



LEGO CONSTRUCTION CO.

SUBCONTRACTORPREQUALIFICATION FORM | VISIT WWW.LEGOCC.COM

LEGO Construction is a SBE HUBZone Certified Florida General Contractor established in 2006. Over the past decade, we have brought an unparalleled value to our clients, in large part due to the excellent services provided by our subcontractors. We wish to expand our current project list by and we want you to be part of our team.

PLEASE COMPLETE, PRINT, SIGN AND RETURN THIS QUESTIONNAIRE TO
info@legocc.com or fax to 305-857-9916

COMPANY INFORMATION

Company Name	
Address	
City, State, Zip	
Numbers of years in Business	
Date of incorporation	
Number of years under present name	
Tax ID #/FEIN	
D&B Number	
Trade/Material/Service	
Contact Person	
Phone & Fax Number	
Email Address	

Subcontractor Trade License #	
Number of employees	
Size of workforce available	
Current value of work on hand	
LEED experience	
Has your company ever filed bankruptcy? If so, why?	
Has your company ever failed to complete any work? If so, where and why?	
What G.C. have you worked with in the past?	
List all minority certifications: (Attach Certificates)	
Provide a list of 3 Largest Completed Projects (Attach a separate sheet)	

TRADE EXPERIENCE

Please check all that apply	
<input type="checkbox"/> Local Government work	<input type="checkbox"/> Education <input type="checkbox"/> Institutional
<input type="checkbox"/> Federal Work	<input type="checkbox"/> Healthcare <input type="checkbox"/> Commercial
Any litigation, claims or arbitration?	
If yes, please explain – (Attach a separate sheet if necessary)	

INSURANCE BONDING / FINANCIAL DATA

Are you a bondable subcontractor?	
If yes, what is your bonding capacity?	
Single & Aggregate	
Bonding Agent/Surety	
Address	
City, State, Zip	
Phone/Fax	
Agent Email	
Average (within the last three years) yearly Volume of work completed?	

INSURANCE REQUIREMENTS

General Liability Limits: \$1 million, \$2 million aggregated	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Workers Compensation \$1 million	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Automobile Liability \$1 million	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SAFETY

Does your Company have a Safety program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide your company's OSHA 300 log for the last 5 years	
Provide your company's TRIR (Total Recordable Incident Rate) for the last 5 years	
Provide your company's DART (Days Away, Restricted or Transferred) for the last 5 years	

<p>What is your company's EMR (Experience Modification Rate)? Provide your company's EMR for the last 5 years</p>	
<p>Does your company provide employee training? If so, what kind of safety training is required for your employees?</p>	
<p>Does your company have a policy of investigating each accident/incident to discover its roots causes and learn from the results?</p>	
<p>How many safety personnel does your company have? Does your company have an "On site Safety Manager"?</p>	

(PLEASE PROVIDE A COPY OF CERTIFICATE OF INSURANCE)

GENERAL CONTRACTOR REFERENCES

Company Name	
Contact Person	
Email	
Phone Number	
Fax Number	

Company Name	
Contact Person	
Email	
Phone Number	
Fax Number	

Company Name	
Contact Person	
Email	
Phone Number	
Fax Number	

Information of person completing this form:

First Name: _____ Last Name: _____

Email: _____

The undersigned certified that the information provided above is accurate to the best of their knowledge and acknowledges that the submission this questionnaire does not automatically includes your company in LEGO Construction Co.'s data base of subcontractors.

Signature: _____ Date: _____

