

CONCLUSIVE CORP.

DESIGN / CONSTRUCTION / MANAGEMENT

Lic. #346693

SUBCONTRACTOR AND SUPPLIER PREQUALIFICATION FORM

Date: _____ Business name: _____
Previous name of business, if applicable: _____
Contractors license number(s) and classification(s): _____
State issued: _____ Expiration date: _____
Address: _____

*We must have a physical address to deliver plans. Please list P.O. Boxes as additional address)

City: _____ State: _____ Zip: _____
Contact for new bids: _____
Telephone: _____ Fax: _____
Email: _____ Website: _____
Additional addresses / locations: _____

How long have you been in business? _____
Trade(s): _____
Annual dollar volume: 2004 _____ 2003 _____ 2002 _____

Geographical area covered: _____
Does your company travel over 500 miles? _____
How many employees: Field: _____ Office: _____
Number of separate crews: _____

Please check one:

Union: _____ Non-Union: _____ Both: _____ Affiliation: _____
Prevailing wage: YES NO
DVBE: YES NO

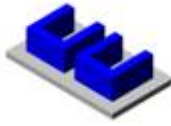
Please check all that apply (only if more than 5% of yearly volume or if completed in the last 3 years):

Retail _____ Big Box Retail _____ Restaurant _____ Office _____ T I _____
Hospitality _____ Medical _____ Industrial _____ Sitework _____ Multi-Family _____
Residential Tract _____ Custom Residential _____ Storage _____ Schools _____
Other _____

Have you completed 2 or more of the same retail store(s)? _____

Name of Principal(s) / Partner(s) / Owner(s):

Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____



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Circle one: Corporation Partnership Sole-Proprietorship Individual

List of projects in progress:

Scheduled completion date:

Project References:

Name of project: _____ Contract \$: _____
Location of project: _____
Owner or general contractor: _____
Dates of project: _____
Phone: _____ Fax: _____

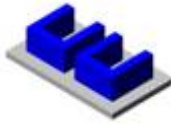
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Trade References:

Company: _____
Address: _____
Contact person: _____
Phone: _____ Fax: _____



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Company: _____
Address: _____
Contact person: _____
Phone: _____ Fax: _____

Bank Reference:

Name of bank: _____
Address: _____
Bank: _____
Contact: _____
Phone: _____ Fax: _____
Dun & Bradstreet #: _____

Bonding:

Agent: _____
Address: _____
Phone: _____ Fax: _____
Surety company: _____ Bonding capacity: _____
Bonding rate % _____

Insurance Information:

Carrier name: _____
Address: _____
Agent: _____ Title: _____
Phone: _____ Fax: _____

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Address: _____
Agent: _____ Title: _____
Phone: _____ Fax: _____

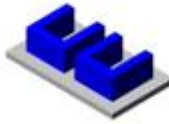
Check areas of insurance coverage you have in force:

Auto liability: _____ General liability: _____ Workman's comp: _____

Copy of insurance certificate attached YES NO

Has your company been cited by OSHA in the past 5 years? YES NO 2004 Mod Rate: _____

If yes, explain: _____



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Additional comments: _____

AUTHORIZATION TO RELEASE INFORMATION

In connection with this pre-qualification application from Conclusive Corp., the undersigned authorizes the release of credit information, bonding information and reference verification.

It is also understood that all information is to be kept confidential and is for the exclusive use of Conclusive Corp. Qualification will be determined after review of information and approval of application.

Immediate processing of this application will expedite approval.

Company: _____

By: _____

Signature of Corporate Officer or Owner

Title: _____

Note: If corporation, a corporate officer must sign both authorization and application

Conclusive Approval:

(Signature, Title, & Date)