

00860 - LCS CONTRACTOR PREQUALIFICATION STATEMENT

1 COMPANY INFORMATION

Full Company Name _____

Street Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____ Website _____

Contact Person _____ Title _____

Phone () _____ E-Mail Address _____

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

What services does your company provide: _____

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

% of annual revenues subcontracted = _____

Your company operates as a Union Shop Non-Union Shop

If Union, what affiliations _____

2 ORGANIZATION

Corporation Public Private Proprietorship Partnership

Other _____ Specify _____

State of formation _____ Date _____ Years in Business _____

Business Classification Large Small Business Enterprise Disadvantaged Business Enterprise

Minority Business Enterprise Woman Business Enterprise Located in labor surplus area

HUB Zone Enterprise Other If M/WBE, include certifications held from other organizations or agencies (e.g. NY State, Upstate NY Minority Purchasing Council).

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 _____

Compliance 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 Schenectady, NY

Syracuse, NY Durham, NC Charlotte, NC Pennsylvania Ohio Maryland

New Jersey South Carolina Other (specify) _____ 8/1/2014 Page 1

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4 MANAGEMENT & CONTACTS

President / CEO _____ Secretary _____
Vice President / COO _____ Treasurer _____

Provide name & e-mail 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.

- Single project bidding dollar limits for your company: Max \$ _____ Min \$ _____

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

- **Bonding** Current Capacity: Per Project \$ _____ Aggregate \$ _____

Bonding Agent/Broker _____
Phone () _____ Contact _____

Surety Bonding Company _____
Address _____

- **Insurance** Attach a Specimen Certificate of Insurance

- **Banking** Banking Company Name and Address _____

Phone () _____ Contact _____

- 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

If yes to any questions above, use separate sheet of paper for explanation

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6 CAPABILITIES

Work Mix: Percentage of your total sales volumes, the amount of work performed

Commercial _____ % Government Municipal _____ % Industrial _____ % Residential _____ %

Size of Labor Force: *Employed Year Round* *Employed Seasonally*

<i># Superintendents</i>	_____	_____
<i># Foreman</i>	_____	_____
<i># Tradesman</i>	_____	_____

Present work backlog \$ _____

List the five (5) largest projects/accounts working on/worked on during the last 24 months, anticipated dollar volume of projects and contact information

- | | | | |
|---|----------------------------|----|-------|
| 1 | _____ | \$ | _____ |
| | <i>Contact Information</i> | | _____ |
| 2 | _____ | \$ | _____ |
| | <i>Contact Information</i> | | _____ |
| 3 | _____ | \$ | _____ |
| | <i>Contact Information</i> | | _____ |
| 4 | _____ | \$ | _____ |
| | <i>Contact Information</i> | | _____ |
| 5 | _____ | \$ | _____ |
| | <i>Contact Information</i> | | _____ |

Largest project completed for LeChase (if applicable) in the past 10 years (indicate name, location and dollar value)

7 LEED EXPERIENCE

Does your firm have LEED experience? Yes No If yes, number of projects? _____

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8 SAFETY

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

Training

employees with OSHA 10 _____ # 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 Incident Rate	_____	_____	_____	

To calculate: The number of OSHA recordable injuries/injuries is multiplied by 200,000 and then divided by the exposure hours

Formula: $D = B \times 200,000 \text{ divided by } C$

	Year>>			
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)				

	Year>>			
F) DOT Safety Rating as defined at www.fmcsa.dot.gov	_____	_____	_____	
(Satisfactory or Unsatisfactory)				
If unsatisfactory, describe violation, frequency, severity and penalty				
(use a separate sheet of paper, if necessary)				

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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 () _____ E-Mail Address _____

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 | |

Mail, Fax or E-Mail 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