

Construction Contractor's Capability Statement

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

COMPANY NAME

Cross Connection, Inc.

ADDRESS

PO Box 2098

CITY

Espanola

STATE

NM

ZIP CODE

87532

PHONE

505-747-4868

FAX

505-747-4869

EMAIL:

ccinorth@comperationx.com

PRIMARY CONTACT:

Ross Sanchez

TYPE OF CONSTRUCTION WORK (Check all that apply)

X General---List Primary Expertise Mechanical

Site Work

Demolition

Exterior Utilities

Paint

Structural

Steel Fencing

Masonry

Mechanical (HVAC/Plumbing)

Carpet

Roofing

Building

Electrical

Mechanical

Clean Room

Fire Protection

Nuclear Facility

COMPANY PROFILE:

How many years has your organization been in a business as a construction contractor?

5 ½ years

How many years has your organization been in the construction business under its present business name?

1 year

Under what former names has your organization operated?

Cross Connection Control, Inc.

List the names and titles of the key individuals of your organization, years with firm, educational training and qualifications.

Ross Sanchez – President – 25 years experience

Lorenzo Ramirez – Vice President – 25 years experience

List the categories of work that your organization normally performs with its company personal.

General Construction, HVAC / Plumbing, Underground Utilities

List the major projects your organization has in progress or has completed in the past five years, owner, contact amount, date/expected completion, percentage performed with its company personal

TA-55 Fire - Loop – JCNNM to Complete 12/02 – \$3.4 million
TA – 46 – Garage Extension - JCNNM to complete 10-02 - \$275-thousand
TA –40 – HVAC Upgrades – LANL to Complete 10-02 - \$160-thousand

List your Trade References

List your Surety company or your banking affiliates.

Minnick & Company
First StateBank

What is your organization’s current bonding rate?

Single __\$3 million__ Aggregate __\$7 million__

Has your firm entered into a contract that had to be completed by your surety within the past five years?

Yes No

List your Contractor’s New Mexico license classification(s):

GB 98, MM 98, GF-9

Safety History:

List your firm’s: Workmen’s compensation Experience Modification Rate (EMR), Total recordable Injury/Illness case rate, and Lost workday case rate for the current period (calendar year to-date) and the previous three year period.

	1999	2000	2001	3 yr. Avg
Injury Illness – 9-11		12.8	2	7.97
Lost Workday	0	8.4	2	3.46

Rate Type: Interstate __x__, In-State _____, Monopolistic _____

Insurance Carrier:

Federated Insurance

What is your firm’s North American Industrial Classification System (NAICS) code?

Unknown

Check all that apply to your organization. Provide certification if 8(a) Certified or Small Disadvantaged.

Woman owned Small Business x Small Disadvantaged 8(a) Large Veteran
 Disabled Veteran HUBZone

Present number of employees

1-20 21-40 x 41- 60 61 – 100 Over 100