



## CONTRACTOR PREQUALIFICATION QUESTIONNAIRE

Please complete questionnaire and attach additional information for other locations as necessary.

Company:	<u>ProEnergy Services, LLC</u>	Date:	<u>08/25/10</u>
Contact:	<u>Joaquin Mavares</u>	Title:	<u>Director of International Sales</u>
Street Address:	<u>2001 ProEnergy Blvd.</u>	P.O. Box:	<u></u>
City:	<u>Sedalia</u>	City:	<u></u>
State/Zip:	<u>Missouri /65301</u>	State/Zip:	<u></u>
Phone:	<u>660-829-5100</u>	Fax:	<u>660-829-1160</u>
E-Mail:	<u>jmavares@proenergyservices.com</u>	Web Address:	<u>www.proenergyservices.com</u>

*Preferred address for sending bid packages:*

*Preferred address for updating data:*

Contact:	<u>Sherri Meyer</u>	Contact:	<u>Sherri Meyer</u>
Title:	<u>Proposal Manager</u>	Title:	<u>Proposal Manager</u>
Address:	<u>2001 ProEnergy Blvd.</u>	Address:	<u>2001 ProEnergy Blvd.</u>
	<u>Sedalia, MO 65301</u>		<u>Sedalia, MO 65301</u>
Phone:	<u>660-829-5100</u>	Phone:	<u>660-829-5100</u>
Fax:	<u>660-829-1160</u>	Fax:	<u>660-829-1160</u>
E-Mail:	<u>smeyer@proenergyservices.com</u>	E-Mail:	<u>smeyer@proenergyservices.com</u>

### 1. RELATED PROJECT EXPERIENCE

#### *Plant / Work Type Experience*

<input checked="" type="checkbox"/> Chemical	<input checked="" type="checkbox"/> Powerhouse	<input checked="" type="checkbox"/> Other (Specify Type)
<input checked="" type="checkbox"/> Refinery	<input checked="" type="checkbox"/> Oil	<u>Wind</u>
<input checked="" type="checkbox"/> Water Treatment	<input checked="" type="checkbox"/> Gas	<u></u>
<input checked="" type="checkbox"/> Power Transmission Line	<input checked="" type="checkbox"/> Coal	<u></u>
<input type="checkbox"/> Telecommunications	<input checked="" type="checkbox"/> Nuclear	<u></u>

Has your company ever worked with HOVENSA, [Hess Corporation](#), [Petroleos de Venezuela](#) or any subsidiary in the past?

☒ Yes ☐ No

If yes, List

<u>Project</u>	<u>Location</u>	<u>Date</u>
<u>Start Up Manager</u>	<u>St. Croix Facility</u>	<u>07/07/08</u>
<u>Various Hess projects</u>	<u>Various Hess locations</u>	<u>2004-2005</u>

**Refer to Attachment A. Attachment A must be filled out for this section to be considered complete.**

### 2. ORGANIZATION

Years in Business 8 Tax ID # 01-0691758

USVI Business License Number  Or, confirm ability to obtain USVI Business License ☐ Yes

Company is legally established as: LLC

<input type="checkbox"/> Corporation	State of Organization: <u>Missouri</u>	Date: <u>May 2002</u>
<input type="checkbox"/> Partnership	Partners: <u></u>	
<input type="checkbox"/> Joint Venture	Partners: <u></u>	



\_\_\_\_ Proprietorship Owner: Jeff Canon  
\_\_\_\_ Other: Specify: \_\_\_\_\_

If yes, complete the following:

Is Company owned or controlled by a parent company? \_\_\_\_ Yes X No

Legal Name of Parent Company: \_\_\_\_\_  
Full Address of Parent Company: \_\_\_\_\_

Relationship to Parent: \_\_\_\_ Subsidiary \_\_\_\_ Division Date of Ownership \_\_\_\_\_

Key Personnel:	Name	<a href="#">Attach Qualifications</a>
President:	<u>Jeff Canon, President &amp; CEO</u>	
Vice President:	<u>John D. Stevens, Jr, VP of Sales</u>	
Engineering Manager:	<u>David Whisenhunt, President of EPC</u>	
Construction Manager:	<u>Mike Horn, VP of Field Services</u>	
Contract Manager:	<u>Scott Dieball, VP of Business Operations</u>	
Quality Control Manager:	<u>Donald Buehrig</u>	
Safety Manager:	<u>Alfred Bartol, VP of EH&amp;S and QA/QC</u>	

Total Number of Employees \_\_\_\_ Home Office \_\_\_\_ Field

Utilizing Business Classification as defined by U.S. Government agencies, Company certifies that its Classification is:

x Large Business \_\_\_\_ Small Business \_\_\_\_ Disadvantaged Business \_\_\_\_ Woman-owned Business

Does your company operate as \_\_\_\_ Union x Open \_\_\_\_ Both

Does your company operate under a national labor agreement? \_\_\_\_ Yes x No

If yes, explain: \_\_\_\_\_

Does your company operate under any local labor agreement? \_\_\_\_ Yes x No

If yes, explain: \_\_\_\_\_

Has your company been involved in any labor disputes within the past 5 years? \_\_\_\_ Yes x No

If yes, explain: \_\_\_\_\_

Is your company a member of any contractor's association? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_

Is your company in any ongoing litigation that could impact your ability to perform the BOO? Yes or No x

### 3. FINANCIAL DATA

**Refer to Attachment B. Attachment B must be filled out for the Financial Data section to be considered complete.**

Project Size Capability:

X Less than \$100,000,000  
X \$100MM – \$500MM  
\_\_\_\_ \$500MM - \$1Billion  
\_\_\_\_ Over \$1Billion  
X \$500,000-\$1,000,000



#### 4. BANK REFERENCE

Bank(s) Maintaining Account(s) JP Morgan Chase  
Contact Name Judy E. Griffith Phone: 918-586-5462

#### 5. BONDING

Capacity \$150M  
Bonding Company Mid-Continent Casualty Company Phone: \_\_\_\_\_  
Contact Name Tom Quick Phone: 816-444-9494

#### 6. INSURANCE [Attach Certificate of Insurance](#)

Name of Insuring Company Cretcher Heartland Phone: 913-341-8998  
Contact Name Tom Quick Phone: \_\_\_\_\_

#### 7. GEOGRAPHICAL RADIUS OF OPERATIONS

☒ Local - Portion of State: \_\_\_\_\_  
☒ Regional - Which States: \_\_\_\_\_  
☒ National - All States \_\_\_\_\_  
☒ International – Countries: ProEnergy operates world wide

#### 8. QUALITY SYSTEM [Attach Quality Control Manual and/or ISO Certificate](#)

Is your company ISO certified? ☒ Yes ☐ No  
If no, do you have a documented quality system in place? ☒ Yes ☐ No  
If requested, would you permit access to your facilities for inspection or audit? ☒ Yes ☐ No

#### 9. CONTACT INFORMATION

Please provide information for someone that Hovensa may contact with questions in regards to this prequalification.

Sherri Meyer 660-829-5100  
Name Phone:  
smeyer@proenergyservices.com  
E:Mail



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**9. PLEASE ATTACH THE FOLLOWING INFORMATION:**

- Listing of work currently under contract, including name, location, amount, client and reference or contact
- Relevant Project Experience List
- Key personnel qualifications
- Most recent audited financial statement.
- Insurance Certificate
- Quality Assurance Manual –uncontrolled copy - (including second tier inspection and testing procedures and work instructions if they are separate from QA manual)
- Safety information as requested on the Safety and Health Program Questionnaire including:
  - EMR for the last 3 years on your insurance carrier's letterhead
  - OSHA Logs for the last 3 years
  - Safety and Health Program (CD or Diskette if possible)
- Sales and Marketing Brochures
- Copy of Company Organization Chart

SEE ATTACHED SUPPORTING DOCUMENTS FOR INFORMATION ABOVE



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**Company's relevant past experience record regarding Finance, Build. and Operate capabilities. It is preferred that each experience record contains:**

- Project Name
- Client Name
- Equipment/Material Supplied
- Company's Contract Value
- Amount Fiananced
- Financing Type
- Location
- Date

**Company's relevant past experience record regarding Equipment/Material and Engineering capabilities. It is preferred that each experience record contains:**

- Project Name
- Client Name
- Equipment/Material Supplied
- Company's Contract Value
- Location
- Date

**Company's relevant past experience record regarding subcontracting/construction services for projects. It is preferred that each experience record contains:**

- Project Name
- Client Name
- Subcontracting/construction services supplied
- Company's Contract Value
- Location
- Date

**Company's relevant past experience record regarding Operations/Maintenance services for projects. It is preferred that each experience record contains:**

- Project Name
- Client Name
- Capacity - Power in MW
- Power Purchaser
- Steam Purchaser
- Company's Contract Value
- Location
- Date
- Describe the Operation and Maintenance programs established and the Operations and Maintenance records achieved.

**Construction SubContractor/Service Supplier Additional Information**

- Does the company have state licenses?
  - State license details?
- What is the largest project/contract company has performed? (As A B.O.O)
- What is the largest project/contract company can accommodate?
- Countries – States/Provinces/Areas where company has experience performing two or more Projects



**Attachment A  
Relevant Project Experience**

Provide information requested in the format shown below. This form may be duplicated for additional reference projects. Supplemental sheets may be attached with reference project number and category identified. Note that this form may be used for both projects that are complete as well as projects that are under development.

Project Name:	LaRaisa I and II		Reference Project No: T9018/T9036
Type of Project:	<input type="checkbox"/> Design	<input type="checkbox"/> Construction	<input type="checkbox"/> Operation and Maintenance
	X <input type="checkbox"/> Design/Build	<input type="checkbox"/> Design/Build/Operate	<input type="checkbox"/> Other _____
Respondent Role on Project:	<input type="checkbox"/> Design	<input type="checkbox"/> Construction	<input type="checkbox"/> Operation and Maintenance
	X <input type="checkbox"/> Design/Build	<input type="checkbox"/> Design/Build/Operate	<input type="checkbox"/> Other _____
Description of respondent role:	Engineering, Procurement, Construction, Start-Up Testing		
Year Installed	2009/2010		
A. Applicability and relevance of referenced project to the Facility:			
B. Submittal team participants (personnel): David Whisenhunt, WT Stewart, Kent McAllister, Craig DeWees, Omar Petit Jr., Julianne Wilson			
C. Other key participants (firms): EDGI			
D. Team Structure, management description: To be provided during contract negotiations			
E. Customer and Owner: Derwick Associates/EDC			
F. Location of project: Venezuela			



G. Current status of project (design, construction, or operation phase) and number of years of operation: Construction phase / 2010
H. Description of systems and processed, including size and capacity: (3) FT8s Pratt & Whitneys (2) 7EA units
I. Number of people employed and job categories for operating the facilities: N/A
J. Original and final construction contract amount: \$61MM
K. Percent of change orders through construction and cause: Less than 5%, only change orders that were requested by the client
L. Summary of claims over \$100,000 and how resolved Zero
M. Annual operating costs: N/A
N. Annual capital costs (repair and replacement): N/A
O. Source of funding: Client/Self Funded
P. History of operations, including start-up date and years of service: In Construction phase
Q. Operation contract renewal history: N/A
R. Description of responsible parties and procedure for gaining governmental approvals on project: N/A



S. History of compliance with permit conditions and performance guarantees (if any): Good. ProEnergy Services complied with all local/national codes and permits

T. Description of any ingenuity and innovation employed on project: N/A

U. Key project contact of Customer (name, address, telephone, e-mail): Derwick Associates-Pedro Trabbau Lopez +58.212.206.8440 or 1.786.266.7703  
ptrebbau@derwickassociates.com

V. Key project contact of respondent (name, address, telephone, e-mail):



**Attachment A  
Relevant Project Experience**

Provide information requested in the format shown below. This form may be duplicated for additional reference projects. Supplemental sheets may be attached with reference project number and category identified. Note that this form may be used for both projects that are complete as well as projects that are under development.

Project Name:	El Furrial		Reference Project No: T1004
Type of Project:	<input type="checkbox"/> Design	<input type="checkbox"/> Construction	<input type="checkbox"/> Operation and Maintenance
	<input checked="" type="checkbox"/> Design/Build	<input type="checkbox"/> Design/Build/Operate	<input type="checkbox"/> Other _____
Respondent Role on Project:	<input type="checkbox"/> Design	<input type="checkbox"/> Construction	<input type="checkbox"/> Operation and Maintenance
	<input checked="" type="checkbox"/> Design/Build	<input type="checkbox"/> Design/Build/Operate	<input type="checkbox"/> Other _____
Description of respondent role:	Engineering, Procurement, Construction, Start-Up Testing		
Year Installed	2010		
A. Applicability and relevance of referenced project to the Facility:			
B. Submittal team participants (personnel): David Whisenhunt, WT Stewart, Kent McAllister, Craig DeWees, Omar Petit Jr., Julianne Wilson			
C. Other key participants (firms): IEA			
D. Team Structure, management description: To be provided during contract negotiations			
E. Customer and Owner: Derwick Associates/PDVSA			
F. Location of project: Jusepin, Venezuela			
G. Current status of project (design, construction, or operation phase) and number of years of operation:			



Construction phase / 2010
H. Description of systems and processed, including size and capacity: (3) RR Trent 60s units
I. Number of people employed and job categories for operating the facilities: N/A
J. Original and final construction contract amount: \$40MM
K. Percent of change orders through construction and cause: Less than 5%, only change orders that were requested by the client
L. Summary of claims over \$100,000 and how resolved Zero
M. Annual operating costs: N/A
N. Annual capital costs (repair and replacement): N/A
O. Source of funding: Client/Self Funded
P. History of operations, including start-up date and years of service: In Construction phase
Q. Operation contract renewal history: N/A
R. Description of responsible parties and procedure for gaining governmental approvals on project: N/A
S. History of compliance with permit conditions and performance guarantees (if any): Good. ProEnergy Services complied with all local/national codes and permits



T. Description of any ingenuity and innovation employed on project: N/A

U. Key project contact of Customer (name, address, telephone, e-mail): Derwick Associates-Pedro Trabbau Lopez +58.212.206.8440 or 1.786.266.7703  
ptrebbau@derwickassociates.com

V. Key project contact of respondent (name, address, telephone, e-mail):

**Attachment A  
Relevant Project Experience**

Provide information requested in the format shown below. This form may be duplicated for additional reference projects. Supplemental sheets may be attached with reference project number and category identified. Note that this form may be used for both projects that are complete as well as projects that are under development.

Project Name:	CVG A and CVG B		Reference Project No: 410-3202/3203
Type of Project:	<input type="checkbox"/> Design	<input type="checkbox"/> Construction	<input type="checkbox"/> Operation and Maintenance
	<input checked="" type="checkbox"/> Design/Build	<input type="checkbox"/> Design/Build/Operate	<input type="checkbox"/> Other _____
Respondent Role on Project:	<input type="checkbox"/> Design	<input type="checkbox"/> Construction	<input type="checkbox"/> Operation and Maintenance
	<input checked="" type="checkbox"/> Design/Build	<input type="checkbox"/> Design/Build/Operate	<input type="checkbox"/> Other _____
Description of respondent role:	Engineering, Procurement, Construction, Start-Up Testing		
Year Installed	2010		
A. Applicability and relevance of referenced project to the Facility:			
B. Submittal team participants (personnel): David Whisenhunt, WT Stewart, Kent McAllister, Craig DeWees, Omar Petit Jr., Julianne Wilson			
C. Other key participants (firms): EDGI			
D. Team Structure, management description: To be provided during contract negotiations			
E. Customer and Owner: Derwick Associates/SIDOR			
F. Location of project: Puerto Ordaz, Venezuela			
G. Current status of project (design, construction, or operation phase) and number of years of operation:			



Construction phase / 2010

H. Description of systems and processed, including size and capacity: (2) 7EA units (2) LM6000s units (1) 7FA unit as a simple cycle with provisions of a combined cycle

I. Number of people employed and job categories for operating the facilities: N/A

J. Original and final construction contract amount: \$132MM

K. Percent of change orders through construction and cause:  
Less than 5%, only change orders that were requested by the client

L. Summary of claims over \$100,000 and how resolved Zero

M. Annual operating costs: N/A

N. Annual capital costs (repair and replacement): N/A

O. Source of funding: Client/Self Funded

P. History of operations, including start-up date and years of service: Start up in 2010

Q. Operation contract renewal history: N/A

R. Description of responsible parties and procedure for gaining governmental approvals on project: N/A





S. History of compliance with permit conditions and performance guarantees (if any): Good. ProEnergy Services complied with all local/national codes and permits

T. Description of any ingenuity and innovation employed on project: N/A

U. Key project contact of Customer (name, address, telephone, e-mail): Derwick Associates-Pedro Trabbau Lopez +58.212.206.8440 or 1.786.266.7703  
ptrebbau@derwickassociates.com

V. Key project contact of respondent (name, address, telephone, e-mail):

**Attachment A  
Relevant Project Experience**

Provide information requested in the format shown below. This form may be duplicated for additional reference projects. Supplemental sheets may be attached with reference project number and category identified. Note that this form may be used for both projects that are complete as well as projects that are under development.

Project Name:	Naudero I		Reference Project No: T9014
Type of Project:	<input type="checkbox"/> Design	<input type="checkbox"/> Construction	<input type="checkbox"/> Operation and Maintenance
	X <input type="checkbox"/> Design/Build	<input type="checkbox"/> Design/Build/Operate	<input type="checkbox"/> Other _____
Respondent Role on Project:	<input type="checkbox"/> Design	<input type="checkbox"/> Construction	<input type="checkbox"/> Operation and Maintenance
	X <input type="checkbox"/> Design/Build	<input type="checkbox"/> Design/Build/Operate	<input type="checkbox"/> Other _____
Description of respondent role:	Engineering, Procurement, Construction, Start-Up Testing		
Year Installed	2009/2010		
A. Applicability and relevance of referenced project to the Facility:			
B. Submittal team participants (personnel): David Whisenhunt, WT Stewart, Kent McAllister, Craig DeWees, Omar Petit Jr., Julianne Wilson			
C. Other key participants (firms): EDGI			
D. Team Structure, management description: To be provided during contract negotiations			
E. Customer and Owner: David Walters WPI/PPR			
F. Location of project: Pakistan			
G. Current status of project (design, construction, or operation phase) and number of years of operation:			



Operation phase / 2010
H. Description of systems and processed, including size and capacity: (2) RB211 units
I. Number of people employed and job categories for operating the facilities: N/A
J. Original and final construction contract amount: \$22MM
K. Percent of change orders through construction and cause: Less than 5%, only change orders that were requested by the client
L. Summary of claims over \$100,000 and how resolved Zero
M. Annual operating costs: N/A
N. Annual capital costs (repair and replacement): N/A
O. Source of funding: Client/Self Funded
P. History of operations, including start-up date and years of service: Start up in 2010
Q. Operation contract renewal history: N/A
R. Description of responsible parties and procedure for gaining governmental approvals on project: N/A
S. History of compliance with permit conditions and performance guarantees (if any): Good. ProEnergy Services complied with all local/national codes and permits





T. Description of any ingenuity and innovation employed on project: N/A

U. Key project contact of Customer (name, address, telephone, e-mail): David Walters  
Phone Number 405-840-8383  
Email david@walterspover.com

V. Key project contact of respondent (name, address, telephone, e-mail):



**Attachment B**  
**Financial Data**

**Company Name:** See Supporting Documents for Financial Letter

**Project Role:** \_\_\_\_\_

		2007	2008	2009
A	Operating Revenues			
B	Operating Expenses (not including Depreciation and Amortization)			
C	Depreciation and Amortization			
D	Operating Income (A – B – C)			
E	Net Income			
F	Total Assets			
G	Current Assets			
H	Total Liabilities			
I	Current Liabilities			
J	Net Worthy (Equity) (F – H)			