



Subcontractor Prequalification Form

General Information

Company Name: _____

Address: _____

Street/City/State/Zip: _____

Phone/Fax: _____

Parent Company: _____ Address: _____

Website: _____

President: _____ Phone/E-mail address: _____

List Current Licenses and include any out of state: _____

Is your company current VENDEX registered with the NYC Mayoral Office of Contracts? ___ Yes ___ No

List any "Local, Private, City, State agencies that your firm is currently pre-qualified to do business with:

Years in Business: _____ Average Annual Volume (3Yrs): _____

Annual Sales 2008 \$ _____ 2009 \$ _____ 2010 \$ _____

Federal ID No: _____

Dunn & Bradstreet # _____ Dunn & Bradstreet Rating: _____

Union Affiliations: _____ If yes, please list affiliations: _____

Are you a small, minority, veteran, or disadvantaged business? _____

If yes, what agencies are you certified through _____

Counties and States that you are interested in working in:

List work regularly performed by own forces: _____



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If yes to any of the questions listed below please attach details.

Has this firm ever defaulted on a contract (Y or N)? _____

Has this firm experienced reorganization within the past year (Y or N)? _____

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers (Y or N)? _____

Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years (Y or N)? _____

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 (Y or N)? _____

Total number of employees: _____ Home Office: _____ Field Office: _____

Staff Breakdown

Engineering: _____

Project Management: _____ Shop: _____

Construction Supervision: _____ Administration: _____

Field Engineers: _____ Fabrication Shop: _____

Laborers: _____ Other: _____



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Safety Information

Name of Safety Director/Officer: _____

Company: _____

Address: _____

Street City State Zip Phone: _____

Email: _____

Experience Modification Rate (EMR): _____

Does the firm have a written safety plan (Y or N)? _____

Has the firm been cited for any serious OSHA violations in the past five years (Y or N)? _____

OSHA recordable incident rate (current year): _____

OSHA lost day incident rate (current year) : _____

Does the firm have a drug testing policy (Y or N)? _____

Under a separate cover submit a sample certificate of insurance showing coverage and limits for general liability, automobile liability, and excess umbrella liability and workers compensation. Under separate cover please submit a log and summary of occupational injuries and illnesses as required by the US Department of Labor (previous 12 months).



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Project Experience

List at least four major projects in the past 3 years; include the following information (attach separate sheet for additional information):

Name of Project #1: _____

Type of building: _____

Contract Amount \$ _____ City, State: _____

Subcontractor: _____ Project Manager: _____

Subcontractor Foreman: _____

Start Date/End Date: _____

Comments: _____

Name of Project #2: _____

Type of building: _____

Contract Amount \$ _____ City, State: _____

Subcontractor: _____ Project Manager: _____

Subcontractor Foreman: _____

Start Date/End Date: _____

Comments: _____

Name of Project #3: _____

Type of building: _____

Contract Amount \$ _____ City, State: _____

Subcontractor: _____ Project Manager: _____

Subcontractor Foreman: _____



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Start Date/End Date: _____

Comments: _____

Name of Project #4: _____

Type of building: _____

Contract Amount \$ _____ City, State: _____

Subcontractor: _____ Project Manager: _____

Subcontractor Foreman: _____

Start Date/End Date: _____

Comments: _____

Bonding and Banking Information

Bonding Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Website: _____

Contact Name: _____ Phone: _____

E-mail Address: _____

Aggregate bonding capacity: \$ _____ Single project bonding capacity: \$ _____

Total number of projects currently bonded: _____ Total current bonding: \$ _____

Please attach a letter from your bonding company stating your bonding capabilities.



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Bank Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Website: _____

Contact Name: _____ Phone: _____

E-mail Address: _____

Please attach a letter from your bank stating your line of credit.

Contacts

Name of estimating contact: _____

Phone of estimating contact: _____ E-mail: _____

Name of person who prepared this Prequalification: _____

Date: _____