

Equal Employment Opportunity Status

Please indicate the Equal Employment Opportunity Laws category under which your company qualifies.

- MBE: (Minority Business) SBE (Small Business)
 WBE: (Women's Business) DBE (Disadvantage Business)
 Other

Please list the agencies certifying you for each category and the expiration date of your certification.

Minority Type (if minority) _____

_____ exp: _____
 _____ exp: _____
 _____ exp: _____

Note: If you do qualify as one of the above, you may be required to provide a copy of your certification for each individual category. If you do not qualify, or you cannot furnish a valid certification as proof of qualification, check "Other."

Legal and Financial Information

Bonding Capacity: \$ _____ Percentage of Self-Performed Work: _____ %
 Largest Bonded Project: \$ _____
 Aggregate Limit: \$ _____ Current Volume of Bonded Work: _____
 Single Project Limit: \$ _____ \$ _____

Bonding Company: _____
Do not list agent, list complete name of the Bonding Company

Address: _____

Phone Number: _____

Years with current surety provider: _____

Is your company or any of its owners or officers currently involved in any litigation, mediation, arbitration or prosecution or defense of formal claims in connection with any contract, project or subcontract?

Yes No

If yes, please explain and provide details:

Has your company or any affiliated company or any of its principals ever petitioned for bankruptcy, failed in business, closed a business, defaulted or failed to complete on a contract, or been asked to post collateral against a loss?

Yes No

If yes, please explain:

Safety

Has your company received an OSHA citation within the past 3 years for any reason?

Yes No

If Yes, please state the number of citations in the last 3 years and describe below.

Complete the following for the last three years:

	YEAR _____	YEAR _____	YEAR _____
Interstate EMR	_____	_____	_____
State EMR	_____	_____	_____
<i>(Insurance company maybe helpful on completing EMR (Experience Modifier Rate)</i>			
OSHA Recordable Rate	_____	_____	_____
OSHA Lost Time Incident Rate	_____	_____	_____
OSHA DART Rate	_____	_____	_____
<i>(DART - Days Away Restricted or Transferred from work)</i>			
TOTAL HOURS WORKED	_____	_____	_____

Please visit <http://www.bls.gov/iif/osheval.htm> to calculate Rates

Does your company have a written safety plan? Yes No

Typical Project Size

Please select the one category that applies to your company.

- < \$50,000
- \$50,000 - \$250,000
- \$250,000 - \$500,000
- \$500,000 - \$1,000,000
- \$1,000,000 - \$2,500,000
- > \$2,500,000

Please list the 3 largest projects completed in the last 5 years.

Project / Location	Contract Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Number of projects now in progress: _____

Total Contract Value of current projects (\$): _____

Current Backlog (\$): _____

Please list any Paric projects you have worked on in the last 3 years.

Project / Location	Contract Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Required Attachments and Submission Instructions

Banking References (minimum 1 required):

Please submit to Paric your latest financial statement. Year _____
Please submit to Paric your blanket certificate of insurance naming Paric as the insured.

Authorized Officer verifying the truthfulness of the above information: _____

Please FAX this and other requirements to 636-561-9501 Attn: Jane Smith

Or PRINT and mail this form to:

Paric Corporation - 1001 Boardwalk Springs Pl., Suite 220 - O'Fallon, MO 63368