

# TRADE CONTRACTOR PREQUALIFICATION

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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) \_\_\_\_\_

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## 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 SELF PERFORMS: \_\_\_\_\_

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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 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</u> (AGGREGATE/PER OCCURRENCE)
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; \_\_\_\_\_

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

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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; \_\_\_\_\_

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## 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

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

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HOW OFTEN DO YOU PERFORM SAFETY INSPECTIONS ON YOUR PROJECTS? \_\_\_\_\_

DOES YOUR COMPANY HAVE A CORPORATE SAFETY MANUAL? YES OR NO

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; \_\_\_\_\_  
\_\_\_\_\_

## 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

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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