

TRADE CONTRACTOR PREQUALIFICATION | 2014

We are always looking for new contractors to partner with in order to make our projects even better. If you are interested in working with us, please complete this form in its entirety. Please respond with type written responses if at all possible. Please answer all questions as we will be unable to process your submission without responses to all of the requested information. If some of the requests do not apply to your firm, please indicate same by responding with "N/A" for Not Applicable.

SECTION 1 – COMPANY INFORMATION

COMPANY NAME; _____

CONTACT NAME; _____

PHONE; _____ EMAIL; _____

ADDRESS; _____

BUSINESS TYPE (CORP, LLC, ETC); _____ YR COMPANY WAS STARTED; _____

TRADES & DIVISIONS OF WORK; _____

FEDERAL TAX ID#; _____

QUANTITY OF FULLTIME EMPLOYEES

IN HOME OFFICE _____ # OF ESTIMATORS _____ # OF PMS/APMS _____

OF SUPERS/FOREMEN _____ # OF TRADESMEN _____ GRAND TOTAL # _____

INFORMATION FOR PRINCIPALS

NAME; _____ TITLE; _____

EMAIL; _____ PHONE; _____ YRS WITH FIRM; _____

NAME; _____ TITLE; _____

EMAIL; _____ PHONE; _____ YRS WITH FIRM; _____

NAME; _____ TITLE; _____

EMAIL; _____ PHONE; _____ YRS WITH FIRM; _____

NAME; _____ TITLE; _____

EMAIL; _____ PHONE; _____ YRS WITH FIRM; _____

LABOR TYPE (CIRCLE ONE); UNION NON-UNION BOTH

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IF YOU EMPLOY UNION WORKERS, PLEASE PROVIDE THEIR LOCAL(S): _____

ANY FIRM CERTIFICATIONS (CIRCLE ONE); MBE WBE DBE

IF YOU CIRCLED ANY OF THE ABOVE, PLEASE LIST WHAT AGENCIES YOU ARE CERTIFIED BY (ex; NYS, NYC, SEC, PANYNJ, ETC) _____

SECTION 2 – CONTRACT INFORMATION

INFORMATION FOR LARGEST CONTRACT COMPLETED IN THE LAST 12 MONTHS

PROJECT NAME: _____ BASE CONTRACT \$: _____

VALUE OF ALL CHANGE ORDERS: _____ FINAL CONTRACT \$: _____

PROJECT ADDRESS: _____

CLIENT CONTACT (NAME & NUMBER): _____

SCOPE OF WORK: _____

INFORMATION FOR LARGEST CONTRACT YOU EXPECT IN THE NEXT 12 MONTHS

PROJECT NAME: _____ BASE BID \$: _____

PROJECT ADDRESS: _____

CLIENT CONTACT (NAME & PHONE NUMBER): _____

SCOPE OF WORK: _____

ANNUAL VOLUME OF WORK PERFORMED OVER THE PAST THREE YEARS

LAST YEAR _____ 2 YEARS AGO _____ 3 YEARS AGO _____

ANTICIPATED VOLUME FOR THIS YEAR _____ ANTICIPATED NUMBER OF PROJECTS _____

% OF WORK SELF PERFORMED _____ % OF WORK SUBCONTRACTED _____

LIST THE TRADES, IF ANY, THAT YOUR FIRM TYPICALLY SELF PERFORMS: _____

LIST THE SUBTIER VENDORS, IF ANY, THAT YOU TYPICALLY SUBCONTRACT OUT (COMPANY NAME, CONTACT NAME, PHONE, TYPE OF WORK): _____

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HAVE YOU BEEN IN LITIGATION IN THE PAST THREE YEARS? YES OR NO (CIRCLE ONE)

IF YOU ANSWERED YES, PLEASE EXPLAIN HERE; _____

HAVE YOU EVER NOT FINISHED A PROJECT? YES OR NO (CIRCLE ONE)

IF YOU ANSWERED YES, PLEASE EXPLAIN HERE; _____

HAVE YOU EVER WORKED ON A LEED PROJECT? YES OR NO (CIRCLE ONE)

PLEASE INITIAL HERE TO CONFIRM THAT YOU HAVE REVIEWED OUR STANDARD SUBCONTRACT AGREEMENT AND THAT YOU WILL SIGN IT WITH NO CHANGES OF ANY KIND IF AWARDED WORK;

NAME; _____ TITLE; _____ DATE; _____

IF YOU HAVE ANY CONCERNS, PLEASE INDICATE SAME ON THE SUBCONTRACT AGREEMENT AND SEND IT BACK WITH THIS PACKET FOR OUR REVIEW.

SECTION 3 – INSURANCE COVERAGE

NAME & NUMBER OF INSURANCE CARRIER; _____

NAME & NUMBER OF INSURANCE AGENT; _____

INSURANCE RATE (%): _____

<u>TYPE</u>	<u>AGENCY/CARRIER</u>	<u>LIMITS (AGGREGATE/PER OCCURRENCE)</u>
General Liability:	_____	_____
Fire Damage (if one);	_____	_____
Medical Expenses;	_____	_____
Deductible Amount;	_____	_____
Automobile Liability:	_____	_____
Excess Liability:	_____	_____
Worker's Comp.:	_____	_____
Disability:	_____	_____

FORMS AND ENDORSEMENTS;

LICENSED & ADMITTED IN NEW YORK; _____ NEW JERSEY; _____

POLICY EFFECTIVE DATE; _____ EXPIRATION DATE; _____

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DOES YOUR POLICY PROVIDE CONTRACTUAL LIABILITY COVERAGE? YES OR NO

IF YES, DOES THE COVERAGE EXTEND TO THE HOLD HARMLESS AND INDEMNIFICATION AGREEMENTS REQUIRED BY CONTRACT? YES OR NO

DOES YOUR POLICY HAVE ANY EMPLOYEE OR EMPLOYER EXCLUSIONS? YES OR NO

DOES YOUR POLICY STATE IT IS PRIMARY & NON-CONTRIBUTORY? YES OR NO

DOES YOUR POLICY INCLUDE A WAIVER OF SUBROGATION? YES OR NO

DOES YOUR POLICY HAVE ANY RESIDENTIAL WORK EXCLUSIONS? YES OR NO

WHAT OPERATIONS ARE YOU INSURED FOR (Masonry, Painting, etc)? _____

DOES YOUR POLICY EXCLUDE FRAME CONSTRUCTION? YES OR NO

DOES YOUR POLICY PROVIDE COVERAGE FOR INDEPENDENT CONTRACTORS THAT ARE HIRED/CONTRACTED BY YOU AS SUBTIER VENDORS? YES OR NO

DOES YOUR POLICY HAVE ANY HEIGHT RESTRICTIONS? YES OR NO

DOES YOUR POLICY HAVE ANY LABOR LAW EXCLUSIONS? YES OR NO

DOES YOUR POLICY HAVE ANY SCAFFOLDING EXCLUSIONS? YES OR NO

ARE DEFENSE COSTS INCLUDED IN THE LIMITS OF LIABILITY PROVIDED? YES OR NO

DO YOU HAVE A PER PROJECT AGGREGATE? YES OR NO

IF YOU ANSWERED YES TO ANY QUESTIONS ABOVE, PLEASE EXPLAIN HERE; _____

SECTION 4 – BOND/SURETY INFORMATION

SURETY CO.; _____ SINCE; _____

AGENT'S NAME; _____ CAPACITY PER JOB; _____

AGGREGATE; _____ BOND RATE (%); _____

CONTACT INFORMATION FOR BOND;

CONTACT NAME; _____ PHONE; _____

ADDRESS; _____

CITY, STATE, ZIP _____

SECTION 5 – SAFETY INFORMATION

EMR RATES FOR THE PAST THREE YEARS

LAST YEAR _____ 2 YEARS AGO _____ 3 YEARS AGO _____

OF OSHA 10 CERTIFIED EMPLOYEES _____ # OF OSHA 30 CERTIFIED EMPLOYEES _____

DOES YOUR COMPANY HAVE A QUALIFIED PERSON RESPONSIBLE FOR SAFETY? YES OR NO

IF YES, PROVIDE RESUME OR LIST THEIR NAME AND TITLE ALONG WITH THEIR CREDENTIALS;

HOW OFTEN DO YOU PERFORM SAFETY INSPECTIONS ON YOUR PROJECTS? _____

DOES YOUR COMPANY HAVE A CORPORATE SAFETY MANUAL? YES OR NO (CIRCLE ONE)

IF SO, PLEASE ATTACH IT HERE OR EMAIL IT TO US.

DOES YOUR FIRM HAVE A DRUG TESTING POLICY? YES OR NO IF SO, HOW OFTEN? _____

DOES YOUR FIRM REQUIRE FALL PROTECTION FROM A HEIGHT OVER 6' AFF? _____

SECTION 6 – DESIRED WORK AREA

PLEASE CIRCLE THE AREAS WHICH YOU PREFER TO WORK;

NYC, QUEENS, BROOKLYN, BRONX, STATEN ISLAND, WESTCHESTER, NASSAU, SUFFOLK,
ROCKLAND COUNTY, ORANGE COUNTY, NEW JERSEY, CONNECTICUT, JFK, LGA, OTHER

PLEASE SPECIFY OTHER; _____

WHAT RANGE OF PROJECT SIZE ARE YOU INTERESTED IN? MIN. \$ _____ MAX. \$ _____

SECTION 7 – OFFICER’S REVIEW & SIGNATURE

UNDER PENALTIES OF PERJURY, I DECLARE THAT AS AN OFFICER OF THE COMPANY I HAVE EXAMINED THE INFORMATION PROVIDED HERE AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT, AND COMPLETE.

SIGNATURE

TITLE

PRINT NAME

DATE

PLEASE ATTACH COPIES OF THE FOLLOWING DOCUMENTS;

- 1) COPY OF W-9
- 2) LIST OF COMPANY LICENSES (IF ANY)
- 3) LIST OF STATE SALES TAX NUMBERS
- 4) LIST OF STATE UNEMPLOYMENT INSURANCE NUMBERS
- 5) BANK INFORMATION
- 6) COPY OF CURRENT DUN & BRADSTREET RATING (IF ANY)
- 7) SAMPLE BOND
- 8) SAMPLE CERTIFICATE OF INSURANCE
- 9) INDEPENDENT VERIFICATION LETTER SUPPORTING YOUR EMR FOR PAST 3 YEARS
- 10) SAFETY OFFICERS RESUME (if information was not provided in Section 5)
- 11) SUBCONTRACT AGREEMENT WITH ANY CONCERNS INDICATED (IF ANY)
- 12) COMPANY LABOR RATES WITHOUT OVERHEAD, PROFIT, INSURANCE, AND BOND FEES.
PLEASE INDICATE DESIRED MARK-UPS (%) FOR OH, PROFIT, INSURANCE, AND BONDS.
- 13) THREE SUPPLIER REFERENCES
INCLUDE PROJECT NAME, LOCATION, CLIENT NAME, & PHONE NUMBER
- 14) THREE CONTRACTOR/CLIENT REFERENCES
INCLUDE PROJECT NAME, LOCATION, CLIENT NAME, & PHONE NUMBER
- 15) THREE PROJECTS YOU FEEL BEST EXPRESS THE TYPE, SIZE, & QUALITY OF YOUR WORK
INCLUDE PROJECT & CLIENT NAME, PHONE NUMBER, LOCATION, & CONTRACT VALUE