

Contractor/Vendor Pre-Qualification Form (PQF)

| GENERAL INFORMATION | | | |
|---|---|--------------------|------|
| 1. | Company Name: | Telephone: | Fax: |
| 2. | Contact for Requesting Bids: | | |
| | Title: | Telephone: | Fax: |
| 3. | Officers | Years With Company | |
| 4. | Form of Business: Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> | | |
| | Is your company a subsidiary of another company? If yes, name of Company | | |
| | Is your business a division of another company? If yes, name of Company | | |
| | Is your business franchised by another company? If yes, name of Company | | |
| | Has your company engaged in business with CenterPoint Energy within the last 12 months? If yes, name of CNP location where you are doing business | | |
| | Are you an employee or relative of an employee of CenterPoint Energy? If yes, explain: | | |
| Business Classification Definitions | | | |
| Minority Business Enterprise (MBE) -- A minority-owned business, as used in this form, refers to a business that is at least 51-percent owned by one or more minorities, and whose management and daily business operations are controlled by one or more minorities. | | | |
| Asian-Indian -- A U.S. citizen whose origins are from India, Pakistan and Bangladesh. | | | |
| Asian-Pacific -- A U.S. citizen whose origins are from Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, the U.S. Trust Territories of the Pacific or the Northern Marianas. | | | |
| African-American -- A U.S. citizen having origins in any of the Black racial groups of Africa. | | | |
| Hispanic -- A U.S. citizen of true-born Hispanic heritage, from any of the Spanish-speaking areas of Latin America or the following regions: Mexico, Central America, South America, and the Caribbean Basin only. | | | |
| Native American -- A person who is an American Indian, Eskimo, Aleut, or Native Hawaiian, and regarded as such by the community of which the person claims to be a part. Native Americans must be documented members of a North American tribe, band or otherwise organized group of native people who are indigenous to the continental United States and proof can be provided through a Native American Blood Degree Certificate (i.e., tribal registry letter, tribal roll register number). | | | |
| Small Disadvantaged Business (SDB) -- A small disadvantaged business, as used in this document, refers to a small business 1) that is at least 51-percent owned by one or more individuals who are both socially and economically disadvantaged, or a publicly-owned business whose stock is at least 51-percent owned by one or more socially and economically disadvantaged individuals and 2) whose management and daily business operations are controlled by one or more such individuals. | | | |
| Women Business Enterprise (WBE) -- A women-owned business, as used in this form, refers to a business that is at least 51-percent owned by one or more women, and whose management and daily business operations are controlled by one or more minorities. | | | |

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|-----|---|-----------------|
| 5. | Business Classification | |
| | Is your business currently certified as a Minority-Owned Business by any government agency or purchasing council? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | If yes, please identify from previous list: | |
| | Certifying Agency: | |
| | Certification Number: | |
| | Expiration Date: | |
| | Is your business currently certified as a Women-Owned Business by any government agency or purchasing council? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | Certifying Agency: | |
| | Certification Number: | |
| | Expiration Date: | |
| | Is your business currently certified as a Small Disadvantaged Business by any government agency or purchasing council? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 6. | How many years has your organization been in business under your present firm name? | |
| 7. | Contact for Insurance Information: | |
| | Title: | Telephone: Fax: |
| 8. | Insurance Carrier | |
| | If service provider, Please attached a copy of your current ACORD Agreement | |
| 9. | Are you self insured for Worker's Compensation Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 10. | General Information PQF Completed By: | |
| | Title: | Telephone: Fax: |

FINANCIAL INFORMATION

| 11. References: | | | | |
|--|-----------------------|----------|------------------|-----------|
| Customer/Location | Type of Work/Material | Size \$M | Customer Contact | Telephone |
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| 12. Are you now or have you ever been involved in any bankruptcy or reorganization proceedings? If yes, please attach details. Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| 13. Are you subject to liquidation or debt reduction procedures under state law? If yes, please attach details. Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| 14. Are you subject to pending liquidation or regulatory proceedings in state or federal courts which could cause a substantial deterioration of your financial condition? If yes, please attach details. Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| 15. Are you subject to any significant collection lawsuits or outstanding judgments which would significantly affect your ability to remain solvent? If yes, please attach details. Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| 16. Are there any overdue amounts owed to any division or subsidiary of CenterPoint Energy, Incorporated? If yes, please attach details. Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| 17. Does your company have any ongoing or pending litigation? If yes, please attach details. Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| 18. Financial Information PQF Completed By: | | | | |
| Title: | Telephone: | Fax: | | |

VENDOR PRODUCT/FACILITY INFORMATION

19. Factory Location(s)

20. Quality Control Program

21. Union Affiliation/Contract Expiration

22. Factory Contact::

Telephone:
Daytime:
Night/Emergency:

Email:

Fax:

23. Vendor Product/Factory PQF Completed By:

Title:

Telephone:

Fax:

CONTRACTOR SERVICES INFORMATION

24. Major Equipment Owned:

25. Type of Services Usually Sub-Contracted:

26. Bonding Company:

Name: _____

Address: _____

Bonding Capacity: _____

27. Major jobs completed in the past three years:

| Customer/Location | Type of Work | Size \$M | Customer Contact | Telephone |
|-------------------|--------------|-------------|------------------|-----------|
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| | | | | |

28. Major jobs in progress:

| Customer/Location | Type of Work | Size \$M | Customer Contact | Telephone |
|-------------------|--------------|-------------|------------------|-----------|
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29. Contractor Services PQF Completed By:

Title:

Telephone: