**FDS CONTRACTOR’S QUALIFICATION REQUIREMENTS AND CONTACTS**

1. A305 Contractor’s Qualification Statement with references (sample attached).
2. Family Dollar Supplemental Form of Contractor’s Qualification Statement (sample attached).
3. Letter from Contractor’s Bonding Company (A- or greater) indicating aggregate limits and single project limits (if bidding a project in excess of $90,000).
5. Cover letter giving brief introduction and daytime phone number and contacts.
6. Copy of State License.
8. Background Inquiry Consent Form (sample attached).

**Western Territory**

Carl Griffin (Director of Construction)

P. O. Box 1017
Charlotte, NC 28201
Email Address: carlgriffin@familydollar.com

*Covers the field construction activities for the following states:* California, Nevada, Arizona, Utah, Idaho, Montana, Wyoming, Colorado, New Mexico, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Minnesota, Iowa, Missouri, Arkansas, Louisiana, Wisconsin, Illinois, Tennessee, Mississippi, Michigan, Indiana, and Kentucky.

**Eastern Territory**

Paul Nault (Director of Construction)

P. O. Box 1017
Charlotte, NC 28201
Email Address: pnault@familydollar.com

*Covers the field construction activities for the following states:* Maine, New Hampshire, Vermont, Massachusetts, Rhone Island, Connecticut, New Jersey, Delaware, District of Columbia, Maryland, New York, Pennsylvania, Ohio, West Virginia, Virginia, North Carolina, South Carolina, Georgia, Alabama and Florida.
Family Dollar Supplemental Form of Contractor’s Qualification Statement
Family Dollar Supplemental 2003 revision – Electronic Format

1. Organization:
   1.1 Company History (Brief narrative of your company’s history, can use separate attachment).

   1.2 List the name of Principals of your Organization and attach Resumes as available.

   1.3 List the name of your Office Manager along with their E-mail address (if available) and direct phone number.

   1.4 How many superintendents do you have available to work on Family Dollar Projects?

   1.5 How many projects can your company handle at one time?

   1.6 Does your company have an E-mail address? If so, please indicate?

   1.7 Do you currently have a web site? If so, what is the address?

   1.8 Do your superintendents have capabilities of sending/receiving E-mail on Site?
1.9 Are Digital cameras on site? If yes, can photos be E-mailed?

2. Licensing:
   2.1 List all states in which you are legally licensed, include license and registration numbers (Hard copy must be included).

   2.2 List all states in which you are legally licensed and have completed work in the last 5 years.

3. Experience:
   3.1 Indicate the last 5 projects (other than Family Dollar) that your organization has completed? Type of Construction? Costs? Time Frame? Who for?

4. References:
   4.1 List 3 Sub-Contractors that you have been doing business with for at least 1 year (Indicate their Trade, Contacts and Phone numbers).

   4.2 If required, can you produce a Payment and Performance Bond? What is your bonding rate (percentage)?

   4.3 What is the largest project you have ever Bonded? (Give brief description of project)
5. Financing:

5.1 Do you have a D&B number? (Dun & Bradstreet) Yes □ No □
If yes, please indicate.

5.2 Do you have an extended line of credit with a financial institution or supplier? If yes, please indicate?

6. Signature:

6.1 I acknowledge that the foregoing is true and accurate to the best of my knowledge. I further acknowledge that providing false or misleading information on this form constitutes a material breach by Vendor or any agreement, oral or written, between Vendor and Family Dollar.

6.2 Dated at

By:

Title:

6.3 Being duly sworn deposes and says that the information provided herein is true and sufficiently complete so as not to be misleading.

Subscribed and sworn before me this day of

Notary Public:
Background Inquiry Consent

I, ___________________________, a duly authorized representative, principal, shareholder, officer, proprietor, member, or partner of ___________________________ (hereinafter “Vendor”), in connection with, as a prerequisite to, and for the duration of any business relationship (including any contract for vendor services/products) between Vendor and Family Dollar Stores, Inc., its subsidiaries and/or affiliates (collectively “Family Dollar”), understand that investigative background inquiries are to be made (including consumer, criminal, civil, and/or other reports) on myself and/or Vendor, its partners, members, proprietor(s), principals, officers, and/or controlling shareholders by Family Dollar. This information may be obtained, in whole or in part, from Axiom Information Security Services (AISS), 6111 Oak Tree Blvd., 4th Floor, Independence, OH 44131, telephone 800-853-3228. These reports may include information as to personal and/or business reputation, character, creditworthiness, mode of living, and credit standing. Further, I understand that Family Dollar may request information from various federal, state and other agencies which maintain records concerning the past activities relating to the credit, civil and other experiences as well as insurance claims involving myself and/or Vendor, its partners, members, proprietors, officers, principals, and/or controlling shareholders.

If this Consent is being given for an individual person and not a business, I understand I may have the right to ask in writing for a complete disclosure of the nature and scope of the investigation requested along with a summary of rights under federal law.

I authorize, without reservation, any party or agency contacted by Family Dollar, AISS or others to furnish the above mentioned information.

Print Full Name Have you been known by other names in the past five years? Yes No (Circle One) If yes, please list those names here: ___________________________

Social Security Number / / Date of Birth / / Month Day Year

Current Address ________________________________________________________________

City/State/Zip _______________________________________________________________________

Driver’s License No. State ________________ Company/Business

Name ___________________________________________________ Business Address

(Street/City/State/Zip) _________________________________________________ State Business License

# ____________________________ Are you now, or have you been a principal, partner, member, owner, officer, controlling shareholder, or proprietor engaged in any other business in the last ten (10) years? Yes No (Circle one). If yes, please provide the business name(s), location(s), date(s) of operation, and primary line(s) of business:

I acknowledge that the foregoing is true and accurate to the best of my knowledge. I further acknowledge that providing false or misleading information on this form constitutes a material breach by Vendor of any agreement, oral or written, between Vendor and Family Dollar.

Signature/Title ____________________________ Date ____________________________
# Construction Credit Score Report: DE Iulis Brothers Cnstr Co

For help understanding this report, refer to:
Glossary of Terms | Interpreting D&B Ratings & Scores | Protect Yourself from Fraud

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ATTN: Alice Barrier

CONSTRUCTION SUPPLIER INDUSTRY CREDIT SCORING REPORT

---

<table>
<thead>
<tr>
<th>D-U-N-S:</th>
<th>DATE PRINTED:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>BUSINESS RECORD DATE:</td>
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</table>

**BUSINESS SUMMARY**

<table>
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<tr>
<th>CONTROL:</th>
<th>EMPLOYS:</th>
<th>NET WORTH:</th>
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<tbody>
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<th>SIC:</th>
<th>LOB:</th>
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</table>

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**PAYMENTS REPORTED FROM MEMBERS OF THE CONSTRUCTION SUPPLIER INDUSTRY**
(amounts may be rounded to nearest figure in prescribed ranges)

<table>
<thead>
<tr>
<th>Antic - Anticipated (Payments received prior to date of invoice)</th>
<th>Disc - Discounted (Payments received within trade discount period)</th>
<th>Ppt - Prompt (Payments received within terms granted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>REPORTED PAYING RECORD</td>
<td>HIGH CREDIT</td>
<td>NOW OWES</td>
</tr>
</tbody>
</table>

Payment experiences reflect how bills are met in relation to the terms granted. In some instances payment beyond terms can be the result of disputes over merchandise, skipped invoices etc.

Each experience shown represents a separate account reported by a supplier. Updated trade experiences replace those previously reported.

CONSTRUCTION SUPPLIER INDUSTRY CREDIT SCORING SECTION

The CONSTRUCTION SUPPLIER INDUSTRY CREDIT RISK SCORE predicts the likelihood of a firm paying bills for construction supplies in a severely delinquent manner (90+ Days Past Terms) during the next 12 months, based on the information in Dun & Bradstreet's files. The score was calculated using statistically valid models derived from D&B's extensive information files.

The PERCENTILE ranks the firm relative to all businesses who purchase construction materials on trade credit. For example, a firm in the 80th percentile is a better risk than 79% of all construction supply customers.

The INCIDENCE OF DELINQUENT PAYMENT is the proportion of construction supply customers with scores in this range that were reported severely delinquent by members of the construction supply industry. The incidence of delinquent payment for the entire population of construction supply customers was 12.4% over the past year.

CONSTRUCTION SUPPLIER INDUSTRY CREDIT RISK SCORE:
(1 HIGHEST RISK - 100 LOWEST RISK)

PERCENTILE:

INCIDENCE OF DELINQUENT PAYMENT FOR CONSTRUCTION SUPPLIER CUSTOMERS WITH SCORES 71 - 75:

CREDIT ANALYSIS SECTION

THE CONSTRUCTION SUPPLIER INDUSTRY CREDIT RISK SCORE IS BASED ON THE FOLLOWING FACTORS IN ADDITION TO OTHER INFORMATION AVAILABLE IN DUN & BRADSTREET'S FILES:
- General payment information indicates slow or negative payment(s) present.

SUMMARY OF PAYMENT INFORMATION FROM ALL INDUSTRIES

AVG. HIGH CREDIT:
HIGHEST CREDIT:

TOTAL # TRADE EXPERIENCES:
PAYDEX SCORE - FIRM:
PAYDEX SCORE - INDUSTRY:

Financial information from a Fiscal Statement dated is available.

UCC filing(s) are reported for this business.

Indications of slowness can be the result of disputes over merchandise, skipped invoices, etc.

CUSTOMER SERVICE

If you need any additional information, would like a credit consultation, or have any questions, please call our Customer Service Center at (800) 234-3667 from anywhere within the U.S. From outside the U.S., please call your local D&B office.

To obtain additional information on this company, please order other D&B products and services.
# Certificate of Liability Insurance

**Insured:**

**Insurers Affording Coverage:**

**Averages:**

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Policy Number</th>
<th>Policy Effective Date (MM/DD/YY)</th>
<th>Policy Expiration Date (MM/DD/YY)</th>
<th>Limits</th>
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</thead>
<tbody>
<tr>
<td>General Liability</td>
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<tr>
<td>Commercial General Liability</td>
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<td>Occur</td>
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<td>08/12/02</td>
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<tr>
<td>Aggregate Limit Applies per Policy</td>
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<td>Aggregate Limit Applies per Project</td>
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<td>Aggregate Limit Applies per LOC</td>
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<tr>
<td>Automobile Liability</td>
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<tr>
<td>Any Auto</td>
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<td>08/12/02</td>
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<tr>
<td>All Owned Autos</td>
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<tr>
<td>Scheduled Autos</td>
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<td>Non-Owned Autos</td>
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<tr>
<td>Garage Liability</td>
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<tr>
<td>Any Auto</td>
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<tr>
<td>Excess Liability</td>
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<td>policy deductible</td>
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<td>Workers Compensation and Employers' Liability</td>
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<td>Any Auto</td>
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<td>Other Than Auto Only</td>
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<tr>
<td>Excess Liability</td>
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<td>Medical Expenses</td>
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<td>Bodily Injury</td>
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<tr>
<td>Equipment Floater</td>
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<td>Install/Builders R</td>
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**Description of Operations/Locations/Vehicles/Exclusions Added by Endorsement Special Provisions**

**Certificate Holder:**

**Additional Insured: Insurer Letter:**

**Cancellation:**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail a notice to the certificate holder named to the left. But failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

**Authorized Representative:**

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