

9b. Experience - Overall:

Of the scope of work from question 9a., please complete the following information for further evaluation.

(You may use the "Additional Blank Pages" at the end of this form)

Division/Trade:	Business Name Under Which Trade is/was Performed:	Years Performing Trade Under this Name:

9c. Experience - Completed Projects:

List five (5) most recent and similar projects completed, starting from the most recent completion date. You may include projects where the bidder (your company) and subcontractor were subcontractors.

1	Project Name:				
	Dollar Amount:	\$		Contract Completion Date:	
	Contractor:				
	- Contact Name:		- Contact Phone #		
	SBE, MBE, or WBE:				
2	Project Name:				
	Dollar Amount:	\$		Contract Completion Date:	
	Contractor:				
	- Contact Name:		- Contact Phone #		
	SBE, MBE, or WBE:				
3	Project Name:				
	Dollar Amount:	\$		Contract Completion Date:	
	Contractor:				
	- Contact Name:		- Contact Phone #		
	SBE, MBE, or WBE:				
4	Project Name:				
	Dollar Amount:	\$		Contract Completion Date:	
	Contractor:				
	- Contact Name:		- Contact Phone #		
	SBE, MBE, or WBE:				
5	Project Name:				
	Dollar Amount:	\$		Contract Completion Date:	
	Contractor:				
	- Contact Name:		- Contact Phone #		
	SBE, MBE, or WBE:				

9d. Experience - Facilities and Equipment:

List your company's facilities and major equipment, leased or owned.
 (You may use the "Additional Blank Pages" at the end of this form)

▶ **Regulatory / Contractual:**

10. Recent Occurrences:

If relevant to your company, include an explanation of all occurrences from the list below that have taken place in the last 5 years, or indicate "no" if irrelevant. (You may use the "Additional Blank Pages" at the end of this form, as needed) Provide sufficient and appropriate detail information such as "project name, owner, contact person and contact phone number, and amount of contract, etc."

- Any judgments, claims or suits pending or outstanding against your company? Yes No
 If yes, include a brief explanation of each.
- Any judgments, claims or suits pending or outstanding against a client or general contractor? Yes No
 If yes, include a brief explanation of each.
- Any citations by OSHA for violations in the last five (5) years? Yes No
 If yes, please include list of violations, status, and fine amount.
- State or Federal Prevailing Wage violations or judgments? Yes No
 If yes, please include list of violations and status.

▶ **Company Policies and Statistics:**

11. Does your company have workers compensation through the State of Florida? Yes No
 If yes, please include your current certificate. If no, please explain. (You may use the "Additional Blank Pages" at the end of this form)

12. Insurance Information:

Insurance Type	Insurance Company	Limits	Date of Renewal
Automobile			
Employers Liability			
General Liability			
Excess Insurance			
Bonding Company		Bonding Capacity	

Please include your current bonding certificate(s) of insurance.

13. Does your company have:

- Training/orientation on sexual harassment in the workplace? Yes No
- A written Disciplinary Policy? Yes No
- A written Hazardous Communication Program? Yes No
- Safety orientation for new hires? Yes No
- Mandatory weekly safety meetings? Yes No
- A designated Safety Officer for your company? Yes No
- A Substance Abuse Policy? Yes No
- Pre-hire Testing? Yes No
- Post-hire/Random Testing? Yes No

14. Employee Compliance:

Are you willing to require your employees to be subjected to site, project, or Owner specific drug and/or alcohol testing programs? Yes No

Company Associations:

(You may use the "Additional Blank Pages" at the end of this form as needed, or include your own documents.)

16. Has your company:

- Been required to issue joint party checks to you and your suppliers or subcontractor? Yes No
If yes, include a brief explanation of each. You can use "Additional Blank Pages" at the end of this form.
- Been assessed liquidated damages for late completion of a project within the last three (3) years? Yes No
If yes, include a brief explanation of each.
- Been associated with or worked for LEMA under your current or another company name? Yes No
If yes, under which company name? _____
- Previously worked on a LEMA project? Yes No
If yes, list up to five (5) most recent projects.
Add additional pages if desired.
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____

Financial:

17. Projected Annual Sales: \$ _____	18. Current Uncompleted Backlog \$ _____
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19. Are you willing to provide the following information, if required?

- a. An annual financial statement prepared within the 12 months prior to the prequalification request by an independent licensed accounting firm; and the name, address, contact person and phone number of the bank normally used by the Bidder for its primary banking; Yes No
- b. A financial report generated from Standard and Poor, Dun and Bradstreet or a similar company acceptable to LEMA documenting the financial condition of the Bidder; and the name, address, contact person and phone number of the bank normally used by the Bidder for its primary banking; Yes No

This information is not a public record under Ohio Revised Code Section 149.43; and shall remain confidential, except under proper order of a court.

Signature:

I certify that the information in this questionnaire is correct and complete.

Name of Company Principal (print)

Signature of Company Principal

Date

Thank you for completing the Subcontractor Prequalification Questionnaire for LEMA Construction.

