



PRE-QUALIFICATION CONTRACTOR/SUPPLIER APPLICATION

Dear Contractor/Supplier:

You are receiving this letter and the attached Contractor/Supplier Application because you have expressed an interest in being identified as a potential contractor/supplier for the construction of various Mariano's facilities located in IL. The purpose of the application is to provide the project developer and its selected general contractor with information to determine which contractors/suppliers present the qualifications and capabilities to be awarded a bid package on various Mariano's projects as they become available.

Mariano's, a division of Roundy's Supermarkets, Inc, is committed to provide opportunities to a diverse business community, i.e. Minority, Women, Disadvantaged, Local and Veteran-Owned Businesses to supply construction-related services,

As such, various projects will be monitored to ensure the inclusion of minority and women in the workforce, local residents and the utilization of local Minority, Women, and Disadvantaged Business-Owned Enterprises (M/W/DBE) and Veteran-Owned Business (VOB) Enterprises. Trinal, Inc. has been engaged by Mariano's, a division of Roundy's Supermarkets, Inc. as its Corporate Diversity Consulting firm to oversee this process. Therefore, contractors/suppliers who are interested in participating in the construction of a Mariano's build are expected to demonstrate their status as an MBE, WBE, DBE or VOB and how their organization would support Mariano's commitment to supporting a diverse workforce.

Thank you for your time and effort in completing this application. The application is to be completed in its entirety and accompanied with all requested attachments. If you have any questions, then please direct them to:

Alicia Garcia-Abner, President of Trinal, Inc. at 312-738-0500

Please forward the application to the following address:

Trinal, Inc.

Attention: Alicia Garcia-Abner
329 W. 18th Street, Suite 401
Chicago, Illinois 60616

Pre-Qualification Contractor/Supplier Application

INSTRUCTIONS

Note: Please PRINT or TYPE your responses to each applicable question and ATTACH additional/supporting documentation as required. Should you have any questions, please contact Alicia Garcia-Abner, Trinal, Inc. (Diversity and Inclusion Consulting Firm) at 312-738-0500.

Qualification of contractors will be evaluated based on the contractor addressing the questions and submitting the requested documentation herein.

In order to be accurately reviewed, we request that you fill out the attached qualification statement as completely as possible. Additionally, we encourage you to attach any other information regarding your firm that you feel may be pertinent. However, any additional information provided should relate directly to the information requested. A representative of Trinal, Inc. will contact you for more information or clarification should it be deemed necessary. Submitting false or misleading information will result in immediate denial of your qualification application. **Please review your application for completeness and accuracy prior to its submittal.** Address each question herein and submit all requested documentation. Failure to complete this application in its entirety may result in your company not being considered as a pre-qualified contractor and therefore not being placed on a contractor/supplier listing, which will be provided to developers and their general contractor's working on Mariano's related projects. Applicants are required to submit all requested documentation cited in the application and in the Checklist of Attachments, as applicable, to be considered.

All information provided shall be strictly confidential.

Mariano's will notify the contractor in writing of its determination.

Symbols

The Attachment Symbol (📎) is located next to those application questions that require additional information to be included with the application. For a complete listing of all required attachments, as applicable, please see the Checklist of Attachments, which is to be completed and submitted with your application.

Pre-Qualification Contractor/Supplier Application

For Use Only:

Date Received: _____

Received By: _____

Date Reviewed: _____

Reviewed By: _____

Determination: _____

Approved

Denied

PLEASE PRINT OR TYPE

Date: _____

1.0 COMPANY INFORMATION

Legal Name of Company: _____

D.B.A. (if applicable): _____

Main Address: _____ Ward: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Main Fax: _____

Website: _____

Mailing Address: check if same as above _____ Ward: _____

City: _____ State: _____ Zip: _____

Years in business: _____ Years in construction: _____ Years under present ownership: _____

Federal ID No. (FEIN)/Social Security No. (SSN): _____

President's Name: _____

Phone: _____ Mobile: _____ Email: _____

Point of contact concerning details of this application:

Name: _____ Title: _____

Phone: _____ Mobile: _____ Email: _____

Type of Company:

Corporation

Partnership

Limited Liability Company

Sole Proprietorship

If your firm is a corporation, please provide the following information.

Date of incorporation: _____ State of incorporation: _____

Jurisdiction: _____ Registration No.: _____

President's Name: _____ Vice-President's Name: _____

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Secretary's Name: _____ Treasurer's Name: _____

If your firm is a partnership, please provide the following information.

Date of organization: _____ State of organization: _____

Jurisdiction: _____ Registration No.: _____

Partner's Name 1: _____ Partner's Name 2: _____

Partner's Name 3: _____ Partner's Name 4: _____

If your firm is a sole proprietorship, please provide the following information.

Date of organization: _____ State of organization: _____

Name of owner: _____

Contractor's License No. _____ State: _____ Expiration Date: _____

 Please attach legible copies of State of Illinois Certificate of Good Standing and all other applicable licenses.

Has your company performed services under any assumed names or as a DBA? yes no

If yes, please provide the following information.

Name of company: _____

Years/months in operation: _____ Jurisdiction name files: _____

Volume and Type of Work

Union Non-Union

What percent of work is self-performed? _____ %

Which trades do you self-employ? If union, identify the name of the union, the local number and the expiration date of the collective bargaining agreement next to each trade.

<u>Trade</u>	<u>Name of Union</u>	<u>Local Number</u>	<u>CBA Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____

What percent of work do you subcontract? _____ %

Please check the area(s) below in which you are qualified to self-perform. Check the box under the "P" column if you have the capability and capacity to self-perform work in that area as a Prime/General Contractor. Check all that apply. Please note that additional information may be requested to verify your experience and expertise in the selected area(s).

- | | | |
|---|---|--|
| <p>P</p> <p><input type="checkbox"/> CSI Division
Division 1 - General Requirements</p> <p><input type="checkbox"/> Division 2 - Existing</p> | <p>P</p> <p><input type="checkbox"/> CSI Division
Division 8 - Openings</p> <p><input type="checkbox"/> Division 9 - Finishes</p> | <p>P</p> <p><input type="checkbox"/> CSI Division
Division 22 - Plumbing Sections</p> <p><input type="checkbox"/> Division 23 - HVAC</p> |
|---|---|--|

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Conditions

- | | | |
|---|---|--|
| <input type="checkbox"/> Division 3 - Concrete | <input type="checkbox"/> Division 10 - Specialties | <input type="checkbox"/> Division 26 - Electrical |
| <input type="checkbox"/> Division 4 - Masonry | <input type="checkbox"/> Division 11 - Equipment | <input type="checkbox"/> Division 27 - Communications |
| <input type="checkbox"/> Division 5 - Metals | <input type="checkbox"/> Division 12 - Furnishings | <input type="checkbox"/> Division 28 - Electronic Safety & Security Sections |
| <input type="checkbox"/> Division 6 - Wood, Plastics & Composites | <input type="checkbox"/> Division 14 - Conveying Equipment | <input type="checkbox"/> Division 31 - Earthwork |
| <input type="checkbox"/> Division 7 - Thermal & Moisture Protection | <input type="checkbox"/> Division 21 - Fire Protection Services | <input type="checkbox"/> Division 32 - Exterior Improvements |

- Please provide a copy of all applicable/required licenses.
- Please provide a list of three (3) Trade/Material Supplier References on a separate sheet of paper.

Please list your three (3) largest projects in the information provided below and attach additional detail as appropriate.

1. Name of Project: _____
 Address of Project: _____ City: _____ State: _____ Zip: _____
 Name of Owner: _____
 Contact Person: _____ Phone: _____ Email: _____
 Contract Amount: _____ Project Amount: _____

2. Name of Project: _____
 Address of Project: _____ City: _____ State: _____ Zip: _____
 Name of Owner: _____
 Contact Person: _____ Phone: _____ Email: _____
 Contract Amount: _____ Project Amount: _____

3. Name of Project: _____
 Address of Project: _____ City: _____ State: _____ Zip: _____
 Name of Owner: _____
 Contact Person: _____ Phone: _____ Email: _____
 Contract Amount: _____ Project Amount: _____

Please attach a list of previous construction-related experience in the GROCER INDUSTRY for the past three years. Include at a minimum the project name, location, contract amount, project start and completion dates, and contact information (name, number and email) for Owner.

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or any of its officers? yes no If yes, please explain.

Has your organization or any of its officers filed any lawsuits or requested arbitration with regard to construction contracts within the last three years? yes no If yes, please explain.

Has your organization under another or previous name ever failed to accept a contract award or failed to complete a contract awarded? yes no If yes, please explain.

Has your organization ever had a contract terminated in the past three years? yes no
 If yes, please explain.

Have you or any officers or principals of this organization or predecessor organization ever been involved in any bankruptcy action? yes no If yes, please explain.

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2.0 AFFIRMATIVE ACTION

📄 Company Certifications (Please check all that apply and attach legible copies of all applicable **current** letters of certifications from qualifying agencies).

Note: Companies must be certified by qualifying agencies. Mariano's accepts certification from the following agencies: City of Chicago, CMS, State of Illinois, Chicago Minority Supplier Development Council, and Women's Business Development Center and other approved certifying entities. Please note that for some specific bid packages/projects, MBE/WBE firms may be required to be certified by the City of Chicago and/or Cook County.

MBE WBE DBE SBE 8A VBE Hub Zone Other _____

If certified as a Minority Business Enterprise, please provide the race/ethnicity of the owner. **Optional.**

African-American Hispanic Native American Asian Pacific Asian Indian

If certified as any other enterprise other than a WBE, please provide the gender of the owner. **Optional.**

Male Female

📄 Attach a description of the requirements and your actual participation results if your firm ever performed on a project, which required MBE/WBE/DBE and/or Workforce Hiring participation requirements.

Has your company ever performed work on a government-funded project? yes no

📄 If yes, please check the level(s) of government for which work was performed. **Attach the name of the governmental agency(cies), contact person and his/her contact information, and year of project.**

Local County State Federal

📄 Attach a description of how your organization would support Mariano's commitment to supporting a diverse workforce.

Has your company ever been audited for the U.S. Department of Labor or any of its offices? yes no
If yes, please explain and state the result of the audit. _____

Has your company ever been fined or penalized for not meeting your MBE/WBE/DBE or Workforce Hiring participation goals? yes no

If yes, please explain. _____

Does your company have a written EEO or Affirmative Action Program? yes no

Does your program address the following EEO/Affirmative Action regulations?

Yes No

Title VII of the Civil Rights Act of 1964, as amended

The Equal Pay Act of 1963

The Age Discrimination in Employment Act of 1967

Title I of the Americans with Disabilities Act of 1990

Executive Order 11246

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Who is responsible for ensuring compliance with all EEO and Affirmative Action requirements, which includes compliance with any MBE/WBE/DBE and workforce hiring goals required by Mariano's? If more than one person shares the responsibility, please provide name and responsibilities for each in the area below.

Name: _____ Title: _____

Phone: _____ Email: _____

Responsibilities: _____

Name: _____ Title: _____

Phone: _____ Email: _____

Responsibilities: _____

3.0 FINANCE

Name of bank: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Account Manager: _____

Phone: _____ Fax: _____ Email: _____

Annual gross sales last 3 years:

Year 1 (20____) _____ Year 2 (20____) _____ Year 3 (20____) _____

Dunn & Bradstreet No.: _____ D&B Rating: _____

Mariano's representatives and its affiliates, developers and their contractors reserve the right to request financial related documentation such as audited financials, and balance sheets at a later date to be determined.

4.0 BONDING


Maximum bonding capacity: \$ _____ Value of work presently bonded: \$ _____

Name of bonding company: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of agent: _____

Phone: _____ Fax: _____ Email: _____

 Please attach letter from bonding company indicating current bonding capacity rate and a list of current bonded projects.

Have you ever participated in a phased bonding program? yes no If yes, please explain on separate sheet of paper, which must be included in your submitted application.

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5.0 RISK MANAGEMENT

Name of insurance company: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of agent: _____

Phone: _____ Fax: _____ Email: _____

Indicate in the space provided the current limits for the following:

General Liabilities: _____ Auto Insurance: _____

Worker's Compensation: _____ Excess Coverage (Umbrella) _____

☐ Upon notification of contract award and before issuance of contract agreement, Contractor must provide evidence of required insurance coverages and must maintain such coverage until completion of and payment for all work. Please see **Attachment A**: Requirements for Contractor Certificates of Insurance. No payments will be made to Contractor without current evidence or required insurance. Subcontractors must meet the same insurance requirements as contractors.

6.0 SAFETY

Who is responsible for ensuring safety compliance within your company?

Name: _____ Title: _____

Phone: _____ Mobile: _____ Email: _____

	Yes	No
Do you have a written safety program and manual? If yes, please attach a copy of your company's safety manual.	<input type="checkbox"/>	<input type="checkbox"/>

In the past 3 years, has your firm been cited by OSHA for any violations? If yes, please attach a description of the actions taken to abate the citations and copies of the OSHA Safety Orders.	<input type="checkbox"/>	<input type="checkbox"/>
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Do you conduct field Safety inspections of work in progress? If yes, how often?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Weekly ___ <input type="checkbox"/> Biweekly ___ <input type="checkbox"/> Monthly ___ <input type="checkbox"/> Less often or as needed		

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	Yes	No
Does your company have a new employee orientation program?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does it contain the following information?		
1. Electrical Safety	<input type="checkbox"/>	<input type="checkbox"/>
2. Fall Protection / Ladders / Lifts	<input type="checkbox"/>	<input type="checkbox"/>
3. Bloodborne Pathogens	<input type="checkbox"/>	<input type="checkbox"/>
4. Asbestos / Lead Awareness	<input type="checkbox"/>	<input type="checkbox"/>
5. Confined Space	<input type="checkbox"/>	<input type="checkbox"/>
6. Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>
7. Hazard Recognition / Hazard Reporting	<input type="checkbox"/>	<input type="checkbox"/>
8. Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>
9. Lock-out / Tag-out	<input type="checkbox"/>	<input type="checkbox"/>
10. Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>
11. Trenching and Excavation	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Do you have a written drug and alcohol abuse prevention program, which includes the following?		
1. Pre-employment	<input type="checkbox"/>	<input type="checkbox"/>
2. Reasonable suspicion	<input type="checkbox"/>	<input type="checkbox"/>
3. Post incident testing	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a written respiratory protection program?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a written return to work policy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a progressive discipline policy?	<input type="checkbox"/>	<input type="checkbox"/>
Does your company provide hazardous material training for your employees? If yes, please describe what such a program entails and submit a copy of documents relative to employee general rules of conduct and general rules and policies given to the employee.	<input type="checkbox"/>	<input type="checkbox"/>

Provide a description of your plan to assure that your employees that do not read, write, and understand English can perform their job tasks safely without an interpreter?

List the agency/agencies that your safety procedures comply with.

List your firm's experience modification ratings (EMR) for the last 3 years.

Year 1 (**20**____) _____ rating Year 2 (**20**____) _____ rating Year 3 (**20**____) _____ rating

Please attach most recent **EMR** documentation from your insurance carrier and the latest Worker's Compensation Modifier Rate from your insurance carrier.

Please attach your OSHA 300 Logs for the last 3 years, as applicable.

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Injury and Illness Data

Employee hours worked during the last three years (excluding subcontractors)			
Hours / Year	20____	20____	20____
Field			
Total			

Provide the following data using your OSHA 300 forms for the last three years.

	20____		20____		20____	
	Number	Rate	Number	Rate	Number	Rate
Total Lost Workday Case Rate (LWC), including both Lost Time and Restricted Duty Injuries/Illness. LWC Rates = Total Lost Time & Restricted Duty cases x 200,000 ÷ Total Employee Hours						
Total OSHA Recordable Injury/Illness Rate (OIR) OIR Rate = Total Recordable Injury/Illness cases x 200,000 ÷ Total Employee Hours						
Indicate number of injuries/illnesses that resulted in fatalities and provide, on attached sheet, specific details on those incidents.						

If your company is not required to maintain OSHA 300 forms, please provide information from your Worker's Compensation insurance carrier itemizing all claims for the last three years.

THIS APPLICATION MUST BE SIGNED BY AN AUTHORIZED OFFICIAL OF THE ORGANIZATION.

Signature: _____

Printed: Name: _____ Title: _____

Phone: _____ Mobile: _____ Email: _____

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7.0 CHECK LIST OF ATTACHMENTS

Please COMPLETE and SUBMIT this checklist with your application to confirm that you have attached all applicable and required documents.

SECTION 1.0 COMPANY INFORMATION

- Please attach legible copies of State of Illinois' Certificate of Good Standing and all other applicable licenses.
- If applicable, attach a legible copy of all required licenses-i.e. Plumbing, Electrical, General Contractor, etc.
- If applicable, attach a legible copy of your Fire Protection Certification.
- Attach a list of previous supermarket or construction-related experience for the past three years. Include at a minimum the project name, location, contract amount, project start and completion dates, and contact information (name, number and email) for Owner.**
- If applicable, please explain if there are/were any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or any of its officers.
- If applicable, please explain if your organization has filed any law suits or has requested arbitration with regard to construction contracts within the last three years.
- If applicable, please explain if your organization has operated under another or previous name and has ever failed to accept or complete a contract award.
- If applicable, please explain if your organization ever had a contract terminated in the past three years.
- If applicable, please explain if any officers or principals of this organization or predecessor organization has ever been involved in any bankruptcy action.
- Please provide a list of three (3) Trade/Material Supplier References on a separate sheet of paper.

SECTION 2.0 AFFIRMATIVE ACTION

- Please attach legible copies of all applicable current letters of minority, woman and/or disadvantage-owned business certifications from qualifying agencies.
- If applicable, please attach a description of the requirements and your actual participation results if your firm ever performed as a prime on a project, which required M/W/DBE and/or Workforce Hiring participation requirements.
- If applicable, please attach the name of each governmental agency, contact person and his/her contact information and time span of projects if you have performed work on governmental-funded projects in the past three years.
- Describe how your organization would support Mariano's commitment to supporting a diverse workforce.

SECTION 3.0 FINANCE

- No attachments requested at this time. Mariano's representatives and its affiliates, developers and their contractors reserve the right to request financial related documentation such as audited financials, and balance sheets at a later date to be determined.

SECTION 4.0 BONDING

- Please attach letter from bonding company indicating current bonding capacity rate and a list of current bonded projects.

SECTION 5.0 RISK MANAGEMENT

- Please attach a copy of your current Certificate of Insurance, which demonstrates that you have the insurance limits as indicated on page 12 of this application.

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CHECK LIST OF ATTACHMENTS cont'd

SECTION 6.0 SAFETY

- I, (name) _____, (title) _____ of (company) _____ agree to maintain, update and provide a copy of our company's safety manual upon request by representatives of Mariano's, the Developer or any other regulating authority.
- If applicable, please attach a description of the actions taken to abate any citations cited by OSHA and copies of the OSHA Safety Orders.
- If applicable, please describe the components of your hazardous material training program and submit a copy of documents relative to employee general rules of conduct and the policies given to employees.
- If applicable, please provide a description of your plan to assure that your employees that do not read, write, and understand English can perform their job tasks safely without an interpreter.
- Please attach recent **EMR** documentation from your insurance carrier and the latest Worker's Compensation Modifier Rate from your insurance carrier.
- Please attach your OSHA 300 Logs for the last 3 years.
- If your company is not required to maintain OSHA 300 forms, please provide information from your Worker's Compensation insurance carrier itemizing all claims for the last three years.

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ATTACHMENT A: REQUIREMENTS FOR CONTRACTOR CERTIFICATES OF INSURANCE

Comprehensive General Liability [note]

General liability insurance must be occurrence based and with financially sound insurers.

Primary minimum limits of liability	\$1,000,000	General aggregate
	\$1,000,000	Products-comp/op aggregate
	\$1,000,000	Personal & advertising injury
	\$1,000,000	Each occurrence
	\$100,000	Fire damage (any one fire)
	\$5,000	Medical expense (any one person)

Umbrella/excess Preferred \$5,000,000, min should be \$2,000,000

Note: Umbrella or excess insurance may be used to supplement primary limits of liability to comply with the required limits; similarly, primary limits may supplement umbrella/excess requirements. Minimum general liability coverage limits are **\$3,000,000** between primary and umbrella/excess layers.

Comprehensive Automobile Liability [note]

Minimum limits of liability	\$1,000,000	Combined single limit
Coverage must include	Owned, hired or non-owned vehicles	

Workers Compensation

State statutory Workers Comp	Statutory requirements
Employer's Liability with minimum limit	\$1,000,000

Named as Additional Insured on Certificates

- Property ownership entity.
- Development entity.
- Property management entity, if property manager in place.