



Dear prospective LMM Partner,

The following information will be required to prequalify your company as a Subcontractor to LMM:

- Completed Application Form
- Certificate of Insurance satisfying minimum requirements listed in **Addendum A** (provide copy)
- W-9 (provide copy)
- Valid Contractors License (provide a copy)
- (3) Year EMR, DART, TRIR Letter
- OSHA 300 Logs – Last 3 Years
- Surety Letter
- Most recent audited/reviewed financial statement
- Trade References
- Written Safety Manual

Please submit the above-requested documentation via email to [prequal@lmm.us](mailto:prequal@lmm.us) as soon as feasible.

<b>COMPANY INFORMATION</b>		
<b>NAME</b> (as shown on Federal Tax Return)		<b>TAX ID NUMBER (FEIN or SSN)</b>
<b>ALTERNATE NAME</b> (DBA)		<b>NAICS/SIC NUMBER</b>
<b>POINT OF CONTACT NAME</b>		
<b>ADDRESS</b>	<b>TITLE</b>	
<b>PHONE</b>		
<b>WEBSITE</b>	<b>FAX</b>	<b>EMAIL</b>

<b>ORGANIZATION TYPE</b>				
	<b>CORPORATION</b>		<b>INDIVIDUAL / SOLE PROPRIETOR</b>	<b>JOINT VENTURE</b>
	<b>LLC</b>		<b>PARTNERSHIP</b>	<b>NON-PROFIT</b>

**SAFETY INFORMATION**

<b>ISNET</b>	
<b>AVETTA GRADE</b>	
<b>LIABILITY INSURANCE EXPIRATION DATE</b>	

**GEOGRAPHIC INFORMATION**

<b>STATES LICENSED TO PERFORM WORK IN</b>	
<b>UNION AFFILIATION</b>	

**AVERAGE ANNUAL SALES – LAST THREE YEARS**

<b>YEAR</b>	<b>AMOUNT</b>

**PERCENTAGE BREAKDOWN OF ANNUAL REVENUE**

	<b>CONSTRUCTION</b>
	<b>SUBCONTRACT</b>
	<b>GENERAL CONTRACTING</b>
	<b>DESIGN/BUILD</b>

**LARGEST PROJECTS – LAST THREE YEARS**

<b>YEAR</b>	<b>PROJECT</b>	<b>WORK PERFORMED</b>	<b>CONTRACT AMOUNT</b>



<b>DIVERSE SUPPLIER CATEGORY</b>	
	<b>MINORITY BUSINESS ENTERPRISE</b>
	<b>WOMEN BUSINESS ENTERPRISE</b>
	<b>VETERAN BUSINESS ENTERPRISE</b>
	<b>VETERAN-OWNED SMALL BUSINESS</b>
	<b>SERVICE-DISABLED VETERAN OWNED SMALL BUSINESS</b>
	<b>DISADVANTAGE BUSINESS ENTERPRISE</b>
	<b>LGBTQ+</b>
	<b>OTHER</b>

<b>PAYMENT INFORMATION</b>	
<b>PAYMENT ADDRESS</b> (if different from address above)	
<b>PAYMENT TERMS</b>	<b>CURRENCY</b>
<b>CONTACT NAME</b>	<b>TITLE</b>
<b>PHONE</b>	
<b>EMAIL</b>	
<b>BANK NAME</b>	
<b>ROUTING NUMBER</b>	
<b>ACCOUNT NUMBER</b>	
<b>SWIFT#</b>	
<b>INVOICING EMAIL</b>	
<b>BANK REFERENCE NAME</b>	
<b>BANK REFERENCE PHONE</b>	
<b>BANK REFERENCE EMAIL</b>	

<b>PAYEE CONTACT</b>	
Jennifer Causbie	<a href="mailto:jcausbie@lmm.us">jcausbie@lmm.us</a>

<b>INTERNAL USE ONLY</b>	
<b>VENDOR ID</b>	
<b>SET-UP</b>	
<b>UPDATE</b>	

We at Lee Machinery Movers look forward to having you as a partner!

## Addendum A

INSURANCE: Subcontractor shall comply with all Insurance Requirements at its own expense. Upon execution of this Agreement, and prior to Subcontractor commencing the Work for Contractor, the Subcontractor shall maintain and provide Contractor with insurance certificates upon request reflecting the following types of coverages in amounts not less than stated:

- a. **Worker's Compensation Insurance** covering Subcontractor's statutory obligation in the state(s) which the Work is to be performed and Employer's Liability Insurance with limits no less than \$1,000,000.00, Each Accident, \$ 1,000,000.00 Bodily Injury by Disease – Policy Limit, and Disease – Each Employee \$ 1,000,000.00.
- b. **Automobile Liability Insurance** with a combined single limit for bodily Injury and Property Damage Liability of \$2,000,000.00 per accident covering Subcontractor's owned, non-owned, leased, and hired automobiles.
- c. **Motor Carrier Subcontractors.** All subcontractors who are motor carriers must carry the minimum insurance mandated by the Federal Motor Carrier Safety Act in addition to all insurance required by state or federal law or regulation.
- d. **Commercial General Liability Insurance** written on an ISO occurrence form CG 00 01 (edition 10/01 or later) which includes coverage for Subcontractor's operations, personal injury, XCU (explosion, collapse and underground), personal/advertising injury, Independent contractors, contractual and products/completed operations with the following limits of liability; PER JOB SITE AGGREGATE.
  - i. General Aggregate \$2,000,000.00
  - ii. Products/Completed Operations \$2,000,000.00
  - iii. Personal and Advertising Injury \$2,000,000.00
  - iv. Each Occurrence \$1,000,000.00
  - v. Products/Completed Operations Liability must be maintained for not less than three (3) years after acceptance of your work.

- e. **Excess of Umbrella Liability Insurance** with occurrence/aggregate limit of \$5,000,000.00 occurrence/aggregate excess/umbrella.
- f. PROFESSIONAL LIABILITY INSURANCE WITH LIMITS OF \$1,000,000.00 PER CLAIM AND AGGREGATE WHEN PROVIDING PROFESSIONAL DESIGN SERVICES ASSOCIATED WITH THE AGREEMENT.
- g. The Subcontractor's insurance carriers must be "A" rated or better.
- h. The Subcontractor shall provide a certificate of insurance coverage, listing Lee Machinery Movers, Inc. as additional insured (as well as the Owner, and all other parties, as required by contract) for ongoing and completed operations (for GL/Umbrella), on a primary and non-contributory basis. The Subcontractor shall also provide a Waiver of Subrogation in Contractor's favor for Automobile Liability and Worker's Compensation. Subcontractor's Umbrella/Excess Liability should follow form and Subcontractor shall provide at least a 30-day notice of cancellation of such coverage.