

# 00860 - CONTRACTOR PREQUALIFICATION STATEMENT

## 1 COMPANY INFORMATION

Full Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

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

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

Phone ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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 Incorporation \_\_\_\_\_ Date \_\_\_\_\_ Years in Business \_\_\_\_\_

Business Classification  Large  Small  Small Disadvantaged  HUB Zone Enterprise

Minority, Woman Business Enterprise  Located in labor surplus area

If M/WBE, identify certifications held from other organizations or agencies (e.g. New York State, Upstate New York Minority Purchasing Council, etc.).

Subsidiary of another organization or corporation  Yes  No

If yes, specify \_\_\_\_\_

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 MANAGEMENT

President / CEO \_\_\_\_\_

Vice President / COO \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

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## 4 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 sales, last 3 years: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

- Bonding Current Capacity: Per Project \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_  
Bonding Company Name and Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Contact \_\_\_\_\_

- 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?  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
- Has your organization or its officers ever filed for protection from your creditors?  Yes  No

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

## 5 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
# Superintendents	_____	_____
# Foreman	_____	_____
# Tradesman	_____	_____

Present work backlog \$ \_\_\_\_\_

List the five (5) largest projects and the dollar value of each project worked on during the last 24 months

- 1 \_\_\_\_\_ \$ \_\_\_\_\_
- 2 \_\_\_\_\_ \$ \_\_\_\_\_
- 3 \_\_\_\_\_ \$ \_\_\_\_\_
- 4 \_\_\_\_\_ \$ \_\_\_\_\_
- 5 \_\_\_\_\_ \$ \_\_\_\_\_

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## 5 CAPABILITIES *(cont'd)*

List the five (5) largest accounts, anticipated dollar volume of projects and contact information on current projects

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>		

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

Rochester, NY   
  Binghamton, NY   
  Ithaca, NY   
  Corning, NY   
  Schenectady, NY  
 Durham, NC   
  Charlotte, NC   
  Other (specify) \_\_\_\_\_

## 7 SAFETY

Quality Assurance manual     Yes     No    *If yes, include Table of Contents page*  
 Safety manual     Yes     No    *If yes, include Table of Contents page*  
 Program in place that assures a drug-free workplace     Yes     No  
 Conduct job safety inspections     Yes     No    Frequency \_\_\_\_\_  
 Site Safety Meetings:  
     Field Supervisors     Yes     No    Frequency \_\_\_\_\_  
     Employees     Yes     No    Frequency \_\_\_\_\_  
     New Hires     Yes     No    Frequency \_\_\_\_\_  
     Subcontractors     Yes     No    Frequency \_\_\_\_\_

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 and as defined in the General Services Agreement.

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

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## 7 SAFETY *(cont'd)*

Year>> \_\_\_\_\_

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 or Unsatisfactory) \_\_\_\_\_

If unsatisfactory, describe violation, frequency, severity and penalty \_\_\_\_\_

(use a separate sheet of paper, if necessary) \_\_\_\_\_

## 8 LEED EXPERIENCE

List any and/or all projects for which you have participated in the LEED certification process including your role, in the process, level of certification, dollar volume of your trade, and contact information for follow-up.

1	_____	\$	_____
	<i>Role in LEED Process</i>	_____	_____
	<i>Level of Certification</i>	_____	_____
	<i>Contact Information</i>	_____	_____
2	_____	\$	_____
	<i>Role in LEED Process</i>	_____	_____
	<i>Level of Certification</i>	_____	_____
	<i>Contact Information</i>	_____	_____
3	_____	\$	_____
	<i>Role in LEED Process</i>	_____	_____
	<i>Level of Certification</i>	_____	_____
	<i>Contact Information</i>	_____	_____
4	_____	\$	_____
	<i>Role in LEED Process</i>	_____	_____
	<i>Level of Certification</i>	_____	_____
	<i>Contact Information</i>	_____	_____
5	_____	\$	_____
	<i>Role in LEED Process</i>	_____	_____
	<i>Level of Certification</i>	_____	_____
	<i>Contact Information</i>	_____	_____

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 \_\_\_\_\_

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Attachments to return with form:

- |  |  |
|--|--|
| <input type="checkbox"/> Financial Statement                 | <input type="checkbox"/> Insurance Certificate                         |
| <input type="checkbox"/> Safety Manual Table of Contents     | <input type="checkbox"/> Quality Assurance Manual Table of Contents    |
| <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  
300 Trolley Blvd  
Rochester, New York 14606

Attn: Lisa Palmieri

E-Mail Address: [lisa.palmieri@lechase.com](mailto:lisa.palmieri@lechase.com)

Phone: (585) 340-0721

Fax: (585) 340-0770