

Date Submitted: _____

To:

Huff Construction Company, Inc.
Attn: Construction Dept. - Qualifications
7329 E. Greenway, Suite B
Scottsdale, AZ 85260

From:

Company: _____
Contact Person: _____
Contact Title: _____
Phone: _____

I have completed and/or included ALL of the following items:

- Completed Subcontractor/Vendor Prequalification Form
- Attached List of Current Major Projects
- Attached List of Past Major Projects
- Attached Copy of latest compiled Financial Statement
- Attached Copy of current Insurance Certificate
- An Officer of the Company has signed the Credit Authorization form on the last page.



Subcontractor/Vendor Prequalification Form

Thank you for your interest in Huff Construction Company, Inc. In order to develop a more complete knowledge of your company and better match upcoming opportunities to your capabilities please complete this form and return it to:

Huff Construction Company, Inc.
Attn: Construction Dept. - Qualifications
7329 E. Greenway, Suite B
Scottsdale, AZ 85260
Phone: (480) 922-9400
Fax: (480) 922-9410

Company Information

Physical Address:

Company: _____

Street Address: _____

_____ City _____ State _____ Zip

Mailing Address (if different from above):

Street Address: _____

_____ City _____ State _____ Zip

Contact Information:

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Main Contact: _____ Title: _____

Cell Phone: (_____) _____ - _____ Email: _____

Alternate Contact: _____ Title: _____

Cell Phone: (_____) _____ - _____ Email: _____

Website: _____

How did you hear about us? _____

List any subsidiaries and affiliates of your company:

Company Name	Ownership	Type of Company
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Year Company Started: _____

Type of Company: ___ Corporation ___ Partnership ___ Proprietorship ___ Other _____

State of Incorporation: _____ Date of Incorporation: _____

Contractor's License Number: _____ State: _____ Expiration: _____

Contractor's License Number: _____ State: _____ Expiration: _____

Contractor's License Number: _____ State: _____ Expiration: _____

How many employees do you currently have:

Office: _____ Field Supervisory: _____ Tradespeople: _____

Trades:

(Please list the trade(s) your company is interested in bidding)

_____	_____
_____	_____
_____	_____
_____	_____

List the trades you normally perform with your own forces:

_____	_____
_____	_____
_____	_____
_____	_____

What percentage of your company's work is subcontracted: _____%

What trades do you normally subcontract?

_____	_____
_____	_____
_____	_____
_____	_____

Geographical Area:
(Please list the geographical areas in which you work)

_____	_____
_____	_____
_____	_____

Rank in order the project size(s) you are most competitive in performing (1, 2, 3... 1 being highest):

_____ Under \$100,000	_____ \$3,000,000 - \$6,000,000
_____ \$100,000 - \$250,000	_____ \$6,000,000 - \$10,000,000
_____ \$250,000 - \$500,000	_____ \$10,000,000 - \$15,000,000
_____ \$500,000 - \$1,000,000	_____ Over \$15,000,000
_____ \$1,000,000 - \$3,000,000	

What is the largest contract your company has ever completed? \$ _____

Year completed: _____ Project name and scope: _____

Check all building types on which your company has worked:

High Rise Office Building: _____	Medical Facilities: _____
Mid Rise Office Building: _____	Private Schools/Churches: _____
Banks/Financial Centers: _____	Restaurants: _____
Hotels/Motels: _____	Retail: _____
Industrial/Warehouse: _____	

Current & Completed Projects:

Attach a list of current major projects giving name of project, address, owner, architect, general contractor, contract amount, scope of work, scheduled completion, project contacts and phone numbers.

Attach a list of completed major projects giving name of project, address, owner, architect, general contractor, contract amount, scope of work, project contacts and phone numbers.

References

List 3 of your major suppliers:

1. Name: _____ Phone: (_____) _____ - _____
Contact Person: _____ Fax: (_____) _____ - _____
Address: _____
2. Name: _____ Phone: (_____) _____ - _____
Contact Person: _____ Fax: (_____) _____ - _____
Address: _____
3. Name: _____ Phone: (_____) _____ - _____
Contact Person: _____ Fax: (_____) _____ - _____
Address: _____

List 3 contractors you do business with:

1. Name: _____ Phone: (_____) _____ - _____
Contact Person: _____ Fax: (_____) _____ - _____
Address: _____
2. Name: _____ Phone: (_____) _____ - _____
Contact Person: _____ Fax: (_____) _____ - _____
Address: _____
3. Name: _____ Phone: (_____) _____ - _____
Contact Person: _____ Fax: (_____) _____ - _____
Address: _____

List any trade association memberships you belong to: _____

List local or national accredited training programs in which you participate (craft or management training):

Company Financial Information

Attach a copy of your latest compiled financial statement. (Your financial statement is strictly for Huff Construction's Accounting Department and will be treated confidentially upon request.)

Attach a copy of current Insurance Certificate.

Federal ID Number: _____

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: _____

Has your company even 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 judgements or claims against it? _____ Yes _____ No

If yes, please explain: _____

Please list any litigation brought against your company in the past 5 years asserting that you failed to make payments to anyone. _____

SAFETY

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)

_____/_____/_____ / _____/_____/_____ / _____/_____/_____

How many OSHA violation(s) has your company received in the last three years? (Year = # violations)

_____=_____ / _____=_____ / _____=_____

Any willful OSHA violation(s): _____ Yes _____ No

Please give a brief description of the violations below (attach additional paper if needed):

Any employee deaths in the past three years? _____ Yes _____ No

If yes, please give a brief description of the circumstances: _____

Do you have a qualified person responsible for safety within your company: _____ Yes _____ No

Please describe his/her qualifications: _____

Does this person do safety inspections on all of your projects: _____ Yes _____ No

What is the frequency of inspections: _____

Do you have a written company safety program manual/IIPP and will you provide copies if requested:

_____ Yes _____ No

Do you require documented safety meetings for your employees: _____ Yes _____ No

How are they held and documented: _____

How are your employees trained/certified on OSHA required areas (i.e. scaffolding, fall protection, powder actuated tools): _____

(Huff Construction will require that at least one full-time on-site person must have completed the 30 hour OSHA training.)

Does your company have a program recognizing your employees for safety performance excellence:

_____ Yes _____ No

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Huff Construction will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our company.

Dated at _____ this _____ day of Two Thousand and _____.
Month Day Year

Company: _____

Completed by: _____ (must be an officer of the company)
First & Last Name

Signature: _____ Title: _____

ACORD, CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/12/2004

PRODUCER Insurance Agent Name Address Scottsdale, AZ	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Named Insured Address Scottsdale, AZ	INSURER A: Insurance Company Name	
	INSURER B: Insurance Company Name	
	INSURER C: Insurance Company Name	
	INSURER D:	
	INSURER E:	

COVERAGE
 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TERMINATION DATE (MM/YY)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	UNITS	AMOUNT
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR SOA/ AGRGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> LOC	Policy #	00/00/2004	00/00/2005	EACH OCCURRENCE	\$ 1,000,000
					DAMAGE TO PROPERTY	\$
					PREMIUMS (EA OCCURRENCE)	\$
					MED EXP (EA OCCURRENCE)	\$
					PERSONAL AND FAMILY	\$ 1,000,000
					AGGREGATE	\$ 2,000,000
					PRODUCTS - COMM/OP AGG	\$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OTHER AUTOS <input type="checkbox"/> SCHEDULE AUTOS <input checked="" type="checkbox"/> HIRE/ACTORS <input checked="" type="checkbox"/> NON-OWNED AUTOS		00/00/2004	00/00/2005	COMBINED SINGLE LIMIT (EA ACCIDENT)	\$ 1,000,000
					BODILY INJURY (Per accident)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				ALTO ONLY - EA ACCIDENT	\$
					OTHER THAN BLACD	\$
					ALTO ONLY: AGG	\$
	<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (See the policy and SPECIAL PROVISIONS here)	Policy #	00/00/2004	00/00/2005	<input checked="" type="checkbox"/> WC STAT (100% LIMIT) <input type="checkbox"/> IDENT	
					EL EACH ACCIDENT	\$ 1,000,000
					EL DISEASE - EA EMPLOYER	\$ 1,000,000
	OTHER				EL DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Re: Project No: _____
 Duane Huff Construction Co., Inc. (General Contractor) and _____ (Owner) are named as Additional Insured per the attached endorsement (ISD 002010 10/93) or it's equivalent.

CERTIFICATE HOLDER Duane Huff Construction Company, Inc 4917 Broadway Rd Modesto, CA 95208	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 30 DAYS WRITEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. REPRESENTATIVE: ADDRESS/PHONE NO./FAX NO.
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***** Sample Additional Insured Endorsement *****

POLICY NUMBER: DEF 543 736

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS
(FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Huff Construction, Inc, (The Contractor)

and

_____ (The Owner)

(If no entry appears above, information required to complete this endorsement will be shown in the declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

In the event of cancellation before the policy expiration date, the insurance company will mail 30 days written notice to the certificate holder named herein.

CG 20 10 10 93

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