

**SUBCONTRACTOR PREQUALIFICATION**

**SECTION 1: COMPANY ORGANIZATION**

HOW DID YOU HEAR ABOUT LUSARDI CONSTRUCTION \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

WEBSITE \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OTHER LOCATIONS *If yes, please provide contact information*

\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ALL TRADES YOU PERFORM

\_\_\_\_\_  
\_\_\_\_\_

MAIN RECIPIENTS FOR INVITATIONS TO BID

NAME/TITLE \_\_\_\_\_ PHONE / EXT \_\_\_\_\_

EMAIL \_\_\_\_\_ CELLPHONE \_\_\_\_\_

NAME/TITLE \_\_\_\_\_ PHONE / EXT \_\_\_\_\_

EMAIL \_\_\_\_\_ CELLPHONE \_\_\_\_\_

STATES SERVED IF CA ONLY - PLEASE NOTE ALL COUNTIES YOU SERVE:

\_\_\_\_\_  
\_\_\_\_\_

INDUSTRIES YOU WORK IN *(Please check all that apply):*

- AUTOMOTIVE/AVIATION  COMMUNITY  EDUCATIONAL  HEALTHCARE  HIGH-TECH  
 HOSPITALITY-HOTELS/COUNTRY CLUBS  INDUSTRIAL  MUNICIPAL/GOVERNMENT  
 OFFICE  CIVIL  RESIDENTIAL  RETAIL  TENANT IMPROVEMENTS  ALL INDUSTRIES

BONDABLE  Y  N IF YES, PLEASE PROVIDE BOND RATE \_\_\_\_\_% BOND LIMIT \_\_\_\_\_

ANNUAL VOLUME \$ \_\_\_\_\_

EMR \_\_\_\_\_ IF YOUR EMR IS HIGHER THAN 1.2 PLEASE CLARIFY THE REASON WHY:

\_\_\_\_\_  
\_\_\_\_\_

MINIMUM PROJECT SIZE \$ \_\_\_\_\_

MAXIMUM PROJECT SIZE \$ \_\_\_\_\_

IN BUSINESS SINCE \_\_\_\_\_

CREW SIZE: OFFICE \_\_\_\_\_ FIELD \_\_\_\_\_

**SECTION 2 LICENSING / CERTIFICATIONS / REGISTRATION / UNION STATUS**

CERTIFICATIONS TYPE / MEMBERSHIPS / MINORITY STATUS (i.e., Small Business, Minority-Owned, etc.)

UNION STATUS (Please check all that apply)

- UNION AFFILIATION NAME AND NUMBER \_\_\_\_\_
- NON-UNION  PREVAILING WAGE  DAVIS BACON
- BOTH UNION AND NON UNION PLEASE EXPLAIN \_\_\_\_\_

LICENSE(S) # \_\_\_\_\_ CLASS / TYPE \_\_\_\_\_ DIR # \_\_\_\_\_

LICENSE SUSPENDED / REVOKED (In the past three years)  YES  NO IF YES, PLEASE CLARIFY

NAME CHANGE (Has your company ever changed names or license numbers?):  YES  NO IF YES, REASON

➔ ABLE TO MEET INSURANCE REQUIREMENTS:  YES  NO **INITIAL HERE** \_\_\_\_\_  
 (See page 3)

**SECTION 3 EXPERIENCE / REFERENCES**

ON A SEPARATE SHEET, PLEASE PROVIDE THE FOLLOWING:

- **PERFORMANCE REFERENCES - MINIMUM OF 5 JOBS COMPLETED WITHIN THE LAST 3 TO 5 YEARS**

Please be sure to provide a current contact name, email address, and correct phone number.

1. GENERAL CONTRACTOR	2. JOB CAPTAIN NAME	3. CONTACT PHONE #
4. CONTACT EMAIL	5. PROJECT NAME	6. PROJECT TYPE
7. PROJECT VALUE FOR SCOPE OF WORK	8. YEAR	

- **CREDIT/SUPPLIER REFERENCES (MINIMUM OF 4)**

1. COMPANY NAME	2. CONTACT NAME	3. PHONE #
4. EMAIL		

ADDITIONAL INFORMATION / COMMENTS / NOTES:

THIS PREQUALIFICATION HAS BEEN COMPLETED BY:

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_ DATE \_\_\_\_\_

LCC OFFICE USE ONLY:

HOW DID THE SUB CONTACT US? \_\_\_\_\_

THIS PREQUALIFICATION HAS BEEN PROCESSED BY \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_