

CONTRACTOR PREQUALIFICATION QUESTIONNAIRE

STRAVIK Construction Group · Controlled Document

Document No.	Revision	Effective Date	Document Owner	Status
STV-LEG-FRM-009	00 (Initial Issue)	2026-10-24	President	Issued for review / pending approval

Management system alignment: This document is aligned with ISO 9001:2015, ISO 14001:2015 and ISO 45001:2018 requirements as applicable. STRAVIK Construction Group does not claim third-party certification to these standards. Florida Certified General Contractor License No. **[FL LICENSE NO.]**.

REVISION HISTORY

Rev.	Date	Description of Change	Prepared By	Approved By
00	2026-10-24	Initial issue for STRAVIK Construction Group	[PREPARED BY]	Michael Gaya, President

INSTRUCTIONS

This questionnaire presents STRAVIK Construction Group's standard prequalification information for owners, construction managers and general contractors. Supporting documents are referenced by their STV document numbers. Fields shown in highlight are to be completed before submission.

SECTION 1 – ORGANIZATION

Item	Response
Legal name	STRAVIK Construction Group [LEGAL ENTITY TYPE]
Principal office	4521 PGA Blvd, Unit 509, Palm Beach Gardens, FL 33418
Telephone / Email / Web	954-235-3229 · info@stravikgroup.com · www.stravikgroup.com
Principal	Michael Gaya, President
Form of organization / State of formation	[LEGAL ENTITY TYPE] / [STATE OF FORMATION]
Date established	[YEAR ESTABLISHED]
FEIN	[FEIN]
UEI / CAGE	[UEI] / [CAGE CODE]
NAICS codes	[NAICS CODES]
Divisions	General Contracting · Structures · Development · Infrastructure
Affiliated companies	[AFFILIATED COMPANIES]

SECTION 2 – LICENSING

License / Registration	Number	Jurisdiction	Expiration
Certified General Contractor	[FL LICENSE NO.]	State of Florida (DBPR)	[EXPIRATION]
Business license	[LICENSE NO.]	[JURISDICTION]	[EXPIRATION]
USVI contractor / business license	[USVI LICENSE NO.]	U.S. Virgin Islands (DLCA)	[EXPIRATION]

SECTION 3 – EXPERIENCE

Item	Response
Years in business under current name	[YEARS IN BUSINESS]
Average annual construction volume (last 3 years)	[ANNUAL VOLUME]
Largest project completed	[LARGEST PROJECT]
Work typically self-performed	[SELF-PERFORMED SCOPES]
Project experience and references	See STV-LEG-FRM-010

Representative experience: post-hurricane (Irma and Maria) restoration of educational infrastructure in the U.S. Virgin Islands, including importing and installing temporary school facilities, multi-modal logistics, customs clearance, and delivery of furniture and supporting utilities.

SECTION 4 – SAFETY

Item	Response
Experience Modification Rate (last 3 years)	[EMR]
OSHA 300A recordables / TRIR / DART (last 3 years)	[OSHA 300A DATA] / [TRIR] / [DART]
OSHA citations (last 3 years)	[OSHA CITATIONS]
Written safety program	Yes — STV-HSE-MAN-001, STV-HSE-MAN-002
Safety Director	[SAFETY DIRECTOR]
EMR / safety statistics letter	STV-HSE-FRM-020

SECTION 5 – INSURANCE & BONDING

Item	Response
Insurance carrier / broker	[INSURANCE CARRIER] / [INSURANCE BROKER]
General liability (per occurrence / aggregate)	[GL LIMITS]
Automobile liability	[AUTO LIMITS]

Item	Response
Workers' compensation / employer's liability	[WC LIMITS]
Umbrella / excess	[UMBRELLA LIMITS]
Surety	[SURETY] (A.M. Best [SURETY RATING])
Bonding capacity (single / aggregate)	[BONDING CAPACITY]

SECTION 6 – FINANCIAL

Item	Response
Bank reference	[BANK REFERENCE]
Financial statements	[FINANCIAL STATEMENTS] (available on request under confidentiality)
Defaults, terminations, liens or litigation (last 5 years)	[LEGAL HISTORY]

SECTION 7 – QUALITY & COMPLIANCE

- Quality management system aligned with ISO 9001:2015 — STV-QMS-MAN-001, STV-GOV-POL-013.
- Environmental management aligned with ISO 14001:2015 — STV-ENV-PLN-001.
- Davis-Bacon compliance monitoring and certified payroll administration — STV-LEG-PRO-005.
- Certifications and small-business designations: [CERTIFICATIONS]

SECTION 8 – CERTIFICATION

I certify that the information in this questionnaire is true and complete to the best of my knowledge.

Name: Michael Gaya Title: President Signature: _____ Date: _____

APPROVAL

Role	Name	Title	Signature	Date
Prepared By	[PREPARED BY]	[TITLE]		
Reviewed By	[QUALITY / HSE MANAGER]	[TITLE]		
Approved By	Michael Gaya	President		

This document is reviewed at least annually, or upon significant organizational, legal or operational change, and re-issued under document control per STV-GOV-POL-011.