

Number of Employees:







## **Subcontractor Prequalification Questionnaire**

Vecellio Group, Inc., and its affiliates, desire to build enduring relationships with strong, qualified subcontractors. As part of this process, subcontractors must complete the form below. The information provided will be held in confidence and used solely to evaluate the subcontractor's ability to satisfactorily complete any awarded contract work. If you have any questions, please contact LL Gwinn (304)252-6575 for VG and Sharpe, Doug Browning (561) 784-3474 for Ranger, Doug Smith (561) 784-3553 Vecellio Group, Inc.

General Information:	
Contractor Name:	FEIN:
Street Address:	Years in Business
City, State Zip	State of Incorporation:
Office Phone:	Business Type:
Office Fax:	Duns Number:
Mailing Address:	Website:
Contact:	E-mail Address:
Is your company certified as any of the following?	
	BE Other: Please specify.
YES NO  Estimating Contact Name:	Title:
Phone:	Fav:
E-mail Address:	
Owners, Officers, and/or Key Personne List principals, officers, and key management pers Name:	

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Is your organization union or non-union:

## 4. Work Experience

Please list the type(s) of work your organization performs.

Florida	Licensed	Prequalified	IS (Please check all Amount Prequalified	Other: Please Specify:	Licensed	Prequalified	Amount Prequalified
North Carolina	Licensed	Prequalified	Amount Prequalified	Other: Please Specify:	Licensed	Prequalified	Amount Prequalified
NOTHI Carollila	Licensed	Prequalified	Amount Prequalified	Other: Please Specify:	Licensed	Pregualified	Amount Prequalified
Virginia	Licensed	Prequained	Amount Frequameu	Ottlet . Please specify.	Licensed	Frequalineu	Amount Prequameu
West Virginia	Licensed	Prequalified	Amount Prequalified	Other: Please Specify:	Licensed	Prequalified	Amount Prequalified
Project Informa	ation:						
Average Project	t Size (\$)			Current Backlo	g (\$)		
Total Amount C	Currently U	nder Contrac	ct (\$):				
one of our com	panies, not	applicable.					
		e <b>Informa</b> t o provide pa	<b>tion</b> yment and performa	ance bonds:		⁄es	No No
	ation able to			ance bonds: Contact:		⁄es	No
Is your organiza	ation able to			Contact:		⁄es	No No
Is your organiza	ation able to					⁄es	No
Is your organization  Name of Surety  Bonding Capaci	ation able to  /:  ty:  ount:			Contact: Aggregate		⁄es	No No
Is your organization  Name of Surety  Bonding Capaci  Per Project Ame  Amount Availab  Attach for project	ation able to  ty:  ount:  ble:  a letter fro	m Surety, w s \$250,000 o	yment and performa	Contact: Aggregate	 ing single	and aggrega	ate bonding limits
Is your organization  Name of Surety  Bonding Capaci  Per Project Ame  Amount Availab  Attach for proj then see	ation able to  ty:  ount:  a letter fro jects if bid interection able	m Surety, ws \$250,000 colors.	ith AM Best Rating or more. Letter mus	Aggregate Amount:  of A- or higher, verify t be sent from Surety	ing single , not an ag	and aggrega gent. If lette	ate bonding limits er is not provided,
Is your organization  Name of Surety  Bonding Capaci  Per Project Amount Available  Attach for project then see  Is your organize please provide	ation able to  ty:  ount:  a letter fro jects if bid in the item num ation able a certificate YES  vany, its aff	m Surety, we s \$250,000 conber 8.  to meet the efrom your NO liliates, or of	ith AM Best Rating of the correct of	Aggregate Amount:  of A- or higher, verify t be sent from Surety	ing single , not an ag in <b>Exhibi</b> t	and aggrega gent. If lette	ate bonding limits er is not provided, d hereto? If yes,

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6. Safety Information								
Please provide a copy of your most recent 3 years of OSHA Fo	orm 300 and 300A							
Does your company have an existing written safety program? $\square$ Yes $\square$ No If yes, attach a copy and send an electronic version to $\underline{\text{Julissa.hernandez@vecelliogroup.com}}$ .								
Attach a list any OSHA/MSHA citations for the last three year	S.							
Provide documentation of your company's Experience Modification Rate (EMR) for the last three years.								
Has your firm experienced a job site fatality in the last three y	vears? □ Yes □ No							
7. Banking References Please provide the following information regarding your currences Name of Institution:	ent bank.							
Contact Name: Ph	one No.:							
8. Financial Information								
Subcontractors who can't meet the bonding requirement removes are required to provide the most recent annual finance Doug. Smith@vecelliogroup.com for confidentiality and review or (561)603-1676. The financial statement should include a	ial statement. The financial statement should be sent to w. If questions, Doug can be contacted at (561)784-3553							
I certify that the Information contained herein is true and correct	t to the best of my knowledge.							
Signed:	Date:							
Printed Name:	Title:							
Completed Subcontractor Prequalification Questionnaire and at to the respective representative at the following addresses:	tachments (unless otherwise noted above) should be sent							
Ranger Construction Industries, Inc. – Central Division to:	<u>Stacy.Barber@rangerconstruction.com</u>							
Ranger Construction Industries, Inc. – South Division to:	<u>Dianne.Beasley@rangerconstruction.com</u>							
Sharpe Brothers, a Division of Vecellio & Grogan, Inc. to:	<u>Sheila.Plyler@Sharpebrosvg.com</u>							
Vecellio & Grogan, Inc. to:	<u>bids@vecelliogrogan.com</u>							
For Office U	so Only							
Vendor Number:	Finance							
	Approval:							
President/VP	Risk							
Approval:	Management Approval							

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