



## **Subcontractor Prequalification Form**

Thank you for your interest in becoming a subcontractor for Legacy Construction. Legacy is highly committed to delivering quality construction projects on time, on budget and exceeding the expectations of the Owner. We would not be able to achieve these goals without building a strong team of subcontractors committed to the same standards of quality, safety, and service.

To be considered as a subcontractor on upcoming projects, please fill out and submit the attached forms via email to our Estimating Department, at [bids@lcfresno.com](mailto:bids@lcfresno.com)

Please provide as much information as possible. This will help our Legacy Team to accurately assess which types of projects are best suited for your company.

Once the prequalification process is completed you will begin receiving invitations to bid from Legacy Construction.

We look forward to growing this relationship,

Legacy Construction  
Attn: Estimating Department

5390 E. Pine Avenue  
Fresno, CA 93727  
559-291-1922  
[bids@lcfresno.com](mailto:bids@lcfresno.com)



## Subcontractor Prequalification Form

### Company Information

Company Name:	<input type="text"/>		
Address:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Estimator Name:	<input type="text"/>	Website:	<input type="text"/>
Federal Tax ID:	<input type="text"/>	Contractor's License:	<input type="text"/>

**Type of Business:**    ☐ Corporation    ☐ Partnership    ☐ Sole Proprietor    ☐ MBE    ☐ WBE    ☐ DVBE

Years in Business:	<input type="text"/>	State & Date of Incorporation:	<input type="text"/>
Number of Employees:	<input type="text"/>	Certification(s):	<input type="text"/>
D&B Number:	<input type="text"/>	D&B Rating:	<input type="text"/>

### Insurance Information

Are you Bondable?	<input type="checkbox"/>	Bonding Company:	<input type="text"/>
Bonding Capacity:	<input type="text"/>	Bond Rate:	<input type="text"/>
General Liability Limits:	<input type="text"/>	Per Occurrence:	<input type="text"/>
Insurance Company:	<input type="text"/>	Aggregate:	<input type="text"/>

### Authorized Signer Contact Information

Name:	<input type="text"/>	Phone:	<input type="text"/>
Title:	<input type="text"/>	Cell:	<input type="text"/>
Email:	<input type="text"/>		

### Divisions Of Work

Please indicate the crafts below which best describe the trades/services your company provides.

Subcontractor	Supplier	
Craft 1:	<input type="text"/>	Craft 2: <input type="text"/>
Craft 3:	<input type="text"/>	Craft 4: <input type="text"/>

☐ Open Shop    ☐ Union



Please check all areas where your company is willing to work:			
<b>CALIFORNIA</b>			
<input type="checkbox"/> Northern California	<input type="checkbox"/> Central California	<input type="checkbox"/> Southern California	<input type="checkbox"/> California Central Coast
<b>NEVADA</b>			
<input type="checkbox"/> Northern Nevada	<input type="checkbox"/> Southern Nevada	<input type="checkbox"/> Eastern Nevada	<input type="checkbox"/> Western Nevada
<b>IDAHO</b>			
<input type="checkbox"/> Northern Idaho	<input type="checkbox"/> Southern Idaho	<input type="checkbox"/> Eastern Idaho	<input type="checkbox"/> Western Idaho
<b>KANSAS</b>			
<input type="checkbox"/> Northern Kansas	<input type="checkbox"/> Southern Kansas	<input type="checkbox"/> Eastern Kansas	<input type="checkbox"/> Western Kansas
<b>TENNESSEE</b>			
<input type="checkbox"/> Eastern Tennessee	<input type="checkbox"/> Western Tennessee		
<b>OREGON</b>			
<input type="checkbox"/> Northern Oregon	<input type="checkbox"/> Southern Oregon	<input type="checkbox"/> Eastern Oregon	<input type="checkbox"/> Western Oregon
<b>WASHINGTON</b>			
<input type="checkbox"/> Northern Washington	<input type="checkbox"/> Southern Washington	<input type="checkbox"/> Eastern Washington	<input type="checkbox"/> Western Washington
<b>COLORADO</b>			
<input type="checkbox"/> Northern Colorado	<input type="checkbox"/> Southern Colorado	<input type="checkbox"/> Eastern Colorado	<input type="checkbox"/> Western Colorado
<b>ARIZONA</b>			
<input type="checkbox"/> Northern Arizona	<input type="checkbox"/> Southern Arizona		
<b>UTAH</b>			
<input type="checkbox"/> Northern Utah	<input type="checkbox"/> Southern Utah		
<b>TEXAS</b>			
<input type="checkbox"/> Northern Texas	<input type="checkbox"/> Southern Texas	<input type="checkbox"/> Eastern Texas	<input type="checkbox"/> Western Texas
<b>NEW MEXICO</b>			
<input type="checkbox"/> Northern New Mexico	<input type="checkbox"/> Southern New Mexico	<input type="checkbox"/> Eastern New Mexico	<input type="checkbox"/> Western New Mexico

If your company has offices that service other regions, please list them below:			
Location Address:			
County:		Phone:	
Location Address:			
County:		Phone:	
Location Address:			
County:		Phone:	



### Other Information

In the past five (5) years, has your company:

- |   |         |        |
|---|---------|--------|
| 1. Operated under any other name?   | ___ Yes | ___ No |
| 2. Had any liens filed against it by any of its subcontractors or suppliers?                      | ___ Yes | ___ No |
| 3. Ever failed to complete a contract, been defaulted, or had a contract terminated?              | ___ Yes | ___ No |
| 4. Any of its key people been party to a bankruptcy or reorganization proceeding?                 | ___ Yes | ___ No |
| 5. Any of its key people been involved in a lawsuit arising from a project?                       | ___ Yes | ___ No |
| 6. Any of its key people been investigated/found to have committed a violation of any labor laws? | ___ Yes | ___ No |

If you answered "Yes" to any of the above questions, please explain below

Comments:

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### Safety Record, Policies & Practices

Workers Compensation Experience Modification Rate (EMR):

Current Year: \_\_\_\_\_ Last Year: \_\_\_\_\_ 2 Years Ago: \_\_\_\_\_ 3 Years Ago: \_\_\_\_\_ 3 Year Average: \_\_\_\_\_

- |  |         |        |
|--|---------|--------|
| Does your company have a written Injury Illness Prevention Plan (IIPP)?      | ___ Yes | ___ No |
| Does your company have a written Drug & Alcohol Policy?                      | ___ Yes | ___ No |
| Has your company received any OSHA safety citations within the last 3 years? | ___ Yes | ___ No |
| Does the Company have a full-time safety person?                             | ___ Yes | ___ No |

If yes, Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please attach the following documents:

- 1) Safety Program Table of Contents
- 2) The past three (3) years of your OSHA 300 Log Summaries
- 3) Explanation of any safety citations in the past 3 years



## Completed Projects

Please list four (4) representative projects completed in the last 5 years.

Name of Project:	<input type="text"/>		
Contracting Co:	<input type="text"/>	Location of Project:	<input type="text"/>
Contact Name:	<input type="text"/>	Email:	<input type="text"/>
Contract Amount:	<input type="text"/>	Completion Date:	<input type="text"/>

Name of Project:	<input type="text"/>		
Contracting Co:	<input type="text"/>	Location of Project:	<input type="text"/>
Contact Name:	<input type="text"/>	Email:	<input type="text"/>
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Name of Project:	<input type="text"/>		
Contracting Co:	<input type="text"/>	Location of Project:	<input type="text"/>
Contact Name:	<input type="text"/>	Email:	<input type="text"/>
Contract Amount:	<input type="text"/>	Completion Date:	<input type="text"/>



### Current Projects

Please list four (4) representative projects currently under construction.

Name of Project:	<input type="text"/>		
Contracting Co:	<input type="text"/>	Location of Project:	<input type="text"/>
Contact Name:	<input type="text"/>	Email:	<input type="text"/>
Contract Amount:	<input type="text"/>	Projected Completion Date:	<input type="text"/>

Name of Project:	<input type="text"/>		
Contracting Co:	<input type="text"/>	Location of Project:	<input type="text"/>
Contact Name:	<input type="text"/>	Email:	<input type="text"/>
Contract Amount:	<input type="text"/>	Projected Completion Date:	<input type="text"/>

Name of Project:	<input type="text"/>		
Contracting Co:	<input type="text"/>	Location of Project:	<input type="text"/>
Contact Name:	<input type="text"/>	Email:	<input type="text"/>
Contract Amount:	<input type="text"/>	Projected Completion Date:	<input type="text"/>

Name of Project:	<input type="text"/>		
Contracting Co:	<input type="text"/>	Location of Project:	<input type="text"/>
Contact Name:	<input type="text"/>	Email:	<input type="text"/>
Contract Amount:	<input type="text"/>	Projected Completion Date:	<input type="text"/>



### Trade References

Please list three (3) of your subcontractors or suppliers.

Reference Business:

Contact Name:

Address:

City:  State:  Zip Code:

Phone:  Email:

Reference Business:

Contact Name:

Address:

City:  State:  Zip Code:

Phone:  Email:

Reference Business:

Contact Name:

Address:

City:  State:  Zip Code:

Phone:  Email:

### Authorization

Please have an Authorized Signer/Corporate Officer complete the following:

By signing this document I confirm that I have read Legacy Construction's attached MSA and agree to its Terms & Conditions.  
By signing this form I confirm that I have reviewed all the information provided in this document and certify its authenticity.

Signature

Date

Printed Name of Signer