

BROADWAY CONSTRUCTION GROUP PRE-QUALIFICATION QUESTIONNAIRE

Company Name:	Website:	
Street Address:	County:	
City:	State:	Zip:
Mailing Address:		
City:	State:	Zip:
Office Phone:	Fax:	
Contact / Title:	Cell:	E-mail:
Principals/Title:	Cell:	E-mail:

Is your company MBE WBE SBE DBE (If yes, attach copies of certificates)

Is the address above Main Office Regional Office Branch Office

Name and address of Parent Company (if applicable):

Telephone:	Fax:	
Structure of Company: <input type="checkbox"/> CORP <input type="checkbox"/> LLC <input type="checkbox"/> IND	Year Started:	
If a Corporation, State and Year of Incorporation:		
Federal Tax I.D. Number:		
Contractor's License Number:	State:	Expiration Date:
Other License Numbers:		
How many people does your company employ?		
On Average, for last 3 years, how many employees?		

TYPICAL SIZE OF PROJECTS

Indicate the size of project you are most competitive in performing or are willing to perform?

<input type="checkbox"/> UNDER \$100,000	<input type="checkbox"/> \$500,000 - \$1,000,000	<input type="checkbox"/> \$6,000,000 - \$9,000,000
<input type="checkbox"/> \$100,000 - \$200,000	<input type="checkbox"/> \$1,000,000 - \$3,000,000	<input type="checkbox"/> \$10,000,000 - \$15,000,000
<input type="checkbox"/> \$200,000 - \$500,000	<input type="checkbox"/> \$3,000,000 - \$6,000,000	<input type="checkbox"/> OVER \$15,000,000

YOUR COMPANY'S TYPICAL TYPES OF PROJECTS

A HIGH-RISE STRUCTURES <input type="checkbox"/>	G ELEMENTARY SCHOOLS <input type="checkbox"/>	M AUTO DEALERSHIPS <input type="checkbox"/>
B 4-10 STORY STRUCTURES <input type="checkbox"/>	H MIDDLE SCHOOLS <input type="checkbox"/>	N SPORTS / ENTERTAINMENT <input type="checkbox"/>
C 1-3 STORY STRUCTURES <input type="checkbox"/>	I HIGHER EDUCATIONAL <input type="checkbox"/>	O RESIDENTIAL <input type="checkbox"/>
D HOTELS/CONDOS <input type="checkbox"/>	J HIGHER EDUCATIONAL <input type="checkbox"/>	P GOVERNMENTAL <input type="checkbox"/>
E INDUSTRIAL STRUCTURES <input type="checkbox"/>	K BUILD TO SUIT <input type="checkbox"/>	Q PARKS & RECREATION <input type="checkbox"/>
F LARGE/SMALL RETAIL <input type="checkbox"/>	L HIGH TECH / LABS <input type="checkbox"/>	R OTHER <input type="checkbox"/>

Trades Performed: (Provide CSI Number and Description, this is how we will classify your company)

List the trades you normally perform with your own forces:

What trades do you normally subcontract?

What is the largest contract your company has completed:

Amount: _____ Year: _____

Project Name, Location, And Scope?

Can your company bond a project contract over \$100,000.00? Yes No

Bonding company: _____

Contact: _____ Telephone/fax: _____

Bonding Capacity:	Single job: \$	Aggregate: \$
Date Of Last Bond	Amount: \$	Bond Rate:

Provide the name and AM BEST Rating of the insurer affording surety coverage:

Please list the persons or entities who provide indemnification to your surety:

REFERENCES AND CONTRACT INFORMATION

List all contracts completed by your organization in the previous 3 fiscal years (if more than 10, list the 10 most recently completed).

Name of Owner/Contractor Contact Name/Telephone No.	Project Name, Location & Description of Project	Type of Work	Name of Design Architect Engineer and/or GCA	Contract Price		Completion Dates		Project Bonded Y/N
				Original \$	Final \$	Original	Actual	
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				

REFERENCES

Please list material suppliers with whom you worked on the completed contracts listed on page:

Name:			
Street:	City:	State:	Zip:
Contact:	Phone:		
Name:			
Street:	City:	State:	Zip:
Contact:	Phone:		
Name:			
Street:	City:	State:	Zip:
Contact:	Phone:		
Name:			
Street:	City:	State:	Zip:
Contact:	Phone:		

Have you, in the previous five years, been denied a contract award on which you submitted the low bid in competitive bidding or been refused a contract based on pre-qualification data submitted?

Yes No

Within the previous 3 fiscal years, has your organization or predecessor organizations ever failed to complete a project?

Yes No

If so, state name of organization and reason thereof.

Within the previous 3 fiscal years, has your organization been involved in litigation?

Yes No

Have any liquidated damages, penalties, liens, defaults or cancellations been imposed or filed against your organization?

Yes No

If so, list the name and location of the project and explain:

CONTRACTOR'S SAFETY INFORMATION

Do you have a written Safety Program (including Hazardous Communications)?

Yes No

If yes, briefly describe scope:

Who enforces it?

Any willful OSHA citations?

Yes No

If yes, describe:

Do you have a drug-testing program?

Yes No

if yes, describe:

Do you have a Company Safety Director or other Safety Contact?

Yes No

Name:

Tel:

What is your EMR (experience modification rate) for the last 3 years?

What is your frequency rate (lost-time injuries per 200,000 man-hours) for the last 3 years?

Any safety inspections in-house or by insurance company in the last 3 years?

Yes No

If in-house, by whom and how often?

Do you receive a discount from your insurance carrier as a Certified Drug-Free Workplace?

Yes No

What type of safety training is given to your employees?

X CODE	DESCRIPTION	X CODE	DESCRIPTION	X CODE	DESCRIPTION			
<input type="checkbox"/>	00800	Minority Business Enterprise	<input type="checkbox"/>	07150	Damp proofing	<input type="checkbox"/>	10450	Pedestrian Control Devices
<input type="checkbox"/>	01660	Testing	<input type="checkbox"/>	07212	Rigid Insulation	<input type="checkbox"/>	10500	Lockers
<input type="checkbox"/>	01705	Final Clean-Up	<input type="checkbox"/>	07213	Batt Insulation	<input type="checkbox"/>	10522	Fire Extinguishers Cabinets
<input type="checkbox"/>	02010	Demolition	<input type="checkbox"/>	07215	Spray Insulation	<input type="checkbox"/>	10530	Awnings
<input type="checkbox"/>	02015	Asbestos Abatement	<input type="checkbox"/>	07230	EIFS	<input type="checkbox"/>	10550	Mail Boxes and Chutes
<input type="checkbox"/>	02039	Concrete Cutting/Boring	<input type="checkbox"/>	07253	Fireproofing	<input type="checkbox"/>	10600	Folding Partitions
<input type="checkbox"/>	02202	Cutting and Grubbing	<input type="checkbox"/>	07300	Shingles/Roof Tiles	<input type="checkbox"/>	10670	Storage Shelving
<input type="checkbox"/>	02217	Mass Site Cut/Site Fill	<input type="checkbox"/>	07400	Preformed Siding/Roofing	<input type="checkbox"/>	10750	Telephone Enclosures
<input type="checkbox"/>	02220	Earthwork/Sitework	<input type="checkbox"/>	07500	Membrane Roofing	<input type="checkbox"/>	10800	Toilet and Bath Accessories
<input type="checkbox"/>	02230	Pest Control	<input type="checkbox"/>	07600	Flashing and Sheet Metal	<input type="checkbox"/>	10900	Wardrobe Specialties
<input type="checkbox"/>	02300	Sheeting/Shoring/Pile Driving	<input type="checkbox"/>	07800	Roof Accessories	<input type="checkbox"/>	11100	Bank/Security/Vault Equipment
<input type="checkbox"/>	02500	Asphalt Paving	<input type="checkbox"/>	07810	Skylights	<input type="checkbox"/>	11150	Commercial Equipment
<input type="checkbox"/>	02510	Concrete Curbs and Gutters	<input type="checkbox"/>	07820	Entrance Canopies	<input type="checkbox"/>	11200	Ecclesiastical Equipment
<input type="checkbox"/>	02520	Brick Pavers/Concrete Sidewalks	<input type="checkbox"/>	07900	Caulking/Sealant	<input type="checkbox"/>	11400	Food Service Equipment
<input type="checkbox"/>	02550	Concrete Paving	<input type="checkbox"/>	08100	HM Doors and Frames	<input type="checkbox"/>	11500	Athletic Equipment
<input type="checkbox"/>	02570	Pavement Markings	<input type="checkbox"/>	08200	Wood and Plastic Doors	<input type="checkbox"/>	11550	Industrial/Process Equipment
<input type="checkbox"/>	02620	Water Systems	<input type="checkbox"/>	08210	Plastic Laminate Doors	<input type="checkbox"/>	11630	Laundry Equipment
<input type="checkbox"/>	02660	Sanitary Systems	<input type="checkbox"/>	08300	Special Doors	<input type="checkbox"/>	11650	Library Equipment
<input type="checkbox"/>	02680	Drainage Systems	<input type="checkbox"/>	08305	Access Doors/Frames	<input type="checkbox"/>	11700	Medical Equipment
<input type="checkbox"/>	02710	Fencing	<input type="checkbox"/>	08310	Rolling Steel Doors	<input type="checkbox"/>	11830	Musical Equipment
<input type="checkbox"/>	02750	Irrigation Systems	<input type="checkbox"/>	08330	Rolling Counter Shutter	<input type="checkbox"/>	11850	Parking Equipment
<input type="checkbox"/>	02800	Landscaping	<input type="checkbox"/>	08390	Revolving Doors	<input type="checkbox"/>	11860	Waste Handling Equipment
<input type="checkbox"/>	03100	Concrete Form work	<input type="checkbox"/>	08400	Entrances and Storefronts	<input type="checkbox"/>	11870	Loading Dock Equipment
<input type="checkbox"/>	03219	Concrete Reinforcement	<input type="checkbox"/>	08490	Automatic Door Openers	<input type="checkbox"/>	11900	Residential Equipment
<input type="checkbox"/>	03240	Concrete Reinforcement Placing	<input type="checkbox"/>	08500	Metal Windows	<input type="checkbox"/>	11950	Telecommunication Equipment\
<input type="checkbox"/>	03270	Concrete Accessories	<input type="checkbox"/>	08610	Wood and Plastic Windows	<input type="checkbox"/>	11970	Theatre and Stage Equipment
<input type="checkbox"/>	03300	Cast-in-Place Concrete	<input type="checkbox"/>	08650	Special Windows	<input type="checkbox"/>	12300	Casework
<input type="checkbox"/>	03322	Post Tensioning	<input type="checkbox"/>	08700	Finish Hardware	<input type="checkbox"/>	12500	Window Treatment
<input type="checkbox"/>	03380	Concrete Finishing	<input type="checkbox"/>	08800	Glass and Glazing	<input type="checkbox"/>	12600	Systems Furniture
<input type="checkbox"/>	03400	Precast Concrete Erection	<input type="checkbox"/>	08900	Glazed Curtain Walls	<input type="checkbox"/>	12670	Rugs and Mats
<input type="checkbox"/>	03410	Precast Concrete Materials	<input type="checkbox"/>	08990	Window Coatings	<input type="checkbox"/>	12700	Multiple Seating
<input type="checkbox"/>	03510	Cementitious Decks	<input type="checkbox"/>	09100	Lath and Plaster	<input type="checkbox"/>	13010	Air Supported Structure
<input type="checkbox"/>	03800	Concrete Rest./Cleanup	<input type="checkbox"/>	09111	Drywall Framing	<input type="checkbox"/>	13025	Integrated Ceilings
<input type="checkbox"/>	04200	Unit Masonry	<input type="checkbox"/>	09180	Stucco	<input type="checkbox"/>	13150	Swimming Pools
<input type="checkbox"/>	04400	Stone	<input type="checkbox"/>	09260	Drywall	<input type="checkbox"/>	13600	Pre-engineered Structures
<input type="checkbox"/>	04500	Masonry Restoration/Cleanup	<input type="checkbox"/>	09310	Ceramic Tile	<input type="checkbox"/>	13770	Sound, Vibration, Seismic Control
<input type="checkbox"/>	04990	Mausoleum Crypts	<input type="checkbox"/>	09330	Quarry Tile	<input type="checkbox"/>	13800	Vaults
<input type="checkbox"/>	05001	Steel Erectors	<input type="checkbox"/>	09340	Marble	<input type="checkbox"/>	14001	Elevators and Escalators
<input type="checkbox"/>	05020	Metal Building Erectors	<input type="checkbox"/>	09400	Terrazzo	<input type="checkbox"/>	14300	Cranes and Hoists
<input type="checkbox"/>	05100	Structural Steel Framing	<input type="checkbox"/>	09500	Acoustical Treatment	<input type="checkbox"/>	14400	Lifts
<input type="checkbox"/>	05120	Structural Steel	<input type="checkbox"/>	09510	Spray Acoustical Treatment	<input type="checkbox"/>	14410	Vehicle Lifts
<input type="checkbox"/>	05200	Metal Joists/Girders	<input type="checkbox"/>	09550	Wood Flooring	<input type="checkbox"/>	14500	Material Handling Systems
<input type="checkbox"/>	05300	Metal Decking	<input type="checkbox"/>	09600	Stone and Brick Flooring	<input type="checkbox"/>	14550	Chutes
<input type="checkbox"/>	05400	Light gauge Metal Framing	<input type="checkbox"/>	09650	Resilient Flooring	<input type="checkbox"/>	14700	Pneumatic Tube Systems
<input type="checkbox"/>	05500	Miscellaneous Metals	<input type="checkbox"/>	09680	Carpeting	<input type="checkbox"/>	15300	Fire Protection
<input type="checkbox"/>	05510	Prefabricated Metal Stairs	<input type="checkbox"/>	09700	Special Flooring	<input type="checkbox"/>	15330	Fire Hose and Cabinet
<input type="checkbox"/>	05700	Decorative Metals	<input type="checkbox"/>	09800	Epoxy/Special Coatings	<input type="checkbox"/>	15400	Plumbing Contractors
<input type="checkbox"/>	05800	Expansion Control	<input type="checkbox"/>	09900	Painting	<input type="checkbox"/>	15420	Sewage Ejector System
<input type="checkbox"/>	05900	Metal Finishes/Galvanizing	<input type="checkbox"/>	09950	Wall Coverings	<input type="checkbox"/>	15500	HVAC Contractors
<input type="checkbox"/>	06100	Rough Carpentry	<input type="checkbox"/>	10100	Chalk and Tack Boards	<input type="checkbox"/>	15950	Controls/Instrumentation
<input type="checkbox"/>	06110	Carpentry Labor	<input type="checkbox"/>	10151	Compartments/Cubicles	<input type="checkbox"/>	15990	Test and Balance
<input type="checkbox"/>	06131	Heavy Timber Construction	<input type="checkbox"/>	10160	Toilet Partitions	<input type="checkbox"/>	16000	Electrical Contractors
<input type="checkbox"/>	06190	Prefab Structural Trusses	<input type="checkbox"/>	10200	Louvers and Vents	<input type="checkbox"/>	16200	Generator System
<input type="checkbox"/>	06200	Finish Carpentry	<input type="checkbox"/>	10270	Access and Pedestal Flooring	<input type="checkbox"/>	16610	Lightning Protection
<input type="checkbox"/>	06240	Plastic Lamination/Countertops	<input type="checkbox"/>	10340	Prefab Steeples and Spires	<input type="checkbox"/>	16700	Telecommunications
<input type="checkbox"/>	06260	Shelving	<input type="checkbox"/>	10350	Flagpoles	<input type="checkbox"/>	16720	Fire Alarm
<input type="checkbox"/>	06400	Architectural Woodwork	<input type="checkbox"/>	10400	Signage	<input type="checkbox"/>	16750	CCTV
<input type="checkbox"/>	07100	Waterproofing	<input type="checkbox"/>	10410	Directory/Bulletin Boards	<input type="checkbox"/>	16770	Security
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		

Other Trades Performed: (Provide CSI Number and Description) _____

INSURANCE REQUIREMENTS - GENERAL

A Certificate of Insurance (original sent by your insurance carrier) must be on file in our office to complete the pre-qualification process. When you begin work, you will be required to provide another Certificate of Insurance naming Broadway Construction Group LLC, and the Owner as additionally insured parties for each job. This is required of all companies before commencing work on, or delivering materials to, a jobsite. (If you are a material supplier, you need only supply us with a blanket certificate evidencing proof of insurance.) The Contractor agrees to procure and maintain insurance as follows:

1. Workers Compensation and Employers Liability
 - a) Statutory Workers Compensation (including occupational disease) in accordance with the laws of the state in which the work is performed, including the All States Endorsement
 - b) Employers Liability Insurance with at least \$1,000,000 in limits for each of the following exposures:
 - each accident
 - each employee
 - aggregate

2. Commercial General Liability (“CGL”) General Liability with a combined single limit for Bodily Injury, Personal Injury and Property Damage of \$1,000,000 per occurrence and \$2,000,000 aggregate. The limit may be provided through a combination of primary and umbrella/excess liability policies.

Commercial General Liability Insurance must be written on ISO form CG 0001 01 04 or prior ISO edition occurrence form or equivalent for hazards of: (a) Construction Operation, (b) Elevators and Escalators, (c) Subcontractors and Independent Contractors, (d) Products and Completed Operations (with Completed Operations coverage to remain in force for three (3) years following completion of the Scope which must apply to the additional insured.

Coverage must provide and encompass at least the following:

- a) X, C and U hazards, (explosion, collapse, underground) where applicable;
- b) Independent Contractors;
- c) Blanket Contractual Liability (excluding professional services contracts) sufficient to meet the requirements of the Subcontract/Purchase Order (including defense costs and attorney’s fees assumed under contract;
- d) Products and Completed Operations, with the provision that coverage shall extend for a period of at least 36 months from project completion;
- e) Personal and Advertising Injury Liability;
- f) Notice and Knowledge of Occurrence;
- g) Operations (performed within) 50’ of railroad (CG 24 17 10/01);
- h) Aggregate must be written on a “Per Project” Basis;
- i) Waiver of Subrogation in favor of all Additional Insureds;
- j) Policy to be primary as respect the coverage afforded the Additional Insureds

3. Commercial Automobile Liability

Commercial Automobile Liability (including all leased, hired and non-owned automobiles) with a combined single limit for Bodily Injury and Property Damage of at least \$1,000,000 per any one accident. The limit may be provided through a combination of primary and umbrella/excess liability policies. Parties referenced in 2f) above shall be covered as Additional Insureds.

4. Professional Liability

If any of the Contract Documents require the Contractor or any of its subcontractors to provide the services of a licensed professional (to prepare shop drawings, submittals, or for any other purpose), Contractor and its subcontractors shall require any such licensed professional to maintain a professional liability insurance policy written by a nationally recognized insurance company authorized and qualified to do business in the State of New York with minimum limits of One Million Dollars (\$1,000,000) for each claim and Two Million Dollars (\$2,000,000) in the aggregate.

5. Umbrella and/or Excess Liability

The Contractor shall obtain and keep in force a \$10,000,000 Umbrella and/or excess liability policy, in addition to the CGL, Auto Liability and Employers Liability limits shown above. Auto Liability and Employers Liability limits shown above, with an ISO CO 20 10 11 85 (Form B) or its updated equivalent endorsement naming the Additional Insureds identified above. Any of Contractor's subcontractors shall obtain and keep in force a similar policy with a limit of no less than \$5,000,000.

HOW WE EXPECT SUBS TO DEAL WITH US

PRECONSTRUCTION PHASE

- Read all plans and specs carefully before responding.
- Don't fail to enter a bid on bid day without prior notification.
- Provide accurate input to our job schedule.
- Respond quickly to request for prices.
- Read and understand the contract before signing it.
- Promptly return plans and specifications used for bidding.
- Immediately submit any suggestions and/or alternate methods of construction that may be efficient or result in time or dollar savings.

CONSTRUCTION

- Respond quickly to requests for prices.
- Keep work on schedule.
- Meet commitments for being on the job site. If you cannot meet your commitments, advise us beforehand.
- Return phone calls promptly.
- Send knowledgeable, competent and prepared representatives to job meetings.
- Demand quality work from your employees and subcontractors.
- Keep the same project manager/foreman on the job site for the duration of the project.
- Keep job site clean.
- Provide accurate and timely submittals and RFIs.
- Cooperate in furnishing detailed delivery schedules of manufactured items when requested.
- Enforce safety standards.
- Document requests for Change Orders in a timely manner.
- Look ahead; make sure all items you need to complete your work will be available. If you find something is not available, submit alternates with sufficient time to get approved, ordered, etc. Don't wait until it is too late.
- Don't "nit-pick" with minor requests for Change Orders.
- Be cooperative with other subs: observe "Team" concept.
- Provide insurance certificates, releases of liens from sub's subs and vendors, financial information, and references in a timely fashion when requested.

- Record "As-Built" information regularly and accurately.
- Respond promptly and efficiently to punch list items.
- If there is a problem, don't sit on it. Let the contractor know so that steps can be taken to resolve the matter.
- Post As-Built information regularly; at least bi-weekly. It is a prerequisite for payment.

POST CONSTRUCTION PHASE

- Provide as-builts, operating instructions, warranties, guarantee letter(s), etc., promptly in accordance with the Contract Documents.
- Perform warranty work, as required by contract Documents.

HOW WE DEAL WITH SUBCONTRACTORS

PRECONSTRUCTION PHASE

- We will distribute all addenda and informational changes promptly.
- We will ask subs for input to the job schedule to make the schedule realistic.
- We will notify subs about changes to the status of the job and the schedule.
- In cases where an insufficient number of representative bids in major categories are not received (at least three), we will solicit additional prices.
- We will not shop sub's bids.
- We will write fair subcontracts.
- We will provide bid results to bidders when requested.
- We will promptly return phone calls.
- We will review and agree on procedures for pricing Change Orders during subcontract negotiations.

CONSTRUCTION PHASE

- We will promptly return phone calls.
- We will hold job meetings with subs doing related work present at the same meeting.
- We will approve and return submittals quickly.
- We will ensure easy access to work areas of subcontractor's work force.
- We will give as much notice as possible regarding when a sub is to start work on the job.
- We will keep the job site clean and enforce clean-up rules for other subs.
- We will provide proper authorization for Change Orders.
- We will pay promptly, in accordance with the terms and conditions of the Contract.
- We will release retention when Owner releases our retention, or at least reduce the amount to two times the value of the punch list.

CHECKLIST OF ATTACHMENTS

COPIES OF APPLICABLE LICENSES/CERTIFICATIONS ATTACHED (check applicable boxes):

- Contractor Certifications
- Contractor Licenses
- Occupational Licenses
- M/WBE, SBE, DBE Certifications
- Verification of General Liability Insurance Coverage
- Verification of Worker's Compensation Insurance Coverage
- Verification of Automobile Insurance Coverage
- Letter from Bonding Company stating Bonding Capacity
- Current and previous 3 years of audited financial statements

PAYROLL AND INSURANCES FOR LABOR OF THIS COMPANY ARE PAID BY:

- This company directly
- An employee leasing company
- Other: _____

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that BCG will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work.

Name of Company: _____

Completed By: _____ Signed: _____

Title: _____

Being duly sworn, deposes and says that the information provided herein is true and sufficiently complete so as to not be misleading.

Subscribed and sworn before me this _____ day of, _____ 20____

Notary Public: _____

My commission expires: _____