## 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


### Status

- Union □
- Non-Union □

### Federal Identification No.


### 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?


*Material Provider/Consultant* □

**Installation Subcontractor/Professional Services** □
**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.

<table>
<thead>
<tr>
<th>State</th>
<th>Counties</th>
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**MARKET SHARE OF COMPANY WORK**

<table>
<thead>
<tr>
<th>Category</th>
<th>Residential</th>
<th>Municipal</th>
<th>Office</th>
<th>Lowrise</th>
<th>Midrise</th>
</tr>
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<tbody>
<tr>
<td>Healthcare</td>
<td>$</td>
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<td>Industrial</td>
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<td>Retail</td>
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<td>Tenant Interior</td>
<td>$</td>
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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.
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 demolition, 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 ☐

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 
Yes ☐ No ☐

CLIENT REFERENCES

Ex: Owner, Architect, General Contractors

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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