

LeChase Construction Services, LLC

Contractor Prequalification Statement

1 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? _____

2 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 MWBE, 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

3 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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4 MANAGEMENT & CONTACTS

President / CEO _____ Secretary _____

Vice President / COO _____ Treasurer _____

Provide name & email address for individual within your firm who should receive notices regarding the following:

Financial Inquiries _____

Insurance certificates/compliance _____

Safety-related issues _____

5 FINANCIAL INFORMATION

Attach a company financial statement prepared by your independent auditor/CPA firm; minimum requirements are CPA's opinion letter, balance sheet and summarized income statement.

Annual revenue, last (3) years: \$ _____ \$ _____ \$ _____
Most recent Previous year 2nd previous year

Bonding

Current bonding capacity: \$ _____ \$ _____
Per project Aggregate

Bonding agent/broker _____

Phone (_____) _____ Contact _____

Surety bonding company _____

Insurance *Attach a specimen certificate of insurance.*

Banking

Banking company name and address _____

Phone (_____) _____ Contact _____

Legal Proceedings

If you answer yes to any of the questions below, use separate sheers of paper for the explanation.

- Has your organization ever failed to complete any work awarded to it or been terminated for cause? 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 law suits or requested arbitration with regard to construction contracts during the last five (5) years? Yes No
- Has your organization ever been involved in bankruptcy or reorganization proceedings? Yes No
- Have any of the company owners, officers or executives ever been indicted or convicted of any felony or other serious criminal conduct? Yes No
- Has your company ever been suspended, disbarred or otherwise precluded from pursuing public work? Yes No

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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	_____	_____	_____
<p><i>To calculate = $\frac{(\# \text{ of OSHA recordable injuries}) \times (200,000)}{\text{exposure hours}}$</i></p>			

E) OSHA violations as defined at 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. _____
 (satisfactory/unsatisfactory)

If unsatisfactory describe violation, frequency, severity and penalty.

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FOR CERTIFIED FIRMS

LeChase does not tolerate fraud.

Deliberate attempts to circumvent the intent of government diversity programs may lead to dismissal of contract.

**** If you would like for your certified status to be included in consideration for contract award, please complete this page.****

Are you a certified minority, woman-owned, disadvantaged, small and/or locally based business enterprise?

Yes No *If no, skip to page 6.*

If yes, please indicate certifications and provide a copy of your certification letter and last annual affidavit of no change. For federal self-identified designations, please attach a copy of your CCR registration.

Indicate certifications: MBE WBE DBE SBE LBE Veteran Other

Federal: 8(a) SDB WOB VOSB SDVOSB HUB Zone Small

Other certifications _____

_____	_____	_____
<i>certifying agency</i>	<i>expiration date</i>	<i>type (codes)</i>
_____	_____	_____
<i>certifying agency</i>	<i>expiration date</i>	<i>type (codes)</i>

<i>Company's business specialty(ies) and code(s)</i>	<i>(use additional paper if necessary)</i>
<i>Code</i>	<i>Description</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you plan to use employees from any non-MWDBE company? Yes No
If yes, please explain on a separate sheet of paper fully providing name of the non-MWDBE company and of the individuals, an allocation of hours, and value of the labor to be performed by the employees of the non-MWDBE.

Does your company own the equipment it needs to perform its work? Yes No N/A
If no, please explain.

Do you intend to manage and supervise the work with your own project managers and superintendents? Yes No

Does your company intend to subcontract any portion of the work to a non-MWDBE? Yes No
If yes, please explain, fully describing the work and approximate dollar value of the work subcontracted.

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

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:

- Financial statement and balance sheet
- Insurance certificate
- OSHA 300A logs for the years listed
- Separate sheets of paper for any explanations
- W-9
- 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