



SECTION I: Introduction

This document is designed to obtain information necessary to evaluate your firm's qualifications to serve as a contractor/vendor of ABM Enterprises NJ, Inc. ALL CONTRACTORS/VENDORS MUST BE QUALIFIED BY ABM ENTERPRISES NJ TO BE AWARDED WORK ON AN ABM ENTERPRISES NJ PROJECT. In addition, information from this document may be made available to ABM Enterprises NJ's clients that wish to approve your firm to perform work for ABM Enterprises NJ on one or more of their projects or are considering using your firm directly as a contractor/vendor.

Upon your submission of this document, ABMNJ and/or its designees may search various public records and databases for information regarding the applicant firm (or parent firm), its principals or other key individuals. In the event that ABM Enterprises NJ deems any information obtained in such searches relevant to its decision to qualify or to recommend to its clients, the applicant firm, it will so inform the applicant firm and give it the opportunity to supplement or comment on such information.

This document must be completed in its entirety, including all required attachments (such as a current financial statement, including balance sheet and income statement, either compiled, reviewed or audited by an independent accounting firm, among other items) and signed (with the signature notarized) by a principal, director or officer of the applicant firm who is knowledgeable about its organizational history, operations and policies. **APPLICANT FIRMS SUBMITTING INCOMPLETE PROFILE STATEMENTS CANNOT BE QUALIFIED AS AN ABM ENTERPRISES NJ CONTRACTOR/VENDOR AND WILL NOT BE AWARDED WORK ON ANY ABM ENTERPRISES NJ PROJECT.**

To keep our records current on your firm, ABM Enterprises NJ may require you to resubmit a complete Contractor/Vendor Profile Statement, portions thereof or other relevant information regarding the condition of your firm, at regular intervals as determined by either ABM Enterprises NJ or its clients. Applicant firms that fail to qualify either initially or based on information obtained from a subsequent submission will be notified and given the opportunity to supplement or comment on the items which caused the applicant firm to not qualify.

Please return the completed Profile Statement, plus attachments, by mail, fax (973-396-2652) or Email (Acoppola@abmnj.com) to:

ABM Enterprises NJ, Inc.
62 Tintle Road
Kinnelon, NJ 07405
Attn: Art Coppola

62 TINTLE ROAD, KINNELON NJ 07405
PHONE: (973) 283-7987 FAX: (973) 396-2652
WEB: WWW.ABMNJ.COM EMAIL: INFO@ABMNJ.COM



We request that you keep a hard copy or electronic scan of your completed Profile Statement, plus all attachments, for future reference. We sincerely appreciate, and thank you for, your time and effort to qualify your firm as a contractor/vendor of ABM Enterprises NJ.

SECTION II: General Business Information

- 1) Name of Applicant Firm:
- 2) D.B.A. Name, if any:
- 3) Street Address:
- 4) Mailing Address (if different):
- 5) Website Address:
- 6) Contact Name:
- 7) Contact's Email Address:
- 8) Business Phone:
- 9) Standard Industrial Code (SIC):
- 10) Has the applicant firm changed address(es) in the past five years?
 No Yes
- 11) Has the applicant firm operated under any other name(s) in the past five years?
 No Yes
- 12) Does the applicant firm have offices, plants or warehouses at other addresses?
 No Yes

If you answered "yes" to either question 10, 11 or 12, please provide details below.

Question #	Name	Address	From (mo./yr)	To (mo./yr)



SECTION III: Organizational History

1) Date the applicant firm was formed ____/____/____

2) Type of organization (Check one box, answer all related questions)

Sole Proprietorship

Corporation or Limited Liability Company

State incorporated: _____ Total

shares authorized to the corporation: _____ Total

shares issued to individuals or entities: _____ Registered

Agent: _____ Date

incorporated (if different from the date firm was formed):

Partnership

General Limited

State where partnership agreement filed:

County where partnership agreement filed: _____ Not-for-

profit organization:

Other (explain):

3) Participation/status in:

Minority Business Enterprise

Women Business Enterprise

Locally Based Enterprise _____ Disadvantaged Business Enterprise

Certified Small Business Enterprise _____ Other

Please attach copies of all certifications.



ABM ENTERPRISES NJ, INC.

"YOUR WINDOW, DOOR AND MILLWORK EXPERTS"

4) Does the applicant firm have established compliance standards and a written code of business conduct for its employees?

No Yes

5) Has the applicant firm participated in any Industrial and Commercial Incentive Programs?

No Yes (If Yes list prospect name and contact below)

a. Prospect

Contact _____ Telephone Number

b. Prospect

Contact _____ Telephone Number

6) List all unions with which the applicant firm has a collective bargaining agreement in connection with the services it provides:

7) Does the applicant firm share office space, staff or equipment with any other business or organization?

No Yes

8) At present or during the past five years:

a. has the applicant firm been a subsidiary of any other firm?

No Yes

b. has the applicant firm had any joint ventures with any other firms?

No Yes

9) At present or during the past five years:

a. has the applicant firm had any subsidiaries?

No Yes

62 TINTLE ROAD, KINNELON NJ 07405
PHONE: (973) 283-7987 FAX: (973) 396-2652
WEB: WWW.ABMNJ.COM EMAIL: INFO@ABMNJ.COM



ABM ENTERPRISES NJ, INC.
"YOUR WINDOW, DOOR AND MILLWORK EXPERTS"

- b. has the applicant firm owned 5% or more of any other firm?
No Yes

If you answered "yes" to either question 7, 8 or 9, please provide details below.

	Firm # 1	Firm # 2
Firm Name		
Address		
Relationship to		
From (Date)		
To (Date)		



SECTION IV: Key Individuals

On the chart below, fill in the required information on all "key individuals" during the past five years. Key individuals shall include:

- Principals, directors, officers;
- Shareholders of 5% or more of the applicant firm's issued stock; or

- Any person in a position to control and direct the applicant firm's overall policy making or operations.

	Key Individual	Key Individual	Key Individual
Name			
DOB *			
SS# *			
% Ownership			
Title			
Period of Ownership /Employment			



* It is our commitment to maintain these disclosures in the strictest of confidence.

SECTION V: Relationship with ABM Enterprises NJ or its Employees

1) Does the applicant firm employ or have a business relationship with any principal, officer, director or employee of ABM Enterprises NJ?

No Yes

2) Are any key individuals of the applicant firm:

a. present or past employees of ABM Enterprises NJ?

No Yes

b. related by kinship or marriage to any present or past employees of Structure Tone?

No Yes

If you answered "yes" to any of the above questions, please provide details below.

SECTION VI: Experience

1) List the categories of work that the applicant firm normally performs with its own forces:

2) List major construction projects the applicant firm has in progress and new projects under contract not yet started, giving the name of the project, owner, architect, contract amount, percent complete and scheduled completion date:

3) State the applicant firm's current total worth of work in progress and new projects under contract not yet started:

4) State the applicant firm's current total backlog (defined as work in progress that has not been completed plus new projects under contract that have not yet started):

5) List major construction projects the applicant firm has completed in the past five years, giving the name of the project, owner, architect, contract amount, date of completion and the percentage of the cost or work performed with its own forces:



ABM ENTERPRISES NJ, INC.

“YOUR WINDOW, DOOR AND MILLWORK EXPERTS”

6) State annual amount of construction work the applicant firm has performed during each of the past three years:

7) Please indicate the size of the project the applicant firm is most competitive in performing (enter 1). Show in order of preference (2,3, etc.), for other projects the applicant firm is capable of performing:

Under \$1,000,000

\$6,000,000-\$9,000,000

\$1,000,000- \$3,000,000

\$9,000,000-\$15,000,000

\$3,000,000-\$6,000,000

Over \$15,000,000

8) Check all building types on which the applicant firm has worked:

A. High Rise Office Building

B. Mid Rise Office Building

C. Hotels/Motels

D. Hospitals

E. Residential

F. Sports/Entertainment

G. Industrial Bldg.

H. High Tech/Laboratories

I. Correctional Facilities

J. Design Build/Design Assist

9) What percentage of the applicant firm’s work is normally subcontracted?

SECTION VII: References (Provide at least 3 sources, disclosing the firm name, contact name and phone #).

1) Trade References:

2) Bank References (indicate the applicant firm’s current line of credit amount, the amount of the line of credit available currently and the expiration date of the line of credit):

3) Credit References:

4) Surety:

a. Name of bonding company:

b. Name and address of agent:

62 TINTLE ROAD, KINNELON NJ 07405

PHONE: (973) 283-7987 FAX: (973) 396-2652

WEB: WWW.ABMNJ.COM EMAIL: INFO@ABMNJ.COM



ABM ENTERPRISES NJ, INC.

"YOUR WINDOW, DOOR AND MILLWORK EXPERTS"

- c. Applicant firm's current bonding capacity (both aggregate/single job):
Please attach a letter from applicant firm's Surety Company or agent confirming its bonding capacity.

SECTION VIII: Financing

- 1) **Attach applicant firm's (or parent firm's) most recent financial statement*, including balance sheet and income statement, which has been either compiled, reviewed or audited by an independent accounting firm (provide copy of the accountant's opinion letter),**

showing the following items:

- a. Current Assets (e.g., cash, short-term investments, accounts receivable, notes receivable, materials inventory and prepaid expenses);
- b. Net Fixed Assets (e.g., property and equipment);
- c. Other Assets;
- d. Current Liabilities (e.g., accounts payable and current portion of long-term debt);
- e. Long-term Liabilities (e.g., long-term debt and capital lease obligations);
- f. Stockholder's Equity (e.g., common stock (authorized and outstanding shares with par value) and retained earnings);
- g. Revenues;
- h. Cost of Revenues;
- i. Expenses (e.g., general and administrative, interest and bad debt);
- j. Income from Operations;
- k. Other Income;
- l. Income Taxes; and
- m. Net Income

62 TINTLE ROAD, KINNELON NJ 07405
PHONE: (973) 283-7987 FAX: (973) 396-2652
WEB: WWW.ABMNJ.COM EMAIL: INFO@ABMNJ.COM



ABM ENTERPRISES NJ, INC.
"YOUR WINDOW, DOOR AND MILLWORK EXPERTS"

* It is our commitment to maintain the information contained herein in the strictest of confidence. However, it may be necessary for ABM Enterprises NJ to share said information with our clients, again in the strictest of confidence.

10

- 2) Name and address of the independent accounting firm preparing the attached financial statement:

- 3) Is the attached financial statement for the identical organization named on page one (1)?
 - No Yes

 - a. If No, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent-subsiary).

- 4) Does the organization whose financial statement is attached, if different than the applicant firm, act as a guarantor of the applicant firm's contracts for construction?
 - No Yes

- 5) Applicant firm's Dun & Bradstreet DUNS #:

SECTION IX: Insurance Information (please attach sample insurance certificates)

Insurance Carrier:

Contact Information

General Liability: Coverage
 Policy Limit

Excess Liability:

 Exclusions

 Coverage

 Policy Limit

 Exclusions



ABM ENTERPRISES NJ, INC.
"YOUR WINDOW, DOOR AND MILLWORK EXPERTS"

- Auto Liability: Coverage
Policy Limit
Exclusions
- Workers' Compensation: Coverage
Policy Limit
Exclusions
- Professional Liability: Coverage
Policy Limit
Exclusions

Indicate applicant firm's current EMR #: _____ ***and complete Exhibit A.***

SECTION X: Judgments, Liens and Selected Credit Information

- 1) At present or in the past five years:
- a. has the applicant firm or any of its key individuals ever been the subject of a judgment, lien or claim in connection with the applicant firm's business? Please do not include any claims or judgments involving workplace accidents that are covered by applicant firm's insurance policy.
No Yes
 - b. has the applicant firm been indebted to an individual or entity, other than a commercial lending institution or a shareholder disclosed in Section IV, in the cumulative amount of \$50,000 or more?
No Yes
- 2) Does the applicant firm or any of its key individuals have any delinquent local, city, state or federal taxes?
No Yes

If you answered "yes" to any of the above questions, please provide details below.

62 TINTLE ROAD, KINNELON NJ 07405
PHONE: (973) 283-7987 FAX: (973) 396-2652
WEB: WWW.ABMNJ.COM EMAIL: INFO@ABMNJ.COM



Name of Creditor	Name of Borrower	Amount of Obligation and Balance Remaining	Nature of Obligation and Terms of Pledge or Loan	Name of Guarantor or Co-signer

SECTION XI: License Information

1) Please provide information below (***and attach copies***) of all business related licenses, registrations, certificates or certifications under which the applicant firm provides services, including the transportation or disposal of hazardous waste.

License Type	Individual Named on License	License Number	Expiration Date



- 2) In the past five years, has the applicant firm or any of its employees:
- a. had any business related license, registration, certificate or certification revoked?
No Yes
 - b. had any application for an initial or renewal license, registration, certificate or certification denied?
No Yes

If you answered "yes" to question 2(a) or (b), please provide details below.

SECTION XII: Litigation History

A) Criminal

- 1) Does the applicant firm or any of its key individuals have any indictment or information charging a felony or misdemeanor pending against it or him/her?
No Yes
- 2) In the past seven years, has the applicant firm or any of its key individuals:
 - a. been formally charged, by way of indictment or information, by a prosecutorial agency with any violation of criminal law?
No Yes
 - b. been named as an unindicted co-conspirator, participant or facilitator in any indictment or other accusatory instrument?
No Yes
 - c. been convicted, after trial or by plea, of any felony under state or federal law?
No Yes



ABM ENTERPRISES NJ, INC.
 “YOUR WINDOW, DOOR AND MILLWORK EXPERTS”

d. been convicted, after trial or by plea, of any misdemeanor involving business-related crimes?

No Yes

e. entered a plea of no contest to a charge of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property or a violation of antitrust laws?

No Yes

If you answered “yes” to any of the above questions, please provide details below.

Parties	Case #	Date Instituted	Court	Disposition

B) Civil

1) Has the applicant firm or any of its key individuals been a party as debtor to a bankruptcy or reorganization proceeding in the past ten years?

No Yes

2) In the past seven years, has applicant firm or any of its key individuals been a party in any business-related civil litigation or arbitration, other than personal injury or property damage actions in which the applicant firm or individual was defended by an insurance carrier without any reservation of rights?

No Yes



If you answered "yes" to either question 1 or 2, please provide details below.

Parties	Case #	Date Instituted	Court	Disposition

C) Administrative

1) At present, are there any administrative charges pending against the applicant firm?
 No Yes

2) In the past seven years, has the applicant firm ever been found to have committed:

a. a violation of any federal, state or local labor law or regulation, including prevailing wage rates and fair labor practices?

No Yes

b. an OSHA violation?

No Yes

Please complete Exhibit A regardless of your answer.

c. a violation of federal, state or local environmental protection laws or regulations?

No Yes

d. a building code violation?

No Yes



3) In the past seven years, has the applicant firm ever been charged or cited by the U.S. Department of Labor?

No Yes

If you answered "yes" to any of the above questions, please provide details below.

Parties	Case #	Date Instituted	Agency	Disposition

SECTION XIII: Business Conduct

1) In the past five years, has the applicant firm or any of its key individuals:

a. been suspended, disbarred, disqualified, had its pre-qualification revoked or otherwise been declared ineligible to bid or perform work?

No Yes

b. defaulted on a contract?

No Yes

c. had a contract terminated?

No Yes

d. been denied a contract for failure to obtain a surety or otherwise provide required security?

No Yes

e. had liquidated damages assessed against it upon completion of a contract?

No Yes



ABM ENTERPRISES NJ, INC.
"YOUR WINDOW, DOOR AND MILLWORK EXPERTS"

- 2) In the past five years, has the applicant firm or any of its key individuals:
- a. filed with a government agency or submitted to a government employee a written instrument which the applicant firm or any of its key individuals knew contained a false statement or false information?
No Yes
 - b. falsified business records?
No Yes
 - c. given, or offered to give, commissions, finder fees, money, gifts or anything of value or any other benefit to an individual or entity with intent to influence that individual or entity to engage in unethical or illegal business practices?
No Yes
 - d. agreed with another business entity to submit identical or complimentary bids or otherwise agreed not to bid competitively?
No Yes

18

If you answered "yes" to any of the above questions, provide details below.

19



ABM ENTERPRISES NJ, INC.
"YOUR WINDOW, DOOR AND MILLWORK EXPERTS"

SECTION XIV: Certification

I, _____, state that I am the _____ of
Name Position Company

and that, to best of my knowledge, the information given in response to each question is full, complete and truthful.

I acknowledge that ABM Enterprises NJ may, by means it deems appropriate, determine the accuracy and truth of statements made in the application.

SIGNATURE: _____ **TITLE:**

Sworn to before me this _____ day of

Notary Public



ABM ENTERPRISES NJ, INC.
"YOUR WINDOW, DOOR AND MILLWORK EXPERTS"

Exhibit A
Contractor / Vendor Qualification
Safety Qualification Form

1. Please list applicant firm's Workers' Compensation Experience Modification Rate for the most recent three years. **Attach a copy of your insurance carrier's or state fund's invoices or other forms which verify the EMR data.**

Year / Rate

___ / ___ ___ / ___ ___ / ___

2. **ATTACH A COPY OF YOUR LAST THREE YEARS OF OSHA 300/200 LOGS.** Using these OSHA No. 300/200 Logs, fill in the number of cases for each of the following categories for the three most recent years: (NOTE: Please mark out the names of the injured parties.).

Year

No. of fatalities (Column G from 300) or (Columns 1 + 8 from 200)

No. of lost & restricted workday cases (Column H + I) or (Columns 2 + 9)

No. of medical treatment cases (Column J) or (Columns 6 + 13)

No. of lost workday cases (Column H) or (Columns 3 + 10)

Employee Hours Worked

OSHA Recordable Incidence Rate

OSHA Lost Workday Incidence Rate

Note: -- Items in parenthesis come from your OSHA 300/200 log

-- **Recordable Incidence Rate = [G, H, I & J] or [1, 2, 6, 8, 9, 13] x 200,000 / Employee Hours Worked**

-- **Lost Workday Incidence Rate = [H] or [3 + 10] x 200,000 / Employee**

Hours Worked

-- **Employee Hours Worked = total number of hours worked during the year by all employees**

3. How many OSHA violation(s) has your Company received in the last three years? (Yr. = # violations)

___ = ___ ___ = ___ ___ = ___

Any willful OSHA violations? ___ Yes ___ No

Please give a brief description of the violation(s); use additional sheets if necessary



ABM ENTERPRISES NJ, INC.
"YOUR WINDOW, DOOR AND MILLWORK EXPERTS"

Any employee deaths in the past 3 years? Yes No

If yes, please give a brief description of the circumstances:

4. Do you have a qualified person responsible for safety within your firm?

Yes No

Please describe his/her qualifications:

5. Does this person do safety inspections on all of your projects? Yes No / Frequency

6. Do you have a written Company Safety Policy and Program and will you provide copies if requested?

Yes No / Yes No

7. Does applicant firm have a substance abuse policy? Yes No

If Yes, please check which items are included in the policy: Pre-

hire/Initial Employment

Cause

Post Accident/Incident

Random

Periodic

8. Do you have a return to work/light-duty program: Yes No

If Yes, please describe:

9. 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

10. Do you require documented safety meetings for your employees? Indicate which, and how often:

Field Supervisors: Yes No / Frequency New Hires:

Yes No / Frequency

Employees: Yes No / Frequency

Subcontractors/Vendors: Yes No / Frequency



ABM ENTERPRISES NJ, INC.
"YOUR WINDOW, DOOR AND MILLWORK EXPERTS"

11. Does applicant firm provide safety training for all employees? Yes No
If yes, please list training provided:

12. Do you have home office representatives (not directly involved in the project) who will visit and audit the project for safety? Yes No / Frequency

13. Does applicant firm set annual safety goals? Yes No
If yes, please list training provided:

14. Does applicant firm have a program recognizing its employees for safety performance excellence?
 Yes No

15. Does applicant firm have a disciplinary program in place for safety violations? Yes
 No

16. Does applicant firm review the safety management systems of your subcontractors / vendors?
 Yes No

17. Does applicant firm conduct accident/incident investigations? Yes No

18. List how many and what percentage of firm's employees has completed an OSHA 30 Hour Training Program:

Number of Employees: _____ Percentage of Employees: _____

24

The undersigned warrants and represents the data provided in this Exhibit A is accurate in all respects.

Name of Company:

Prepared By:

Signature:

Title:

Date: