

Re: Frontier Building Corp

Dear Subcontractor or Supplier:

Frontier is a national General Contractor engaged primarily in retail and restaurant type construction projects for national and regional type “brand name” clients. We are always looking to do business with companies who are in particular subcontractors and suppliers providing services for the varying scopes of work in the projects we bid and build.

In that regard, please take a moment to address the three items outlined below so both companies can proceed to seek beneficial business opportunities together:

1. Subcontractor / Supplier Qualifications – here below is our “qualification statement” which we ask that you fill out as complete as possible and return to us. We simply would like to understand items such as the scope of work and type of project your company is involved with, the insurance your company carries, the references you can provide, etc., etc. Once this statement is complete, please email it to me along with anything else you feel would assist in highlighting your company (pictures of completed work, copy of licenses, reference letters, etc.).
2. Getting on our bid list / preferred vendor list – please go to our website, [www.frontierbuildingcorp.com](http://www.frontierbuildingcorp.com) and click on the “Plan Room” tab at the top of the home page. If it is your first time going to our Plan Room, please click on “New User” to enter info on your company which once you hit submit will put the email address you provided and all your contact info into our database. The email address you entered and the states you clicked that you work in, will be used to send you “Invitations to Bid” on the projects we are working on. Note that the next time you come to the Plan Room you simply can enter as a “Registered User” (there is no password etc. needed rather the “qualification statement” and filling out the New User form are what is needed).
3. Bidding projects – once item 1 and 2 are addressed, as stated, you will receive invites to bid via email from us for projects that come out in your area. The invite to bid will advise you as to whom the estimator contact at Frontier is. Note that emailing your bid is ideal and preferred, faxing is second best and ALWAYS using the fax number or email address on the invite is MOST IMPORTANT so the bid goes right to the estimator and does not get mixed up by going to our corporate HQ fax etc. Here is the estimating contact:

Mr. Matt Sweeney  
Email – [msweeney@fdllc.com](mailto:msweeney@fdllc.com)  
Fax – 305-760-8878

Email is the most efficient way to communicate with us on the above matters, so please feel free to email me at [msweeney@fdllc.com](mailto:msweeney@fdllc.com) for anything you may need related to item 1 or 2. The goal is for us to do work together and create a good long lasting working relationship – the above items are the primary steps to accomplish said goal from our perspective. Thanks.

Best regards,

FRONTIER BUILDING CORP  
Estimating Department



MAIN OFFICE
1801 SW 3rd Avenue, Suite 500, Miami, FL 33129
OFFICE: 305.692.9992 / FAX: 305.692.3032

WWW.FRONTIERBUILDINGCORP.COM

SUBCONTRACTOR PREQUALIFICATION FORM

GENERAL COMPANY INFORMATION

Company's Legal Name:
Primary Contact: Cellular:
Address:
City: State: Zip:
Phone: Fax: Email:
Company Website:
Qualified Trade(s) of Work: Div #

Type of Company
C Corporation Partnership LLC
S Corporation Sole Proprietor Other

Affiliated Subsidiaries? Yes No If Yes, please identify:

Minority Business? MBE WBE DBE SBE Other Union? Yes No

\*\*Please attach copies of all certifications regarding your companies MBE status\*\*

Total Office Personnel: Total Field Personnel: Total Field Supervisors:

Preferred Project Size \$10k to \$250k 251k to \$500k \$500k to \$1M \$2M Greater than \$2M

CURRENT PROJECTS

Table with 6 columns: Name of Project, Location, Project Owner, Owner Name & Contact Number, Contract \$, Bonded?

PAST PROJECTS

Table with 6 columns: Name of Project, Location, Project Owner, Owner Name & Contact Number, Contract \$, Bonded?

GENERAL CONTRACTOR REFERENCES

Table with 5 columns: Contracting Company, Location, Contact Name, Contact Number, Project Completed With?

SUPPLIER REFERENCES

Table with 5 columns: Company, Location, Contact Name, Contact Number, Project Completed With?

BANK/FINANCIAL REFERENCES

Table with 5 columns: Company, Location, Contact Name, Contact Number, Years with Institution?

OWNER REFERENCES

Table with 4 columns: Company, Location, Contact Name, Contact Number



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**WORK AREA**

- |   |   |   |
|---|---|---|
| <p><b>North East</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> New York</li> <li><input type="checkbox"/> Connecticut</li> <li><input type="checkbox"/> Rhode Island</li> <li><input type="checkbox"/> Massachusetts</li> <li><input type="checkbox"/> New Hampshire</li> <li><input type="checkbox"/> Vermont</li> <li><input type="checkbox"/> Maine</li> </ul> | <p><b>South East</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> North Carolina</li> <li><input type="checkbox"/> South Carolina</li> <li><input type="checkbox"/> Georgia</li> <li><input type="checkbox"/> Alabama</li> <li><input type="checkbox"/> Mississippi</li> <li><input type="checkbox"/> Florida (North)</li> <li><input type="checkbox"/> Florida (South)</li> </ul> | <p><b>Mid-Atlantic</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pennsylvania (East)</li> <li><input type="checkbox"/> Pennsylvania (West)</li> <li><input type="checkbox"/> New Jersey</li> <li><input type="checkbox"/> Delaware</li> <li><input type="checkbox"/> Maryland</li> <li><input type="checkbox"/> Virginia</li> <li><input type="checkbox"/> West Virginia</li> </ul> |
|---|---|---|

**SAFETY INFORMATION**

OSHA 300 INFORMATION (Entire Company)

	2011	2010	2009
A. OSHA Recordable Incident	_____	_____	_____
B. Lost Time Incident	_____	_____	_____
C. Number of Recordable Incidents	_____	_____	_____
D. Number of Lost Time Incidents/Illnesses	_____	_____	_____
E. Number of Days Away From Work	_____	_____	_____
F. Number of Fatalities	_____	_____	_____
G. Total Employee Hours Worked	_____	_____	_____

\*\*For A&B, use the following formula: Incidents multiplied by 200,000, then divided by # of Employee Hours Worked

Has your company received any OSHA citations in the last 3 years?  Yes  No If Yes, please explain below

Date of Violation: \_\_\_\_\_ Violation Type: \_\_\_\_\_ Corrective Actions Taken: \_\_\_\_\_

List corporate Worker's Compensation Experience Modification Rate for the most recent 3 years and include rating worksheet 2011: \_\_\_\_\_ 2010: \_\_\_\_\_ 2009: \_\_\_\_\_

Does your company have a written safety and health program?  Yes  No  Included?

Does your company have corporate safety goals and objectives?  Yes  No  Included?

What is your companies most recent OSHA score? \_\_\_\_\_

Has your company ever been assessed with fines from OSHA? If so, how much? \_\_\_\_\_

**LICENSING INFORMATION**

State: _____	Number: _____	Expiration: _____
State: _____	Number: _____	Expiration: _____
State: _____	Number: _____	Expiration: _____
State: _____	Number: _____	Expiration: _____
State: _____	Number: _____	Expiration: _____
State: _____	Number: _____	Expiration: _____

\*\*Please attach all license's\*\*

**BONDING INFORMATION**

Please attach letter from your bonding institution showing your limits to be bonded

**INSURANCE INFORMATION**

Insurance Broker Name: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Does your company carry the following insurance requirements:

- CGL limits of \$2M per project aggregate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	- Evidence of workers compensation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- \$1M umbrella / excess policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	- Additional insured endorsement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Business auto policy limits \$1M CSL?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	- Other?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Evidence of workers compensation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			



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FINANCIAL & LITIGATION INFORMATION

Current Year Revenues \$ \_\_\_\_\_ Has your company ever filed bankruptcy? [ ] Yes [ ] No
Total Assets \$ \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_
Current Assets \$ \_\_\_\_\_
Current Liabilities \$ \_\_\_\_\_ Does your company have a D&B number? [ ] Yes [ ] No
Total Liabilities \$ \_\_\_\_\_ If Yes, please list: \_\_\_\_\_
Net Equity \$ \_\_\_\_\_
Current Backlog \$ \_\_\_\_\_ What is your company's Federal ID number? \_\_\_\_\_
Average Monthly Billings \$ \_\_\_\_\_

IN THE PAST 5 YEARS, HAS YOUR COMPANY BEEN INVOLVED WITH ANY OF THE FOLLOWING:

Any judgements in the last 5 years? [ ] Yes [ ] No If Yes, please explain: \_\_\_\_\_
Ever been assessed liquidated damages? [ ] Yes [ ] No If Yes, please explain: \_\_\_\_\_
Ever defaulted or failed to complete a contract? [ ] Yes [ ] No If Yes, please explain: \_\_\_\_\_
Ever had your license suspended or revoked? [ ] Yes [ ] No If Yes, please explain: \_\_\_\_\_

CERTIFICATION

- 1) I, \_\_\_\_\_, certify that the above information is accurate to the best of my knowledge.
2) I, \_\_\_\_\_, have read the Frontier Building Corporation Subcontract and agree to sign the subcontract with no modifications, changes, strike-throughs or addendums.
3) I, \_\_\_\_\_, allow Frontier Building Corporation to contact any and all points of contact on this Prequalification Statement in regards to my company.

(NAME)

(SIGNATURE)

(TITLE)

(DATE)

PLEASE ATTACH ANY AND ALL LICENSES, CERTIFICATIONS, CERTIFICATES, OR CORRESPONDING INFO THAT MAY USED IN CONSIDERATION WITH FRONTIER BUILDING CORPORATION'S SUBCONTRACTOR SELECTION PROCESS.

PLEASE RETURN COMPLETED SUBCONTRACTOR PREQUALIFICATION FORM TO:

ATTN: MATTHEW SWEENEY

FAX: 305.760.8878

EMAIL: MSWEENEY@FDLLC.COM

FRONTIER BUILDING CORPORATION USE ONLY

Reviewed by: \_\_\_\_\_ [ ] APPROVED COMMENTS: \_\_\_\_\_
Title: \_\_\_\_\_ [ ] DENIED
Date: \_\_\_\_\_ [ ] PENDING