

General Information

Company Name

Address

If Corporate Office, check here

Primary Contact

Phone Fax

Email

Estimating Contact

Email

Corporate Headquarters

Other Branch Offices

Federal Identification No.

Dun & Bradstreet No.

Trade

Percent of Self-Performed Work %

Type of work you typically subcontract

Years in Business Under Present Name

Company Type

Corporation DBA Individual

Partnership Joint Venture LLC

Sole Proprietor

Type of Subcontractor

Material Provider/Consultant
For Material Provider/Consultant ONLY – Sections regarding Bonding/Safety Requirements and EMR Rating are not applicable

Installation Subcontractor/Professional Services
Installation Subcontractor/Professional Services – ALL Sections are applicable

Design/Build Capability

Yes No

If yes, Engineering Staff is
Internal External

Equal Opportunity Employer
Yes No

Status
Union Non-Union

Geographical References

List states and corresponding counties where your company provides services/projects.
If work is performed in all counties in a state, just list the state.

State	Counties

Market Share of Company Work

Healthcare	\$	<input type="text"/>	Residential	\$	<input type="text"/>
Industrial	\$	<input type="text"/>	Municipal	\$	<input type="text"/>
Education	\$	<input type="text"/>	Office	\$	<input type="text"/>
Retail	\$	<input type="text"/>	Lowrise	<input type="text"/>	
Tenant Interior	\$	<input type="text"/>	Midrise	<input type="text"/>	
Average Contract	\$	<input type="text"/>			
Range of Contract	\$	<input type="text"/>	to	<input type="text"/>	
Average annual dollar volume of sales over last 5 years	\$	<input type="text"/>			

Business Clarification (Check ALL that apply)

- Small Business
- Certified Small Disadvantaged Business
- 8a Certified SDB
- Certified HUB Zone Small Business

Ownership Type (Check ALL that apply)

- MBE - Minority Owned Business Enterprise
- WBE - Women Owned Business Enterprise
- Veteran Owned Business Enterprise
- Disabled Veteran Owned Business Enterprise

Owner Ethnicity (Check ONE of the following)

- African American
- Hispanic American
- Native American
- Asian-Pacific American
- Asian-Indian American
- Caucasian

Certified (Check ONE)

- Yes No

If Yes, please include a copy of all certifications relative to the ownership type(s) indicated.



Insurance

Insurance Agent

Contact

Phone

Carrier

Note: Leopardo will not accept
EMC as an insurance carrier

Carrier A.M. Best Rating

Minimum Insurance Requirements

Commercial General Liability: General Aggregate (per project) \$2,000,000; Products & Completed Operations Aggregate \$2,000,000; Personal/Advertising Injury \$1,000,000; Each Occurrence \$1,000,000

IF subcontractors work includes the scopes of any demolition, excavation, earth retention, cast-in-place concrete, precast concrete, masonry, steel, roofing, curtainwall, electrical, plumbing, fire protection, HVAC, elevator or spray foam insulation the following limits are required:

General Aggregate (per project) \$4,000,000; Products & Completed Operations Aggregate \$4,000,000;
Personal/Advertising Injury \$1,000,000; Each Occurrence \$2,000,000

**Additional insured status on a primary/non-contributory basis employing ISO Form CG 2010 10/01 or 07/04 version in conjunction with ISO Form CG 2037 10/01 or 07/04 version OR equivalent(s)*

**A Waiver of Subrogation in favor of Leopardo Companies, Inc. and others as required by contract*

Business Auto Liability: \$1,000,000 combined single limits OR \$1,000,000/\$1,000,000 Bodily Injury each person/accident and \$1,000,000 Property Damage each accident

**Additional insured on a primary basis*

Umbrella/Excess Liability: \$5,000,000 Each Occurrence

IF subcontractors work includes the scopes of any demolition, excavation, earth retention, cast-in-place concrete(only if contract value is over \$5,000,000), precast concrete, masonry, steel, roofing, curtainwall, electrical, plumbing, fire protection, HVAC, elevator or spray foam insulation the following limits are required:

\$10,000,000 Each Occurrence

Workers' Compensation: Statutory Limits

**A Waiver of Subrogation in favor of Leopardo Companies, Inc. and others as required by contract*

Employer's Liability: \$1,000,000 each accident; \$1,000,000 each employee-disease; \$1,000,000 each policy limit-disease

Professional Liability: IF performing architectural or engineering services including any design of shoring, mechanical, electrical, low voltage, plumbing and fire protection, earth retention systems, window wall systems, structural walls or elevators:

\$5,000,000 each claim; \$5,000,000 total limit; \$50,000 maximum deductible

Pollution Liability: IF performing any of the trades of painting, earthwork, demolition hazardous substances abatement, concrete, building envelope trades (roofing, waterproofing, masonry restoration, EFIS), fire protection, plumbing, mechanical, elevator and drywall:

\$2,000,000 each claim; \$2,000,000 total limit; \$50,000 maximum deductible

Note: Umbrella/Excess Liability Limits CANNOT be used to meet any primary coverage limit requirements

Does your company meet Leopardo's minimum insurance requirements:

Yes

No

Minimum Safety Requirements

Does your company have a safety officer/representative?

Yes No

Name

Contact

What is your most recent OSHA Recordable Incident Rate (RIR)?

Has your company been cited by OSHA in the past 5 years?

Yes No

Citation Date

Citation Type

Standard Cited

Penalty

Does your company have a safety, health, and accident prevention program?

Yes No

Does your company have a program to ensure that safety and health issues are pre-planned into each project and work operation?

Yes No

Does your company have a safety inspection procedure that ensures resolution of safety issues?

Yes No

Does your company have a safety and health training program (new hire orientation, safety huddles, weekly talks, etc.)?

Yes No

Does your company have a supervisor safety training procedure (e.g. OSHA 30 hour every 5 years for crew leaders)?

Yes No

Does your company have an accident / incident investigation and lessons learned procedure?

Yes No

Legal

Has your organization ever failed to complete any work awarded to it? If yes, attach explanation.

Yes No

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? If yes, attach explanation.

Yes No

Has your organization filed any lawsuits or requested arbitration with regard to construction? If yes, attach explanation.

Yes No

How many of your employees are LEED Accredited Professionals?

How many projects pursuing LEED certification has your company worked on?

Please list with level of certification and describe your Company's role in achieving that certification.

What green technologies, products, or practices has your company used on other projects?

Please explain (attached additional sheets if necessary).

References

Client References

List three references i.e. Owner, Architect, General Contractors

Company	Contact	Phone	Fax

Credit References

List three references i.e. Subcontractors, Suppliers, etc.

Company	Contact	Phone	Fax

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

Completed By

Signature

Name & Title

Print or Type

Date Completed