

# LeChase Construction Services, LLC

## Contractor Prequalification Statement

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### COMPANY INFORMATION

Company's Full Legal Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ Website \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Specific project you are seeking to work on, if applicable: \_\_\_\_\_

Services your company provides: \_\_\_\_\_

List the categories of work that your organization normally subcontracts to others:

% of annual revenues subcontracted: \_\_\_\_\_

Your company operates as a  Union shop  Open shop

If union, what affiliations? \_\_\_\_\_

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### ORGANIZATION

State of Formation \_\_\_\_\_ Date \_\_\_\_\_ Years in Business \_\_\_\_\_

Business Certifications (if applicable):

Small Business Enterprise  Disadvantaged Business Enterprise  HUB Zone Enterprise

Minority Business Enterprise  Woman Business Enterprise  Other

\* If M/WBE, include certifications held from other organizations or agencies (e.g. NYS, NC HUB)

**For certified firms: If you would like certifications considered in contract award, please complete page 5.**

Does your firm operate under any other name or is your firm affiliated with any other organizations or subsidiaries?

Yes  No If yes, specify & explain: \_\_\_\_\_

Do you comply with the provisions of Executive Orders 11246 (Equal Employment Opportunity), 11625 (Minority Business Enterprises), 12138 (Woman Owned Business), the Vietnam Era Veteran's Readjustment Assistance Act (41 CFR 60-250) and the Rehabilitation Act (41 CFR 60-741)?  Yes  No

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### BUSINESS SCOPE - Geographic area(s) where you perform work

Rochester, NY  Binghamton, NY  Buffalo, NY  Corning, NY  Capital District, NY  
 Syracuse, NY  Armonk, NY  Durham, NC  Charlotte, NC  MA  MD  OH  
 PA  NH  NJ  SC  VT  Other (specify) \_\_\_\_\_





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### SAFETY

Does your company have the following?

	Yes	No	
Drug-free workplace program	<input type="checkbox"/>	<input type="checkbox"/>	
Conduct job safety inspections	<input type="checkbox"/>	<input type="checkbox"/>	Frequency _____
Site safety meetings for:	Yes	No	
Field Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	Frequency _____
Employees	<input type="checkbox"/>	<input type="checkbox"/>	Frequency _____
New Hires	<input type="checkbox"/>	<input type="checkbox"/>	Frequency _____
Subcontractors	<input type="checkbox"/>	<input type="checkbox"/>	Frequency _____

### Training

# of employees with OSHA 10 \_\_\_\_\_ # of employees with OSHA 30 \_\_\_\_\_

*Provide your company's information requested below for the previous three (3) years. This request is made in accordance with recordkeeping guidelines for occupational injuries and illnesses under the Occupational Safety and Health Act (OSHA) of 1970 and Reporting Occupational Injuries and Illness 29 CFR Part 1904.*

	Year		
A) Workers compensation Experience Modification Rate (EMR)	_____	_____	_____
B) Number of OSHA recordable injuries and illnesses	_____	_____	_____
C) Exposure hours (total employee hours worked per year)	_____	_____	_____
D) OSHA recordable injury and illness incidence rate	_____	_____	_____
$\text{To calculate} = \frac{(\# \text{ of OSHA recordable injuries}) \times (200,000)}{\text{exposure hours}}$			

E) OSHA violations as defined at [www.OSHA.gov](http://www.OSHA.gov) Yes/No \_\_\_\_\_  
 If yes, describe violation, frequency, severity and penalty. *(use a separate sheet of paper if necessary)*

\_\_\_\_\_

\_\_\_\_\_

F) DOT safety rating as defined at [www.fmcsa.dot.gov](http://www.fmcsa.dot.gov). \_\_\_\_\_  
 (satisfactory/unsatisfactory)

If unsatisfactory describe violation, frequency, severity and penalty.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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If applicable, please add any additional information you would like to make us aware of: \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

*LeChase Construction Services, LLC and its affiliates reserve the right to use the submitted information for purposes of subcontractor prequalification and to share the information for such purposes with third-party advisors, subject to appropriate confidentiality protection.*

**Attachments to return with form:**

- |  |   |
|--|---|
| <input type="checkbox"/> Financial statement and balance sheet | <input type="checkbox"/> Insurance certificate                                |
| <input type="checkbox"/> OSHA 300A logs for the years listed   | <input type="checkbox"/> Separate sheets of paper for any explanations        |
| <input type="checkbox"/> W-9                                   | <input type="checkbox"/> Copy of certification(s) if applicable (M/WBE, etc.) |

**Mail, fax or email the qualification statement and attachments to:**

LeChase Construction Services, LLC  
205 Indigo Creek Drive  
Rochester, New York 14626  
Attn: Ann VanAuken

E-Mail Address: Ann.VanAuken@lechase.com  
Phone: (585) 662-4337  
Fax: (585) 662-4468