

SUBCONTRACTOR PREQUALIFICATION FORM

1. The undersigned certifies that all information supplied in this form is correct:

Thomas J. Glanz
Print name of person responsible for information

2. Company Name: Glanz Electrical Contracting, Inc.

Street Address: 1713 E. Lincoln Avenue, Suite A-1

Mailing Address: 1713 E. Lincoln Avenue, Suite A-1

Office Telephone #: 970-482-5218 Fax #: 970-416-1716

Tax ID #: 84-1072383 Dunn's #: _____

Type of work you specialize in:
Electrical Construction & Repairs, including Communications, Data, and Fire Alarm wiring.

3. Are you a corporation, ___ partnership, ___ sole proprietorship?

3a. If a corporation: Date of incorporation: August 1987

State of incorporation: Colorado

President: Thomas J. Glanz

Vice President(s): Laura P. Glanz

Secretary: Laura P. Glanz

Treasurer: Thomas J. Glanz

3b. If a partnership or an individual: Date of organization: Not Applicable

Name and home address of all partners: Not Applicable

4. Under what former names has your organization operated? Not Applicable

For how long? _____

5. How long has the owner/principal operator been working in this type of business?

Began working in the electrical field in 1975.

6. Where did the owner/principal operator formerly work?
Owner/Operator of Glanz Electrical Contracting, Inc. since 1984.

7. What percentage of your revenues are 40 % Residential 60 % Commercial?

8. How many people are typically employed: full time in the field 7 ;
part-time in the field 1 ;job supervisors 1 ;office personnel 2

9. Client references for similar type and/or sized projects. Provide references only from the clients that you were paid by.

<u>Project Name</u>	<u>Your Contract Amount</u>	<u>Month/Year Started& Completed</u>
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1. AVAILABLE UPON REQUEST

2. _____

3. _____

4. _____

5. _____

THE FOLLOWING MUST CORRESPOND WITH THE ABOVE INFORMATION

<u>Owner/General Contractor</u>	<u>Contact</u>	<u>Position</u>	<u>Phone</u>	<u>Fax</u>
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1. AVAILABLE UPON REQUEST

2. _____

3. _____

4. _____

5. _____

10. Trade References: **AVAILABLE UPON REQUEST**

<u>Company Name & Type of Company</u>	<u>Accounting</u>	<u>Contact</u>	<u>Phone</u>	<u>Fax</u>
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1. _____

2. _____

3. _____

4. _____

5. _____

11. Please provide a resume or a short summary of the experience of your key company personnel and fill out the following outline.

Name	Position	Responsibilities
1. <u>Thomas J. Glanz</u>	<u>President</u>	<u>Master Electrician</u>
2. <u>Brandon W. Flanagan</u>	<u>Estimator</u>	<u>Bid Prep/Production Manager</u>
3. _____		
4. _____		

12. Bank Reference: Wells Fargo Bank Nick Brooks/Business Relationship Manager 970-266-7735
Bank Name Contact/Position Phone #

13. Bonding Company: C N A Surety
Lisa Gregory/Gregory Insurance Group, LLC 720-941-6556 3%
Agent Contact Phone # Bonding Rate

14. Accounting Firm: B. Sue Wood & Associates, PC Sue Wood 970-482-5626
Company Name Contact Phone #

15. Please attach a current audited financial statement, including all current assets and liabilities.
AVAILABLE UPON REQUEST

16. Regarding Safety, please provide your EMR and IR ratios for the past three years.
EMR: 2006-.90 2005-.86 2004-.85

SIGNATURES:

Company Name

Print name of person responsible for above information

Signature

Date: _____

NOTARY:

Dated this ____ day of _____, 20____.

Subscribed under oath before me
on: _____

Notary Public _____

My commission expires: _____