



4101 Ravenswood Rd., Suite 325
Dania Beach, FL 33312
Tel: (954) 626-0451
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Fax

Date:

To:

Company:

Fax Number:

Tel Number:

From:

No. of Pages: 9

Message:

Please see enclosed pages.

Thank you for your interest in bidding and performing work for GRYCON, LLC.

Please review the attached information regarding the forms that must be completed and returned to us as a part of our company pre-qualification process.

Thank you.

September 10, 2010

RE: Prospective Bidders

To whom it may concern,

Thank you for your interest in providing bid quotations to GRYCON, LLC.

It is the policy of GRYCON, LLC to pre-qualify all companies that request to be on our "bid list". This pre-qualification process will require that your firm provide specific information about your company such as; references of previous work performed (including contact information), financial status, verification of insurance coverage and safety performance as well as your current bonding capability and limits. Within the next week you should also receive a GRYCON, LLC subcontract agreement for your review and acceptance.

To expedite your qualification process, please complete each of the enclosed forms in its entirety. Please fax the completed forms to (954) 646-0479. This will allow GRYCON, LLC the ability to expedite your qualifying process. Failure to fill out each form completely and accurately will only cause us to delay your qualification as a bidder with GRYCON, LLC. Be advised that we will look at this application as if it is a "Bid Proposal" for a project and we would expect that the application be submitted with the same level of professionalism and accuracy that you would use in preparing a formal "Bid Proposal". During this qualification period your company will not be considered for any current projects that we may be bidding.

Enclosed you will find:

- 1) A "Release Form" giving GRYCON, LLC authorization to perform an extensive background check.
- 2) A "Projects Worked Form" that you are required to fill out, if you currently have a list of projects that you have done and/or are doing, it will only be accepted if the required information is supplied (any incomplete information will not be accepted).
Please provide a minimum of "4 references" from "General CONTRACTORS" that you have worked for within the last 3 years. Feel free to make copies of the form for each G.C. you have worked for.
- 3) A "Your Company Information Form"
- 4) A "Bonding Information Form"
- 5) A "Insurance / Safety Information Form"

GRYCON, LLC will use the information collected to determine eligibility of your company being placed on our bid list. The following forms must be filled out and returned to GRYCON, LLC and a completed background check is performed, before you will be put on our bidder list.

ALL COMPLETED FORMS AND SUBMITTALS PROVIDED SHALL BE TREATED AS PRIVILEGED INFORMATION AND SHALL BE HELD IN STRICT CONFIDENCE.

Thank you for your interest in becoming a bidder for GRYCON, LLC.

Respectfully,



Calvin Helitzer
Vice President – Preconstruction & Estimating

Release Form

Date: _____

Company Representative: _____

Company: _____

Company Address: _____

Company Phone:

Company Fax:

I _____ with _____ authorize GRYCON, LLC to perform a background reference check with the Companies listed. I also authorize GRYCON, LLC to perform any other reference checks needed to qualify _____ to be included on the GRYCON, LLC bidder's list.

Date: _____

Company Name: _____

Authorization by: _____
PRINT NAME

Signature: _____

Your Company Information Form

Your Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Web Address: _____
 Telephone:() _____ Fax:() _____ E-Mail: _____

Contacts:

Estimating/Sales: _____
 Owner(s): _____ Title: _____
 _____ Title: _____

Trade(s): _____

Work Type: Industrial Medical Commercial High Rise Low rise
 Office Bldgs. Shopping Centers Educational
 Other: _____

Geographic area of work: Dade Broward Palm Beach
 Other: _____

Years in business: _____ Number of Field staff: _____ Office: _____

Percent of work performed by own forces: _____%

What other or former names has your firm operated under? _____

List any previous work performed with GRYCON, LLC:

Bank Reference

Bank Name: _____
 Bank Address: _____
 Contact: _____
 Phone: _____ Fax: _____

Please supply a copy of last audited financial statement or last reviewed financial statement.

Project Information

Present value of work under contract: _____
 Total backlog of work, value and contracts: _____
 Annual volume of the past 3 years: _____

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Bonding Information

Bonding requirements:

Performance, Labor and Material Payment Bond from a bonding company with minimum ratings in "Bests" insurance guide of "A" for policy holders rating and "10" for financial rating.

Bonding Company: _____

Agent: _____

Phone : _____ Fax : _____

Address: _____

Bonding Capacity: _____ Bonding Rate: _____

Value of work now bonded: \$ _____

Projects Currently Bonded

Contract Amount

Value of Bond

SUBCONTRACTOR INSURANCE REQUIREMENTS

1. The insured's legal name must appear the same on the insurance certificate and the Subcontract with GRYCON, LLC.
2. The policy numbers and expiration dates for each type of coverage must be listed.
3. Prior to commencing any work, subcontractor shall furnish a Certificate of Insurance and shall be with an A.M. Best rating of A- or better. All certificates shall provide for 30 days written notice prior to cancellation.
4. Designated construction project general aggregate limit must apply on ISO endorsement CG 25 03 or equivalent.
5. The Subcontractor shall maintain the following coverage and limits PER PROJECT:

A. General Liability:		
General Aggregate	\$2,000,000.00	
Each Occurrence:	\$2,000,000.00	(Can be covered by Excess Liability)
Products-Comp/OP Aggregate	\$2,000,000.00	
B. Auto Liability:		
Combined Single Limit	\$1,000,000.00	
C. Worker's Compensation:		
Each Accident:	\$1,000,000.00	
Diseases (Policy Limit)	\$1,000,000.00	
Diseases (Each Employee)	\$1,000,000.00	
D. Underground, Expl & Collapse		
General Aggregate	\$ 500,000.00	
E. Errors & Omissions		
Per Loss	\$1,000,000.00	

6. In the section of Description of Operations the following language shall be on the Certificate.

Job # and Name, Certificate Holder, Owner and their Representatives are named as additional insured for General Liability. Waiver of Subrogation applies to Workers Compensation for the additional insured's.

NOTE: We must have the actual Additional Insured Endorsement and Workers Compensation Waiver attached to the certificate.

Additional insured endorsement form: **CG 20 10 11 85.**
 Substitute endorsement **two forms:** CG 20 10 **AND** CG 20 37 **OR**
 CG 20 33 **AND** CG 20 37.

7. Certificate of insurance must be submitted on an ACORD 25 form.

Commercial General Liability:

Carrier: _____
 General Aggregate Limit: \$ _____
 Products - Completed Operations Aggregate Limit \$ _____
 Personal and Advertising Limit: \$ _____
 Underground, Explosion and Collapse: \$ _____
 Agent (Name/Contact Information): _____

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Auto Policy:

Carrier: _____

Agent (Name/Contact Information): _____

Liability Limits:\$ _____

Excess/Umbrella Policy:

Carrier: _____

Agent: _____

Limits: _____

Workers Compensation Policy:

Carrier: _____

Address: _____

Agent: _____

Phone: _____

Fax: _____

Limits of Liability:

Bodily Injury by Accident (each accident): \$ _____

Bodily Injury by Disease (policy limit): \$ _____

Bodily Injury by Disease (each employee): \$ _____

Professional Liability

Carrier: _____

Address: _____

Agent: _____

Phone: _____

Fax: _____

Limits of Liability: \$ _____

Safety Information

Subcontractor shall furnish a copy of their OSHA 300A log for the past two years. Subcontractor shall also furnish a copy of their Safety and Health program which should include the company's training requirements and a comprehensive Hazard Communication Program.

Safety:

Current Experience Modification Rate which is listed on your latest rate page from your WC Carrier: _____

Has your company been cited by OSHA in the past three years? If so, please list the following information:

Citation: _____ Date: _____

Citation: _____ Date: _____

Citation: _____ Date: _____

Citation: _____ Date: _____

Does your company have a Safety Director/Manager? (Name): _____

Does your company have a Safety and Health Manual? _____

Does your company conduct Safety Meetings? _____ If so, how often? _____

Does your company provide OSHA required training for its employees? _____ What type of training is provided? _____

Projects Worked Form

Please fill out one form per Project with a minimum of 3 Projects, but not to exceed 5 Projects.

Make copies as required, fill out and return to GRYCON, LLC via FAX @ (954) 626-0479.

It is extremely important that all information be provided as indicated below. Incomplete information will only cause us to delay the Prequalification process and/or disqualify your company as a Bidder with GRYCON, LLC.

Project Name: _____

Project Address

Street: _____ City: _____ St: _____ Zip Code: _____

Owner: _____

Contacts:

Owner's Representative: _____

Telephone Number: _____

Name of General Contractor: _____

Contacts:

Project Manager's Name: _____

Project Superintendent's Name: _____

General Contracting Company

Address: _____

Telephone Number: _____ Fax Number: _____

Your Contract Amount for the Project: _____

Scope of Work performed:

Start to Finish Dates of your Work performed on the Project: _____ to _____

Were Payment and/or Performance Bond(s) required for any of your work on this Project?

_____ Yes _____ No