



CONSTRUCTION

DESIGN - BUILD

DEVELOPMENT

Subcontractor / Vendor / Professional Services PREQUALIFICATION FORM

GENERAL INFORMATION

Company Name _____ Date / / _____
 Address _____

If Corporate Office check here

Primary Contact _____
 Phone _____
 Fax _____
 Email _____
 Corporate Headquarters _____
 Other Branch Offices _____

Design / Build Capability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, Engineering Staff is	Internal	<input type="checkbox"/>	External	<input type="checkbox"/>
Equal Opportunity Employer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Years in Business under Present Name _____ years
 Status Union Non-Union

Federal Identification No. _____
 Dun & Bradstreet Number: _____
 Subcontractor License Number: _____

Company Type:	Corporation	<input type="checkbox"/>	Joint Venture	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>	Individual	<input type="checkbox"/>
	Sole Proprietor	<input type="checkbox"/>	LLC	<input type="checkbox"/>
	DBA	<input type="checkbox"/>		

Type of Subcontractor: *Material Provider/Consultant
*For Material Provider/Consultant **ONLY** - Sections regarding Bonding/Safety Requirements and EMR Rating are not applicable
 **Installation Subcontractor/Professional Services
Installation Subcontractor/Professional Services - **ALL Sections are applicable

Trade: _____

Percentage of Self-Performed Work: _____ %

What type of work would you typically subcontract out? _____

GEOGRAPHICAL REFERENCES: List states and corresponding counties where your company provides services/projects. If work is performed in all counties in a state, just list the state.

State				
Counties				

MARKET SHARE OF COMPANY WORK

Healthcare \$ _____ Residential \$ _____
 Industrial \$ _____ Municipal \$ _____
 Education \$ _____ Office \$ _____
 Retail \$ _____ Lowrise _____
 Tenant Interior \$ _____ Midrise _____

Average Contract Size: \$ _____
 Range of Contract: \$ _____ to \$ _____
 Average annual dollar volume of sales over the last five (5) years: \$ _____

Business Clarification (Check ALL that apply)

Small Business
 Certified Small Disadvantaged Business (SBD)
 8a Certified SDB
 Certified HUB Zone Small Business

Owner Ethnicity (Check ONE of the following)

African American
 Hispanic American
 Native American
 Asian-Pacific American
 Asian-Indian American
 Caucasian

Ownership Type (Check ALL that apply)

MBE - Minority Owned Business Enterprise
 WBE - Women Owned Business Enterprise
 Veteran Owned Business Enterprise
 Disabled Veteran Owned Business Enterprise

Certified (Check ONE)

Yes No

If Yes, please include a copy of all certifications relative to the ownership type(s) indicated.

BANKING INFORMATION

Banking Institution: _____
 Contact: _____
 Phone: _____
 Line of Credit: Yes No
 Line of Credit Amount: \$ _____ -
 If Yes - Available Balance: \$ _____ -

Please attach your most recently audited financial statement

BONDING

Surety Company: _____
 Contact: _____
 Phone: _____
 Bonding Company A.M. Best Rating: _____
 Bonding Capacity: \$ _____ -
 Current \$ value required - do not state Unlimited. If N/A or Not Bondable, please provide explanation
 Bonding Capacity available: \$ _____ -

INSURANCE / SAFETY

Insurance Agent: _____
Contact: _____
Phone: _____
Carrier: _____
Carrier A.M. Best Rating: _____

MINIMUM INSURANCE REQUIREMENTS

COMMERCIAL GENERAL LIABILITY: General Aggregate (per project) \$2,000,000; Products & Completed Operations Aggregate \$2,000,000; Personal/Advertising Injury \$1,000,000; Each Occurrence \$1,000,000

Additional insured status on a primary/non-contributory basis employing ISO Form CG 2010 11/85 version or ISO Form CG 2026 11/85 version or ISO Form CG 2010 10/01 or 07/04 version in conjunction with ISO Form CG 2037 10/01 or 07/04 version OR equivalent(s) including Completed Operations

BUSINESS AUTO LIABILITY: \$1,000,000 combined single limits OR \$1,000,000/\$1,000,000 Bodily Injury each person/accident and \$1,000,000 Property Damage each accident

Additional insured on a primary basis

UMBRELLA/EXCESS LIABILITY: \$3,000,000 limit for subcontract price of \$1,000,000 or below; \$5,000,000 limit for subcontract price of \$1,000,001 to \$3,000,000; \$10,000,000 limit for subcontract price of \$3,000,001 and above

NOTE: *The following trades of concrete, precast concrete, masonry, steel, curtainwall, electrical, plumbing HVAC, elevator, fire protection and insulation shall provide either \$5,000,000 limit for subcontract price up to \$3,000,000 OR \$10,000,000 limit for subcontract price above \$3,000,000*

WORKERS' COMPENSATION: Statutory Limits

A Waiver of Subrogation in favor of Leopardo Companies, Inc. and others as required by contract

EMPLOYER'S LIABILITY: \$1,000,000 each accident; \$1,000,000 each employee-disease; \$1,000,000 each policy limit-disease

NOTE: UMBRELLA/EXCESS LIABILITY LIMITS CANNOT BE USED TO MEET PRIMARY COVERAGE LIMIT REQUIREMENTS

PROFESSIONAL LIABILITY: If Design or Engineering Services are provided: Professional Liability Insurance with limits of liability as follows:

\$2,000,000 each claim; \$2,000,000 total limit; \$100,000 maximum deductible

POLLUTION LIABILITY: If Environmental or Remediation Services are provided: Pollution Liability Insurance with limits of liability as follows:

\$1,000,000 each claim; \$1,000,000 total limit; \$100,000 maximum deductible

Does your company meet Leopardo's minimum insurance requirements:

Yes No

If insurance requirements are NOT met, please attach a copy of your insurance certificate

EMR - EXPERIENCE MODIFICATION RATING - Contact your insurance carrier for Worker's Compensation to obtain this information.

YEAR	EMR
Current Year	
2014	
2013	
2012	

MINIMUM SAFETY PROGRAM REQUIREMENTS

Does your company have the following:

1. A safety health and accident prevention program.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. A program to ensure safety and health issues are pre-planned into each project and work operation.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. An accident/incident investigation procedure.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. A safety and health-training program.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5. New employee/project orientation.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6. Weekly toolbox meetings.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7. Daily job briefings.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8. Supervisor safety training.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
9. Task specific training.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
10. OSHA required training.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

LEGAL

Has your organization ever failed to complete any work awarded to it?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		If yes, attach explanation		
Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		If yes, attach explanation		
Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five (5) years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		If yes, attach explanation		

CLIENT REFERENCES

List (3)References; i.e. Owner, Architect, General Contractors

Company	Contact	Phone	Fax

CREDIT REFERENCES

List (3)References; i.e. Subcontractors, Suppliers, etc.

Company	Contact	Phone	Fax

LEED

How many of your employees are LEED Accredited Professionals? _____

How many projects pursuing LEED certification has your company worked on? Please list with level of certification and describe your Company's role in achieving that certification.

What green technologies, products, or practices has your company used on other projects? Please explain (attached additional sheets if necessary).

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

Completed By:

(Print or Type)

(Signature)

Title

Date Completed:

Leopardo Companies, Inc.
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Hoffman Estates, IL 60192
Attention: Estimating
847-783-3000 Phone
847-783-3001 Fax