if yes, please provide a complete explanation.					
	H.		your officers or owners were involved during the past or involuntary reorganization?   no yes If yes,				
	on projects?   no yes if yes, please provide a						
V.	Fir	nancial information					
	A.	Please attach you firm's most recent financial statement (audited, if available) for the entity that will be signing the subcontract.					
	B.	Please indicate this year's <b>estimated</b> annual sales volume? \$					
	C.	Please indicate below the annual sales volume for the last three (3) years?					
		Year	\$				
		Year	\$				
		Year	\$				
	D.	Please provide the follo	owing financial information fr	om the above financial statement:			
		Working Capital	\$				
		Net Worth	\$				
			arrent assets divided by current total liabilities divided by net	nt liabilities worth (defined as assets minus liabilities)			
	E.	Please attach a list of major projects your firm <b>currently has in progress</b> indicating the project name, location, owner, architect/engineer, general contractor, contract amount, percent complete and scheduled completion date and contact person with telephone number.					
VI.	Re	References					
	A.	Banking reference:					
	B.	Bonding reference:					
		Bonding agent Name: _					
		Bonding agent Contact	and Telephone:				
		Bonding agent address:					
		Bonding company:					
		Surety's AM Best Ratio	ng:				
		Bonding capacity: sing	le limit \$	total program bonding limit \$			
(Sa	mple	e letter for your bonding	agent to issue on last page)				

08/18/11

# VII. Safety and health A. Please list your firm's Workers compensation interstate experience modification rate for the most recent three years (If available, please attach a copy of your insurance agent's verification letter). Experience Modification Rating \_\_\_ Year \_\_\_\_ Year \_\_\_\_ Experience Modification Rating \_\_\_\_\_ Year Experience Modification Rating \_\_\_\_\_ B. Do you have a full-time safety representative? \( \square\) no \( \square\) yes C. Has your firm had any OSHA fines or jobsite fatalities within the last three years? \( \subseteq \text{no} \subseteq \text{yes} \), please describe in detail on a separate sheet. D. Please attach copies of your OSHA No. 300 Log(s) for the most recent three years along with your most current log to date of this submission. E. Please attach copies of your OSHA Recordable Incident Rate and Lost Workday Incident Rate for the most recent three years including current year to date. VIII. Additional information Please attach any additional information you feel will help us determine your firm's qualifications and expertise, including owner or general contractor references, etc. I hereby certify that the above information is accurate, correct and true. Completed by: (Name) (Title) (Signature) (Date)

Template for Letter for Bonding Capabilities; please have your bonding agent do a letter on their letterhead for you

to send with questionnaire. Sample below. Date Your Company Name Your Company Street Address Your Company City and State To Whom It May Concern: Please let this letter serve as confirmation that \_\_\_\_ Your Company Name Has an aggregate surety bond program of \$\_\_\_\_ \_\_ with a Single project limit with In excess of \$ Name of Surety Please note that these limits are not set as maximums, in that if a larger project were to come up that would cause either limit to be exceeded, \_\_\_\_\_ would be willing to discuss it. Name of Surety has continually demonstrated the ability to deliver projects on time and Your Company Name within budget. We have the utmost confidence in their management and project delivery; thereby, highly for any project they wish to pursue. recommend \_ Your Company Name If you should have any questions, please feel free to call me. Best regards, Bonding Agents signature and title