

Prequalification Statement 11.16

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NEED HELP? If you need help filling out this form, there is a resource for you.

If you have any questions or issues regarding the W.M. Lyles Co. website or completing this form, please contact Dave O'Dear at 951-757-5276 dodear@wmlyesco.com.

COMPANY INFORMATION

Company Name _____ Company Website _____

Main Contact _____ Cell Phone _____

Business Type _____ Year Established _____

State of Formation _____ Company Type _____

Please indicate the type of work you do. _____

Have there been any changes in the control or management of the company during the last 5 years?

Yes ___ No ___ (if yes, please explain)

When did present management assume control? _____

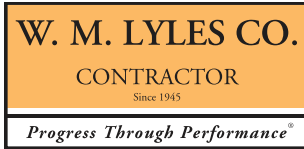
What was the name of predecessor? _____

Parent, Affiliate, and/or Subsidiary Companies? Yes ___ No ___ (if yes, please list)

Previous Ownership and Company Names, if any? Yes ___ No ___ (if yes, please list)

Company Officers and Principals: Please complete all fields.

| 1. Name/Title | Position | Years Worked |
|---------------|----------|--------------|
| _____ | _____ | _____ |
| 2. Name/Title | Position | Years Worked |
| _____ | _____ | _____ |
| 3. Name/Title | Position | Years Worked |
| _____ | _____ | _____ |
| 4. Name/Title | Position | Years Worked |
| _____ | _____ | _____ |



LICENSING AND OPERATIONS -----

Licenses: please include STATE or COUNTRY of Issuing Authority

| | | | |
|----------------------|-------|----------------|------------|
| 1. Issuing Authority | Class | License Number | Expiration |
| _____ | _____ | _____ | _____ |
| 2. Issuing Authority | Class | License Number | Expiration |
| _____ | _____ | _____ | _____ |
| 3. Issuing Authority | Class | License Number | Expiration |
| _____ | _____ | _____ | _____ |
| 4. Issuing Authority | Class | License Number | Expiration |
| _____ | _____ | _____ | _____ |

In which California Geographic Areas do you work? _____

Do you ever work outside of these areas? Yes ___ No ___

OPERATIONAL PROFILE -----

Public and Private Sector work **should add up to 100%**: ___ % Private Sector ___ % Public Sector

Union and Open Shop work **should add up to 100%**: ___ % Union ___ % Open Shop

Self-performed and Subcontracted work **should add up to 100%**: ___ % Self-performed ___ % Subcontracted

Residential, Commercial, Retail, Industrial, Educational, Public, Medical, Utility, and Other work

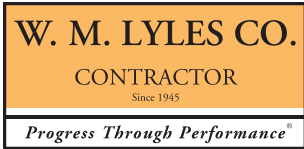
should add up to 100%

| | | |
|-------------------|-------------------|--------------|
| ___ % Residential | ___ % Commercial | ___ % Retail |
| ___ % Industrial | ___ % Educational | ___ % Public |
| ___ % Medical | ___ % Utilities | ___ % Others |

UNION AFFILIATIONS -----

Union affiliations, Contract expiration dates, and region of affiliation:

Do you have in-house Engineering and/or Fabrication Capacity? Yes ___ No ___



FINANCIAL INFORMATION

Federal Tax ID _____ General Tax Exemption # _____

Dun and Bradstreet # _____ Cage Code _____

2016 Projected Revenue \$ _____

Actual Revenue 2015 \$ _____ 2014 \$ _____ 2013 \$ _____

Current Ratio: Current assets divided by current liabilities _____

Debt to Equity: Total liabilities divided by total equity _____

Bank Name _____ Bank Branch _____

Line of Credit \$ _____

Account Type _____

Other Type of Account? Yes ___ No ___ If yes, please describe _____

SURETY AND BONDING-----

Surety Company _____ Surety Company Phone _____

Surety Company Fax _____ Surety Email Address _____

How long at present Surety? _____

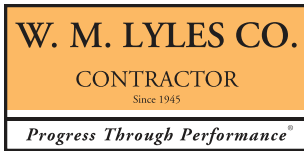
Bonding Agent Contact _____

Single Bonding Capacity \$ _____ Aggregate Bonding Capacity \$ _____

Available Bonding Capacity \$ _____

Current Backlog (in Dollars) \$ _____

Average Project Size Last Year \$ _____



What size projects is your company best qualified to handle (in Dollars)? \$ _____

Number of Employees by Trade:

| | 2016 | 2015 | 2014 |
|-------------------|-------|-------|-------|
| 1. Trade _____ | _____ | _____ | _____ |
| 2. Trade _____ | _____ | _____ | _____ |
| 3. Trade _____ | _____ | _____ | _____ |
| 4. Trade _____ | _____ | _____ | _____ |

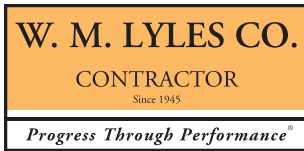
Total Number of Current Employees _____ Number of Administrative Employees _____

Do you have a full time QA/QC representative? Yes ___ No ___

If yes, how many in Corporate and how many in Field? _____ Corporate _____ Field

Do you have a formal written Quality Control Manual/Program? Yes ___ No ___

If yes, please email a copy to: dodear@wmlylesco.com



PROJECT DESCRIPTIONS -----

List three largest relevant projects completed in the last five years:

- 1. Job Name _____ Completion Date _____
Owner _____
Project CM/GC _____ CM/GC Phone # _____
Contract Price \$ _____
City _____ State _____ Country _____

- 2. Job Name _____ Completion Date _____
Owner _____
Project CM/GC _____ CM/GC Phone # _____
Contract Price \$ _____
City _____ State _____ Country _____

- 3. Job Name _____ Completion Date _____
Owner _____
Project CM/GC _____ CM/GC Phone # _____
Contract Price \$ _____
City _____ State _____ Country _____

REFERENCES -----

Minimum of 3, any combination of categories: GC/CM References or Owner References.

GC/CM References

1. Company _____ Contact _____ Title _____

Phone # _____ Fax # _____ Email _____

2. Company _____ Contact _____ Title _____

Phone # _____ Fax # _____ Email _____

3. Company _____ Contact _____ Title _____

Phone # _____ Fax # _____ Email _____

OWNER References

1. Company _____ Contact _____ Title _____

Phone # _____ Fax # _____ Email _____

2. Company _____ Contact _____ Title _____

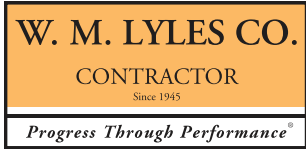
Phone # _____ Fax # _____ Email _____

3. Company _____ Contact _____ Title _____

Phone # _____ Fax # _____ Email _____

Do you currently have adequate staffing, plant and/or equipment to support your anticipated volume?

Yes ___ No ___



OSHA Citations/Year -----

Please list the number of Serious, Willful, Repeat, and/or Failure to Abate Citations per year from Federal and CAL/OSHA. Please include all that are Final Order, or under appeal. If not applicable, please type in "N/A" in the text box.

2011: Number of each: Serious, Willful, Repeat, and Failure to Abate:

2012: Number of each: Serious, Willful, Repeat, and Failure to Abate:

2013: Number of each: Serious, Willful, Repeat, and Failure to Abate:

2014: Number of each: Serious, Willful, Repeat, and Failure to Abate:

2015: Number of each: Serious, Willful, Repeat, and Failure to Abate:

Additional comments regarding OSHA Citations. If your company has been cited in the last 5 years, please include brief description of citation, a corrective action plan, and include citation number.

COMPANY SAFETY PROGRAM INFORMATION -----

Does your Company have a full-time Safety Director/Manager whose sole responsibility is to manage the safety, health, and environmental risk factors of the employees?

Yes ___ No ___

Please provide name and phone of:
Corporate Safety Manager

Phone



WORKMAN'S COMPENSATION INSURANCE -----

Worker's Compensation Insurance Carrier: _____

Policy Coverage Dates: _____

Does your company have a Pre Task Planning or Job Hazard Analysis Program in place? Yes ___ No ___

Does your company have a written Safety program that meets or exceeds Cal/OSHA requirements? Yes ___ No ___

If so, does your written Safety Program address all elements of your company's scope of work and applicable regulatory standards? Yes ___ No ___

Are your employees trained in accordance with the requirements of your company's Safety program and can you provide records of the training? Yes ___ No ___

Does your company have a written disciplinary action program and is it enforced? Yes ___ No ___

Does your company have a formal documented Safety Orientation program for all new hire employees? Yes ___ No ___

Does your company conduct and document daily safety inspections and communicate findings to the applicable employees and subcontractors? Yes ___ No ___

Does your company facilitate weekly talegate safety meetings? Yes ___ No ___

LITIGATION INFORMATION -----

Have you ever been disbarred from doing business with any government agency? Yes ___ No ___ (if, yes, please explain) []

Do you have any Current Disputes with Customers? Yes ___ No ___ (if, yes, please explain) []

Has your firm filed any lawsuits or requested arbitration or mediation regarding construction contracts within the last 3 years? Yes ___ No ___ (if, yes, please explain) []

Are there any judgments, suits or claims outstanding against your company, its officers or any company affiliated with them? Yes ___ No ___ (if, yes, please explain) []

Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your firm, its officers or principals Yes ___ No ___ (if, yes, please explain) []

LITIGATION INFORMATION *con't*-----

Are there any liens for labor or materials filed against your company, its officers or any company associated with them?

Yes ___ No ___ (if yes, please explain)

Is this company, owners, or officers of company or related companies presently engaged in any litigation?

Yes ___ No ___ (if yes, please explain)

Have you ever paid Liquidated Damages?

Yes ___ No ___ (if yes, please explain)

Have you ever had any Labor Law Violations?

Yes ___ No ___ (if yes, please explain)

Have you ever defaulted on a contract?

Yes ___ No ___ (if yes, please explain)

Has your Surety ever finished one of your construction projects?

Yes ___ No ___ (if yes, please explain)

Has your firm or any other organization your officers or owners were involved with in the past 3 years ever failed to complete any work awarded or been terminated for cause?

Yes ___ No ___ (if yes, please explain)

Has your license ever been denied or revoked?

Yes ___ No ___ (if yes, please explain)

Has your firm or any other organization your officers or owners were involved with in the past three (3) years ever been in a bankruptcy or a voluntary reorganization?

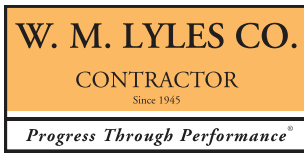
Yes ___ No ___ (if yes, please explain)

Has a complaint ever been filed with a State License Board against your firm?

Yes ___ No ___ (if yes, please explain)

Have your had any Environmental Compliance Citations or Violations?

Yes ___ No ___ (if yes, please explain)



CERTIFICATION

W. M. Lyles Co.(WML) will review the information furnished; however,WML is relying upon your Company to furnish truthful and accurate information. Accordingly, to the best of the Company's knowledge as of the date of this Prequalification Submission, the information contained herein is truthful, accurate, and current. Your Company further understands that by submitting this form, WML does not guarantee or promise any work to your Company, nor should this be construed to be an offer of any work. The purpose of this submission is prequalification only.

By signing below you certify that the information presented herein is complete and factual.

This form must be printed, **signed by an officer of the company, and emailed back to:** dodear@wmlylesco.com for your qualification forms to be considered complete.

Name of Company:

Submitted by (required to be an officer of the company):

Title

Signature
