



CONSTRUCTION

DESIGN - BUILD

DEVELOPMENT

### Subcontractor / Vendor / Professional Services PREQUALIFICATION FORM

#### GENERAL INFORMATION

Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Corporate Office check here

Primary Contact \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Estimating Contact \_\_\_\_\_

Email \_\_\_\_\_

Corporate Headquarters \_\_\_\_\_

Other Branch Offices \_\_\_\_\_

Design / Build Capability Yes  No

If Yes, Engineering Staff is Internal  External

Equal Opportunity Employer Yes  No

Years in Business under Present Name \_\_\_\_\_ years

Status Union  Non-Union

Federal Identification No. \_\_\_\_\_

Dun & Bradstreet 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)**

<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)**

Yes  No

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

**INSURANCE**

Insurance Agent: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Carrier: \_\_\_\_\_ NOTE: Leopardo will not accept EMC as an insurance 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

**IF subcontractors work includes the scopes of any demoltion, 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 hazardous 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

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

Citation date: \_\_\_\_\_ Citation type: \_\_\_\_\_

Standard cited: \_\_\_\_\_ Penalty: \_\_\_\_\_

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

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

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

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

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

9. 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

If yes, attach explanation

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

If yes, attach explanation

Has your organization filed any lawsuits or requested arbitration with regard to construction Yes  No

If yes, attach explanation

**CLIENT REFERENCES**

*nces; 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, Inc.**  
5200 Prairie Stone Parkway  
Hoffman Estates, IL 60192  
Attention: Angela Costantino  
847-783-3538 Phone  
[amcostantino@leopardo.com](mailto:amcostantino@leopardo.com)