

**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 TRADES  **MARK IF APPLICABLE:** [ ] SUPPLY ONLY [ ] INSTALL ONLY [ ] DESIGN BUILD

\_\_\_\_\_

\_\_\_\_\_


**MAIN RECIPIENTS FOR INVITATIONS TO BID**

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

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

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

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

STATES SERVED  **IF CA ONLY - PLEASE CHECK COUNTIES YOU SERVE:**

\_\_\_\_\_

- [ ] IMPERIAL [ ] KERN [ ] LOS ANGELES [ ] ORANGE [ ] RIVERSIDE [ ] SACRAMENTO
- [ ] CENTRAL COAST [ ] SAN JOAQUIN REGION [ ] SIERRA REGION [ ] SAN BERNARDINO [ ] SAN DIEGO
- [ ] SAN FRANCISCO BAY AREA [ ] SAN LUIS OBISPO [ ] SANTA BARBARA [ ] VENTURA [ ] NATIONWIDE

**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 \_\_\_\_\_

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

\_\_\_\_\_

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

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(See page 3)  YES  NO **INITIAL HERE** \_\_\_\_\_

**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 \_\_\_\_\_

**PLEASE SUBMIT THIS FORM TO [TDESMOND@LUSARDI.COM](mailto:TDESMOND@LUSARDI.COM) UPON COMPLETION.**

LCC OFFICE USE ONLY:

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

**Corporate Office:** 1570 Linda Vista Drive, San Marcos, CA 92078 (760) 744-3133 |

**Northern California:** 6376 Clark Avenue, Dublin, CA 94568 (925) 829-1114

[www.LUSARDI.com](http://www.LUSARDI.com) | CA State License 207287

## INSURANCE REQUIREMENTS

Your subcontractor’s insurance requirements **MUST BE fulfilled within ten (10) calendar days** after you sign the Subcontract. Proof of compliance must be submitted to us before you start work. Delay in compliance, or non-compliance can result in termination of the subcontract, delay to the job’s progress for which you can be held responsible, and/or delay in payment of monies to you.

### COMMERCIAL GENERAL LIABILITY INSURANCE

*TYPE OF INSURANCE*

1. Policy must be “Occurrence” based, not “claimsmade”
2. Policy must provide for no more than a \$25,000 self-insured retention or deductible
3. Blanket Contractual Liability must be shown for the liability assumed in subcontract

*LIMITS*

Your policy form must provide at least (a) bodily injury (b) property damage (c) contractor’s protective and:

Each Occurrence minimum limit of:	\$1,000,000
General Aggregate minimum limit of:	\$2,000,000
Personal & Advertising Injury minimum limit of:	\$1,000,000
Products Completed Operations Aggregate:	\$2,000,000

*WAIVER OF SUBROGATION*

Provide a Waiver of Subrogation in favor of Lusardi Construction Co. and any other specified Owner interest. Please note that “sole negligence” or “vicarious liability” is not acceptable on any endorsements.

### AUTOMOBILE LIABILITY INSURANCE

*TYPE OF INSURANCE*

1. “Any Auto” or
2. “Scheduled Autos”, “Hired Autos”, and “Non-Owned Autos”

*LIMITS*

Your policy form must provide at least:

Combined Single Limit minimum of:	\$1,000,000
Any Auto minimum limit of:	\$1,000,000

### WORKERS’ COMPENSATION AND EMPLOYER’S LIABILITY INSURANCE

*LIMITS*

Your policy form must provide at least:

Workers’ Compensation	State statutory coverage limits
Employer’s Liability:	
Each Accident:	\$1,000,000
Disease-policy limit	\$1,000,000
Disease-each employee	\$1,000,000

*WAIVER OF SUBROGATION*

Provide a Waiver of Subrogation in favor of Lusardi Construction Co. and any other specified Owner interest.

### ADDITIONAL INSURED

Status shown by endorsement, with all form numbers listed on Certificate of Insurance, must meet the following criteria for Lusardi Construction Company and any other parties required by the Subcontract. Please note that “sole negligence” or “vicarious liability” is not acceptable on any endorsements.

1. SO Form CG 2010 (07/04), or its equivalent, naming Lusardi Construction Co. and any other specified party as an additional insured for “Ongoing Operations”
2. ISO Form CG 2037 (07/04), or its equivalent, naming Lusardi Construction Co. and any other specified party as an additional insured for “Completed Operations”
3. Any attached policy form must have the respective policy number identified
4. “Primary” and “non-contributory” insurance for additional insured(s) must be evidenced
5. “Project Specific” or “all operations” basis must be evidenced

### GENERAL

1. Insurance company must have AM Best rating of “A-VIII” or higher
2. Policies must be non-cancelable except upon 30 days prior written notice

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