

5806 Mooretown Road
Williamsburg, VA 23188
757-565-1090 Phone
757-564-9120 Fax



P.O. Drawer BM
Williamsburg, VA 23187
www.hendersoninc.com
2701-004849 "A"

SUBCONTRACTOR PREQUALIFICATION



Henderson, Inc. is a Class A bonded contractor offering over 50 years of experience. Our site and construction operations are centrally located in Williamsburg, Virginia, with more than 100 employees. We have been building in the southeastern region of Virginia since 1957 and concentrate on general contracting, construction management, site development and design/build construction. Experience in the public, private, and federal markets fortifies our ability to perform in a variety of contract capacities and work to our client's specific expectations. We come highly recommended by many of our clients and work diligently to deliver on our commitments to integrity, quality, leadership, and strong relationships.



"I found the Henderson group professional and attentive with a good command of scheduling, sub trades and excellent communications with all. The project was completed on time and within budget."

~ Martin Emmer, Project Manager – Construction and Development, Prime Retail, LP

"Henderson, Inc. put together the "A" team of contractors and employees to insure the Griffon was completed in record time, safely, met within out budget, and the quality of the project met our expectations."

~ Larry Giles, P.E., Vice President Engineering and Maintenance, Busch Gardens Europe



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Thank you for your interest in our company.

Henderson, Inc. prides itself on successful relationships with our subcontractors. Our subcontractors are not only committed to quality but to the overall concept of teamwork. They are committed to competitive, best value pricing and the ability to help deliver a project to our clients that is on schedule and within budget. We ask our subcontractors to also participate in weekly coordination meetings so that all of these goals can be achieved.

The following information is being provided to you for your benefit. Please carefully review and feel free to contact us with any questions. We look forward to getting to know your organization.

Thank you,
Henderson, Inc.

Standard Subcontractor Requirements

- Schedule of Values – Henderson, Inc. billing form
- W9 Form – tax form
- Vendor disclosure form
- Standard lien waivers
- Payment Terms – pay when paid
- Retainage on most projects as determined by Owner contract
- Monthly billing must be submitted by the 20th of each month for approval
- Insurance requirements – see following pages
- Separate certificate of insurance for stored materials if applicable
- Certified payrolls per the Davis Bacon Act are required for certain projects.
- Submittals as dictated by project
- O&M and/or As-builts if applicable
- The Potential Change Order Log, reviewed weekly at the coordination meetings, is to be referenced for authorization to proceed on changes in work
- Change orders are to be issued in accordance with pricing approval by Owner
- Subcontractor acknowledges Standard Form of Agreement between Contractors and Subcontractors per AIA Document A401 – 2007
- Subcontractor acknowledges Henderson, Inc. General Conditions.
- Required attendance at weekly coordination meetings, when requested
- Safety requirement (as minimum) as described on attached page
- Daily project clean-up
- Subcontractor responsible for any/all Miss Utility marking for their scope of work

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PREQUALIFICATION QUESTIONNAIRE

All subcontractors are required to complete this questionnaire. The contents of this questionnaire will be considered confidential and used solely to determine your firms qualifications. Please direct any questions, and return this completed form to:

Henderson, Inc.
 Attn: Subcontractor Prequalifications
 P.O. Box BM
 Williamsburg, VA 23187

Please print the following responses:

General Information

Name of Business	
Street Address	
Mailing Address	
City, State, Zip Code	
Telephone	
Fax	
Email	
Website	
Person to Contact	

Organization, Please indicate your firm's legal structure

This firm is a: () C Corporation () S Corporation () Partnership () Sole Proprietor () LLC		
Federal Employer Identification #		
Names of Officers, Managers or Principals	Title	Years in Position
Are you a qualified minority business?	Yes / No	
If so, Provide Certification #:	#	

Work Classification

Please list the type(s) of work you are interested in bidding:
Please list the geographic areas you prefer to work in:

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Work Experience

<p>Please attach a list of the major projects your firm currently has in progress showing the project name, location, owner, architect / engineer, general contractor, contract amount, percent complete and scheduled completion date, and contact person (This is your Attachment A)</p>
<p>Please attach a list of the major projects your firm has completed in the last three years showing the project name, location, owner, architect / engineer, general contractor, contract amount and completion date, and contact person. (This is your Attachment B)</p>

Financial Information

<p>Please attach you firm’s most recent financial statements (audited, if available), for the entity that will be signing the subcontract. (This is your Attachment C)</p>

References

Bank Reference	Name	
	Contact	
	Telephone	
Bonding Reference	Company	
	Name	
	Address	
	Phone	
Bonding Capacity \$ per project		
Bonding Capacity \$ aggregate		
Credit Reference	Name	
	Contact	
	Telephone	

Contractor Profile

Current Number of Office Employees	
Current Number of Field Employees	
Does your Firm Operate as a Union Shop?	
Does your Firm Perform Federal Work?	

Safety, Health, and Environmental

Please list your Workers Compensation Interstate Experience Modification Rate	
Does your company have a written safety program?	
Attach the certificate provided by your insurance carrier (This is your Attachment D)	

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SWAM Status

Please check if any of the following apply:	Small Business	
	SBA Certified 8a	
	HUB Zone	
	Women Owned	
	Veteran Owned	
	Service Disabled Veteran Owned	
	Minority Owned	

Additional Information

Additional information that may help us determine your firms qualifications and expertise:

This Prequalification Questionnaire was completed by:

Subcontractor Representative:

Name: _____ **Title:** _____ **Date:** _____

SUBCONTRACTORS: PLEASE REVIEW THE FOLLOWING PAGES FOR FURTHER UNDERSTANDING OF DOING BUSINESS WITH HENDERSON, INC.

WE LOOK FORWARD TO THE OPPORTUNITY OF POTENTIALLY WORKING WITH YOU.

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SCHEDULE OF VALUES – AIA BILLING FORM

	5806 Mooretown Road P.O. Box BM Williamsburg, VA 23187 Phone: (757) 565-1090
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REQUEST FOR PAYMENT

**** For this project, please submit invoices by the 20th of each month ****

Subcontractor: Address: City/State/Zip: Phone: Fax: Contact Name: Email Address: Sub Invoice Date: Sub Invoice #:	PERIOD END DATE: APPLICATION FOR PYMT #: HENDERSON JOB #: HENDERSON JOB NAME: PAYMENT TERMS: RETAINAGE %: SUBCONTRACT #:
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Original Subcontract Amount		
Approved Change Orders		
Total Subcontract Amount		0.00
Work Completed to Date (In \$)	#DIV/0!	
Less: Retention	0%	0.00
Total Earned Less Retainage		0.00
Less: Previous Billings		
Current Payment Due:		0.00

Notes to Subcontractor

1. Please fill in all shaded areas on request for payment form and update attached Schedule of Value form.
2. Failure to use these forms may result in delay of payment.
3. All Requests for Payment must be received by the 25th of the current month.
- 4. Please submit only one copy by email**

*** HENDERSON, INC. - ACCOUNTING USE ONLY ***

<table border="1"> <tr><td>Acct Month</td><td>01</td></tr> <tr><td>Vendor Alpha#</td><td>0</td></tr> <tr><td>Posting Code</td><td>1321</td></tr> <tr><td>Invoice #</td><td>-</td></tr> <tr><td>Job Name</td><td>0</td></tr> <tr><td>Invoice Date</td><td>01/00/00</td></tr> <tr><td>Due Date</td><td>0</td></tr> <tr><td>Contract #</td><td>0</td></tr> <tr><td>Type (M or S)</td><td>S</td></tr> <tr><td>Job #</td><td>0</td></tr> <tr><td>Phase #</td><td>0</td></tr> </table>	Acct Month	01	Vendor Alpha#	0	Posting Code	1321	Invoice #	-	Job Name	0	Invoice Date	01/00/00	Due Date	0	Contract #	0	Type (M or S)	S	Job #	0	Phase #	0	<table border="1"> <tr><td>-</td><td>Current Contract</td></tr> <tr><td>-</td><td>Completed to Date</td></tr> <tr><td>-</td><td>Less: Prev. Approved</td></tr> <tr><td>-</td><td>Less: Current Ret.</td></tr> <tr><td>-</td><td>Current Payment</td></tr> <tr><td>OK to Exceed Contract</td><td><input type="checkbox"/></td></tr> <tr><td>Stamp Final</td><td><input type="checkbox"/></td></tr> <tr><td colspan="2" style="text-align: center;">APPROVALS</td></tr> <tr><td>Project Manager</td><td>_____</td></tr> <tr><td>Vice President</td><td>_____</td></tr> <tr><td>Accounting</td><td>_____</td></tr> </table>	-	Current Contract	-	Completed to Date	-	Less: Prev. Approved	-	Less: Current Ret.	-	Current Payment	OK to Exceed Contract	<input type="checkbox"/>	Stamp Final	<input type="checkbox"/>	APPROVALS		Project Manager	_____	Vice President	_____	Accounting	_____
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SUBCONTRACTOR W-9 FORM

Form W-9 <small>(Rev. October 2007) Department of the Treasury Internal Revenue Service</small>	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.
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Print or type see specific instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

	Social security number : : : : : : or Employer identification number : : : :
--	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - Certify that you are not subject to backup withholding, or
 - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.
- Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.
- Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:
- An individual who is a U.S. citizen or U.S. resident alien,
 - A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
 - An estate (other than a foreign estate), or
 - A domestic trust (as defined in Regulations section 301.7701-7).
- Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.
- The person who gives Form W-9 to the partnership for purpose of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:
- The U.S. owner of a disregarded entity and not the entity,

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SUBCONTRACTOR INSURANCE REQUIREMENTS

The following are required insurance coverage's, limits, terms & conditions for all Henderson, Inc. subcontractors.

(a) Commercial General Liability

Coverage	Minimum Limits
Each Occurrence	\$1,000,000
Personal & Advertising Injury	\$1,000,000
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000

NOTE: Policy must include Henderson, Inc. as an additional insured.

(b) Business Automobile Liability

Coverage	Minimum Limits
Bodily Injury & Property Damage	\$1,000,000
Combined Single Limit	

NOTE: This policy shall include all Owned, Hired & Non-Owned Autos.

(c) Workers' Compensation & Employers Liability

Coverage	Minimum Limits
Workers' Compensation	Statutory Limits
Employers' Liability	
Each Accident	\$ 100,000
Disease/Each Employee	\$ 100,000
Disease Policy Limit	\$ 500,000

(d) Umbrella/Excess Liability

Coverage	Minimum Limits
Bodily Injury & Property Damage	
Combined Single Limit	\$1,000,000
Aggregate	\$1,000,000

NOTE: Policy must include Henderson, Inc. as an additional insured.

NOTE: Owner additional insurance may also be required on a job specific basis.

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HENDERSON, INC. VENDOR DISCLOSURE FORM

HENDERSON INC SUBCONTRACTOR SUPPLIER DISCLOSURE FORM

Subcontractor Name:	
Project Name:	Contract Value:

Henderson, Inc. hereby requires the disclosure of **any and all known entities** that will provide labor, materials, services, etc to you for the above mentioned Project. The undersigned also represents that the following employees, labor, materials, supplies, and subcontractor services are all of the known entities related to this Project and certifies that all known entities will be paid for Project and any known disputes will be disclosed to Project Manager on this Project.

Name of Entity	Contact Person	Telephone Number	Estimated Dollar Amount to this Entity	Current Amount Due to Entity for	Amount Paid to Date to Entity for This Project	** For Hen Inc. Use
Totals						

(Use additional sheets if necessary)

Subcontractor

Signature: _____

Name: _____

Position: _____

Date: _____

HENDERSON INC USE ONLY

Henderson Project Acct Approval		Henderson VP Approval	
Henderson Project Manager Approval		Henderson CFO Approval	
JC	Joint Check Recommended	VG	Vendor contacted and in good status
		VF	Vendor contacted and in fair status
		VP	Vendor contacted and in poor status
		NC	No Call Needed

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HENDERSON, INC. SUBCONTRACTOR SAFETY

Henderson Inc. recognizes the value of safety on all of our projects. As such, this document is intended to convey our expectations concerning safety on our projects.

- ◆ All subcontractors are required to provide a copy of their written Safety Program, unless one is already on file.
- ◆ All Henderson Inc. jobs are considered hard hat jobs. This stands for all phases of construction. Personnel who show up to the site without hard hats will not be allowed to work.
- ◆ Henderson Inc. holds weekly toolbox safety meetings. All personnel on site are invited to attend. Subcontractors who hold their own safety meetings should provide a copy of the minutes to the Site Super.
- ◆ The subcontractor is responsible for supplying any personal protective equipment that may be required.
- ◆ Subcontractors must keep their work areas clean, and must clean up after themselves. Housekeeping is critical to maintaining a safe work site.
- ◆ Henderson Inc. will perform at least weekly safety inspections of the entire site. Subcontractors are invited to join. Any problems found during these walkthroughs will be addressed immediately.
- ◆ In the eventuality of a VOSH or OSHA inspection, Henderson Inc. expects all subs to be fully co-operative with the inspector and the inspection process.
- ◆ All Henderson Inc. job sites are Drug-Free Workplaces. Anyone found to be using drugs or alcohol in violation of this will be removed from the site. Anyone suspected of drug or alcohol use will be asked to leave.
- ◆ All personnel are to wear long pants and shirts that cover at least the shoulders while on the project. Proper footwear is also required. This means sturdy work boots or other appropriate footwear. Tennis shoes are not usually considered to be appropriate. Tennis shoes will be allowed for certain roofing applications only. Such applications will be determined by the project superintendent.
- ◆ All applicable State and Federal safety regulations will be followed by all personnel on site.

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HENDERSON, INC. SUBCONTRACTOR SAFETY

Please list your companies Experience Modification Rate for the past 3 years:

Please list your companies Incident Rate for the past 3 years:

Please list your companies Severity Rate for the past 3 years:

Incident Rate= $\frac{(200,000 \times \text{number of OSHA Recordables})}{\text{Total Manhours Worked}}$

Severity Rate= $\frac{(200,000 \times \text{Total Lost Work Days})}{\text{Total Manhours Worked}}$

Attach a copy of your companies Written Safety Plan.

Who is your companies contact for safety related issues?

Name:

Title:

Office Phone:

Cell Phone:

Email Address:

Be advised that some projects may require additional requirements for safety, such as specific types of training (including OSHA 10 and/or 30 Hour Awareness), or other training or qualifications. While we will do our best to bring any such requirements to your attention during the pre-bid, potential subcontractors should always read the job specifications to determine if any such requirements exist and bid accordingly.