



Stellar Energy GP, Inc.- Commercial Solar Energy

SUBCONTRACTOR PREQUALIFICATION FORM

STELLAR

Thank you for your interest in Stellar Energy Solutions. In order to develop a more complete knowledge of your Company and better match future Company opportunities to your Company's capabilities please complete this form and return to:

Stellar Energy GP, Inc.
1500 Valley House Drive, Suite 210
Rohnert Park, CA 94928
Phone: 707-992-3200 • Fax: 707-992-3299

SUBCONTRACTOR IDENTITY

Company Name: _____

Street Address: _____

Mailing Address: _____

Phone: _____

Fax: _____

State of Incorporation: _____

Type of Company: [] Corporation [] Partnership [] Sole Proprietorship

Date of Incorporation: _____

Federal Tax ID No.: _____

Contact names and phone numbers in your firm for inquiries (please list direct dial, mobile, and fax numbers if available):

Table with 4 contact entries. Each entry includes fields for Name, Job Position, Office #, Mobile #, and FAX #, followed by an Email Address field.

Is your Company: [] MBE [] WBE [] DBE MBE/WBE/DBE Certified by: _____ (Please attach copies)

Average work in place during last 5 years: \$ _____ Work under contract: \$ _____

Average project size in place last year: \$ _____ Uncompleted backlog: \$ _____

Size of projects preferred: \$ _____ Project location preferred: _____

BONDING CAPACITY

Are you able to bond projects? [] Yes [] No

Bonding Rate: _____% Single Project Limit: _____ Aggregate Limit: _____

Bonding Company / Address: _____

Agent Name / Phone #: _____

INSURANCE INFORMATION

Commercial General Liability Insurance Carrier: _____

Policy No.: _____ Policy Period: _____ Occurrence Based: _____ Claims Made: _____

Any exclusion from Standard CGL Policy? Yes No

Experience Modification Rating _____ Trade Category _____

Limits: **Current** **Max Obtainable**

General Aggregate \$ _____ \$ _____

Products-Comp/Op Agg. \$ _____ \$ _____

Personal/Adv. Injury \$ _____ \$ _____

Each Occurrence \$ _____ \$ _____

Fire Damage (any one fire) \$ _____ \$ _____

Med. Exp (any one person) \$ _____ \$ _____

Deductible: \$ _____ Per Project limits: Yes No

Excess Liability Insurance Carrier: _____

Policy No.: _____ Policy Period: _____ Occurrence Based: _____ Claims Made: _____

Umbrella: _____ or Excess: _____

Limits: **Current** **Max Obtainable**

Each Occurrence \$ _____ \$ _____

Aggregate \$ _____ \$ _____

Worker's Compensation and Employer's Liability Insurance Carrier: \$ _____

Policy No.: _____ Policy Period: _____ Limits: \$ _____

E.L. Each Accident: \$ _____ E.L. Disease-Policy Limit: \$ _____ E.L. Disease-Each Employee: \$ _____

Automobile Liability Insurance Carrier: _____

Policy No.: _____ Policy Period: _____

Limits: **Current** **Max Obtainable**

Combined Single Limit \$ _____ \$ _____

Aggregate \$ _____ \$ _____

Bodily Injury (per person) \$ _____ \$ _____

Bodily Injury (per accident) \$ _____ \$ _____

Property Damage \$ _____ \$ _____

Professional Liability Insurance Carrier: _____

Policy No.: _____ Policy Period: _____ Office Policy Limit: \$ _____

Deductible: \$ _____ Project Specific Limit Available: \$ _____ Extended Reporting Period (tail) _____ yrs.

Prior Acts: Yes No

SAFETY PREQUALIFICATIONS

Do you have a qualified person responsible for safety within your Company? Yes No

Employee Name: _____

Does this person do safety inspections on all of your projects? Yes No

Frequency: _____

Do you have a written Company Safety Policy and Program? Yes No

Will you provide copies if requested? Yes No

Have you ever implemented 100% fall protection? Yes No

If requested can you provide us with a site-specific program addressing the fall hazards in your work? Yes No

Does your Company review the safety management systems of your sub-contractors? Yes No

WORK EXPERIENCE

Completed Projects (List four projects completed in the last 3 years):

Project Name	Contracting Company	Contact Name & No.	Contract Amount	Completion Date

Current Projects (List projects currently in progress):

Project Name	Contracting Company	Contact Name & No.	Contract Amount	Completion Date

Solar Projects (List any solar projects completed or in progress):

Project Name	Contracting Company	Contact Name & No.	Project Size (kW)	Completion Date

Trade References (List three of your subcontractors):

Company Name	Address	Phone No.	Contact Name

Client References (List three clients):

Company Name	Address	Phone No.	Contact Name

COMPANY'S COMMITMENT TO MITIGATE THE ENVIRONMENTAL IMPACTS OF CONSTRUCTION

Does the company...

- have an environmental mission statement and/or policy? If so, please provide a copy. Yes No
- have a waste reduction and recycling program? If so, please provide a copy. Yes No
- educate employees and vendors about this program? Yes No
- participate in the salvage and/or reuse of waste materials? Yes No
- utilize recycled content construction materials? Yes No
- Yes No

OTHER INFORMATION

In the past five years, has the company or any of its Principals...

- operated under any other names? Yes No
- had any liens filed against it by any of its subcontractors or suppliers? Yes No
- ever failed to complete a contract, been defaulted, or had a contract terminated? Yes No
- had liquidated damages assessed against it upon completion of a project? Yes No
- ever been investigated for or been found to have committed a serious OSHA violation? Yes No
- Complaints issued against any of the company contractor license? Yes No

CONTRACTORS LICENSE

Contractors License No.: _____ State: _____ Expiration: _____ (Attach list if needed)

Union Affiliation: _____

List the geographical area in which you work: _____

I UNDERSTAND THAT STELLAR ENERGY GP, INC. WILL USE BOTH SUBJECTIVE AND OBJECTIVE CRITERIA TO EVALUATE MY FIRM'S QUALIFICATIONS. BY SIGNING BELOW, I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT INACCURATE DATA MAY BE GROUNDS FOR REJECTION.

To be signed by an officer of the company or an individual authorized by an officer of the company:

Signature: _____

Printed Name: _____

Title: _____ Date: _____