



Subcontractor Experience Questionnaire

Project Name: _____

Company Name: _____

Federal ID or Social Security Number: _____

A Corporation An Individual A Partnership LLC

License Number: _____ Class: _____ MWBE: _____

Date of Incorporation/Formation: _____

1. Type of Business/Trade: _____

Union Labor? Yes No

Annual Volume: _____

Years of Experience in Construction: _____

State of Incorporation: _____

Name of Owner(s): _____

Social Security Number: _____

And/Or Officers: _____

Social Security Number: _____

Business Address: _____

Business Phone: _____ Fax: _____

Contact Person: _____

Contact's Email: _____

Contact's Cell Number: _____

Accounting Contact: _____

Business Phone: _____ Email: _____

The information contained in this Questionnaire may be relied upon by Legacy MCS in selecting subcontractors for the Project. Subcontractor hereby authorizes Legacy to verify the information contained herein and agrees that verification may be obtained from a varied of independent sources, including, without limitation, credit history searches and phone interviews with prior clients and financial references. Subcontractor further agrees that information contained in this questionnaire (or obtained from independent sources) may be disclosed to employees of Legacy and its affiliates, but that Legacy will use best efforts to limit such disclosure to those persons who participate in the hiring process. Legacy shall not be liable to Subcontractor for any inaccurate information obtained from investigative sources.

To Be Signed By An Owner or Officer

Title	Printed Name	Signature
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2. How many projects is your company currently working on?
3. What is your current capacity?
4. Are you bondable? Yes No Rate:
5. List Builders for whom you are working/have performed work for:

Builder: _____ Project Name: _____

Address: _____

Contact: _____ Phone: _____ Email: _____

Estimated dollar amount contracted for this project: _____

Builder: _____ Project Name: _____

Address: _____

Contact: _____ Phone: _____ Email: _____

Estimated dollar amount contracted for this project: _____

Builder: _____ Project Name: _____

Address: _____

Contact: _____ Phone: _____ Email: _____

Estimated dollar amount contracted for this project: _____

Builder: _____ Project Name: _____

Address: _____

Contact: _____ Phone: _____ Email: _____

Estimated dollar amount contracted for this project: _____



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6. List Suppliers with whom you have conducted business:

Supplier: _____ Project Name: _____

Address: _____

Contact: _____ Phone: _____ Email: _____

Length of relationship: _____ Current Balance: _____

Supplier: _____ Project Name: _____

Address: _____

Contact: _____ Phone: _____ Email: _____

Length of relationship: _____ Current Balance: _____

Supplier: _____ Project Name: _____

Address: _____

Contact: _____ Phone: _____ Email: _____

Length of relationship: _____ Current Balance: _____

Supplier: _____ Project Name: _____

Address: _____

Contact: _____ Phone: _____ Email: _____

Length of relationship: _____ Current Balance: _____



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7. Name of bank with whom you are doing business with:
Bank: _____
Address: _____ Phone: _____
Contact: _____
Account Number: _____
8. Surety company with whom you are doing business with:
Bank: _____
Address: _____ Phone: _____
Contact: _____
Bonding Capacity: _____
9. Who in your organization has the authority to enter into legal agreements:
(ex. Contract, change orders, lien waivers, etc.)
- A. Name/Title: _____
Signature: _____
- B. Name/Title: _____
Signature: _____
- C. Name/Title: _____
Signature: _____
10. Insurance requirements: (acceptable to send for information only "Sample Certificate")
Do you meet the Legacy insurance requirements listed on the following page?
Yes No
Insurance Company _____
Phone _____ Email _____
Agency _____
Address _____
Contact _____
General Liability Policy # _____
G/L Policy Expiration Date _____
Workers Compensation Policy # _____
W/C Policy Expiration Date _____
Automobile Liability Policy # _____
Auto Policy Expiration Date _____



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Carefully review the following excerpt from the bid documents and the project manual.

4. INSURANCE

4.1 Prior to starting Work, Subcontractor shall procure and maintain in force throughout the prosecution of the Work, Worker's Compensation Insurance, Employer's liability Insurance in full compliance with the laws of the State in which work under this Contract is performed, Comprehensive General Liability Insurance on an occurrence basis with contractual coverage and Automobile Liability Insurance, including owned, non-owned and hired automobile coverage and such other insurance, to the extent required by the Contract Documents, for Subcontractor's Work. All insurance will be written by companies lawfully authorized to do business in the state in which the Project is located, and having an AM Best Rating of AAA, or a rating which will be reasonably acceptable to Owner. At all times, Owner shall have the right but not the obligation, to approve Subcontractor's insurance coverage. Such approvals shall be based on standard coverage's available within the industry, except as may be otherwise required by this Contract. Contractor's approval of Subcontractor's policies of insurance shall not be unreasonably withheld.

4.2 Subcontractor's insurance, as required by Paragraph 4.1, shall be written for not less than the following limits of liability:

Workers Compensation and Employers Liability

1. Employees Liability Each Accident	\$1,000,000
2. Employees Liability Each Employee	\$1,000,000
3. Employees Liability Disease-Policy Limit	\$1,000,000

B. Commercial General Liability

1. Each Occurrence	\$1,000,000
2. Damaged to Rented Premises (Ea occurrence)	\$100,000
3. Medical Expense (any one person)	\$10,000
4. Contractual Liability (Personal & Adv Injury)	\$1,000,000
5. General Aggregate	\$2,000,000
6. Products – Comp/OP Agg	\$2,000,000

C. Comprehensive Automobile Liability (Including Owned, Non-Owned, and Hired Automobiles)

1. Combined Single Limit (each accident)	\$1,000,000
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D. Umbrella Excess Liability

1. Each Occurrence	\$2,000,000
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4.2.1 Coverage shall be written on a Comprehensive General and Automobile Liability form and shall include contractual liability insurance as applicable to Subcontractor's obligations under Paragraph 4.6. Coverage shall also include the perils of explosion, collapse, and underground liability (XCU); Independent Contractor's Coverage; Personal Injury (Agreements A, B & C) including coverage for suits brought by employees of Subcontractor; Broad Form Property Damage including Completed Operations; and Completed Operations insurance. Completed Operations insurance shall remain in effect for not less than three (3) years after substantial completion of the Project. Contractor shall be added as an additional named insured under Subcontractor's Comprehensive General Liability Policy, and coverage under such Policy shall be primary with Contractor's insurance being excess over the Subcontractor's coverage.

Signature and Notary appear on the following page



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Signature and Notary

Dated this _____ day of _____, 20____

Signature _____

Print or Type Name & Title _____

Company Name: _____

Company Address: _____

State of _____

County of _____

On _____ before me _____, a Notary Public in and for said State, personally appeared, _____ who proved to me the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or entity upon behalf of which the person(s) acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(area for notary seal)