



SUBCONTRACTOR PREQUALIFICATION QUESTIONNAIRE

All prospective and current Choate Construction Company subcontractors are required to complete this questionnaire annually. The answers provided in this questionnaire are considered confidential, will be used solely to determine your firm's qualifications, and will not be disclosed to others. Incomplete forms may be returned or rejected, as warranted. Additional information may be requested after our review.

PLEASE DIRECT ANY QUESTIONS AND E-MAIL OR FAX THE COMPLETED FORM TO:
Max Joksch, Choate Construction Company, 8200 Roberts Drive – Suite 600, Atlanta, GA 30350-4148;
E-mail: mjoksch@choateco.com; Phone: (678) 892-1246; Fax: (678) 892-1202.

Part One – General Information

Business name:

Street address:

City: State: ZIP:

Telephone number: Fax number:

Federal Taxpayer ID number: Company website:

Contact name: Title:

Telephone number: E-mail address:

Principal trade or specialty:

Business type "C" Corporation "S" Corporation Limited Liability Company
 (select one): Partnership Other (specify):

Year business founded: Registered in [home state]:

Number of employees in Office(s): Field: Shop(s):


Attach copies of all certifications or applicable documentation substantiating your business classification.

Business Classification	Local and State	Federal
(select all that apply):	<input type="checkbox"/> Disadvantaged-Owned Business Enterprise (DBE)	<input type="checkbox"/> Historically Underutilized Business Zone (HUBZone)
	<input type="checkbox"/> Minority-Owned Business Enterprise (MBE)	<input type="checkbox"/> 8A Certified Small Business (8A)
	<input type="checkbox"/> Woman-Owned Business Enterprise (WBE)	<input type="checkbox"/> Small Disadvantaged Business (SDB)
	<input type="checkbox"/> Other (specify): <input type="text"/>	<input type="checkbox"/> Large Business (LB)
		<input type="checkbox"/> Service Disabled Veteran-Owned Small Business (SDVOSB)
		<input type="checkbox"/> Veteran-Owned Small Business (VOSB)
		<input type="checkbox"/> Woman-Owned Small Business (WOSB)
		<input type="checkbox"/> Other (specify): <input type="text"/>

For more information on federal small business classifications, visit the Small Business Administration (SBA) website at: <http://www.sba.gov/ContractingOpportunities/officials/size/index.html>.

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Part Two - Financial

 Attach a professionally or internally prepared financial statement issued within the last six (6) months for the same entity whose name is, or will be, on the subcontract.

Shareholders' equity (\$): Date of shareholders' equity:
 Backlog as of today (\$): Backlog as of 12 months ago (\$):

For your bank line of credit, indicate:


Total available (\$): Current available (\$): Expiration date:

Bank name:

Street address:

City: State: ZIP:

Bank contact name: Telephone number:

 Attach a letter of good standing from your bonding company listing the current single and program (total) bonding limits. A more specific letter may be requested at a later date.

Bonding agent and agency:

Bonding company:

Bonding capacity: Single limit (\$): Program limit (\$):

Bond rate you are being charged: Per (\$)

Does your bonding company require a personal guarantee? No Yes

Part Three – Work History

Typical project size (\$): Typical % of work subcontracted:

Indicate below (or on a separate page) the largest three (3) projects completed by your firm in the last three (3) years.


Project name and location	Value (000's)	Date completed (MM/YY)	Owner	General contractor	GC contact name	GC contact telephone number

Indicate below (or on a separate page) the largest three (3) projects your firm is currently working on.

Project name and location	Value (000's)	Date projected complete (MM/YY)	Owner	General contractor	GC contact name	GC contact telephone number

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Part Four – Safety

 Attach either: 1) an EMR verification letter from your insurance agent; or, 2) a copy of the NCCI (or other rating agency) Workers' Compensation Experience Rate calculation sheet for each of the relevant years.

List your firm's Workers' Compensation Experience Modification Rate (EMR) for the last three (3) years.

Year: Rate: ■ Year: Rate: ■ Year: Rate:

Has your firm had any OSHA fines and/or jobsite fatalities within the last three (3) years? No Yes

If yes, describe below or on a separate page:

Part Five – Yes or No Questions

1. Has your firm or any organization with which your officers, owners and/or principals were involved failed to complete any work awarded, been terminated for cause or had a surety complete a project? No Yes

If yes, describe below or on a separate page:

2. Have any legal proceedings (i.e.: claims, liens, lawsuits, arbitrations, mediations, etc.) been initiated against your firm or its officers, owners and/or principals within the last three (3) years? No Yes

If yes, describe below or on a separate page:

3. Has your firm initiated any legal proceedings (i.e.: claims, liens, lawsuits, arbitrations, mediations, etc.) with regard to construction contracts within the last three (3) years? No Yes

If yes, describe below or on a separate page:

4. Has your firm or any other organization with which your officers, owners or principals were involved ever been in bankruptcy or a voluntary or involuntary reorganization? No Yes

If yes, describe below or on a separate page:

I certify that the above information – and all information provided on any attachment(s) – is accurate, correct and true.

Signature	Title
Printed name	Date