



DISTRIBUTOR PREQUALIFICATION STATEMENT

THANK YOU FOR YOUR INTEREST IN **INFINITY SOLAR HOT WATER HEATERS**. IN ORDER TO DEVELOP A MORE COMPLETE KNOWLEDGE OF YOUR COMPANY AND BETTER MATCH FUTURE 21ST CENTURY GROUP OPPORTUNITIES TO YOUR COMPANY'S CAPABILITIES, PLEASE COMPLETE THIS FORM AND RETURN TO :

21ST CENTURY GROUP

ATTN: OPERATIONS / SUBCONTRACTS DEPT.

505 MILLTOWN ROAD

NORTH BRUNSWICK, NJ 08907

-OR- EMAIL: JSTERN@21ST-CENTURY-GROUP.COM

TODAY'S DATE:

COMPANY NAME:

STREET ADDRESS:

(CITY)

(STATE)

(ZIP CODE)

MAILING ADDRESS:

(CITY)

(STATE)

(ZIP CODE)

THIS ADDRESS IS THE: MAIN OFFICE

NAME OF PARENT COMPANY:

ADDRESS OF PARENT COMPANY:

MAIN PHONE:

MAIN FAX:

CONTACT:

TITLE:

DIRECT PHONE:

CELL PHONE:

EMAIL ADDRESS:



CONTACT:

TITLE:

DIRECT PHONE:

CELL PHONE:

EMAIL ADDRESS:

CONTACT:

TITLE:

DIRECT PHONE:

CELL PHONE:

EMAIL ADDRESS:

COMPANY'S WEBSITE:

YEAR COMPANY STARTED:

FORM: CORPORATION

STATE OF INCORPORATION:

DATE OF INCORPORATION:

CONTRACTOR'S LIC #:

STATE:

EXPIRATION:

STATE SALES TAX REGISTRATION #:

(ATTACH LIST IF NEEDED)

STATE UNEMPLOYMENT INSURANCE #:

(ATTACH LIST IF NEEDED)

FEDERAL TAX ID #:

(ATTACH LIST IF NEEDED)

LIST THE CORPORATE OFFICERS, PARTNERS, PROPRIETORS, MEMBERS AND SHAREHOLDERS OF MORE THAN 5% OF THE STOCK OF YOUR COMPANY:

NAME

YEAR OF BIRTH

TITLE/POSITION

PERCENT OWNED



UNDER WHAT OTHER NAMES HAS YOUR COMPANY OPERATED?

HOW MANY PEOPLE DOES YOUR COMPANY PRESENTLY EMPLOY?

HOME OFFICE:

FIELD SUPERVISORY:

TRADESPEOPLE:

HAS YOUR COMPANY OR ANY OF ITS PRINCIPALS EVER PETITIONED FOR BANKRUPTCY, FAILED IN BUSINESS, DEFAULTED OR OTHERWISE PRECLUDED FROM PURSUING PUBLIC WORK OR EVER BEEN FOUND TO BE NON-RESPONSIVE BY A PUBLIC AGENCY? YES NO

IF YES PLEASE EXPLAIN:

HAS YOUR COMPANY EVER HAD A CLAIM MADE AGAINST IT FOR IMPROPER, DELAYED, DEFECTIVE OR NON-COMPLIANT WORK OR FAILURE TO MEET WARRANTY OBLIGATIONS? YES NO

IF YES PLEASE EXPLAIN:

DOES YOUR COMPANY HAVE ANY OUTSTANDING JUDGEMENTS OR CLAIMS AGAINST IT? YES NO

LIST THE GEOGRAPHICAL AREAS IN WHICH YOU WORK:

INDICATE THE SIZE OF PROJECT YOU ARE MOST COMPETITIVE IN PERFORMING (ENTER 1). SHOW IN PREFERENCE ORDER (2, 3, ...) OTHER SIZE PROJECTS YOU ARE CAPABLE OF PERFORMING:

<\$100,000 1 \$100,000-\$200,000 1 \$500,000-\$1,000,000 1 >\$1,000,000 1

CHECK ALL BUILDING TYPES ON WHICH YOUR COMPANY HAS WORKED:

- | | | |
|--|---|--|
| <input type="checkbox"/> HIGH RISE OFFICE BUILDING | <input type="checkbox"/> HOSPITAL | <input type="checkbox"/> CORRECTIONAL FACILITIES |
| <input type="checkbox"/> MID RISE OFFICE BUILDING | <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> INDUSTRIAL BLDG |
| <input type="checkbox"/> HOTELS/MOTELS | <input type="checkbox"/> SPORTS/ENTERTAINMENT | <input type="checkbox"/> HIGH TECH/LABORATORIES |
| <input type="checkbox"/> DESIGN BUILD/ DESIGN ASSIST | | |

LIST THE TRADES YOU NORMALLY PERFORM WITH YOUR OWN FORCES:

WHAT PERCENTAGE OF THE COMPANY'S WORK IS NORMALLY SUBCONTRACTED:

WHAT TRADES DO YOU NORMALLY SUBCONTRACT?

WHAT IS THE LARGEST CONTRACT YOUR COMPANY HAS COMPLETED?

AMOUNT:

PROJECT NAME/SCOPE/YEAR:

WHAT IS THE LARGEST DOLLAR VOLUME JOB YOU EXPECT TO DO DURING THE YEAR?

AMOUNT:

PROJECT NAME/SCOPE:

WHAT IS YOUR EXPECTED ANNUAL VOLUME THIS YEAR: \$

OF PROJECTS:



MINORITY/FEMALE WORKFORCE PARTICIPATION (AVERAGE PERCENTAGE UTILIZATION FOR LAST 3 YEARS): MBE: _____ WBE: _____

_____ ATTACH A LIST OF CURRENT OR COMPLETED PROJECTS GIVING NAME OF PROJECT, ADDRESS, OWNER, ARCHITECT, GENERAL CONTRACTOR, CONTRACT AMOUNT, SCOPE OF WORK AND SCHEDULED COMPLETION (INCLUDE CONTACT PEOPLE AND PHONE NUMBERS).

NAME OF BANK:

ADDRESS:

CONTACT PERSON:

LINE OF CREDIT:

\$	\$	
AMOUNT OF LINE OF CREDIT	AMOUNT AVAILABLE	EXPIRATION DATE

UCC FILING? YES NO

HOW IS CREDIT SECURED?

WHAT IS YOUR COMPANY'S DUNN & BRADSTREET NUMBER:

D&B RATING:

PAY RECORD:

DATE OF RATING:

REMARKS:

BONDING COMPANY:

A.

B. BONDING CAPACITY: PER JOB: \$

AGGREGATE: \$

C. DATE OF LAST BOND:

AMOUNT: \$

BOND RATE:

%

PLEASE LIST THE PERSONS OR ENTITIES THAT PROVIDE INDEMNIFICATION TO YOUR SURETY:

LIST THREE OF YOUR MAJOR SUPPLIERS:

1. VENDOR/SUPPLIER:

ADDRESS:

CONTACT PERSON:

PHONE:

2. VENDOR/SUPPLIER:

ADDRESS:

CONTACT PERSON:

PHONE:

3. VENDOR/SUPPLIER:

ADDRESS:

CONTACT PERSON:

PHONE:

TRADE ASSOCIATION MEMBERSHIPS:

LIST LOCAL OR NATIONAL ACCREDITED TRAINING PROGRAMS IN WHICH YOU PARTICIPATE (CRAFT/MANAGEMENT/SOLAR TRAINING):



LIST ANY SUBSIDIARIES AND AFFILIATES OF YOUR COMPANY:

COMPANY NAME

OWNERSHIP

TYPE OF COMPANY

GENERAL REMARKS:

WE HAVE ATTEMPTED TO ANSWER ALL QUESTIONS IN A FULL AND COMPLETE MANNER TO ASSURE THAT OUR ANSWERS ARE NOT IN ANY RESPECT MISLEADING EITHER BY EXPRESSING OURSELVES IN A MISLEADING OR AMBIGUOUS MANNER OR OMITTING INFORMATION. WE RECOGNIZE THAT 21ST CENTURY GROUP WILL BE RELYING ON THE ACCURACY OF THE INFORMATION AND OUR RESPONSES IN THIS QUESTIONNAIRE IN DECIDING WHETHER TO PERMIT US TO CARRY THE PRODUCTS AND CONSTRUCT PROJECTS THROUGH 21ST CENTURY GROUP.

DATE AT THIS DAY OF TWO THOUSAND AND ()

NAME OF COMPANY:

COMPLETED BY: (MUST BE AN OFFICER OF THE COMPANY)

TITLE/POSITION:

_____ BEING DULY SWORN DEPOSES AND SAYS THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND SUFFICIENTLY COMPLETE SO AS TO NOT BE MISLEADING.

SUBSCRIBED AND SWORN BEFORE ME THIS DAY OF , 20

NOTARY PUBLIC:

MY COMMISSION EXPIRES:



INSURANCE QUESTIONNAIRE

AGENT/BROKER:

CONTACT:

PHONE:

COMMERCIAL GENERAL LIABILITY

INSURANCE CARRIER:

1. POLICY FORM: _____ POLICY NUMBER: _____
POLICY PERIOD: FROM _____ TO _____
OCCURRENCE BASED: _____
CLAIMS MADE: _____
2. ANY EXCLUSION FROM STANDARD CGL POLICY? YES NO
3. LIMITS CURRENT
EACH OCCURRENCE \$
DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$
MED EXP (ANY ONE PERSON) \$
PERSONAL & ADV INJURY \$
GENERAL AGGREGATE \$
PRODUCTS – COMP/OP AGG \$
4. DEDUCTIBLE: \$ _____ 5. PER PROJECT LIMITS YES NO

AUTOMOBILE LIABILITY

INSURANCE CARRIER:

1. POLICY FORM: _____ POLICY NUMBER: _____
POLICY PERIOD: FROM _____ TO _____
2. LIMITS CURRENT
COMBINED SINGLE LIMIT (EA ACCIDENT) \$
BODILY INJURY (PER PERSON) \$
BODILY INJURY (PER ACCIDENT) \$
PROPERTY DAMAGE (PER ACCIDENT) \$



EXCESS LIABILITY

INSURANCE CARRIER:

- | | |
|---|----------------|
| 1. POLICY FORM: | POLICY NUMBER: |
| POLICY PERIOD: FROM TO | |
| OCCURRENCE BASED: | |
| CLAIMS MADE: | |
| 2. <input type="checkbox"/> UMBRELLA OR <input type="checkbox"/> EXCESS | |
| 3. LIMITS | <u>CURRENT</u> |
| EACH OCCURRENCE | \$ |
| AGGREGATE | \$ |

WORKERS COMPENSATION AND EMPLOYER'S LIABILITY

INSURANCE CARRIER:

- | | |
|-------------------------------|----------------|
| 1. POLICY FORM: | POLICY NUMBER: |
| POLICY PERIOD: FROM TO | |
| 2. LIMITS | CURRENT |
| E.L. EACH ACCIDENT | \$ |
| E.L. DISEASE – EACH EMPLOYEE | \$ |
| E.L. DISEASE – POLICY LIMIT | \$ |

PROFESSIONAL LIABILITY INSURANCE

INSURANCE CARRIER:

- | | |
|---|--|
| 1. POLICY FORM: | POLICY NUMBER: |
| POLICY PERIOD: FROM TO | |
| 2. OFFICE POLICY LIMIT: \$ | DEDUCTIBLE: \$ |
| 3. PROJECT SPECIFIC LIMIT AVAILABLE: \$ | |
| 4. EXTENDED REPORTING PERIOD (TAIL): | YRS. PRIOR ACTS: <input type="checkbox"/> YES <input type="checkbox"/> NO |

_____ **SUBMIT RATE PAGES FOR WORKERS' COMPENSATION, COMMERCIAL GENERAL LIABILITY AND UMBRELLA INSURANCE FOR CURRENT POLICY YEAR.**