



All prospective subcontractors/suppliers interested in working on LECESSÉ projects are required to complete this questionnaire. The contents of this questionnaire will be considered confidential, used solely to determine your firm's qualifications, and will not be disclosed to others. Please direct any questions and return the completed form to:

LECESSÉ Construction Services, LLC
15 Circle Street
Rochester, NY 14607

Bid List: Yes No

Specific Project Name: _____

ATTN: _____
e-mail: _____
Telephone: _____
Fax: _____

Instructions:

This questionnaire will allow LECESSÉ to evaluate Subcontractors/Suppliers for prequalification. Subcontractors/Suppliers should complete this questionnaire for each individual project. Once pre-qualified for a particular project, that status is maintained for the entire duration of the project.

I. Section I

A. Organization

- 1. Business type: Corporation Partnership Limited Liability Company Sole Proprietor Other (specify) _____
- 2. Date founded: _____ State of formation: _____

B. General information

- 1. Name of your business: _____
- 2. Address: _____
- 3. Telephone number: _____
- 4. Fax number: _____ Email: _____
- 5. Contact name and title: _____
- 6. Applicable SIC code(s): _____
- 7. Are you listed in Dun & Bradstreet? Yes No. If yes, what is your DUNS Number?

- 8. Is your operation union or non-union or both? Please indicate here: _____
- 9. Trade: _____
- 10. Please indicate the following information about all officers, managers and principals:

Name	Title	Age	Years in position

- 11. List all other names under which your firm has conducted operations _____
- 12. Is your firm owned or controlled by a parent or any other organization? Yes No. If yes, please describe on a separate sheet.

13. Please indicate which if any apply to your business:

Designation	Certified by: (i.e. NYS or Broome County)	Certification number:
Veteran Owned		
Women Owned		
Service Disabled Veteran Owned		
HUB Zone		
Disadvantaged Owned		
Minority Business Enterprise		

C. Licensing information

1. Please provide all trade and professional licenses, if any, required for you to perform your services.

Type of license/name of licensee:	State:	License number:

2. Has any license ever been denied or revoked? Yes No. If yes, please describe on a separate sheet.

3. Has a complaint ever been filed with a Contractor’s State License Board against your firm? Yes No. If yes, please briefly explain the circumstances on a separate sheet.

D. Work experience

1. Please list the major projects your firm **has completed in the last three years** showing the project name, location, owner, architect/engineer, general contractor, contract amount, completion date, and contact person with telephone number.

	Project 1	Project 2	Project 3
Project Name			
Location			
Owner			
Architect/Engineer			
General Contractor			
Contract Amount			
Completion Date			
Contact Name			
Contact Phone Number			
Contact Email			

2. Please list the major projects your firm **currently has in progress** indicating the project name, location, owner, architect/engineer, general contractor, contract amount, percent complete, scheduled completion date, and contact person with telephone number:

	Project 1	Project 2	Project 3
Project Name			
Location			
Owner			
Architect/Engineer			
General Contractor			
Contract Amount			
Anticipated Completion Date			
Contact Name			
Contact Phone Number			
Contact Email			

3. What is your average job size in dollars? _____
4. Largest job ever completed in dollars? _____ In what year? _____
5. Has your firm or any other organization with which your officers or owners were involved **during the past three years**, ever failed to complete any work awarded or been terminated for cause? Yes No. If yes, please provide a complete explanation on a separate sheet.
6. Are there any judgments, claims, arbitration proceedings, or suits pending/out-standing against your firm or its officers or principals? Yes No. If yes, please provide a complete explanation on a separate sheet.
7. Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three years? Yes No. If yes, please provide a complete explanation on a separate sheet.
8. Has your firm or any other organization with which your officers or owners were involved during the past three years, ever been in bankruptcy or a voluntary or involuntary reorganization? Yes No. If yes, please provide a complete explanation on a separate sheet.
9. Has your surety ever finished one of your construction projects? Yes No. If yes, please provide a complete explanation on a separate sheet.

E. Financial information

1. Please indicate this year's estimated annual sales volume _____
2. Please indicate below the annual sales volume for the last three (3) years?
- Year _____ \$ _____
- Year _____ \$ _____
- Year _____ \$ _____

3. Please indicate your working capital _____ and Net Worth _____
4. Please attach your firm's most recent financial statement (audited, if available) for the entity that will be signing the subcontract OR provide **Section II** of this questionnaire.

F. References

1. Trade reference:

Contact Name	Company Name	Phone Number	Email	Relationship

2. Bonding reference (if applicable):
 - a) Bonding agent Name: _____
 - b) Bonding agent Contact and Telephone: _____
 - c) Bonding agent address: _____
 - d) Bonding company: _____
 - e) Surety's AM Best Rating: _____
 - f) Bonding capacity:
 - (1) Single limit \$ _____
 - (2) Total program bonding limit \$ _____

(Sample letter for your bonding agent to issue – see Attachment I)

G. Safety and health

1. Please list your firm's Workers compensation interstate experience modification rate for the **most recent three years** (If available, please attach a copy of your insurance agent's verification letter).
 - a) Year _____ Experience Modification Rating _____
 - b) Year _____ Experience Modification Rating _____
 - c) Year _____ Experience Modification Rating _____

2. Do you have a full-time safety representative? Yes No
3. Has your firm had any OSHA fines or jobsite fatalities **within the last three years**? Yes No. If yes, please describe in detail on a separate sheet.
4. Please attach copies of your OSHA No. 300 Log(s) for the most recent three years along with your most current log to date of this submission.
5. Please attach copies of your OSHA Recordable Incident Rate and Lost Workday Incident Rate for the most recent three years including current year to date.

H. Insurance

Please either:

1. Attach a sample copy of your Insurance certificate (see Attachment II)

OR

2. Provide your consent allowing LECESSE Construction to contact your insurance provider.

Yes No

I, _____, give LECESSE Construction permission to contact our insurance carrier on our behalf.

- a) Name of Carrier _____
- b) Contact Name _____
- c) Contact Number _____

I. Additional information

1. Please attach any additional information you feel will help us determine your firm's qualifications and expertise, including owner or general contractor references, etc.

Section below must be completed by an individual with executive authority.

I hereby acknowledge that I have reviewed the above information and certify that it is accurate, correct and true.

Completed by:

(Name)

(Title)

(Signature)

(Date)

II. Section II

A. Additional financial information (Must be certified by a CPA)

1. Please provide the following information for your business:

- a) Current assets \$ _____
- b) Current liabilities \$ _____
- c) Revenue for the previous fiscal year \$ _____
- d) Current total equity \$ _____
- e) Current goodwill and intangibles \$ _____
- f) Operating cash flow last fiscal year \$ _____
- g) Operating cash flow year prior to above \$ _____
- h) Business's line of credit \$ _____
- i) Outstanding balance on line of credit \$ _____
- j) Business's total liabilities (long and short term) \$ _____
- k) Largest contract completed last fiscal year \$ _____
- l) Business's accounts receivable \$ _____
- m) Accounts receivable > 90 days \$ _____
- n) Business's under billings \$ _____

2. The above information was derived from: compiled financial statement, reviewed financial statement, audited financial statement, other _____ For the fiscal year _____

3. I hereby acknowledge that I have reviewed the above information and certify that it is accurate, correct and true.

Completed by:

(Name)

(CPA License number)

(Signature)

(Date)

Attachment I

Template for Letter for Bonding Capabilities; please have your bonding agent do a letter on their letterhead for you to send with questionnaire. Sample below.

Date

Your Company Name
Your Company Street Address
Your Company City and State

To Whom It May Concern:

Please let this letter serve as confirmation that _____
Your Company Name

Has an aggregate surety bond program of \$ _____ with a Single project limit
In excess of \$ _____ with _____.
Name of Surety

Please note that these limits are not set as maximums, in that if a larger project were to come up that would cause either limit to be exceeded, _____ would be willing to discuss it.
Name of Surety

_____ has continually demonstrated the ability to deliver projects on time and
Your Company Name
within budget. We have the utmost confidence in their management and project delivery; thereby, highly
recommend _____ for any project they wish to pursue.
Your Company Name

If you should have any questions, please feel free to call me.

Best regards,

Bonding Agents signature and title



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME:	
Insurance Agency		PHONE (A/C, No, Ext):	FAX (A/C, No):
Name & Adress		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
INSURED		INSURER A : A Insurance Company	
Subcontractor name & complete address		INSURER B : B Insurance Company	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ 1,000,000
<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
<input type="checkbox"/>							MED EXP (Any one person) \$ 5,000
<input type="checkbox"/>							PERSONAL & ADV INJURY \$ 1,000,000
<input type="checkbox"/>	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
<input type="checkbox"/>	POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
<input type="checkbox"/>							\$
	AUTOMOBILE LIABILITY						
<input checked="" type="checkbox"/>	ANY AUTO	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per person) \$
<input checked="" type="checkbox"/>	HIREN AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				BODILY INJURY (Per accident) \$
<input type="checkbox"/>							PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/>							\$
<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ 5,000,000
<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>				AGGREGATE \$ 5,000,000
<input type="checkbox"/>	DED	<input type="checkbox"/>	<input type="checkbox"/>				\$
<input type="checkbox"/>	RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
<input checked="" type="checkbox"/>	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTH-ER
<input type="checkbox"/>	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	<input checked="" type="checkbox"/>				E.L. EACH ACCIDENT \$ 100,000
<input type="checkbox"/>							E.L. DISEASE - EA EMPLOYEE \$ 100,000
<input type="checkbox"/>							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Per project aggregate applies to General Liability Policy. LECESSSE Construction Services, LLC must be named as an Additional Insured on a primary and noncontributing basis. (Please attach a copy of Endorsement forms for Primary and Non-Contributory on GL & Excess/Umbrella policies and endorsement form for completed operations)

CERTIFICATE HOLDER **CANCELLATION**

LECESSSE Construction Services, LLC 15 Circle Street Rochester, NY 14607	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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