



PRELIMINARY QUALIFICATION FORM FOR SUBCONTRACTORS AND SUPPLIERS

FIRM NAME: _____

PHONE NO.: _____

FAX NO.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TRADE: _____

1. ORGANIZATION TYPE

CORPORATION _____ PARTNERSHIP _____ SOLE OWNERSHIP _____

YEARS IN BUSINESS _____

WHERE INCORPORATED _____

WHEN INCORPORATED _____

2. CERTIFICATION (please attach copies of)

STATE CERTIFICATION _____

NY CITY CERTIFICATION _____

PORT AUTHORITY _____

OTHER _____

3. AFFILIATION

MBE MINORITY BUSINESS ENTERPRISE _____

WBE WOMEN BUSINESS ENTERPRISE _____

LBE LOCALLY BASED ENTERPRISE _____

DBE DISADVANTAGED – BUSINESS ENTERPRISE _____

NONE OF THE ABOVE _____



PRELIMINARY QUALIFICATION FORM FOR SUBCONTRACTORS AND SUPPLIERS

4. LIST NAMES OF ALL DIRECTORS, OFFICERS, PARTNERS AND STOCKHOLDERS (IF STOCK NOT PUBLICLY TRADED).

NAME	TITLE	YEARS EXPERIENCE
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. GEOGRAPHICAL AREAS OF OPERATION

6. LIST ALL LICENSES AND CERTIFICATIONS OF THE FIRM, AND/OR NAME OF INDIVIDUAL HOLDING THE LICENSE UNDER WHICH THE WORK OF THE FIRM IS PERFORMED.

7. PRINCIPALS OF FIRM

NAME	TITLE	YEARS EXPERIENCE
_____	_____	_____
_____	_____	_____
_____	_____	_____



PRELIMINARY QUALIFICATION FORM FOR SUBCONTRACTORS AND SUPPLIERS

8. FIRM SIZE

AVERAGE YEARLY VOLUME \$ _____ VOLUME LAST YEAR \$ _____
CURRENT VOLUME \$ _____ BACKLOG/PENDING VOLUME \$ _____
CURRENT EMPLOYEES (ALL) _____ FI ELD PERSONNEL _____

9. FINANCIAL

LIST BANK REFERENCES:

BONDING CAPACITY: _____

BONDING COMPANY: _____

PLEASE INCLUDE LETTER FROM BONDING COMPANY (SUNSHINE LETTER)

10. PROPERTY

	OWNED	LEASED
OFFICE	_____ S.F.	_____ S.F.
FABRICATION SHOP	_____ S.F.	_____ S.F.
STORAGE	_____ S.F.	_____ S.F.

Equipment Owned and/or Vehicle Inventory:

11. DESCRIPTION OF INSURANCE YOUR COMPANY IS CAPABLE OF PROVIDING:

TYPE OF INSURANCE	CARRIER	COVERAGE	POLICY LIMIT	EXCLUSIONS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE INCLUDE INSURANCE CERTIFICATE



PRELIMINARY QUALIFICATION FORM FOR SUBCONTRACTORS AND SUPPLIERS

12. WHAT WORK DOES YOUR FIRM PERFORM WITH YOUR OWN FORCES?

13. DOES YOUR FIRM AND YOUR SUBCONTRACTORS OPERATE UNDER A STANDARD FORM OF UNION AGREEMENT?

YES

NO

14. TYPICAL CONTRACTS RECENTLY COMPLETED (LAST THREE YEARS)

PROJECT:

LOCATION:

ARCHITECT:

CONTRACT AMOUNT:

PROJECT:

LOCATION:

ARCHITECT:

CONTRACT AMOUNT:

PROJECT:

LOCATION:

ARCHITECT:

CONTRACT AMOUNT:



PRELIMINARY QUALIFICATION FORM FOR SUBCONTRACTORS AND SUPPLIERS

15. LIST SIGNIFICANT PROJECTS CURRENTLY UNDER CONTRACT

PROJECT:

LOCATION:

ARCHITECT:

CONTRACT AMOUNT:

PROJECT:

LOCATION:

ARCHITECT:

CONTRACT AMOUNT:

PROJECT:

LOCATION:

ARCHITECT:

CONTRACT AMOUNT:

PROJECT:

LOCATION:

ARCHITECT:

CONTRACT AMOUNT:



PRELIMINARY QUALIFICATION FORM FOR SUBCONTRACTORS AND SUPPLIERS

16. LARGEST BONDED CONTRACT COMPLETED OR IN PROGRESS

CONTRACT AMOUNT: _____

PROJECT: _____

LOCATION: _____

REFERENCES: _____

17. LIST CONSTRUCTION MANAGER(S) WITH WHOM YOU HAVE WORKED

NAME: _____

ADDRESS: _____

PERSON TO CONTACT: _____

PHONE NUMBER: _____

NAME: _____

ADDRESS: _____

PERSON TO CONTACT: _____

PHONE NUMBER: _____

NAME: _____

ADDRESS: _____

PERSON TO CONTACT: _____

PHONE NUMBER: _____



PRELIMINARY QUALIFICATION FORM FOR SUBCONTRACTORS AND SUPPLIERS

18. CHECK "YES" OR "NO" TO THE FOLLOWING QUESTIONS

HAVE YOU AT ANY TIME FAILED TO COMPLETE A CONTRACT? YES NO

ARE THERE ANY JUDGEMENTS, CLAIMS OR SUITS PENDING OR OUTSTANDING AGAINST YOU? YES NO

ARE YOU NOW OR HAVE YOU EVER BEEN, INVOLVED IN A BANKRUPTCY OR REORGANIZATION PROCEEDINGS? YES NO

PLEASE EXPLAIN ANY "YES" ANSWERS BELOW:

19. EXPERIENCE MODIFICATION RATING

PLEASE LIST CURRENT "EMR" AND ATTACH COPY OF MOST RECENT STATEMENT.

20. FINANCIAL STATEMENT

PLEASE ATTACH YOUR LAST TWO YEARS FISCAL YEAR END AUDITED FINANCIAL STATEMENT, INCLUDING BALANCE SHEET AND INCOME STATEMENT.

SIGNATURE

TITLE

DATE