Leopardo 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	☐	Joint Venture	☐
Partnership	☐	Individual	☐
Sole Proprietor	☐	LLC	☐
DBA	☐		

Type of Subcontractor:

*Material Provider/Consultant ☐

*For Material Provider/Consultant **ONLY - S**ections 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.

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 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 ☐

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 Construction, Inc.
5200 Prairie Stone Parkway
Hoffman Estates, IL 60192
Attention: Alan Milarski
ahmilarski@leopardo.com