

GENERAL INFORMATION

1. Name: Performance Insulation Contractors, Inc.		Telephone: 281-471-9900	Fax: 281-471-9904
Street Address: 903 South 8 th Street		Mailing Address: 903 South 8 th Street	
LaPorte, Texas 77571		LaPorte, Texas 77571	
		Web site: www.Performance-1.com	
Contact Person: Mark Jumper		e-mail: mjumper@performance-1.com	
Cellular Telephone: 281-543-6212		Fax: 281-471-9904	
2. Officers		Years With Company	
President: Rodney Lang		6 Years	
Vice President: None			
Treasurer: Janet Lang		6 Years	
3. How many years has your organization been in business under your present firm name? 6 Years			
4. Parent Company Name:		4b. Tax ID #: 810597985	
		4c. Dun's #: 178441270	
City: LaPorte, Texas	State: Texas	Zip: 77571	
Subsidiaries: None			
5. Under Current Management Since (Date): 2002			
6. Contact for Insurance Information: Molly Painter at Arthur J. Gallagher Insurance Services			
Title: Asst. Account Mgr.	Telephone: 337-475-7459	Fax: 337-474-4418	
7. Insurance Carrier(s):			
Name	Type of Coverage	Telephone	
Burlington Insurance Co.	General Liability	337-478-5485 (Arthur J. Gallagher Ins. Srv)	
Assurance Company of America	Automobile Liability	337-478-5485 (Arthur J. Gallagher Ins. Srv)	
James River Insurance Company	Excess/Umbrella Liability	337-478-5485 (Arthur J. Gallagher Ins. Srv)	
Texas Mutual Insurance Company	Workers Compensation	337-478-5485 (Arthur J. Gallagher Ins. Srv)	
8. Are you self insured for Worker's Compensation Insurance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
9. Contact for Requesting Bids: Mark Jumper			
Title: Operations Manager	Telephone: 281-543-6212	Fax: 281-471-9904	
10. PQF Completed By: Mark Jumper			
Title: Operations Manager	Telephone: 281-543-6212	Fax: 281-471-9904	

ORGANIZATION

11. Form of Business: Sole Owner Partnership Corporation X

Date and State of Incorporation: 2002 Texas

12. Percent Minority/Female Owned:

EEO Category:

13. A. Services Performed: Scaffolding / Insulation / Touchup
Painting / Heat Tracing / Fireproofing / Insulation Blankets

SIC Code:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Construction
<input type="checkbox"/> Construction Design
<input type="checkbox"/> Original Equipment Manufacturer and Installer
<input checked="" type="checkbox"/> Maintenance
<input checked="" type="checkbox"/> Specialty Maintenance | <input type="checkbox"/> Original Equipment Manufacturer and Maintenance
<input type="checkbox"/> Service work (e.g., janitorial, clerical, etc.)
<input type="checkbox"/> Manpower and Resource
<input type="checkbox"/> Other
<input type="checkbox"/> Turnaround
<input type="checkbox"/> Engineering |
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B. Work Categories

Check the categories in which you are interested in bidding and in which you are qualified to perform work. Feel free to attach additional information clarifying your capabilities and specialties.

(C) denotes work done by company employees (S) denotes work done by subcontractors

- C S 1. Air Conditioning/Refrigeration
 Comfort Cooling/HVAC
 Process Refrigeration

2. Buildings
 Remodeling
 New (steel, brick, block, other)

3. Cleaning
 Industrial
 Janitorial

4. Civil
 Concrete
 Excavation/Grading
 Paving
 - Asphalt
 - Concrete

5. Demolition/Dismantling

6. Electrical
 General
 High-voltage/High-line
 Heat Tracing
 Cathodic Protection
 Grounding Systems

7. Inspection & Testing
 General NDT
 Infrared Scanning
 Eddy Current Testing
 Acoustic Emission
 Column Scanning
 Civil/Soils

- C S 11. Field Maintenance
 General
 Hot Tap/line stops
 Leak Sealing (online)
 Field Machining
 Tank/Vessel Code
 Boiler Code
 Exchanger Retubing
 Rotating Equipment
 Valve
 Cooling Tower
 High Alloy Welding (list type)
 Lead Lining
 Glass Lining
 Heat Treating
 Nonmetallic materials
 Pipe Fabrication
 Mobil Equipment Repair

12. New Construction

13. Painting

14. Refractory/Acid Brick

15. Rigging/Equipment Erection

16. Scaffolding

17. Scale Maintenance

18. Structural Steel Fab/Erection

19. Tanks - Field Erection

<input type="checkbox"/>	<input type="checkbox"/>	High Voltage Electrical	<input type="checkbox"/>	<input type="checkbox"/>	20. Blasting
<input type="checkbox"/>	<input type="checkbox"/>	Electrical Ground Inspection	<input type="checkbox"/>	<input type="checkbox"/>	21. Other
<input type="checkbox"/>	<input type="checkbox"/>	Fiberglass Inspection			
<input type="checkbox"/>	<input type="checkbox"/>	Other			
		8. Instrumentation			22. Consulting
<input type="checkbox"/>	<input type="checkbox"/>	General	<input type="checkbox"/>	<input type="checkbox"/>	- Mechanical
<input type="checkbox"/>	<input type="checkbox"/>	DCS Control Systems	<input type="checkbox"/>	<input type="checkbox"/>	- Electrical
			<input type="checkbox"/>	<input type="checkbox"/>	- Chemical
			<input type="checkbox"/>	<input type="checkbox"/>	- Metallurgical
			<input type="checkbox"/>	<input type="checkbox"/>	- Controls
			<input type="checkbox"/>	<input type="checkbox"/>	- Other
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	23. Environmental
			<input type="checkbox"/>	<input type="checkbox"/>	- Vacuum trucks
			<input type="checkbox"/>	<input type="checkbox"/>	- Waste handling/disposal
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

14. Describe Additional Services Performed: Heat Tracing, Fireproofing, Insulation Blankets, Touch Up Painting

15. List other types of work within the services you normally perform that you subcontract to others: Asbestos Abatement

16. A. Do you normally employ? Union Personnel Non-Union Personnel Leased Personnel
 B. Average number of employees for last 3 years - 55

17. Annual Dollar Volume for the Past Three Years:	YR2008 \$4.5 Million	YR2007 \$3.4 Million	YR2006 \$3.0 Million
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18. Largest Job During the Last 3 Years: \$1.5 Million (Insulation and Scaffolding at Air Liquide Pasadena Texas)

19. Your Firm's Desired Project Size:	Maximum: \$3.0 Million	Minimum: \$3,000
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20. D&B Financial Rating: 80	Annual Sales \$4.5 Million	Net Worth:
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21. Bank Credit Line: \$250,000+	Bonding Capacity \$1.5 Million	Bank Reference: 1 st Bank & Trust – Cleveland, TX
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22. Major jobs in progress:

Customer/Location	Type of Work	Size \$M	Customer Contact	Telephone
Bayou City Industrial Contractors	Scaf / Insulat		Jeff Bearden	281-842-9110
Certified Technical Services	Scaf / Insulat		Tommy Fisseler	713-477-0404
Dixie Chemical	Scaf / Insulat		Art Vaughn	281-850-3638

23. Major jobs completed in the past three years?

Customer/Location	Type of Work	Size \$M	Customer Contact	Telephone
DeJean Companies	Insulation	300,000	Jack Cheeks	281-479-5206
Air Liquide	Insulation	1.5 Mill	Shawn Doyle	281-474-1249
Texas System & Controls	Insulation	400,000	Glenn Flood	281-351-5990

24. Are there any judgments, claims or suits pending or outstanding against your company?
 If yes, please attach details. Yes No

25. Are you now or have you ever been involved in any bankruptcy or reorganization proceedings?
 If yes, please attach details. Yes No

HSE PERFORMANCE

26. Workers Compensation Experience Modification Rate (EMR) Data

a. EMR is:

- Interstate rate
 Intrastate rate
 Monopolistic State rate
 Dual rate

c. State of Origin: Texas

b. EMR for three last years:

.77 YR 2008 - 2009
 .77 YR 2007 - 2008
 .82 YR 2006 - 2007

d. EMR Anniversary Date: June

27. Injury and Illness Data:

a. Employee hours worked last three years excluding subcontractors)

Hours / Year	YR2006	YR2007	YR2008
Field	66,320	84,040	83,389
Total	78,800	98,600	93,789

b. Provide the following data (excluding subcontractor) using your OSHA 200 Forms from the past three (3) years:

Notes: (1) Data should be the best available data applicable to the work in this region or area.

- (2) If your company is not required to maintain OSHA 200 forms, (please provide information from your Worker's Compensation insurance carrier itemizing all claims for the last 3 years)
 (3) if data is being provided after July 31st please include current YTD cumulative

	YR2006		YR2007		YR2008	
	No.	Rate	No.	Rate	No.	Rate
Injury related fatality <u>Total Col. 1 x 200,000</u> Rate = Total Employee Hours	0	0	0	0	0	0
Lost workday case injuries involving days away from work, or days of restricted work activity, or both. <u>Total Col. 2 x 200,000</u> Rate = Total Employee Hours	0	0	0	0	4	8.53
Lost workday case injuries involving days away from work. <u>Total Col. 3 x 200,000</u> Rate = Total Employee Hours	0	0	0	0	4	8.53
Injuries involving medical treatment only. <u>Total Col. 6 x 200,000</u> Rate = Total Employee Hours	0	0	0	0	0	0
Total OSHA Recordable Injury Rate <u>(Total Col. 1 + 2 + 6) x 200,000</u> Rate = Total Employee Hours	0	0	0	0	4	8.53
Illness related fatality <u>Total Col. 8 x 200,000</u> Rate = Total Employee Hours	0	0	0	0	0	0
Lost workday case illnesses involving days away from work, or days of restricted work activity, or both. <u>Total Col. 9 x 200,000</u> Rate = Total Employee Hours	0	0	0	0	0	0
Lost workday case illnesses involving days away from work <u>Total Col. 10 x 200,000</u> Rate = Total Employee Hours	0	0	0	0	0	0
Illnesses not involving lost workdays or restricted workdays <u>Total Col. 13 x 200,000</u> Rate = Total Employee Hours	0	0	0	0	0	0
Total OSHA Recordable Illness Rate <u>(Total Col. 8 + 9 + 13) x 200,000</u> Rate = Total Employee Hours	0	0	0	0	0	0
Total OSHA Recordable Injury/Illness Rate <u>(Total Col. 1 + 2 + 6 + 8 + 9 + 13) x 200,000</u> Rate = Total Employee Hours	0	0	0	0	0	8.53

28. Have you received any regulatory (EPA, OSHA, etc.) citations in the last three years?

If yes, please attach copies. Yes No

Note: During June 2008, four of our employees were injured by ammonia gas inhalation as a result of a heat exchanger explosion at the Goodyear Chemical plant on Hwy 225, Houston, Texas. The employees were hospitalized and have been recovering during 2008 and 2009.

HSE MANAGEMENT

29. Highest ranking safety/health professional in the company: Rodney Lang Title: President

Contact: 2815437755

Telephone: 2814719900

Fax: 2814719904

30. Do you have or provide:

- a. Full time HSE Director Yes No
- b. Full time Site HSE Supervisor Yes No
- c. Full Time Job HSECoordinator Yes No

31. Do you have or provide:

- a. HSE incentive program Yes No
- b. Company paid HSE training Yes No

HSE PROGRAMS & PROCEDURES

32. a. Do you have a written HSE Program? Yes No
- b. Does the program address the following key elements?
1. Management commitment and expectations Yes No
 2. Employee participation Yes No
 3. Accountabilities and responsibilities for managers, supervisors, and employees Yes No
 4. Resources for meeting HSE requirements Yes No
 5. Periodic HSE performance appraisals for all employees Yes No
 6. HSE Recognition Program Yes No
 7. Hazard recognition and control Yes No
- c. Does the program satisfy your responsibility under the law for:
1. Ensuring your employees follow the HSE rules of the facility? Yes No
 2. Advising owner of any unique hazards presented by the contractor's work, and of any hazards found by the contractor? Yes No

33. Does the program include work practices and procedures such as:

- | | | | | | | |
|--|-----|-------------------------------------|----|-------------------------------------|-----|--------------------------|
| a. Equipment Lockout and Tagout (LOTO) | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| b. Confined Space Entry | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| c. Injury & Illness Recording | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| d. Fall Protection | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| e. Personal Protective Equipment | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| f. Portable Electrical/Power Tools | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| g. Vehicle Safety | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| h. Compressed Gas Cylinders | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/> |
| i. Electrical Equipment Grounding Assurance | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| j. Powered Industrial Vehicles (Cranes, Forklifts, JLGs, etc.) | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/> |
| k. Housekeeping | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| l. Accident/Incident Reporting | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| m. Unsafe Condition Reporting | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| n. Emergency Preparedness, including evacuation plan | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/> |
| o. Waste Disposal | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/> |
| p. Back Injury Prevention | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

34.	Do you have written programs for the following:					
a.	Hearing Conservation	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
b.	Respiratory Protection	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>
	Where applicable, have employees been:					
	Trained	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
	Fit tested	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
	Medically approved	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
c.	Hazard Communication	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
	Have employees been trained	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
d.	Program to support the contractor requirements of the OSHA Process Safety Management of Highly Hazardous Chemicals; Explosives and Blasting Agents Standard (29 CFR 1910).	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
35.	Do you have a substance abuse program?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
	If yes, does it include the following?					
	• Pre-placement Testing	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
	• Random Testing	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
	• Testing for Cause	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
	• DOT Testing	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
	• Post Incident Testing	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
36.	Do your employees read, write, and understand English such that they can perform their job tasks safely without an interpreter?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
	If no, provide a description of your plan to assure that they can safely perform their jobs.					
37.	Medical					
a.	Do you conduct medical examinations for:					
	• Pre-placement	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
	• Preplacement Job Capability	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
	• Hearing Function (Audiograms)	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
	• Pulmonary	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
	• Respiratory	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
b.	Describe how you will provide first aid and other medical services for your employees while on-site. Specify who will provide this service: Job Foreman					
c.	Do you have personnel trained to perform first aid and CPR?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
38.	Do you hold site HSE meetings for:					
	Field Supervisors	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Frequency Monthly
	Employees	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Frequency Daily
	New Hires	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Frequency Daily
	Subcontractors	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Frequency
	Are the HSE meetings documented?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
39.	Personal Protection Equipment (PPE)					
a.	Is applicable PPE provided for employees?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
b.	Do you have a program to assure that PPE is inspected and maintained?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
40.	Do you have a corrective action process for addressing individual HSE performance deficiencies?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	

41. Equipment and Materials:						
a.	Do you have a system for establishing applicable health, safety, and environmental requirements for acquisition of materials and equipment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
b.	Do you conduct inspections on operating equipment (e.g., cranes, forklifts, JLGs) in compliance with regulatory requirements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
c.	Do you maintain operating equipment in compliance with regulatory requirements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

42. Subcontractors						
	Do you use subcontractors? (If no, skip to question 43)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
a.	Do you use HSE performance criteria in selection of subcontractors?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>
b.	Do you evaluate the ability of subcontractors to comply with applicable HSE requirements as part of the selection process?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>
c.	Do your subcontractors have a written HSE Program?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>
d.	Do you include your subcontractors in:					
	• HSE Orientation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
	• HSE Meeting	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A <input type="checkbox"/>
	• Inspections	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
	• Audits	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

43. Inspections and Audits					
a.	Do you conduct HSE inspections?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
b.	Do you conduct HSE program audits?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
c.	Are corrections of deficiencies documented?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

HSE TRAINING

45. HSE Training					
a.	Have your employees received the required HSE training and retraining and is it documented?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
b.	Do you have a specific HSE training program for supervisors?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
c.	Are all employees trained in the work practices needed to safely perform his/her job?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
d.	Is each employee instructed in the known potential of fire, explosion, or toxic release hazards related to his/her job, the process and the applicable provisions of the emergency action plan?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Date of Document – February 2009