



Subcontractor Prequalification – Durham Police Headquarters Project

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.

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

Durham, NC Charlotte, NC South Carolina Other(specify) _____



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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

Superintendents

Foreman

Tradesman

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 _____ \$ _____

Contact Information

2 _____ \$ _____

Contact Information

3 _____ \$ _____

Contact Information

4 _____ \$ _____

Contact Information

5 _____ \$ _____

Contact Information

Largest project completed for Lendlease (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 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 _____

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

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

Year>> _____

- E) OSHA violations as defined at www.OSHA.gov (yes/no) _____
 - a 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 or Unsatisfactory)

If unsatisfactory, describe violation, frequency, severity and penalty
(use a separate sheet of paper, if necessary)



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9 HUB

- 1.) Does your firm have a documented HUB plan? Yes No
 2.) What is the typical HUB percentage your firm has achieved for similar type public project?: _____

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading. Failure to provide true information will result in disqualification.

Signature _____ Date _____
 Printed Name _____ Title _____
 () E-Mail Address _____
 Phone _____

Lendlease and its affiliates or assigns 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

Mail, Fax or E-Mail the Qualification Statement and Attachments to:

Lendlease
 324 Blackwell Street, Suite 130
 Durham, North Carolina 27701

Attn: Steve Loneman

E-Mail Address: Steve.Loneman@lendlease.com
 Phone: (919) 680-5153
 Fax: (585) 680-5199