



SUBCONTRACTOR/SUPPLIER QUALIFICATION FORM

FIRM NAME: _____	PHONE NO.: _____
	FAX NO.: _____
ADDRESS: _____	
CITY: _____	STATE: _____ ZIP CODE: _____
TRADE: _____	

1. TYPE OF ORGANIZATION

CORPORATION _____	PARTNERSHIP _____	SOLE OWNERSHIP _____
YEARS IN BUSINESS _____		
WHERE INCORPORATED _____		
WHEN INCORPORATED _____		

2. AFFILIATION (please check one if it applies to your organization)

MBE	MINORITY BUSINESS ENTERPRISE	_____
WBE	WOMEN BUSINESS ENTERPRISE	_____
LBE	LOCALLY BASED ENTERPRISE	_____
DBE	DISADVANTAGED – BUSINESS ENTERPRISE	_____
	NONE OF THE ABOVE	_____

3. CERTIFICATION (please submit proof)

STATE CERTIFICATION	_____ (PLS. SPECIFY STATE)
N.Y CITY CERTIFICATION	_____
PORT AUTHORITY	_____
OTHER	_____

4. GEOGRAPHICAL AREAS OF OPERATION

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

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

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. FIRM SIZE

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

9. 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: _____		

10. FINANCIAL

LIST BANK REFERENCES:

BONDING CAPACITY: _____
BONDING COMPANY: _____
PLEASE INCLUDE LETTER FROM BONDING COMPANY (SUNSHINE LETTER)



11. DESCRIBE THE INSURANCE YOUR FIRM IS CAPABLE OF PROVIDING:

<i>TYPE OF INSURANCE</i>	<i>CARRIER</i>	<i>COVERAGE</i>	<i>POLICY LIMIT</i>	<i>EXCLUSIONS</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE INCLUDE INSURANCE CERTIFICATE

12. WHAT WORK DOES YOUR FIRM PERFORM WITH THEIR 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: _____



15. LIST MAJOR PROJECTS CURRENTLY UNDER CONTRACT

PROJECT: _____
LOCATION: _____
ARCHITECT: _____
PERCENT COMPLETED: _____
CONTRACT AMOUNT: _____
PROJECT: _____
LOCATION: _____
ARCHITECT: _____
PERCENT COMPLETED: _____
CONTRACT AMOUNT: _____
PROJECT: _____
LOCATION: _____
ARCHITECT: _____
PERCENT COMPLETED: _____
CONTRACT AMOUNT: _____

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:	_____

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

HAVE YOU AT ANY TIME FAILED TO COMPLETE A CONTRACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THERE ANY JUDGMENTS, CLAIMS OR SUITS PENDING OR OUTSTANDING AGAINST YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU NOW, OR HAVE YOU EVER BEEN, INVOLVED IN BANKRUPTCY OR REORGANIZATION PROCEEDINGS?	<input type="checkbox"/> YES <input type="checkbox"/> 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