



a MasTec company

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Lemartec Corporate Headquarters

SUBCONTRACTOR PREQUALIFICATION STATEMENT

All subcontractors/vendors interested in working with LEMARTEC CORPORATION (LMTC) are required to complete this form and return it to LMTC. Failure to complete in its entirety will result in denial of your qualifications and not being included in our approved subcontractor/vendor list.

The contents of this questionnaire will be considered confidential and used solely to determine your firm's qualifications. Please submit and direct all questions to: **Laura Perez** [lauperez@lemartec.com]

Based on the responses to questionnaire, additional information may be required.

Thank you.
Lemartec Corporation

I. Organization

Company Name	<input type="text"/>		
Company Address	<input type="text"/>		
	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
Primary Contact Name	<input type="text"/>		
Telephone	<input type="text"/>	Fax <input type="text"/>	Primary E-mail <input type="text"/>
Company Website	<input type="text"/>		
Federal Tax Payer ID#	<input type="text"/>	Years	<input type="text"/>
Years in Business under this organization name	<input type="text"/>		
Type of Company:	Corporation	LLC	Partnership
			Sole Proprietor

List all other names under which your organization or principles conducts business:

Is your company affiliated with any other company? Yes No

If so, please list here:

Kindly provide the following documents (failure to provide shall result in your qualification being denied):	
1. W-9	6. Current Certificate of Insurance
2. Local Business Tax Receipt	7. Letter of Bondability
3. Sunbiz Corporate Officers List	8. Current Financials (this information shall be kept confidential and shall only be used to determine financial stability of the Sub/Vendor)
4. OSHA Logs for the past 3 years	9. Professional Licenses (If Applicable)
5. Safety Plan	10. EMR Verification Letter

List Local and/or State Contractor licenses under which your company operates

License Type	Issuing Authority	License Number	Qualifier	Expiration Date

What categories of work (scopes) does your company perform?

A) _____	D) _____
B) _____	E) _____
C) _____	F) _____

Does your firm have any in-house fabrication capabilities? Yes No

If so, please describe below:

--

Please provide the number of personnel employed by your company per each description listed below:

Unskilled Craftsmen	<input type="text"/>	Skilled craftsmen	<input type="text"/>	Project Managers	<input type="text"/>
Architect / Engineers / Draftsmen	<input type="text"/>	Clerical	<input type="text"/>	Other	<input type="text"/>

Percentage of work self-performed by your own forces? %

Does your company hold any of the following certifications? (i.e.. MBE, WBE, CSBE, SBE, DBE, etc...)

Please attach certification letters to the back of this form.

Certification	Municipality

II. Bonding

Surety Company

Bonding Company

Bonding Company Address

City State Zip

Agent Name

Telephone

Single Limit Aggregate Limit

III. Safety **(REQUIRED)**

List your Workers Compensation Experience Modification Rate for the past three years.

Has your company received any OSHA violations/citations within the past (4) years? ☐ Yes ☐ No

If so, please explain below:

IV. Claims and Suits

Within the last five years, has there been any judgments, claims, arbitration proceedings or suits against your firm or its officers? If yes, please list on a separate sheet. ☐ Yes ☐ No

Has your firm filed any lawsuits or requested arbitration with regard to construction contracts within the last five years? If yes, please list on a separate sheet. ☐ Yes ☐ No

Has your company ever failed to complete any work it has been awarded? ☐ Yes ☐ No

Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? ☐ Yes ☐ No

If so, please explain below (provide attachment for additional space if necessary):

List three trade references with which your firm does business:

Company Name	Address	Contact Name	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide letters of references for projects completed from General Contractors and/or Clients.

V. Financial Information (REQUIRED)

Please attach 2 years prior financial statements, Balance Statement and Profit & Loss Report.

Annual revenue for the last four years

_____	\$
_____	\$
_____	\$
_____	\$

VI. Dunn & Bradstreet Information

Please attach most current D&B Comprehensive Report.

D-U-N-S Number:	
D&B Rating:	
Viability Score:	
Portfolio Comparison:	
Data Depth Indicator:	

I have answered all the questions above truthfully and to the best of my knowledge.

_____	_____
Signature	Title
_____	_____
Print Name	Date

Projects Currently Under Contract

ATTACHMENT A - MUST BE COMPLETELY FILLED OUT - EMAIL/FAX NUMBERS ARE REQUIRED FOR REFERENCE REQUESTS

List major construction projects your organization has completed in the last 3 years and all projects currently in progress:

Project Types to be referenced on table below:

A) Institutional (Educational, Healthcare, Prisons, etc.)
B) Government
C) Industrial

D) Commercial (Retail, Hotel, Interior Build-out, etc.)
E) Aviation
F) Other

Subcontractor Company Name:

Architect / Engineer	Project Type (Type A,B,C etc.)	Project Name & Location	General Contractor	Contact Name	Phone Fax	Subcontract Amount	% Completed	Start Date

Projects Completed Within the Last (3) Years

ATTACHMENT A - MUST BE COMPLETELY FILLED OUT - EMAIL/FAX NUMBERS ARE REQUIRED FOR REFERENCE REQUESTS

List major construction projects your organization has completed in the last 3 years and all projects currently in progress:

Project Types to be referenced on table below:

- A) Institutional (Educational, Healthcare, Prisons, etc.)

B) Government

C) Industrial
- D) Commercial (Retail, Hotel, Interior Build-out, etc.)

E) Aviation

F) Other

Subcontractor Company Name:

Architect / Engineer	Project Type (Type A,B,C etc.)	Project Name & Location	General Contractor	Contact Name	Phone Fax	Subcontract Amount	Completion Date

Quality System		Check if N/A:
Do you have a Quality Assurance System?	Yes No	
If yes, number and qualification of Quality Assurance personnel, (include CQE, CQA, CRE, Certified Lead Assessor, etc.)		
Is your company ISO certified?	Yes No	
If yes, at what facilities?		
	LOCATION	STANDARD (9001, 9002, 14001)
ATTACH copies of certificates for ISO certified facilities.		

Quality Control		Check if N/A:	
Do you have a Quality Control department?	Yes No		
Number and qualifications (AWS, CWI, ASNT Level 1, 2, 3, etc.) of shop inspectors per shift:			
Describe your procedure for Quality Control inspection of suppliers/subcontractors systems and practices during fabrication:			
Is all of your shop open to our inspectors:	Yes No		
If no, please explain:			
Who in your company is responsible for coordinating company or client-required inspection hold points?			
Do you have a controlled system for welding filler metal control and distribution:		Yes No	
Do you have the ability to perform the following testing methods in-house?			
	YES	NO	If no, state name and location (city) of your supplier or third party agency:
Radiographic examination:	<input type="checkbox"/>	<input type="checkbox"/>	
Ultrasonic examination:	<input type="checkbox"/>	<input type="checkbox"/>	
Liquid penetrant/magnetic particle examination:	<input type="checkbox"/>	<input type="checkbox"/>	
Hardness testing:	<input type="checkbox"/>	<input type="checkbox"/>	

HEALTH SAFETY & ENVIRONMENT		Check if N/A:
Do you have a Health, Safety & Environment Program?	Yes No	Company SIC/NAICS code:
		SIC: _____
		NAICS _____

SUPPLIER CERTIFICATION:

The undersigned certifies that the information provided herein is accurate and correct.

SIGNED: _____

NAME: _____

TITLE: _____

DATE: _____

HEALTH SAFETY & ENVIRONMENT

Section A

HSE CERTIFICATION :

NAME (ex:VPP, STAR, etc.)

EXPIRATION DATE :

Section B

PERSON COMPLETING THE EVALUATION:

PHONE NUMBER: FAX NUMBER:

ADDRESS:

(If different from above)

TITLE: Street Address City State Zip

Do you have a HSE Manual for your facility?

Yes

No

SIGNATURE:

If yes, please **ATTACH** for review. Also, attach Index of HSE procedures.

Section C

1. INJURY / ILLNESS STATISTICS

USE THE PREVIOUS THREE YEARS' INJURY & ILLNESS RECORDS TO COMPLETE THE FOLLOWING:

	20	Rate	20	Rate	20	Rate
NUMBER OF DAY AWAY FROM WORK CASES						
TOTAL NUMBER OF INJURIES / ILLNESSES REQUIRING MEDICAL ATTENTION BY A PHYSICIAN & DAW						
NUMBER OF FATALITIES						
NUMBER OF EMPLOYEE HOURS WORKED						
EMPLOYER MODIFICATION RATE						
NUMBER OSHA CITATIONS						
NUMBER EPA CITATIONS						

2. SERVICE CATEGORY (CHECK ONE):

<input type="checkbox"/> NONRESIDENTIAL BUILDING	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> EQUIPMENT
<input type="checkbox"/> HEAVY (NON-HIGHWAY) CONSTRUCTION	<input type="checkbox"/> STEEL ERECTOR	<input type="checkbox"/> MECHANICAL
<input type="checkbox"/> PLUMBING, HEATING AND AIR CONDITIONING	<input type="checkbox"/> GENERAL CONTRACTOR	<input type="checkbox"/> OTHER (Specify) _____

3. SUPERVISOR HSE MEETINGS

DO YOU HOLD ON-SITE HSE MEETINGS WITH FIELD SUPERVISORS? ☐ YES, If so how often? ☐ NO

☐ WEEKLY ☐ MONTHLY

4. HSE INSPECTIONS

DO YOU CONDUCT PROJECT HSE INSPECTIONS? ☐ YES ☐ NO

WHO CONDUCTS THIS INSPECTION? HOW OFTEN?

☐ WEEKLY ☐ MONTHLY ☐ LESS OFTEN, AS NEEDED

5. ACCIDENT/INCIDENT RECORDS

HOW ARE ACCIDENT/INCIDENT STATISTICS REPORTED?

	REPORTED		HOW OFTEN ARE THEY REPORTED?		
	YES	NO	MONTHLY	QUARTERLY	ANNUALLY
ACCIDENTS/INCIDENTS TOTALED FOR ALL COMPANY					
ACCIDENTS/INCIDENTS TOTALED BY PROJECT					
SUBTOTALED BY SUPERINTENDENT					
SUBTOTALED BY SUPERVISOR					

6. ACCIDENT/INCIDENT REPORTING

WHO RECEIVES ACCIDENT/INCIDENT STATISTICAL REPORTS WITHIN YOUR COMPANY?

HOW OFTEN ARE THEY REPORTED?

	YES	NO	MONTHLY	QUARTERLY	ANNUALLY
FIELD SUPERINTENDENT					
VICE PRESIDENT					
PRESIDENT / CEO					

7. WRITTEN HSE PROGRAM

DO YOU HAVE A WRITTEN HSE PROGRAM?

YES

NO

(please provide a copy of the program)

8. HSE PROGRAM ELEMENTS

DOES YOUR HSE PROGRAM INCLUDE THE FOLLOWING ELEMENTS?

	YES	NO	N/A		YES	NO	N/A
CORPORATE HSE POLICY, SAFETY RULES OR PROCEDURES				AUDIT, ASSESSMENT AND / OR INSPECTION			
CONCRETE & MASONRY				STAIRWAYS AND LADDERS			
EXCAVATION				PERSONAL PROTECTIVE EQUIPMENT			
HEARING PROTECTION				SCAFFOLDING			
RESPIRATORY PROTECTION				HAND & PORTABLE POWERED TOOLS & OTHER HAND-HELD EQUIPMENT			
WALKING / WORKING SURFACES				POWERED PLATFORMS, MANLIFTS & VEHICLE MOUNTED WORKING PLATFORMS			
WORKING AT HEIGHTS / FALL PREVENTION				WELDING & CUTTING			
SIGNS, SIGNALS & BARRICADES				HAZARDOUS MATERIALS			
HOUSEKEEPING				MEDICAL EVALUATION & EXAMS			
FIRE PREVENTION & PROTECTION				CONFINED SPACE			
FIRST AID PROCEDURES				COMPRESSED GAS & COMPRESSED AIR EQUIPMENT			
EMERGENCY PROCEDURES				HSE (HAZCOM) COMMUNICATION			
ROLLOVER PROTECTIVE STRUCTURES; OVERHEAD PROTECTION				OCCUPATIONAL HEALTH & ENVIRONMENTAL CONTROL			
MEDICAL AND FIRST AID				SUBSTANCE ABUSE			
BLASTING & USE OF EXPLOSIVES				GENERAL ENVIRONMENTAL CONTROLS			
EMPLOYEE TRAINING PROGRAM				ACCIDENT/INCIDENT INVESTIGATION			
MATERIAL HANDLING AND STORAGE				REGULATED CHEMICALS			
MOTOR VEHICLES, MECHANIZED EQUIPMENT & MARINE OPERATIONS				COMMERCIAL DIVING OPERATIONS			
CRANES, DERRICK, HOISTS, ELEVATORS AND CONVEYORS				ENVIRONMENTAL REGULATIONS PROGRAMS (SEE PROCEDURE)			
ELECTRICAL							

9. NEW EMPLOYEE HSE ORIENTATION

DO YOU HAVE A HSE INDUCTION PROGRAM FOR NEW HIRES?

NO

YES

IF YES, DOES IT INCLUDE ANY OF THE FOLLOWING?

	YES	NO	N/A		YES	NO	N/A
HEAD and FOOT PROTECTION				HAZARD COMMUNICATIONS			
EYE PROTECTION				TRENCHING & EXCAVATION			
HEARING PROTECTION				SIGNS & BARRICADES			
RESPIRATORY PROTECTION				ELECTRICAL			
FALL PREVENTION				CRANE & RIGGING			
HOUSEKEEPING				VEHICLES			
FIRE PREVENTION & PROTECTION				LADDERS AND SCAFFOLDING			
FIRST AID EMERGENCY TREATMENT				HAND TOOLS / POWER TOOLS			
EMERGENCY EVACUATION PROCEDURES				OCCUPATIONAL HEALTH			
ACCIDENT / INCIDENT REPORTING				ENVIRONMENTAL ASPECTS			

				SUBSTANCE ABUSE			
10. SUPERVISOR HSE TRAINING:							
DO YOU HAVE A PROGRAM TO DEVELOP NEWLY HIRED OR PROMOTED SUPERVISORS?				NO		YES	
IF YES, DOES IT INCLUDE ANY OF THE FOLLOWING?							
	YES	NO	N/A		YES	NO	N/A
SAFE WORK PRACTICES				ACCIDENT /INCIDENT REPORTING & INVESTIGATION			
SUPERVISOR HSE RESPONSIBILITIES				EMPLOYEE DISCIPLINE			
HSE MEETING				HSE COMMUNICATION			
EMERGENCY PROCEDURES				SUBSTANCE ABUSE AWARENESS / PREVENTION			
FIRST AID PROCEDURES				ENVIRONMENTAL ASPECTS			
11. EMPLOYEE HSE MEETINGS							
DO YOU CONDUCT HSE MEETINGS?				<div> <div>No</div> <div>Yes, if so how often?</div> </div> <div> <div>Weekly</div> <div>Bi-Weekly</div> <div>Monthly</div> </div>			
12. COMPANY HSE PROGRAM MANAGER:							
IDENTIFY THE PERSON WITHIN YOUR COMPANY DIRECTLY RESPONSIBLE FOR HSE PROGRAM MANAGEMENT:							
NAME				TITLE			
COMPLETED BY:				PHONE:			
TITLE:				DATE:			



a MasTec company

MWBE Supplier/ Subcontractor Information Request

In our growing efforts to support the development and utilization of companies owned by minorities and woman, we are asking you to complete the following information so we can accurately track our progress. With the rapid changes in today's business environment, we strive to create and maintain strong alliances with our suppliers and subcontractors.

For more information on the below groups, visit <http://www.mwbe-enterprises.com>

Minority Business Enterprise (check below)

***MBE Certified [Y/ N]:** (Circle)

- ☐ Subcontinent Asian Indian
- ☐ Asian Pacific Americans
- ☐ Black Americans
- ☐ Hispanic Americans
- ☐ Native American

Disadvantage Business Enterprise (Check below)

***DBE Certified [Y/ N]:** (Circle)

- ☐ Disabled
- ☐ Veteran-Owned

Small Disadvantaged Business Entities (Check below)

***SDB Certified [Y/ N]:** (Circle)

- ☐ Small Business
- ☐ Hub Zone - For more information, please visit <http://www.sba.gov/hubzone>

Women Business Enterprise (Check below)

***WBE Certified [Y/ N]:** (Circle)

- ☐ Women Owned

***If certified, please provide a copy of your certification along with this form.**

Business Owner's Name: _____

Signed: _____ Date: _____

Your help is greatly appreciated.

Letter to Vendors and Suppliers

Date

Dear Sir/Madam:

[COMPANY NAME] and its subsidiaries are concerned that it fulfills its role as an Affirmative Action/Equal Opportunity Employer. In keeping with our affirmative action obligation, we request your review of our Equal Employment Opportunity Policy herein attached. Further, we also request your vigorous support in our affirmative action efforts as it relates to providing employment opportunity for women, minorities, individuals with disabilities and protected veterans. We do not discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, gender, sexual orientation, age, gender identity, genetic information, disability, protected veteran status, or any other status protected by federal, state or local law.

As a U.S. Government contractor/subcontractor, we are required to develop and maintain a current Affirmative Action Plan in accordance with the rules and regulations of the U.S. Department of Labor, Office of Federal Contract Compliance Programs. Our records indicate that you have provided goods and/or services to us according to established regulation thresholds under Section 503 of the Rehabilitation Act, as amended and the Vietnam Era Veterans Readjustment Assistance Act (VEVRAA), as amended. Therefore, please be advised that your organization must also comply with the rules and provisions as specified by the US Department of Labor, Office of Federal Contract Compliance programs at CFR, Title 41, and Part 60-300 and 60-741.

We appreciate your support of our commitment to equal employment opportunity and request appropriate action on your part.

Sincerely,

Director of Human Resources

Attachment – **Company EEO Policy

EEO POLICY STATEMENT

It is the policy of Lemartec Corporation (the "Company") to not discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, gender, sexual orientation, age, gender identity, genetic information, disability, protected veteran status, or any other status protected by state or local law, and to provide equal employment opportunity and affirmative action for qualified individuals.

This policy statement is included in this Affirmative Action Program and is posted on Company bulletin boards. The Company will endeavor to recruit, hire, train, and promote persons in all job titles in accordance with this Affirmative Action Program. All other personnel actions are administered without regard to race, color, creed, religion, national origin, gender, sexual orientation, age, gender identity, genetic information, disability, protected veteran status, or any other status protected by state or local law, and all employment decisions are based only on valid job requirements.

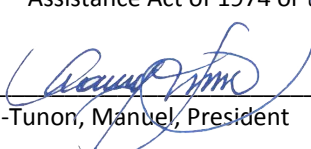
The Veteran and Disabled Affirmative Action Plan shall be available to any employee or employment applicant for inspection in the Human Resources Department during normal business hours. Manny Garcia-Tuñón, President fully supports this policy and has assigned Jenny Pino as EEO Coordinator with overall responsibility for: annually updating the Affirmative Action Plan and the implementation of affirmative action activities as required by law.

Jenny Pino's responsibilities include designing and implementing an audit and reporting system that will:

- ❖ Measure the effectiveness of the Company's Affirmative Action Program.
- ❖ Indicate any need for remedial action.
- ❖ Determine the degree to which our objectives have been attained.
- ❖ Determine whether individuals with known disabilities and protected veterans have had the opportunity to participate in all Company-sponsored educational, training, recreational, and social activities.
- ❖ Measure compliance with the Affirmative Action Program's specific obligations.

Employees and applicants shall not be subjected to harassment, intimidation, threats, coercion, or discrimination because they have engaged in any of the following activities:

- ❖ Filing a complaint.
- ❖ Assisting or participating in an investigation, compliance review, hearing, or any other activity related to the administration of Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, as amended, Section 4212 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, the Veterans Employment Opportunities Act of 1998 or any other Federal, State or local law requiring equal opportunity for individuals regardless of race, color, creed, religion, national origin, gender, sexual orientation, age, gender identity, genetic information, disability, or protected veteran status.
- ❖ Opposing any act or practice made unlawful by Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, or its implementing regulations, Section 4212 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, the Veterans Employment Opportunities Act of 1998 or any other Federal, State or local law requiring equal opportunity for individuals regardless of their race, color, creed, religion, national origin, gender, sexual orientation, age, gender identity, genetic information, disability, or protected veteran status.
- ❖ Exercising any other right protected by Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, or its implementing regulations, or Section 4212 of the Vietnam Era Veterans Readjustment Assistance Act of 1974 or the Veterans Employment Opportunities Act of 1998.


Garcia-Tuñón, Manuel, President

1/1/2019