

PRE-QUALIFICATION QUESTIONNAIRE

The undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading. This form must be completed within fourteen (14) days of receipt.

Submitted to:

Section 1 - Company Information

Company Name:	<u>Carroll Electric, Inc.</u>	Corporation	<u>X</u>
Mailing Address:	<u>1111 N.W. "T" Street</u>	Partnership	<u> </u>
City, State, Zip:	<u>Richmond, IN 47374</u>	Individual	<u> </u>
Street Address:	<u>Same</u>	Joint Venture	<u> </u>
City, State, Zip:	<u> </u>	Other	<u> </u>
Principal Office:	<u>Same</u>	Dun & Brad #	<u> </u>
City, State, Zip:	<u> </u>	Fed. ID or SS #	<u> </u>
			<u>3501281390</u>
Phone:	<u>(765)962-0568</u>		
Fax:	<u>(765)966-9020</u>		
Company Website:	<u>carroll-electric.net</u>		
Contact Name:	<u>Dan Stamper</u>		
Contact E-mail:	<u>dan@carroll-electric.net</u>		
Project Name (if applicable):	<u> </u>		

Division of Work:	<u> </u> 1 - General Conditions	<u> </u> 10 - Specialties
	<u> </u> 2 - Sitework	<u> </u> 11 - Equipment
	<u> </u> 3 - Concrete	<u> </u> 12 - Furnishings
	<u> </u> 4 - Masonry	<u> </u> 13 - Special Construction
	<u> </u> 5 - Metals	<u> </u> 14 - Conveying Systems
	<u> </u> 6 - Woods & Plastics	<u> </u> 15 - Mechanical
	<u> </u> 7 - Thermal & Moisture Prot.	<u> X </u> 16 - Electrical
	<u> </u> 8 - Doors & Windows	<u> </u> 17 - User Defined
	<u> </u> 9 - Finishes	

EXHIBIT 1

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Section 2 - Organization

1. How many years has your organization been in business? 50.
2. How many years has your organization been in business under its Present business name? 50.
3. List any former names your organization has operated under:

4. Is your company a subsidiary or affiliate of another firm? Yes X No _____
If yes, what is the parent company's name?
Thor Construction Company, a division of Carroll Electric, Inc.
5. If your organization is a corporation, including a limited liability corporation, answer the following:

Date of Incorporation: 1971

State of Incorporation: Indiana

CEO's Name: Daniel D. Stamper

President's Name: Daniel D. Stamper

Vice President's Name(s): Brian M. Stamper

Secretary's Name: Amber Beach

Treasurer's Name: Amber Beach
6. If your organization is a partnership, including a limited liability partnership, answer the following:

Date of Partnership: _____

Type of Partnership
(if applicable): _____

Names of General Partners: _____

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7. If your organization is individually owned, answer the following:

Date of Organization: _____

Name of Owner: _____

8. If the form of your organization is other than those listed above, describe it and name the principals:

9. Is your firm currently certified as a minority, woman, or socially and economically disadvantaged business?

If yes, attach a copy of your certification letter

Yes _____ No X

Section 3 - Licensing

1. List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable.

East Central Indiana & West Central Ohio

2. Indicate licenses, with license numbers, for which you are qualified to do business, i.e., electrical license, state or county business license, etc.

License Type: _____ License Number: _____

License Type: _____ License Number: _____

Section 4 - Experience

1. Provide a detailed scope of work of specific categories that your organization normally performs (i.e., 09900-Painting).

2. Has your organization within the last five years ever failed to complete any work awarded?

If yes, please describe.

Yes _____ No X

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3. Are there any judgments, claims, or arbitration proceedings or suits pending or outstanding against your organization or its officers within the last five years? Yes _____ No X
If yes, please describe.
-
-
4. Has your organization filed any lawsuits or requested arbitration with regard to contracts within the last five years? Yes _____ No X
If yes, please describe.
-
-
5. Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a contract? Yes _____ No X
If yes, please describe.
-
-
6. On a separate sheet, list three major projects your organization has *in progress*. Provide the following information for each project:
- Project Name.
 - Owner.
 - Architect.
 - General Contractor.
 - GC Contact Name & Phone Number.
 - Contract Amount.
 - Percentage Complete (your scope).
 - Percentage of Subcontracted Work.
 - Scheduled Completion Date.
7. On a separate sheet, list three major projects your organization has *completed* in the last five years. Provide the following information for each project:
- Project Name.
 - Owner.
 - Architect.
 - General Contractor.
 - GC Contact Name & Phone Number.
 - Contract Amount.
 - Date of Completion.
 - Percentage of work performed with your own forces.

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8. Indicate the type of projects your company prefers (*check all that apply*):

☒ Residential ☒ Commercial ☒ Industrial ☒ Health Care ☒ Mixed Use ☐ Other

9. What geographic location you are willing to travel:

East Central Indiana & West Central Ohio

10. Indicate the size projects your company can perform:

☒ <\$50K ☒ <\$100K ☒ \$100-\$500K ☒ \$500K-\$1MM ☒ >\$1MM

Section 5 - References

1. On a separate sheet, list four trade references. Provide the following information for each reference:

- Company Name
- Address
- Telephone Number
- Contact Name

Section 6 - Safety & Loss Prevention

1. Do you have a written safety program? Yes ☒ No ☐
2. Please attach your OSHA 300 Log from the last three years and complete the following:

	20 <u>16</u>	20 <u>17</u>	20 <u>18</u>
Man Hours	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Lost Time Injuries (OSHA 300 Col H)	<u>0</u>	<u>0</u>	<u>0</u>
Lost Time Incident Rate (Lost Time Injuries x 200,000 / Man Hours)	<u>0</u>	<u>0</u>	<u>0</u>
Recordable Cases (OSHA 300 Col J)	<u>0</u>	<u>0</u>	<u>0</u>
Recordable Incident Rate (Recordable Injuries x 200,000 / Man Hours)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Fatalities (OSHA 300 Col G)	<u>0</u>	<u>0</u>	<u>0</u>

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3. In the last three years has your company ever received a Serious, Willful or Repeat violation under the OSHA Construction or General Industry Standards? Yes _____ No X

If Yes, please list the OSHA Standard your company was cited under and if any monetary fines were paid.

4. Please list your company's last three years Experience Modification Rate (EMR):

Ohio: EMR _____ Year _____ // EMR _____ Year _____ // EMR _____ Year _____
Interstate: EMR .83 Year 2018// EMR .81 Year 2017// EMR .77 Year 2016

5. Do you have a written Substance Abuse Policy? Yes X No _____
6. Provide a copy of your current Certificate of Insurance (General Liability, Auto Liability, Workers Compensation, Employer's Liability & Umbrella Excess Liability).

Agent's Name: VanVleet Insurance Company Phone #: (765)935-5655

- a. If required, will your General Liability and Umbrella / Excess insurance policies allow the Contractor and the Project Owner to be additional insured for operations? Yes X No _____
- b. If required, will your General Liability and Umbrella / Excess insurance policies allow the Contractor and the Project Owner to be additional insured for completed operations? Yes X No _____
- c. If required, will your General Liability and Umbrella / Excess insurance policies allow coverage on a primary and non-contributory basis as it respects all additional insureds? Yes X No _____
- d. Do your General Liability and Umbrella / Excess insurance policies contain an exclusion for damage to work performed on your behalf by a subcontractor (ISO Form CG 22 94 or similar endorsement)? Yes _____ No X
- e. Are any of your aggregate limits of coverage impaired by claims? Yes _____ No X
- f. Do you have a professional liability insurance policy? Yes _____ No X
If yes, what are the limits of the policy? \$ _____
- g. Do you have an environmental or pollution liability insurance policy? Yes _____ No X
If yes, what are the limits of the policy? \$ _____

EXHIBIT 1

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7. Complete the following bonding information:

Name of Bonding/Surety Company: Guarantee Company of North America
Agent Name: DSP Insurance Services
Address: 1900 E. Golf Rd Ste. 650
Telephone Number: Schaumburg, IL 60173
Contact Person: Kirk Liskiewitz
Bonding Rate: _____
Bonding Capacity: Per Project: \$ 12M Aggregate: \$ 18M

Section 7 - Financing *(This information is kept confidential)*

1. Attach a financial statement, preferably audited, including your organization's latest balance sheet & income statement.

Section 8 - Signature

Daniel D. Stamper being duly sworn deposes and says that the information provided on the pre-qualification application herein is true and sufficiently complete so as not to be misleading.

Firm Name: Carroll Electric, Inc.

By: _____ President
Title

Dated this 4th day of January, 20 19.

Subscribed and sworn before me this 4th day of January, 20 19.

Notary Public: _____

My Commission Expires: May 13, 2023