



BIDDER QUALIFICATIONS QUESTIONNAIRE

BERNEXIS Construction & Development LLC
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www.BERNEXIS.com

LETTER OF TRANSMITTAL

TO: _____

ATTN: _____

ADDR: _____

ADDR: _____

E-MAIL: _____ FAX: _____

PHONE: _____ NO. OF PAGES: _____

FROM: _____ DATE SENT: _____

REFERENCE: BIDDER QUALIFICATIONS QUESTIONNAIRE

PROJECT: _____

LOCATION: _____

BERNEXIS Construction & Development LLC is prequalifying bidders for the referenced project. Attached is the "Bidder Qualifications Questionnaire" for your information and use. It includes:

- Instructions to Applicant 1 page
- Applicant's General Information 2 pages
- Exhibit 1 - Current Projects and References 1 page
- Exhibit 2 - Bonding Reference 1 page
- Exhibit 3 - Insurance Reference 1 page
- Checklist 1 page

Fill out the "Bidder Qualifications Questionnaire" in accordance with "Instructions to Applicant". Please return to my attention by e-mail to info@bernexis.com or by fax to 888-729-4184

Return is requested by: **PLEASE REPLY WITHIN THREE (3) BUSINESS DAYS OF RECEIPT**

Visit our website at www.BERNEXIS.com for more information about BERNEXIS Construction & Development LLC.

The "Subcontractors and Vendors" page has current information on other projects in the bid phase.

File:	Project No:		PBP -	<input type="checkbox"/> .A	CSI No:	
Bidder Qualifications Questionnaire		Letter of Transmittal		Revised: R } ^ A € 20		

BIDDER QUALIFICATIONS QUESTIONNAIRE

INSTRUCTIONS TO APPLICANT

**PLEASE FILL OUT THIS FORM “ON-SCREEN”, AND RETAIN A COPY FOR FUTURE REFERENCE.
THIS WILL SAVE TIME WHEN PREQUALIFYING FOR FUTURE PROJECTS.**

SUMMARY

1. Submit the fully assembled Bidder Qualifications Questionnaire (Pages 1 through 6).
 - Include Bidder Qualifications Questionnaire form completed, dated, and signed by an authorized person or a company officer.
 - Include Exhibit 2 and Exhibit 3 forms signed and dated by respective agents.
 - Include Checklist noting all items submitted.
2. No partial submittals, please. BERNEXIS will review upon receipt of complete information.
3. BERNEXIS will send you written notification on the results of our review.

INSTRUCTION DETAILS

Complete the Form

Fill out Bidder Qualifications Questionnaire form (pages 1 and 2) completely.

- A “See Attached” response is not acceptable.
- Verify contact information for all of your references.

Answer questions related to your background and experience on similar projects.

- You may enclose supporting or supplementary data.

Bonding and Insurance References

Begin by filling in information on *top half* of each Exhibit form. Then,

- Forward a copy of Exhibit 2 (page 4) to your Bonding agency.
- Forward a copy of Exhibit 3 (page 5) to your Insurance agency.

Your agents will complete the *bottom half* of each Exhibit form as follows:

- They will provide requested information.
- They will sign and date it, and return it to you.

Follow up with them as needed to expedite receipt.

Do not submit incomplete or unsigned Exhibit forms to BERNEXIS.

Submission

Submit the fully assembled package (Pages 1 through 6) to BERNEXIS for review.

- Include Bidder Qualifications Questionnaire form completed, signed, and dated.
- Include Exhibit 2 and Exhibit 3 forms completed, signed and dated by respective agents.
- Include Checklist noting all items submitted.

Review and Notification

- BERNEXIS will begin our review upon receipt of all information, and notify you as to the results.
- For clarifications contact Pamela Jones-Smith at info@bernexis.com or 888-752-7282

Thank you for your interest in prequalifying to bid work with BERNEXIS Construction & Development LLC.

Form 23A	Bidder Qualifications Questionnaire	Instructions to Applicant	Revised: R } ^ A 20
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BIDDER QUALIFICATIONS QUESTIONNAIRE

INFORMATION REQUESTED MUST BE PROVIDED ON THIS FORM. A "SEE ATTACHED" RESPONSE IS NOT ACCEPTABLE. THIS QUESTIONNAIRE'S CONTENTS ARE CONFIDENTIAL AND USED SOLELY TO DETERMINE THE APPLICANT'S QUALIFICATIONS. PLEASE FILL OUT THIS FORM "ON-SCREEN", AND RETAIN A COPY FOR FUTURE REFERENCE.

BERNEXIS PROJECT		LOCATION	
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CONTACT INFORMATION

Company's Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Person # 1 (Exec./ PM) _____

E-mail Address: _____ Telephone: _____

Contact Person # 2 (During Bid Time) _____

E-mail Address: _____

Telephone: _____

COMPANY'S WORK SPECIALTY

Which subcontractor trade(s) and/ or specialty item(s) will you be bidding?

COMPANY PROFILE

Years performing work specialty _____ Years in business under present name: _____

Avg. annual value of work completed in past 3 yrs. \$ _____ Value of work in place ^{in US} _____ Value of work now under contract: \$ _____

Is your Company rated with Dun and Bradstreet? Yes No D & B Rating: _____

Is your Company a certified WMB Enterprise? If "Yes", enclose a copy of your certification (s). Yes No Classification: _____

Is your Company a "Drug-free Workplace"? Yes No

In the past 3 years has your Company had any OSHA fines? Yes No If "Yes", provide explanation.

In the past 5 years have you had any jobsite fatalities? Yes No If "Yes", provide explanation.

In the past 5 years have you filed for bankruptcy? Yes No If "Yes", provide explanation.

In the past 5 years have you failed to complete a contract? Yes No If "Yes", provide explanation.

Any pending claims or judgments against your Company? Yes No If "Yes", provide explanation.

Do you have any past or present objections to working with BERNEXIS's personnel, systems, or contract documents? Yes No If "Yes", provide explanation.

File:	Project No:	PBP -	<input type="checkbox"/> .A	CSI No:
Bidder Qualifications Questionnaire		Page 1 of 6		Revised: R } ^ ^ ^ 20



BIDDER QUALIFICATIONS QUESTIONNAIRE

CONTRACTOR LICENSING

Reference: the Florida Department of Business and Professional Regulation at <https://www.myfloridalicense.com>.
Provide your Primary Qualifying Agent's Florida DBPR license information:

Last Name: _____ First Name: _____ Middle Name or Initial: _____
Licensing Board: _____ License Type: _____ License Number: _____

COMPANY'S PERSONNEL AND MANPOWER

List names of key personnel proposed for assignment to this project:
Attach a resume or summary of experience for each person.

Project Executive: _____

Project Manager: _____

Project Superintendent: _____

Indicate total number of full-time employees currently on your company's direct payroll:

Skilled Craftsmen: _____ Unskilled Labor: _____

List other sources of skilled/ unskilled labor: _____

What percentage of work do you typically perform with your Company's own forces? _____ %

Will you subcontract any portions of the work on this job? Yes No

Which activity(s): _____ Approx. % of total labor: _____ %

HISTORY OF COMPLETED PROJECTS

Provide a separate list of major projects completed within the past three (3) years. Indicate \$value of each subcontract.
Include projects of similar type, size, and complexity as this project. Include completed BERNEXIS projects.

FINANCIAL STATEMENT

Please provide a financial statement for confidential review by BERNEXIS management. Include reasonably current data on the Company's general financial condition. A summary income statement / balance sheet is preferred.

I HEREBY CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Company _____

Signature _____ (Authorized Person or Company Officer)

Print Name and Title _____ Date _____

Type of Firm Corporation Partnership Other _____

Form 23A	Bidder Qualifications Questionnaire	Page 2 of 6	Revised: R } ^ / 020
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BIDDER QUALIFICATIONS QUESTIONNAIRE

EXHIBIT 1 CURRENT PROJECTS AND REFERENCES

CURRENT PROJECTS

1. List two (2) of your Company's most significant projects currently under construction.
2. Select either the Project Manager or General Superintendent as current references.
3. Verify contact information for each reference!

Before submitting this form:

- Verify that e-mail addresses and telephone numbers are current and correct.
- Invalid contact information will delay the prequalification process.

CURRENT PROJECT NO. 1	CURRENT PROJECT NO. 2
Contracting Agency: _____	Contracting Agency: _____
Project Name: _____	Project Name: _____
Location: _____	Location: _____
Project % Complete: _____	Project % Complete: _____
Scheduled Completion Date: _____	Scheduled Completion Date: _____
\$Value of Your Subcontract: _____	\$Value of Your Subcontract: _____
Reference's Name: _____	Reference's Name: _____
Reference's Title: (PM or GS) _____	Reference's Title: (PM or GS) _____
Reference's E-mail: _____	Reference's E-mail: _____
Reference's Office Phone: _____	Reference's Office Phone: _____
Reference's Cell Phone: _____	Reference's Cell Phone: _____

BERNEXIS PROJECTS

List the name of any current BERNEXIS project(s) and/ or most recently completed BERNEXIS

project(s).	BERNEXIS PROJECT NO. 1	BERNEXIS PROJECT NO. 2

**BIDDER
QUALIFICATIONS
QUESTIONNAIRE**

**EXHIBIT 2
BONDING REFERENCE**

(Step 1: Subcontractor to complete this top portion and forward to Bonding Agency)

Subcontractor - Please provide the following information:

TO: (Bonding Agency) _____
 Agency's Contact Person: _____
 E-Mail: _____
 Phone: _____ Fax: _____
 FROM: (Subcontractor) _____
 Name: _____
 Inquiry is authorized by: Title: _____
 E-Mail: _____
 Phone: _____ Fax: _____
 (Subcontractor to complete the above portion)

(Step 2: Bonding Agency to complete this bottom portion)

Bonding Agency - Please provide the following information:

1. Subcontractor's surety company: _____
 2. Surety's Best rating: _____
 3. Treasury listing underwriting limit: _____
 4. Single project bonding limit: _____ Total bonding capacity: _____ Value of work now bonded: _____
 5. Comments: _____
 Signature of Agent: _____
 Print Name and Title: _____
 Date: _____

Bonding Agency

Please return this completed Exhibit 2 form to the Subcontractor at their above address.

The contents of this form are confidential and used solely to determine the applicant's qualifications.
 Your prompt response to this inquiry is greatly appreciated.

Form 23A	Bidder Qualifications Questionnaire	Page 4 of 6	Revised: R } ^ / 0E20
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BIDDER QUALIFICATIONS QUESTIONNAIRE

EXHIBIT 3 INSURANCE REFERENCE

(Step 1: Subcontractor to complete this top portion and forward to Insurance Agency)

Subcontractor - Please provide the following information:

To: (Insurance Agency) _____
 Agency's Contact Person: _____
 E-Mail: _____
 Phone: _____ Fax: _____
 FROM: (Subcontractor) _____
 This inquiry is authorized by: Name: _____ Title: _____
 E-Mail: _____
 Phone: _____ Fax: _____

(Subcontractor to complete the above portion)

(Step 2: Insurance Agent to complete this bottom portion)

Insurance Agent - Please provide the following information:

1. Can the subcontractor meet these minimum project requirements?

- General Liability: \$ 1,000,000 Yes No
- Automobile Liability: \$ 1,000,000 Yes No
- Workers' Compensation: \$ 100,000 (Each Accident) Yes No
- Workers' Compensation: \$ 500,000 (Disease - Policy Limit) Yes No
- Workers' Compensation: \$ 100,000 (Disease - Each Employee) Yes No

2. Please verify subcontractor's workers' compensation experience modifier 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

2013 _____ 2014 _____ 2015 _____

Signature of Agent: _____
 Print Name and Title: _____
 Date: _____

Insurance Agent:
Please attach a current Certificate of Insurance.
 Return this completed Exhibit 3 form to the Subcontractor at their address shown above.

The contents of this form are confidential and used solely to determine the applicant's qualifications.
 Your prompt response to this inquiry is greatly appreciated.

CHECKLIST

Applicant:

Review Bidder Qualifications Questionnaire contents carefully before sending to BERNEXIS. Make sure it is complete, and that it contains all required information as listed below. Hold until all information is received. No partial submittals, please.
Mark "X" in check box next to all enclosed items:

	1. "Applicant General Information", pages 1 & 2, completed, signed, and dated by an authorized person or an officer of the Company.
	2. Exhibit No. 1, "Current Projects and References" – with verified contact information.
	3. Exhibit No. 2, " Bonding Reference" - completed, signed, and dated by bonding agent.
	4. Exhibit No. 3, "Insurance Reference" - completed, signed, and dated by insurance agent.
	5. Insurance Certificates with effective / expiration dates and limits for general liability, workers' compensation, and automobile liability coverage.
	6. "History of Completed Projects" – Provide a separate list of projects completed within the past three (3) years. Indicate \$value of each subcontract. Include BERNEXIS projects.
	7. Resume or summary of experience for personnel proposed for assignment to this project. (See page 2 of 6, "Company's Personnel and Manpower").
	8. Copy of Florida DBPR License (s) for <u>Qualified Business Organization</u> - (if applicable).
	9. Copy of Florida DBPR License (s) for <u>Primary Qualifying Agent</u> - (if applicable).
	10. Copy of your Company's OSHA-300A (<u>1-Page Summary Sheet – Not OSHA 300</u>) for] !^çã ~ •Á^æ.
	11. Copy of Minority Business Certification (s) - (if applicable).
	12. Current Financial Statement. A <u>summary</u> income statement / balance sheet is preferred. (See page 2 of 6, "Financial Statement").
	13. Other explanatory or supplementary information (list). Comments.

Note: Include this checklist with your submittal.

Please provide contact information for the person who assembled and submitted this questionnaire. BERNEXIS's evaluator may need to contact you with questions or to obtain clarification.

Contact Person: _____ Telephone: _____
E-mail: _____ Fax: _____