



SUBCONTRACTOR / SUPPLIER PREQUALIFICATION QUESTIONNAIRE

Please send completed form to:

LCG PENCE CONSTRUCTION, LLC
ATT: CARLA BURKHEAD
2747 Pence Loop SE
Salem, OR 97302
Direct: 503.258.2596
Fax: 503.585.7477
Carla.burkhead@lcpence.com

1. Company Information:

Legal Name of Business: _____
Parent Company Name: _____
Other and/or Former Company Names: _____
Street Address: _____
P.O. Box: _____
City, State, Zip: _____
Office Telephone: _____
Office Fax: _____
Other Organizations or Subsidiaries Owned or Controlled by your Company or its Officers:

Estimating Contact: _____ Phone: _____ Email: _____

Accounting Contact: _____ Phone: _____ Email: _____

Ownership Contact: _____ Phone: _____ Email: _____

Email Address for bid invitations: _____

Preferred method of contact: Phone Fax Email

Has your company ever worked with LCG Pence in the Past? Yes No

If yes, name of project and project manager: _____

2. Company License Information:

Type of Work Licensed to Perform: _____

States Licensed: _____

OR CCB License #: _____

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3. Company Organization:

DMWESB Certifications: MBE WBE DBE ESB

Legal Structure Designation: Corporation # _____ State: _____
 Partnership # _____ State: _____
 Sole Proprietor # _____ State: _____
 Limited Liability # _____ State: _____

Date Founded: _____

Years in Business: _____

Years in Business under Present Name: _____

4. Bidding Interest: (See Attachment A, CSI Classifications)

List the CSI classification which identifies the **primary** business of your organization: _____

List the CSI classifications which identify the **secondary** business of your organization:

Regions you work: (states and/or counties) _____

Trades Performed by Company Forces: _____

Vendor Items Furnished: _____

5. Experience:

Please complete the attached Resume of Work Performed Questionnaire (Attachment B) or attach a substantially similar report of major projects completed within the past five years.

What is your preferred range of project size in terms of contract values \$ _____ to \$ _____

Annual Dollar Value of Projects: (Last Three Years)

20 _____ \$ _____
20 _____ \$ _____
20 _____ \$ _____

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Have you worked in the following segments within the last 5 years?

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> K-12 Education | <input type="checkbox"/> Higher Education | <input type="checkbox"/> Site Development | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Recreational | <input type="checkbox"/> Industrial | <input type="checkbox"/> Institutional |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Health Care | <input type="checkbox"/> Tenant Improvement |

1. Has your company contracted for a LEED Certified building?

- Yes No

2. Have you contracted for Design/Build (D/B) or Guaranteed Maximum Price (GMP) work within the past five years?

- Yes No

3. Has this organization, or any other organization with which the officers or partners were involved during the past five years ever failed to complete any work awarded to them?

- Yes No

4. Has your company ever been involved in any bankruptcy or reorganization proceedings?

- Yes No

5. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your firm or its officers?

- Yes No

6. Has your firm filed any law suites, or requested arbitration or mediation with regard to construction contracts within the past five years?

- Yes No

If you answered "yes" to questions 3-6, please explain on a separate page.

6. Labor and Labor Relations (Office and Field):

This Company is Signatory to Union Labor Agreements: Yes No

If yes, trade agreement(s) are with: _____

Current Number of Employees: _____

Field Employees: # _____ Union: Yes No

Shop Employees: # _____ Union Yes No

Office Employees # _____ Union Yes No

7. Fabrication Shops: Type: _____ Location: _____

8. Product Distribution:

List of manufacturers for whom you are a licensed distributor and/or products that you manufacture:

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9. Safety Data and Record:

Safety is a very important consideration in the selection of contractors for LCG Pence Construction, LLC projects. Please complete Attachment "C" of this form.

10. Bank & Trade Credit Reference (Include name, address and telephone number):

Bank Reference: _____

Trade Credit References: A) _____

B) _____

C) _____

11. Surety Payment Bond and Performance Bond Capacity:

In addition to completing the following, please include a letter of qualification from your bonding agent which lists your individual job size/ aggregate bond capacity, bond premium (%) and last bond issued for payment and performance bonds.

Note of Clarification: A payment and performance bond is not the same as a license bond. The intended purpose of a payment and performance bond is to cover a particular contract. A payment bond is intended to pay laborers, suppliers and other contract-related costs which are owed to third parties. A performance bond guarantees payment – up to the amount of the bond for a contract. Please contact your surety agent if you have questions.

Bonding Company for Payment and Performance Bonds _____

Agent: _____

Telephone: _____

Bonding Capacity- Per Project \$ _____ Aggregate\$ _____

Last Bond Premium (%): _____

Last bond issued (date, amount, type): _____

12. Insurance:

In addition to completing the following, please include a sample certificate of insurance.

General Liability Carrier: _____

Agent: _____

Telephone: _____

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13. Financial Information:

Current Assets: \$ _____
Fixed Assets: \$ _____
Other Assets: \$ _____
TOTAL ASSETS: \$ _____
Current Liabilities: \$ _____
Long-Term Liabilities: \$ _____
TOTAL LIABILITIES: \$ _____
NET WORTH: \$ _____

Date of most recent Certified Balance Sheet: _____ Prepared by: _____

Is this most recent Certified Balance Sheet Available on request? Yes No

If not, please explain the relationship and financial responsibility of the organization whose information is provided: _____

14. Additional Information: Please list any additional information that will assist us in determining the qualifications of your company as they apply to our projects: _____

Please identify specific plan centers, publications, or other bid information sources your firm utilizes:

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ATTACHMENT “A”

CSI CLASSIFICATIONS

01700	Construction	08100	Steel Doors and Frames
02050	Demolition	08210	Wood Doors
02200	Earthwork	08330	Coiling Doors & Grilles
02355	Pile Driving	08410	Aluminum Entrances & Storefronts
02510	Asphaltic Concrete Paving	08710	Door Hardware
02525	Extruded Concrete Curbs	08800	Glass & Glazing
02580	Paving Markings & Bumpers	09550	Wood Flooring
02600	Site Utilities	09650	Resilient Flooring
02830	Fences & Gates	09680	Carpet
02800	Site Concrete	09800	Special Coatings
02900	Landscaping	09900	Painting
03000	Concrete - Structural & CIP	09950	Wall Coverings
03100	Concrete Formwork	10100	Visual Display Boards
03200	Reinforcing Steel	10160	Metal Toilet Compartments
03450	Architectural Precut Concrete	10200	Louvers and Vents
04200	Masonry	10260	Wall and Corner Guards
04400	Stone	10270	Access Flooring
05120	Structural Steel	10400	Signs
05210	Steel Joists & Girders	10500	Lockers
05310	Steel Deck	10520	Fire Extinguisher & Cabinet
05500	Metal Fabrications	10650	Operable Partitions
05700	Ornamental Metals	10800	Toilet & Bath Accessories
05810	Expansion Joint Cover Assem.	11130	Projector Screens & AV Equipment
06100	Rough Carpentry	11160	Loading Dock Equipment
06200	Finish Carpentry	11400	Food Service Equipment
06400	Architectural Woodwork	12500	Window Treatment
07100	Waterproofing	13000	Clean room Construction
07210	Building Insulation	13120	Metal Building Systems
07240	Exterior Insulation & Finish	14200	Elevators
07250	Fireproofing	15000	Mechanical, Plumbing & Heat
07270	Fire Stopping	15300	Fire Protection
07400	Manufactured Roofing & Siding	15950	Controls
07500	Roofing	15990	Testing, Adjusting & Balance
07570	Traffic Coatings	16000	Electrical
07600	Flashing & Sheet metal	16700	Security & Alarm Systems
07700	Roof Specialties & Accessories	16740	Tel/Data Wiring Systems
07800	Skylights		
07920	Sealants & Caulking		

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ATTACHMENT "B" RESUME OF WORK PERFORMED


INCLUDE PROJECTS CURRENTLY UNDER CONTRACT & RECENTLY COMPLETED

PROJECT NAME & LOCATION:			
PRIME CONTRACTOR:			
DESCRIPTION OF WORK PERFORMED:			
CONTRACT AMOUNT:	\$	YEAR COMPL.:	
CONTACT NAME:		PHONE #:	
PROJECT NAME & LOCATION:			
PRIME CONTRACTOR:			
DESCRIPTION OF WORK PERFORMED:			
CONTRACT AMOUNT:	\$	YEAR COMPL.:	
CONTACT NAME:		PHONE #:	
PROJECT NAME & LOCATION:			
PRIME CONTRACTOR:			
DESCRIPTION OF WORK PERFORMED:			
CONTRACT AMOUNT:	\$	YEAR COMPL.:	
CONTACT NAME:		PHONE #:	
PROJECT NAME & LOCATION:			
PRIME CONTRACTOR:			
DESCRIPTION OF WORK PERFORMED:			
CONTRACT AMOUNT:	\$	YEAR COMPL.:	
CONTACT NAME:		PHONE #:	

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ATTACHMENT “C”


SUBCONTRACTOR SAFETY PROGRAM



INSTRUCTIONS: Complete all requested information blocks. If you fail to provide the information as requested it may affect your ability to be considered on our projects. If you feel the information requested is not applicable to your company put N/A in the information block and explain on a separate sheet of paper. Please supply supporting documentation in areas designated with a .

COMPANY NAME:						PHONE #:
ADDRESS:						FAX:
CITY:						YEARS IN BUSINESS:
STATE/ZIP:						
	CURRENT YEAR 20____	20 ____	20 ____	20 ____	20 ____	20____
Company Experience Modification Rate (EMR) for the last six years						
Total man-hours worked including overtime (in 00's)						
Total # of OSHA recordable cases						
# of lost workday cases						
# of lost workdays						
# of cases with job transfer or restriction						
# of days of restricted work activity						
# of fatalities						
Explain any fatalities listed in item #8. (Provide a separate sheet if necessary.)						

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1. Do you hold on-site safety meetings with your field superintendents? Yes No
2. If yes, how often?
 Weekly Bi-Monthly Monthly Less Often / As Needed
 If yes, attach agendas from the two most recent meetings of this type.
3. Does your company have a safety officer/department? Yes No
4. Do you conduct project safety inspections? Yes No
5. If yes, who conducts these inspections? _____
6. How often? Weekly Bi-Monthly Monthly Less Often / As Needed
 If yes, attach two inspection reports or other documentation of inspections of this type
7. Do you have a written safety program: Yes No
8. Do you have an orientation program for new hires? (New hires would include staff new to each specific job site, not just those who are new to the company.) Yes No
9. If yes, does the orientation include instruction/training on the following?
10. Eye/face protection Yes No N/A
11. Head protection Yes No N/A
12. Hearing protection Yes No N/A
13. Respiratory protection Yes No N/A
14. Personal fall protection device Yes No N/A
15. Foot protection Yes No N/A
16. Hand protection Yes No N/A
17. Scaffolding Yes No N/A
18. Perimeter guarding Yes No N/A
19. Housekeeping Yes No N/A
- If yes, does the orientation include instruction/training on the following?
20. Fire protection Yes No N/A
21. First aid procedures Yes No N/A
22. Emergency response Yes No N/A

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- 23. Hazard communication (per 1926.59) Yes No N/A
- 24. Trenching and excavation Yes No N/A
- 25. Signs, barricades and flagging Yes No N/A
- 26. Substance abuse screening Yes No N/A
- 27. Lock out / tag our procedures Yes No N/A
- 28. Electrical safety Yes No N/A
- 29. Rigging and crane safety Yes No N/A
- 30. Accident reporting Yes No N/A
- 31. Competent person requirements Yes No N/A

 *Provide a summary of the materials used in orientation for the last two projects.*

- 32. Are tool box safety meetings held? Yes No
- 33. How often Weekly Bi-Monthly Monthly Less Often / As Needed

 *Provide agendas, minutes or other dated material used in at least three tool box meetings from two recent projects.*

- 34. Do you have a formal substance/drug screening program that covers all construction workers?
 Yes No

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This prequalification questionnaire including attachment B and C was completed by:

Name: _____

Title: _____

Date: _____

Signature: _____

Reminders:

- ✓ Have you provided all the safety information for the past 5 years?
- ✓ Have you provided a sample certificate of insurance?
- ✓ Have you provided a letter of qualification from your bonding agent for Payment & Performance bonds?