



GCC ENTERPRISES INC. Subcontractor Pre-qualification Questionnaire

All Prospective subcontractors/suppliers interested in working with GCC Enterprises, Inc. is 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: qualify@gccenterprise.com, fax (972) 406-1053 or mail to GCC Enterprises, Inc. | Attn: Subcontract Pre-qualification Dept. | 1601 Valley View Lane, Bldg. 2 Suite 101 | Dallas, TX 75234.

General Information

Name of Business _____

Address of Business _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____ Email _____

Contact Name & Title _____

Applicable SIC Codes _____ Trade Description _____

Listed in Dunn & Bradstreet; yes/no _____ if yes, rating _____ DS# _____

Union, Non-union or Both _____ Tax ID Number _____

Organization

Business Type _____

Date Founded _____ State of Formation _____

Key Officer Name _____ Title _____ Yrs _____

Manager Name _____ Title _____ Yrs _____

Principal Name _____ Title _____ Yrs _____

(Mark as applicable) MBE WBE SBE DBE



List all other names your firm has worked under.

Firm owned or controlled by parent company or organization (Y/N) _____

(If yes, describe) _____

Licensing Information

Please list all trade and professional licenses that you hold, if any, that are required to perform your services

Type _____ CSI (s) _____

License Number _____ State _____

Has any license ever been denied or revoked? _____ Describe _____

Has a complaint ever been filed with a Contractors State License Board against your firm? _____

If so describe. _____

Work Experience

Please attach a list of the major projects your firm has completed in the last 3 years. Specify project name, location, owner, architect/engineer, general contractor, contract amount, completion date, contact person, and phone number.

Average job size _____ Largest job completed _____ Year _____

Backlog-today _____ Last financial statement _____ 12 month's ago _____

Has your firm ever failed to complete any work awarded or been terminated for cause during the last 3 years? _____ Explain: _____

Any pending judgments, claims, arbitration proceedings, pending suits, or outstanding suits _____

Explain _____

Has your firm filed any lawsuits or requested arbitration in regards to construction contracts in the last 3 years?

Explain _____



Has your firm ever been in bankruptcy or engaged in a voluntary or involuntary reorganization? Describe.

Has any surety ever finished one of your projects?

Explain _____

Has your firm ever been suspended or debarred from work with the federal government or any government entity?

Explain _____

Has your firm ever been subject to any false claims act investigations?

Explain _____

Financial Information

Please attach your firm’s most recent financial statement (audited if available).

This year’s estimated annual sales volume _____

Annual sales volume for 2010 \$ _____ 2009 \$ _____ 2008 \$ _____

From financial statement-Working capital \$ _____ Net worth \$ _____

Current ratio- current assets divided by liabilities _____

Leverage ratio- total liabilities divided by net worth _____

Please attach a list of major projects your firm currently has in progress (including projects awarded but not started), indicating the project name, location, owner, architect/engineer, general contractor, contract amount, percent complete, scheduled completion date, contact person, and phone number.

References

Banking reference _____

Bonding company _____

Agent _____

Length of Surety relationship _____

Bonding capacity-single limit _____ Total program bonding limit _____



Date of bond _____

Premium _____

Largest bond issued _____

Most recent bond amount _____

Safety and Health

Please attach a letter from your bonding company, signed by an attorney in fact, verifying the Surety name, length of relationship, aggregate limits reflected above

Please list your firm's Workers Compensation interstate experience modification rate (EMR) for the

most recent 3 years: 2010 _____ 2009 _____ 2008 _____

Does your firm have a full time safety representative? _____

Has your firm had any OSHA fines or jobsite fatalities within the last 3 years?

Explain _____

Please attach copies of your OSHA 300 logs for the last 3 years, along with your most current log to date.

Please attach list of employees who have completed OSHA 30 hour training and/or OSHA 10 hour's programs.

Please attach copies of your OSHA Recordable Incident Rate and Lost Workday Incident Rate for the last 3 years including year to date.

Please attach any additional information you feel will help us determine your firm's qualifications and expertise, including owner or general contractor references.

BY ENTERING NAME BELOW I HEREBY CERTIFY THE ABOVE INFORMATION IS ACCURATE, CORRECT, AND TRUE:

Completed by _____

Title _____

Date _____