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SUBCONTRACTOR / VENDOR PRE-QUALIFICATION QUESTIONNAIRE

All prospective and current Subcontractors/Suppliers interested in working with or bidding to LBCSF are required to complete this questionnaire. The information provided will be considered confidential and used to determine your firm's qualifications and will not be shared or transmitted without your consent. Please direct any questions and return completed form.

Please Note: Incorrect or incomplete information **will** delay your application, or cause it to be rejected.

I. General Information

- A. Name of Business: _____
- B. Address of Business: _____
- C. Telephone Number: _____
- D. Contact name and position: _____
- E. Company Website: _____
- F. What Scope(s) of Work do you perform?
 Self Perform: (Indicate Scopes and Percentages) _____
 Subcontract: (Indicate Scopes and Percentage) _____

II. Organization

- A. Business Type: Corporation: _____ Partnership: _____ Sole Proprietor: _____ Other (Specify): _____
- B. Date Founded: _____ State of Incorporation: _____
- C. Indicate if organization qualifies as an MBE, WBE, SBE, or DBE: _____
 If applicable attach current certificate.
- D. Owners, Officers and Key Personnel: (Feel free to attach resumes)

| Name | Position | Years in Position | Additional Info: Awards, Associations, Projects |
|------|----------|-------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

- E. List all other names under which your organization or principals conduct business.

- F. Is your organization owned or controlled by a parent company? Yes: No:

If yes, please describe below.

- G. Current number of employees: _____ Office: _____ Field: _____

- H. Federal ID Number: _____

III. Experience

A. Provide count of project types completed in the last 3 years

Commercial: _____
 Retail: _____
 Multi Family: _____
 Single Family: _____

B. Has your firm completed any LEED Projects? Yes: No:

If yes, indicate project name(s), rating and year completed: _____

C. Completed Projects:

List at least 3 of your largest projects completed in the last 5 years:

| # | Project Name & Year Completed | Contract Value | General Contractor | Contact Name & Number |
|---|-------------------------------|----------------|--------------------|-----------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

What is your average contract value? _____

D. Has your firm ever been responsible for the failure of performing its contracted work? Yes: No:

If yes, please describe: _____

IV. Financial

A. Please attach a copy of your organizations most recent financial statement.

(An audited financial statement is required for consideration on contract value larger than \$500,000.)

B. Who at your organization should financial questions be directed to? _____ Direct #: _____

C. What is your organization expected contract/sales volume for this year? _____

D. What was your annual contract/sales volume for the last 3 years?
 Year _____ Amount: _____
 Year _____ Amount: _____
 Year _____ Amount: _____

E. Bonding Information:

Bonding Company: _____
 Bonding Agent: _____ Contact Number: _____
 Surety Company: _____ Surety Rating: _____
 Surety Agent: _____ Contact Number: _____
 Length of Relationship: _____
 Single Limit - Bonding Capacity: _____ Aggregate limit: _____

What is your bond rate?

Has your surety ever finished one of your construction projects? Yes: No:

If yes, provide a complete explanation below: _____

F. BANKING INFORMATION

Name of Bank:

Branch Location:

Bank Officer:

Contact Number:

- G. During the last 3 years, has your firm or any organization with which your owners or principals been involved, failed to complete a contract or been terminated for cause? Yes: No:

If yes, provide a complete explanation below.

- H. Are there any judgments, claims, arbitration proceedings, or suits pending/out-standing against your firm and/or it's officers or principals? Yes: No:

If yes, provide a complete explanation below.

- I. Has your firm, or any other organization with which your officers or owners were involved ever been in bankruptcy?

If yes, provide a complete explanation below.

- J. Have any of the owners, officers or major shareholders of your company ever been indicted or convicted of a felony?

If yes, provide a complete explanation below.

V. Insurance:

- A. Attach a recent copy of your insurance certificate.

Insurance Agent: _____

Contact Number: _____

- B. LBCSF requires the following insurance limits. If you do not currently meet LBCSF's insurance requirements you may still bid on projects with LBCSF. However any proposal submitted shall include any additional cost to meet these required limits.

| | |
|-------------------------------|---|
| Workers' Compensation: | Statutory |
| Employee Liability: | Bodily Injury: \$500,000 / Disease: \$500,000 |
| Commercial General Liability: | \$1,000,000 |
| General Aggregate: | \$2,000,000 |
| Comprehensive Automobile: | \$1,000,000 |
| Umbrella Excess Liability: | \$5,000,000 |

Acknowledgement:

- C. List your company's EMR for the last 3 years:
- | | |
|------------|-------------|
| Year _____ | Rate: _____ |
| Year _____ | Rate: _____ |
| Year _____ | Rate: _____ |

VI. Safety and Health

- A. Attach a copy of your firm's OSHA No. 300/200 Logs for the last three years.
- B. Has your company or any of your subcontractors while under your direction received any OSHA violations in the last 3 years?

If yes, provide a complete explanation below.

-
- C. Does your company have a Safety Director or other qualified person within your company responsible for safety?

Please describe his or her qualifications, experience and certifications.

Does this person do safety inspections on all of your projects?

Yes: No:

What geographical range is this individual responsible for?

-
- D. Does your firm have substance abuse policy?

Yes: No:

Please describe the policy: (i.e. Pre-hire, random, cause, periodic, etc...)

-
- E. Does your company provide safety training for all employees?

Yes: No:

If yes, please describe the nature and frequency of this training.

-
- F. Does your company have a written safety policy or program and would you be willing to provide if requested?

Yes: No:

- G. Does your company have a recognition program for safety performance?

Yes: No:

- H. Does your company have a disciplinary program for safety violations?

Yes: No:

VII. Preconstruction / Estimating:

- A. Who at your organization should bid invitations be directed to?

Contact Person(s):

Phone Number:

Fax:

Email:

- B. Are you interested with cost budgeting for Schematic Design Phase and/or Design Development Pricing?

Yes: No:

- C. Please describe your experiences with budgetary pricing. (Services provided, initial budgetary cost, initial contract amount and final contract amount).

- D. Plan Distribution:

Are you able to download plans?

Yes: No:

If qualified, we will need your company's Fed-Ex and/or UPS number:

VIII. References:

A. General Contractors

List Contractors you most frequently work with:

| | Company Name | Contact Name | Contact Number |
|---|--------------|--------------|----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

B. Suppliers

| | Company Name | Contact Person & Number | Line of Credit | Years of Association |
|---|--------------|-------------------------|----------------|----------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

IX. Checklist

A. I have confirmed that the information provided is complete and accurate.

B. I have attached the requested and required back-up documentation

- 1 Resumes of the Principal
- 2 MBE, WBE, SBE or DBE Certificates if applicable
- 3 Recent Financial Statement
- 4 Insurance Certificate
- 5 OSHA No. 300/200 Logs for the last 3 years
- 6 Additional information

C. Certification

The undersigned warrants and represents the information provided above is accurate in all respects.

Name of Company: _____

Name of Principal: _____

Title: _____

Date: _____