



**Subcontractor / Vendor / Professional Services
PREQUALIFICATION FORM**

GENERAL INFORMATION

Company Name: _____

Address: _____

Corporate Office: If Yes, Check Here:

Primary Contact: _____

Phone: _____

Fax: _____

Email: _____

Estimating Contact: _____

Email: _____

Corporate Headquarters: _____

Other Branch Offices: _____

Design-Build Capability: Yes No

If Yes, Engineering Staff: Internal External

Equal Opportunity Employer: Yes No

Years in Business Under Present Name: _____ Years

Status: Union Non-Union

Federal Identification Number: _____

Dun & Bradstreet Number: _____

Company Type: Corporation Joint-Venture

Partnership Individual

Sole Proprietor LLC

DBA

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:	\$ _____	Low-Rise:	_____
Tenant Interior:	\$ _____	Mid-Rise:	_____
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)

<input type="checkbox"/>	Small Business
<input type="checkbox"/>	Certified Small Disadvantaged Business (SDB)
<input type="checkbox"/>	8a Certified SDB
<input type="checkbox"/>	Certified HUB Zone Small Business

Owner Ethnicity (Check ONE of the following)

<input type="checkbox"/>	African American
<input type="checkbox"/>	Hispanic American
<input type="checkbox"/>	Native American
<input type="checkbox"/>	Asian-Pacific American
<input type="checkbox"/>	Asian-Indian American
<input type="checkbox"/>	Caucasian

Ownership Type (Check ALL that apply)

<input type="checkbox"/>	MBE - Minority Owned Business Enterprise
<input type="checkbox"/>	WBE - Women Owned Business Enterprise
<input type="checkbox"/>	Veteran Owned Business Enterprise
<input type="checkbox"/>	Disabled Veteran Owned Business Enterprise

Certified (Check ONE)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If Yes, please include a copy of all certifications relative to the ownership type(s) indicated.

INSURANCE

Insurance Agent: _____

Contact: _____

Phone: _____

Carrier: _____

Carrier A.M. Best Rating: _____

NOTE: Leopardo will not accept EMC as an insurance carrier

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

IF subcontractors work includes the scopes of any demolition, excavation, earth retention, cast-in-place concrete, precast concrete, masonry, steel, roofing, curtainwall, electrical, plumbing, fire protection, HVAC, elevator or spray foam insulation the following limits are required:

General Aggregate (per project) \$4,000,000; Products & Completed Operations Aggregate \$4,000,000; Personal/Advertising Injury \$1,000,000; Each Occurrence \$2,000,000

Additional insured status on a primary/non-contributory basis employing 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)*

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

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:

\$5,000,000 Each Occurrence

IF subcontractors work includes the scopes of any demoltion, excavation, earth retention, cast-in-place concrete(only if contract value is over \$5,000,000), precast concrete, masonry, steel, roofing, curtainwall, electrical, plumbing, fire protection, HVAC, elevator or spray foam insulation the following limits are required:

\$10,000,000 Each Occurrence

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

PROFESSIONAL LIABILITY: IF performing architectural or engineering services including any design of shoring, mechanical, electrical, low voltage, plumbing and fire protection, earth retention systems, window wall systems, structural walls or elevators:

\$5,000,000 each claim; \$5,000,000 total limit; \$50,000 maximum deductible

POLLUTION LIABILITY: IF performing any of the trades of painting, earthwork, demolition hazardouse substances abatement, concrete, building envelope trades (roofing, waterproofing, masonry restoration, EFIS), fire protection, plumbing, mechanical, elevator and drywall:

\$2,000,000 each claim; \$2,000,000 total limit; \$50,000 maximum deductible

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

Does your company meet Leopardo's minimum insurance requirements: Yes No

***PLEASE SUBMIT A COPY OF YOUR CERTIFICATE OF INSURANCE WITH THIS FORM**

SAFETY

MINIMUM SAFETY PROGRAM REQUIREMENTS

1. Does your company have a safety officer/representative? Yes No

Name: _____ Contact Info: _____

2. What is your most recent OSHA Recordable Incident Rate (RIR)? _____

3. Current EMR? _____

4. Has your company been cited by OSHA in the past 5 years? Yes No

Citation Date: _____ Citation Type: _____

Standard Cited: _____ Penalty: _____

5. Does your company have a safety, health and accident prevention program? Yes No

6. Does your company have a program to ensure that safety and health issues are pre-planned into each project and work operation? Yes No

7. Does your company have a safety inspection procedure that ensures resolution of safety issues? Yes No

8. Does your company have a safety and health training program (new hire orientation, safety huddles, weekly talks, etc.)? Yes No

9. Does your company have a supervisor safety training procedure (e.g. OSHA 30 hour every 5 years for crew leaders)? Yes No

10. Does your company have an accident / incident investigation and lessons learned procedure? Yes No

LEGAL

Has your organization ever failed to complete any work awarded to it? Yes No

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? Yes No

Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the _____ Yes No



CLIENT REFERENCES

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:

(Signature)

Name / Title

(Print or Type)

Date Completed:

RETURN TO:

Leopardo Companies
5200 Prairie Stone Parkway
Hoffman Estates, IL 60192
Attention: Angela Costantino
Phone: 847-783-3538
amcostantino@leopardo.com

