



LO MAGNO CONSTRUCTION, INC.

# LCI Subcontractor Prequalification Form

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Please complete the following form and email back to:  
**andy@lcinyc.com**

## General Information

Company Name .....	Union Status .....
	(Please state status as Union/Non Union or Both)
Address .....	
Project Manager .....	St ..... Zip Code .....
Year Established .....	Phone .....
Fax .....	Website .....
Federal Tax ID No .....	License No .....

### Primary Contact

Phone .....	Cell .....
Email .....	

### Estimating Contact

Phone .....	Cell .....
Email .....	

### Field Contact

Phone .....	Cell .....
Email .....	

### Accounting Contact

Phone .....	Cell .....
Email .....	

### Please indicate the staffing levels for the following:

- 1. Executive .....
- 2. Field Personnel .....
- 3. Administrative .....
- 4. Estimating .....
- 5. Project Managers .....

If your business is minority certified, please circle the appropriate designation(s)

**WBE MBE DBE VBE SBE**

If other, please state: .....

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## Core Competency

### 1. Main Construction Division:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Demo                    | <input type="checkbox"/> Drywall / Carpentry   | <input type="checkbox"/> Window Treatments |
| <input type="checkbox"/> Concrete /Masonry       | <input type="checkbox"/> Ceramic Tile / Stone  | <input type="checkbox"/> Sprinklers        |
| <input type="checkbox"/> Structural Steel        | <input type="checkbox"/> Carpet / VCT          | <input type="checkbox"/> Plumbing          |
| <input type="checkbox"/> Architectural Woodwork  | <input type="checkbox"/> Paint / Wallcoverings | <input type="checkbox"/> HVAC              |
| <input type="checkbox"/> Hollow Metal / Hardware | <input type="checkbox"/> Accessories           | <input type="checkbox"/> Electrical        |
| <input type="checkbox"/> Metal / Glass           | <input type="checkbox"/> Equipment             | <input type="checkbox"/> Other             |

## Core Competency

### 2. Indicate the size of project you are most competent in performing (\$)

- |  |  |
|--|--|
| <input type="checkbox"/> 0 - 10,000      | <input type="checkbox"/> 75,000 - 100,000    |
| <input type="checkbox"/> 10,000 - 20,000 | <input type="checkbox"/> 100,000 - 200,000   |
| <input type="checkbox"/> 20,000 - 30,000 | <input type="checkbox"/> 200,000 - 500,000   |
| <input type="checkbox"/> 30,000 - 40,000 | <input type="checkbox"/> 500,000 - 1,000,000 |
| <input type="checkbox"/> 40,000 - 50,000 | <input type="checkbox"/> 1,000,000 +         |
| <input type="checkbox"/> 50,000 - 75,000 |  |

### 4. What percentage (%) of your company's work is usually subcontracted?

.....

### 5. Please list the trades you perform with your own forces

.....  
.....  
.....  
.....

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**Please list 3 significant completed projects in the past 3 years:**

**Project 1.**

Project Name .....

Address .....

Project Manager ..... Owner .....

Owner's Phone ..... Scope of work .....

Project Size ..... Original Contract Value .....

Final Contract Value ..... Start Date .....

Completion Date .....

**Project 2.**

Project Name .....

Address .....

Project Manager ..... Owner .....

Owner's Phone ..... Scope of work .....

Project Size ..... Original Contract Value .....

Final Contract Value ..... Start Date .....

Completion Date .....

**Project 2.**

Project Name .....

Address .....

Project Manager ..... Owner .....

Owner's Phone ..... Scope of work .....

Project Size ..... Original Contract Value .....

Final Contract Value ..... Start Date .....

Completion Date .....

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**Please list 3 GC/CM references for completed projects in the last 2 years:**

Company Name ..... Title .....  
Phone ..... Fax .....  
Address ..... Primary Contact .....

Company Name ..... Title .....  
Phone ..... Fax .....  
Address ..... Primary Contact .....

Company Name ..... Title .....  
Phone ..... Fax .....  
Address ..... Primary Contact .....

## Financial / Insurance Information

Total value of completed work in the last 3 years (\$) .....  
.....  
Largest contract value (\$) to date .....  
Banking Institution .....  
Contact Person .....  
Insurance Company .....  
Insurance Agent .....  
Bonding Surety .....  
Bonding Capacity .....  
Limit Per Project .....

## Safety

Does your firm have any pending judgments/claims/suits? .....  
Has your firm been cited by OSHA in the past five years? .....