



SUBCONTRACTOR/VENDOR PROFILE STATEMENT

All Subcontractors / Vendors are asked to **COMPLETE THIS FORM and RETURN IT TO: ThomCo Enterprises Inc., 745 Hollywood Blvd NW, Fort Walton Beach FL 32548, or fax to: (850) 244-5183.**

ThomCo's corporate policy requires that we have a completed Subcontractor Profile Statement before we enter into an agreement with any Subcontractor or Vendor.

Upon completion, Subcontractor/ Vendor must submit this form to ThomCo Enterprises Inc. signed, dated, notarized, and completed with the necessary documents attached via fax, by registered certified mail, by courier i.e. (FedEx, UPS, etc), or by scanning this document and emailing it to the e-mail address indicated on page two of this form.

In an effort to keep our files current on your firm, ThomCo Enterprises Inc. may ask you to re-submit a new Subcontractor Profile Statement with us in about two years, even if nothing has changed in your company. We request that you keep a hard copy or electronic scan of this form for future reference when re-submitting. Thank you for your time and effort.

Please contact the ThomCo's Operations Department if you have any questions.



Thank you for your interest in ThomCo Enterprises, Inc. In order to develop a more complete knowledge of your Company and better match future ThomCo opportunities to your Company's capabilities please complete this form and return to:

ThomCo Enterprises Inc.
745 Hollywood Blvd. NW
Fort Walton Beach, FL 32548
OPERATIONS DEPARTMENT
thomco@thomcoent.com
Phone: 850-244-0811 ext. 224
Fax: 850-244-5183

Date: _____

SUBCONTRACTOR/VENDOR COMPANY PROFILE STATEMENT

Company
Name:

Street Address:

(City) (State) (Zip)

Mailing Address: _____

(City) (State) (Zip)

Phone: _____ Fax: _____

Contact/Title: _____ Phone: _____ Cell Phone: _____ E-mail: _____

Contact/Title: _____ Phone: _____ Cell Phone: _____ E-mail: _____

Contact/Title: _____ Phone: _____ Cell Phone: _____ E-mail: _____

Website: _____

Is your Company?

MBE WBE DBE MBE/WBE/DBE If So, What Type of Certification/Agency: _____

Please attach copies of all certifications.

Is this address listed above the: Main Office Regional Office Branch Office

Name of Parent Company: _____

Address of Parent Company: _____

Please List the Trade(s) Your Company is Interested in Bidding: (See Trade List on page 15 and 16)

Years in Business: _____ Type of Company: Corp. Sole Proprietor Joint Venture Other

State of Incorporation: _____ Date Incorporated: _____

Contractor's License No.: _____ State: _____ Expiration: _____

State Sales Tax Registration Number: _____

State Unemployment Insurance Number: _____

Federal ID Number: _____

List the Corporate Officers, Partners, Proprietors, Members and Shareholders of more than 5% of the stock of your Company:

| | <u>Name</u> | <u>Year of Birth</u> | <u>Position</u> | <u>Percent Owned</u> |
|----|-------------|----------------------|-----------------|----------------------|
| A. | _____ | _____ | _____ | _____ |
| B. | _____ | _____ | _____ | _____ |
| C. | _____ | _____ | _____ | _____ |
| D. | _____ | _____ | _____ | _____ |
| E. | _____ | _____ | _____ | _____ |

Under what other name(s) has your Company operated? _____

Have any of the above companies ever done business with ThomCo Enterprises Inc., Fred Thomas Development, Inc, GCC/ThomCo, or Big Dog Realty, LLC? Yes No (If Yes, explain on a separate sheet)

How many people does your Company currently employ?

Home Office _____ Field Supervisory _____ Trades People _____

On average, how many people has your Company employed for the last 3 years? _____

Home Office _____ Field Supervisory _____ Trades People _____

Has your Company or any of its Principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? Yes No

If Yes, please explain: _____

Have any of the Owners, Officers or Major Stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct? Yes No

If Yes, please explain: _____

Has your Company ever been suspended, disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency? Yes No

If Yes, please explain: _____

Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? Yes No

If Yes, please explain: _____

Is your Company or any of its Owners, Officers or Major Shareholders currently involved in any arbitration or litigation? Yes No

If Yes, please explain: _____

Does your Company have any outstanding judgments or claims against it? Yes No

If Yes, please explain: _____

Please list any litigation brought against your Company in the past five (5) years asserting failure to make payment(s) to anyone: _____

List the geographical areas in which you work (States, Cities, Counties, etc.): _____

List Union(s), which you have agreements with:

| <u>Local Number</u> | <u>Union Name</u> | <u>Agreement Expiration</u> |
|---------------------|-------------------|-----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please indicate the size of project you are most competitive in performing (enter 1). Show in order of preference (2,3, etc.), for other size projects you are capable of performing:

| | | | |
|---------------------------|-------|-----------------------------|-------|
| Under \$100,000 | _____ | \$3,000,000 - \$6,000,000 | _____ |
| \$100,000 - \$200,000 | _____ | \$6,000,000 - \$9,000,000 | _____ |
| \$200,000 - \$500,000 | _____ | \$10,000,000 - \$15,000,000 | _____ |
| \$500,000 - \$1,000,000 | _____ | Over \$15,000,000 | _____ |
| \$1,000,000 - \$3,000,000 | _____ | | |

Check all building types on which your Company has worked:

- A. High Rise Office Building
- B. Mid Rise Office Building
- C. Hotels/Motels
- D. Hospitals
- E. Residential
- F. Sports/Entertainment
- G. Industrial Bldg.
- H. High Tech/Laboratories
- I. Correctional Facilities
- J. Design Build/Design Assist.
- K. Schools
- L. Interiors

List the trades you normally perform with your own forces: _____

What percentage of the Company's work is normally subcontracted? _____ %

What trades do you normally subcontract? _____

What is the largest contract your Company has completed?
Amount: \$ _____ Year: _____ Project name and scope: _____

What is the largest dollar volume project you expect to do during this year?
Amount: \$ _____ Project name and scope: _____

What is your expected annual volume this year? _____ No. of Projects: _____

What was the average annual volume of work performed over the past 5 years?

Yr./Vol. _____ Yr./Vol. _____ Yr./Vol. _____

Yr./Vol. _____ Yr./Vol. _____ Yr./Vol. _____

MBE/WBE Participation in work, which you subcontract (average participation for last 3 years)
MBE _____% WBE _____%

Minority/Female workforce participation (average percentage utilization for last 3 years)
MIN _____% FEM _____%

Are you an Equal Opportunity Employer? Yes No

Do you have an Affirmative Action Plan for employees? Yes No

Do you include training/orientation on sexual harassment in the workplace? Yes No

Attach a list of **current major projects** including the project name, address, Owner, Architect, General Contractor, contract amount, scope of work and scheduled completion. (Include contact names and telephone numbers)

Attach a list of **completed major projects** including the project name, address, Owner, Architect, General Contractor, contract amount and scope of work. (Include contact names and telephone numbers)

What is the date of your most current audit financial statement: _____

Attach a copy of your latest audited financial statement. (Your financial statement is strictly for Pavarini's Purchasing Departments use and will be treated confidentially).

If the attached financial statement is not for the identical Company named above, please explain the relationship and financial responsibility of the Company whose financial statement has been provided:

Name of your Bank: _____
Address: _____

Phone: _____ Contact Person: _____

Line of Credit Amount \$ _____ Amount Available \$ _____

Credit Expiration Date: _____

UCC Filing? Yes No How is credit secured? _____

What is your Company's Dunn & Bradstreet Number: _____

D&B Rating: _____ Pay Record: _____ Date of Rating: _____

Remarks: _____

Bonding Company:

Name of Surety

Key Contact Person & Phone Number

A. _____

B. Bonding Capacity per Project \$ _____ Aggregate \$ _____

Date of Last Bond: _____ Amount \$ _____

C. Please provide a list of the persons or entities that provide indemnification to your Surety: _____

Please list three of your major suppliers:

1. Company Name: _____ Contact Person: _____

Address: _____ Telephone: _____

2. Company Name: _____ Contact Person: _____

Address: _____ Telephone: _____

3. Company Name: _____ Contact Person: _____

Address: _____ Telephone: _____

Please list three contractors that you do business with:

1. Company Name: _____ Contact Person: _____
Address: _____ Telephone: _____
2. Company Name: _____ Contact Person: _____
Address: _____ Telephone: _____
3. Company Name: _____ Contact Person: _____
Address: _____ Telephone: _____

Trade Association Memberships: _____

Please list any local or national accredited training programs in which your company participates (craft or management training): _____

Please list key office personnel, field supervisors and attach resumes:

| | <u>Name/Position Held</u> | <u>Year of Birth</u> | <u>Years of Experience</u> | <u>Previous Employer</u> |
|----|---------------------------|----------------------|----------------------------|--------------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |

Please list any subsidiaries and affiliates of your Company:

| | <u>Company Name</u> | <u>Ownership</u> | <u>Type of Company</u> |
|----|---------------------|------------------|------------------------|
| A. | _____ | _____ | _____ |
| B. | _____ | _____ | _____ |
| C. | _____ | _____ | _____ |

Remarks: _____

SWORN STATEMENT

I _____ on behalf of _____ have attempted to answer all questions in a
(Company Officer) (Company Name)
full and complete manner to assure that the answers in provided in this questionnaire are not in any respect
misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We
recognize that ThomCo Enterprises Inc. will be relying on the accuracy of the information provided and our
responses in this questionnaire, in deciding whether to permit us to bid and, in the award of any work to our
Company.

Dated this ____ day of _____, 2008.

Name of Company: _____

Completed by: _____
(Company Officer Print Name/Title)

(Signature)

_____ being duly sworn, deposes and states that the information provided herein
is true and sufficiently complete so as to not be misleading.

Subscribed and sworn before me this ____ day of, 2008.

Notary Public: _____

My commission Expires: _____

Safety Profile Statement

1. Please list your Company's Workers' Compensation Interstate/Intrastate Experience Modification Rate for the most recent three years. (Attach a copy of your insurance carrier or state fund (on their letterhead) verifying the EMR data.

Interstate (Yr./Rate) Intrastate (Yr./Rate/Name state(s) with abbreviations next to modification rate)

| | | |
|----------------|----------------|----------------|
| ____/____/____ | ____/____/____ | ____/____/____ |
| ____/____/____ | ____/____/____ | ____/____/____ |
| ____/____/____ | ____/____/____ | ____/____/____ |
| ____/____/____ | ____/____/____ | ____/____/____ |

***Subcontractors must have a current EMR less than or equal to 1.0 to qualify for Pavarini Construction's Bid List. Should your EMR exceed 1.0, the Contractor must demonstrate and document that it has or will initiate Programs, policies, and attitudes, which will result in a safety conscious performance in order to be included on ThomCo's Approved Contractor List. In this case it is the sole discretion of ThomCo to approve or disapprove a SUBCONTRACTOR. (See the Last Section of this Exhibit).

2. Please use the three most recent year's OSHA No. 300/200 Log to fill in the number of cases for each of the following categories: (attach a copy of your last three years of OSHA 3001200 logs.)

| Year | | |
|---|-------|-------|
| A. Number of fatalities (Total Columns 1 & 8) | _____ | _____ |
| B. Number of lost and restricted workday cases (Total Columns 2 & 9) | _____ | _____ |
| C. Number of medical treatment cases (Total Columns 6 & 13) | _____ | _____ |
| D. Number of lost workday cases (Total Columns 3 & 10) | _____ | _____ |
| Employee Hours Worked | _____ | _____ |
| OSHA Recordable Incidence Rate | _____ | _____ |
| OSHA Lost Workday Incidence Rate | _____ | _____ |

Note: **items in parenthesis come from your OSHA 200 Log
 **Recorded Incidence Rate = [(A+B+C) x 200,000/Employee Hours Worked]
 **Lost Workday Incidence Rate = [(D) x 200,000/Employee Hours Worked]
 **Employee Hours Worked = total number of hours worked during the year by all employees

3. How many OSHA violation(s) has your Company received in the last three years?
 (Yr. = # violations)

| | | |
|--------------|--------------|--------------|
| ____ = _____ | ____ = _____ | ____ = _____ |
|--------------|--------------|--------------|

Are there any willful OSHA violations? Yes No

If yes, please give a brief description of the violation(s). Attach additional paper if necessary.

Any employee deaths in the past 3 years? Yes No

If yes, please give a brief description of the circumstances.

4. Do you have a qualified person responsible for safety within your Company? Yes No

Please describe his/her qualifications.

5. Does this person handle the safety inspections on all of your projects? Yes No

6. How often are safety inspections performed? _____

7. Do you have a written Company Safety Policy and Program and will you provide copies if requested? Yes No

8. Does your Company implement a substance abuse policy? Yes No

If yes, please check which are included in the Company policy.

- Pre-Hire/Initial Employment Screening
- Cause
- Post Accident/Incident
- Random/Periodic

9. Do you have a return to work/light duty program? Yes No

10. Have you ever implemented 100% fall protection? Yes No

If requested can you provide us with a site-specific program addressing the fall hazards in your work?

Yes No

Do you require documented safety meetings for your employees? Indicate which, and how often.

| | | |
|-----------------------|--|-----------------|
| Field Supervisors: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Frequency _____ |
| New Hires: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Frequency _____ |
| Employees: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Frequency _____ |
| SUBCONTRACTOR/VENDORS | <input type="checkbox"/> Yes <input type="checkbox"/> No | Frequency _____ |

11. Does your Company provide safety training for all employees? Yes No

If yes, please list training provided.

(Pavarini requires that at least one full time on-site person must have completed the 30-hour OSHA training)

12. Do you have home office representatives, not directly involved in the project; who will visit and audit the project for safety? Yes No Frequency _____

13. Does your Company set annual safety goals? Yes No

If yes, please list training provided.

14. Does your Company have a program recognizing your employees for safety performance excellence? Yes No

15. Does your Company have a disciplinary program in place for safety violations? Yes No

16. Does your Company review the safety management systems of your sub-subcontractors? Yes No

17. Does your Company conduct accidental incident investigations? Yes No

18. List all supervisory employees who have completed an OSHA 30 Hour Training Program.

Employee Name

OSHA 30 Hour Date of Certification

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

The undersigned warrants and represents the data provided is accurate in all respects.

Name of Company: _____

Prepared By: Signature: _____

Title: _____

Date: _____

Special Requirements for Contractors and/or Subcontractors on our projects with an Experience Modification Rate (EMR) at or above 1.0 experience.

The following items listed below are included in contracts to contractors/subcontractors having an EMR of 1.0 or above.

The contractor/subcontractor shall develop a comprehensive site-specific Safety and Health program for their scope of work on the project.

The contractor/subcontractor shall designate a trained OSHA 30-Hour on-site full-time safety person to represent their company relating to safety issues.

The contractor/subcontractor shall conduct and document formal weekly project safety inspections of their work areas and submit these reports to ThomCo Enterprises Inc.'s Field Office.

The contractor/subcontractor Safety Director shall visit and document safety inspections of the projects, at a minimum, on a Semi-Monthly basis to review safety performance of their employees.

A contractor/subcontractor representative shall attend all project pre-planning safety meetings related to their scope of work.

These above items are to ensure that the contractor/subcontractor are developing safety and health programs to protect their workers and that they are reviewing their work areas to prevent injuries to all workers on our projects.

C. Worker's Compensation and Employer's Liability

Insurance Carrier: _____

- | | | |
|-------------------------------|----------|----------|
| 1. Limits | \$ _____ | \$ _____ |
| 2. E.L. Each Accident | \$ _____ | \$ _____ |
| 3. E.L. Disease-Policy Limit | \$ _____ | \$ _____ |
| 4. E.L. Disease-Each Employee | \$ _____ | \$ _____ |

D. Automobile Liability

Insurance Carrier: _____

- | | Current | Max Obtainable |
|---------------------------------|----------|----------------|
| 1. Combined Single Limit | \$ _____ | \$ _____ |
| 2. Bodily Injury (per person) | \$ _____ | \$ _____ |
| 3. Bodily Injury (per accident) | \$ _____ | \$ _____ |
| 4. Property Damage | \$ _____ | \$ _____ |

E. Professional Liability Insurance

Insurance Carrier: _____

- | | | |
|-------------------------------------|----------|--|
| 1. Office Policy Limit: | \$ _____ | Deductible: \$ _____ |
| 2. Project Specific Limit Available | \$ _____ | Extended Reporting Period _____ yrs. (tail) |

Prior Acts: Yes No
 Yes No

F. Does your company use leased employees

Please pick three top categories in order of priority, i.e. 1, 2, 3, of the CSI (CGC) codes that best fit your company's line of work:

- 01000 General Requirements
- 01720 Surveying – Field Engineering
- 02240 Dewatering
- 02200 Site Improvements & Preparation
- 02220 Demolition
- 02300 Earthwork
- 02360 Soil Treatment
- 02465 Auger Cast Piles
- 02500 Utility Services
- 02520 Wells
- 02630 Storm Drainage
- 02700 Pavement Surfaces
- 02760 Pavement Markings & Specialties
- 02770 Curbs, Gutters & Sidewalks
- 02780 Unit Pavers
- 02790 Athletic & Recreational Surfaces
- 02810 Irrigation System
- 02815 Fountains & Water Features
- 02820 Fences & Gates
- 02870 Site Furnishings
- 02880 Playfield Equipment & Site Structures
- 02890 Traffic Signalization & Signs
- 02900 Landscaping
- 02999 Site Improvements MISC
- 03055 Tower Crane
- 03100 Concrete Formwork
- 03200 Reinforcing (Rebar & PT Cable)
- 03205 INSTALL Rebar & PT Cable
- 03300 Cast-in Place Concrete
- 03310 Concrete Materials
- 03350 Place & Finish
- 03370 Concrete Pumping
- 03400 Precast Concrete
- 03520 LW Insulating Concrete
- 03900 Concrete Restoration & Cleaning
- 03999 Concrete MISC
- 04200 Unit Masonry
- 05100 Structural Steel / Metal Joist
- 05400 Cold Formed Metal Framing
- 05500 Metal Fabrication
- 05520 Handrails/Railings
- 05700 Ornamental Metals
- 05720 Glass Railings
- 06100 Rough Carpentry
- 06130 Heavy Timber Construction
- 06200 Finish Carpentry
- 06400 Architectural Woodwork
- 06460 INSTALL Doors, Frames & Hardware
- 07100 Waterproofing
- 07200 Insulation
- 07240 Exterior Insulation Finish System
- 07400 Manufactured Roofing & Siding (Metal Roofing)
- 07500 Membrane Roofing

- () 07600 Flashing Sheet Metal
- () 07800 Applied Fireproofing
- () 07840 Firestopping

- () 08100 Metal Doors & Frames
- () 08200 Wood & Plastic Doors
- () 08330 Coiling Doors & Grills
- () 08340 Special Function Doors
- () 08400 Entrances/Storefronts
- () 08500 Windows
- () 08600 Skylights
- () 08700 Hardware
- () 08800 Glazing
- () 08900 Glazed Curtain Walls
- () 08950 Translucent Panels
- () 09220 Portland Cement Plaster
- () 09250 Gypsum Board Systems
- () 09300 Tile & Natural Stone
- () 09302 Cultured Marble Vanities
- () 09320 Granite Counter Tops
- () 09510 Suspended Acoustical Ceilings
- () 09620 Specialty Flooring
- () 09640 Wood Flooring
- () 09680 Carpeting
- () 09700 Wall Finishes & Treatments
- () 09900 Painting
- () 09960 Special Coatings
- () 10200 Louvers, Vents, Grilles & Screens
- () 10400 Identifying Devices
- () 10520 Fire Protection Specialties
- () 10800 Toilet & Bath Accessories
- () 10999 Specialties MISC
- () 11010 Maintenance Equipment
- () 11050 Library Equipment
- () 11060 Theater Stage Equipment
- () 11150 Parking Control Equipment
- () 11160 Loading Dock Equipment
- () 11170 Solid Waste Equipment
- () 11400 Food Service Equipment
- () 11450 Appliances
- () 11600 Laboratory Equipment
- () 11999 Equipment MISC
- () 12300 Manufactured Casework (Cabinets)
- () 12490 Window Treatments
- () 12600 Multiple Seating
- () 12700 Systems Furniture
- () 12999 Furnishings MISC
- () 13150 Swimming Pools
- () 13999 Special Construction MISC
- () 14200 Elevators / Escalators
- () 14400 Lifts
- () 15300 Fire Protection
- () 15400 Plumbing
- () 15700 HVAC
- () 16000 Electrical
- () 16400 Low-Voltage Distribution
- () 16700 Communication Systems
- () 16750 Security Systems