



**Building
Group**

Today: 5/7/2009

INVITATION TO PREQUALIFY TO BID from BE&K

Project: NEW LANCASTER COUNTY COURTHOUSE
BE&K # 3400159

Location: Lancaster, SC

Prequalification
Cut Off Date: May 20, 2009 (Wednesday)

RSVP: Jeff Miller by email: jeff.miller@kbr.com
Or fax to: 704-523-9436

Documents: Subcontractor Questionnaire Forms are attached.

Description: Construction of a new 100,000 SQFT. Courthouse Facility.

Trades: Site Work and Utilities, Concrete Foundations and Slabs, Structural Steel

Additional Notes: BE&K will also be conducting a project information meeting at the Lancaster County Administration Building, 101 N. Main St., County Council Chambers, 3rd Floor, Lancaster, SC 29721, on Monday, May 11, 2009 at 5:00 PM. Any subcontractors, suppliers, or vendors who may be interested in bidding on this upcoming project are encouraged to attend. All subcontractors will be required to pre-qualify to bid on this project. BE&K will discuss the prequalification requirements and bidding procedures at this meeting.

RSVP - Please Respond	
Company Name And Address:	
Interested? Y/N:	
Trade Area:	
Contact:	
Company Main Phone:	
Contact Direct Phone:	
Fax:	
E-mail address for Contact:	

PLEASE RESPOND via E-MAIL or FAX

Thank you,
Jeff Miller, Project Manager

Send to jeff.miller@kbr.com to respond via e-mail or fax to (704) 523-9436
BE&K Building Group, Inc. – 5605 Carnegie Boulevard, Suite 200, Charlotte, NC 28209. Phone (704) 551-2700



**Lancaster County Courthouse
Subcontractor Qualification Questionnaire**

Date: _____

Instructions: Use the Tab key to access the next data entry checkbox or field.
Please attach to this form a copy of your most recent fiscal year-end Financial Statement.

1. GENERAL INFORMATION

- SOLE PROPRIETORSHIP PARTNERSHIP
 CORPORATION SUB-S CORP.

a. Name of Firm _____
Address _____ Year Organization began Operation _____

City / State / Zip _____ Area Code – Phone Number _____ Fax Number _____

b. Corporate Officers – Partners – Proprietorship

Name	Age	Position	Toll Free Number % of Ownership

- c. % of workforce from Lancaster County: _____
d. Type of work your firm specializes in: _____
e. List the geographic areas (States) where your firm is licensed to do business. _____
f. Name and Telephone Number of your firm's Estimating Contact: _____
Name _____ Telephone _____
Email address: _____

2. DIVERSITY

- a. Certified Minority Business Enterprise? YES NO
Date / City and State of Certification: _____

Minority Owned:

- (AA) African American
 (APA) Asian/Pacific American
 (IA) Indian Sub-Continent American
 (LHM) Latin/Hispanic/Mexican American
 (NA) Native American

Veteran Owned:

- (DVB) Disabled Veteran Business Enterprise
 (DVE) Disadvantaged Veteran Enterprise
 (SDV) Service Disabled Veteran
 (VBE) Veteran business Enterprise
 (VVB) Vietnam Veteran

Other:

- (DBE) Disadvantaged Business Enterprise
 (SDB) Small Disadvantaged Business
 (DO) Disabled Owned
 (HUZ) Historically Underutilized Business Zone aka HUBZone
 (SBE) Small Business
 (VSB) Very Small Business
 (WBE) Women Owned
 (8A) 8(a) Business Development Program

3. BONDING

- a. Name of Bonding Company (Not Agent): _____
b. Name, Address and Telephone Number of Bond Agent: _____
Name _____ Address _____ Telephone No. _____ Bond Rate: _____
c. Largest bonded job: _____ Largest unbonded job: _____ Current backlog: _____
d. Largest work program assumed at any one time: _____ Year _____
e. What is your bonding capacity – single project and aggregate? \$ _____
\$ _____

Provide written confirmation of bond ability from your bonding company if bid package requires bonding.

4. HISTORY/JOB EXPERIENCE/PROJECT REFERENCES

List below three (3) jobs completed in a downtown environment and contract value of each in the past three (3) years; including person to contact and phone no.:

A.

Job Name	Owner to Contact	Area Code/Telephone No.
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Amount of Contract	Work Performed
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B.

Job Name	Owner to Contact	Area Code/Telephone No.
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Amount of Contract	Work Performed
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C.

Job Name	Owner to Contact	Area Code/Telephone No.
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Amount of Contract	Work Performed
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D. Has your firm previously worked with BE&K Building Group? YES NO If yes, please provide name(s) of project(s).

E. List any current claims or pending lawsuits:

5. SAFETY/INSURANCE INFORMATION

- a. Do you have a written safety policy? YES NO If so, please attach.
- b. Does written safety policy include a corporate drug policy? YES NO If so, please attach.
- c. Experience Modification Rate (EMR): _____
- d. Lost Work Day Incident Rate (LWDIR): _____
- e. Total Incident Rate (TIR): _____
- f. Insurance Company Agency (G/L & Workers Compensation)

Name/Contact	Address (include zip code)	AC/Telephone No.
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List current insurance limits for General Liability - \$_____

The undersigned hereby represents that the statements, declarations, and answers contained in the foregoing survey are true and correct, and further agrees that any material omission of fact, misstatement, misrepresentation or fraud in the completion of this survey shall serve as grounds for the cancellation of any subcontract that may be awarded to the undersigned by BE&K Building Group, Inc.

BE&K Building Group, Inc. is hereby authorized to investigate the references listed pertaining to performance and financial responsibility.

Signed this _____ day of _____, 20____

Please return this form to:

BE&K Building Group, Inc.
 Attn: Jeff Miller
 5605 Carnegie Blvd., Suite 200
 Charlotte, NC 28209
 Phone (704) 523-0515
 Fax (704) 523-9436
 e-mail – jeff.miller@kbr.com

 Name of Company

By: _____

Title: _____