



SUBCONTRACTOR/VENDOR PREQUALIFICATION FORM

Thank you for your interest in Lanmark Group. Please complete the form below to help us learn about your company.

Please respond to each question as thoroughly as possible and attach additional sheets, if necessary. Do not leave any blanks. Please respond "N/A" if the question does not apply.

Date: _____

Legal Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Company website: _____

Company's scope of work: _____

Direct Contact Information

Main Contact (Name)	Title	Telephone #	Fax Number	Email
	Estimating			
	Accounting			
	Project Manager			
	Administrator			
	Insurance Contact			
	Submittal Coordinator			

Corporate Information

Type of Company: Corporation Partnership LLC Other _____

State of Incorporation: _____ Date of Incorporation: _____

Corporate Officers	Title	Telephone #	Cell Phone #	Email	Percentage Owned

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Certifications and Licenses

M/W/L/SBE Certifications	M/W/L/SBE Description	Certifying Agency

Contractor's License Number	State	Expiration

Employment History
(For most recent three years)

Year	Home Office	Field Supervisory	Trades People	Total

Union/Labor Information

Local Number	Union Name	Union Bond Value	Agreement Expiration

Please list all Trade Association Memberships:

Please list all accredited craft or management training programs in which your staff participates in:

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Project Information

Please indicate what size of project scope are you able to perform:

<input type="checkbox"/> Under \$200,000	<input type="checkbox"/> \$1,000,000 - \$1,500,000	<input type="checkbox"/> \$3,000,000 - \$5,000,000
<input type="checkbox"/> \$2,000,000 - \$500,000	<input type="checkbox"/> \$1,500,000 - \$2,000,000	<input type="checkbox"/> \$5,000,000 - \$10,000,000
<input type="checkbox"/> \$500,000 - \$1,000,000	<input type="checkbox"/> \$2,000,000 - \$3,000,000	<input type="checkbox"/> Over \$10,000,000

Indicate all building types in which your company has done work:

<input type="checkbox"/> High-rise Commercial Building	<input type="checkbox"/> Sports/Entertainment
<input type="checkbox"/> Mid-rise Commercial Building	<input type="checkbox"/> Industrial Building
<input type="checkbox"/> Hotels/Motels	<input type="checkbox"/> Correctional Facilities
<input type="checkbox"/> Hospitals	<input type="checkbox"/> Schools
<input type="checkbox"/> Residential Buildings	<input type="checkbox"/> Libraries

Please list three major suppliers with whom you do business:

Name: _____

Address: _____

Contact Person: _____

Phone Number: _____

Name: _____

Address: _____

Contact Person: _____

Phone Number: _____

Name: _____

Address: _____

Contact Person: _____

Phone Number: _____

Please list three contractors with whom you do business:

Name: _____

Address: _____

Contact Person: _____

Phone Number: _____

Name: _____

Address: _____

Contact Person: _____

Phone Number: _____

Name: _____

Address: _____

Contact Person: _____

Phone Number: _____

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Safety Information

Please attach copies of your OSHA logs for the three most recent years.

Current EMR Rates		
State	Year	Rate
	2010	
	2009	
	2008	

OSHA 30 Certified Personnel		
Name	Phone	Email

Safety Questionnaire			
Question	Yes	No	Comments
Does your company have a qualified person solely responsible for safety? If Yes, please attach a resume or description of qualifications.	<input type="checkbox"/>	<input type="checkbox"/>	
Does this person perform safety inspections on all of your projects? If so, how often?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company have a written Company Safety Policy and Program?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company have a substance abuse testing policy? If Yes, please check which are included in the policy. Pre-Employment: <input type="checkbox"/> Cause: <input type="checkbox"/> Post Accident/Incident: <input type="checkbox"/> Random: <input type="checkbox"/> Periodic: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company require 100% fall protection?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you able to provide us with a site specific fall protection plan?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company require documented safety meeting for the employees? Indicate which and how often for the following employees: General Labor: <input type="checkbox"/> Field Supervisors: <input type="checkbox"/> New Hires: <input type="checkbox"/> Subcontractors/Vendors: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Legal Information

(Please attach a detailed explanation for every affirmative answer)

1. Has your Company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you:

Yes No

2. Have any of the Owners, officers or major stockholders of your Company ever been indicated or convicted of any felony or other criminal conduct?

Yes No

3. Has your Company ever been disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency?

Yes No

4. Has your Company ever had a claim against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations?

Yes No

5. Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation?

Yes No

6. Does your Company have any outstanding judgments or claims against it?

Yes No

Please attach a list of any litigation brought against your company in the past five years.
If not applicable, please check here .

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Bonding & Surety Information

Please attach a letter from you Bonding Company confirming the information below.

Bonding Company Name: _____

Broker Name: _____

Bonding Capacity Per Job: \$_____

Aggregate: \$_____

Bond Rate: _____

Contact Information for bond information:

Contact Person: _____ Phone: _____ Fax: _____

Please list all persons and entities that provide indemnification to your Surety:

Financial Information

Please attach a copy of your audited or reviewed financial statement for the most recent fiscal year.

Please note: Your financial statement is for Lanmark Group review only and will be treated with strict confidentiality.

Please attach a complete list of current *and* completed projects giving name of project, address, owner, general contractor, contract amount, scope of work and (scheduled) completion. Please include contact people and direct contact information.

Bank Name: _____

Address: _____

Line of Credit Limit: \$_____

Amount Currently Available: \$_____

Expiration Date: _____

Contact Person: _____ Phone: _____ Fax: _____

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Financial Rating

Dunn & Bradstreet Number: _____

D&B Rating: _____

Pay Record: _____

Date of Rating: _____

Insurance Information

Agent/Broker: _____

Contact Name: _____

City: _____

State: _____

Phone: _____

Email: _____

Commercial General Liability Information:

Insurance Carrier: _____

	Current
General Aggregate	\$
Products - Completed Ops Aggregate	\$
Personal/Adv. Injury	\$
Per Occurrence	\$
Fire Damage (any one fire)	\$
Medical Expenses (any one person)	\$
Deductible Amount	\$

Umbrella/Excess Liability Information:

Insurance Carrier: _____

	Current
Each Occurrence	\$
Aggregate	\$

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Workers Compensation and Employer's Liability Information:

Insurance Carrier: _____

Workers Comp Risk ID # _____

Limits: \$ _____

Employers Liability Each Accident: \$ _____

Employers Liability Disease-Policy Limit: \$ _____

Employers Liability Disease Each Employee: \$ _____

Automobile Liability Information:

Auto Insurance Carrier: _____

	Current
Combined Single Limit	\$
Bodily Injury (per person)	\$
Bodily Injury (per accident)	\$
Property Damage	\$

Professional Liability Insurance Information:

Insurance Carrier: _____

Office Policy Limit: \$ _____ Deductible: \$ _____

Extended Reporting Period (tail): Years: _____

Prior Acts: Yes No

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We have attempted to answer all questions in full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Lanmark Group will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Dated this _____ day of _____, 20_____.

Name of Company: _____

Signature: _____

Completed By: _____

Title: _____

State of _____

County of _____

_____ being duly sworn deposes and says that the information provided herein is true and sufficiently complete so as to not be misleading,

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public: _____

My Commission Expires: _____

Please return the completed form to:

**Lanmark Group, Inc.
2125 Mill Avenue
Brooklyn, NY 11234
Ph: (347)462-4000
Fax: (347)462-4001
estimating@lanmarkgc.com**

We look forward to an opportunity to do business with you!

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