



SUBCONTRACTOR ANNUAL PREQUALIFICATION

DATE: _____

GENERAL COMPANY INFORMATION:

LEGAL COMPANY NAME: _____

FEDERAL TAX ID # _____

ADDRESS: _____

PHONE: _____ FAX: _____

WEBSITE: _____

EMERGENCY NUMBER: _____

OWNER NAME: _____ OWNER MOBILE#: _____

OWNER E-MAIL: _____

ESTIMATOR NAME: _____ ESTIMATOR MOBILE#: _____

ESTIMATOR E-MAIL: _____

LABOR WORKFORCE: UNION NON-UNION PREVAILING WAGE

If both, please provide:

NAME OF UNION COMPANY: _____ YEARS IN BUSINESS: _____

NAME OF NON-UNION COMPANY: _____ YEARS IN BUSINESS: _____

CERTIFIED BUSINESS ENTERPRISE STATUS: MBE WBE SBE Other _____

State(s) Certified: _____

PREFERRED PROJECT SIZE: \$10K-\$250K \$251K-\$500K \$1M \$2M \$5M+

GEOGRAPHIC AREAS OF WORK: _____

Select one or both: APARTMENT/HOTELS RETAIL/WAREHOUSE

LIST ALL TRADES YOU PERFORM: _____

PROVIDE BUSINESS TAX REGISTRATION CERTIFICATE FROM THE STATE(S) YOU ARE REGISTERED IN



ANNUAL VOLUME:

2019: _____

2018: _____

2017: _____

SIGNIFICANT PROJECT HISTORY:

PLEASE LIST 3 SIGNIFICANT PROJECTS WITHIN THE LAST 3 YEARS:

1) _____

2) _____

3) _____

PLEASE LIST 3 MAJOR PROJECTS YOUR FIRM IS CURRENTLY WORKING ON:

1) _____

2) _____

3) _____

LIST THREE SUPPLIER REFERENCES (NAME & CONTACT NUMBER):

1) _____

2) _____

3) _____

LIST THREE CLIENT REFERENCES (NAME & CONTACT NUMBER):

1) _____

2) _____

3) _____



INSURANCE:

ATTACH COPIES OF YOUR CERTIFICATE OF INSURANCE AND ALL ENDORSEMENTS LISTED BELOW:

New Jersey:

- 1) Certificate of Insurance – with “specified” wording
- 2) Additional Insured Endorsements:
Completed Operations: CG20 37 (10-01)
On-Going Operations: CG20 10 (10-01)
- 3) Waiver of Subrogation: CG 24 04 (10-93)
- 4) Primary non-contributory wording: CG 20 01 (04-13)
- 5) With respect to Auto/Excess/Umbrella: Need to obtain applicable forms/endorsements:
Additional insured, waiver of subrogation, primary non-contributory.

Several insurance carriers have different wording and forms. However, with respect to **General Liability** the CG2037 (10-01) and CG20 10 (10-01) are the broadest additional insured endorsements. (Included in the insurance requirements)

CERTIFICATE WORDING:

March Construction Associates, Inc. (and all others required by contract) are to be included as an additional insured on “all” policies.

Same applies to waiver of subrogation and primary non-contributory wording (with exception to Workers’ Compensation).

New York:

- 1) Certificate of Insurance – with “specified” wording
- 2) Additional Insured Endorsements:
Completed Operations: CG20 37 (10-01)
On-Going Operations: CG20 10 (10-01)
- 3) Waiver of Subrogation: CG 24 04(10-93)
- 4) Primary non-contributory wording: CG 20 01 (04-13)
- 5) **Acord 855 (NY Construction Certificate of Liability Insurance Addendum). This is in “addition” to the standard certificate of insurance.**
- 6) With respect to Auto/Excess/Umbrella: Need to obtain applicable forms/endorsements:
Additional insured, waiver of subrogation, primary non-contributory

HISTORY

- 1. Has your company failed to complete any work it was awarded? Yes No
(If yes, please explain)_____
- 2. Any pending judgments, claims, or suits against your company or its officers? Yes No
(If yes, please explain)_____
- 3. Any pending judgments, claims, or suits filed by your company or its officers? Yes No
(If yes, please explain)_____

FINANCIAL

1. Name of bonding company _____
2. Name of bonding agent _____
3. Provide current bonding capacity and bond rate _____
4. What is the rate you pay workers? (if wages vary then list position and applicable rate) _____
5. Do you offer your field workers:

Health Benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retirement/Pension Benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. If awarded a project, and pending final approval, will you submit an audited financial statement?

SAFETY

1. Do you have a safety orientation program for new hires? Yes No N/A
 If yes, does it include instruction on the following (check all that apply):

<input type="checkbox"/> Head protection	<input type="checkbox"/> Perimeter guarding	<input type="checkbox"/> Trenching and excavation
<input type="checkbox"/> Eye protection	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Signs, barricades, flagging
<input type="checkbox"/> Hearing protection	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> Electrical safety
<input type="checkbox"/> Respiratory protection	<input type="checkbox"/> First aid facilities	<input type="checkbox"/> Rigging and crane safety
<input type="checkbox"/> Safety belts and lifeline	<input type="checkbox"/> Emergency procedures	<input type="checkbox"/> Scissor & Boom lift
<input type="checkbox"/> Scaffolding	<input type="checkbox"/> Toxic substances	
2. Do you hold site safety meetings for field supervisors? Yes No N/A
 How often: Weekly Bi-Weekly Monthly Less often (as needed)
3. Do you hold craft "toolbox" safety meetings? Yes No N/A
 How often: Weekly Bi-Weekly Monthly Less often (as needed)
4. What level of safety training do you require of your field supervisors and foremen?

5. Do you conduct project safety inspections? Yes No N/A
 If yes, who conducts this inspection?
 Name: _____ Title: _____
 How often: Weekly Bi-Weekly Monthly Less often (as needed)
6. Provide the following information regarding injuries and illnesses using OSHA No. 300 log:
 # of lost workday cases _____ # of restricted workday cases _____
 # of cases requiring medical attention _____ # of fatalities _____

WORK

1. How much of your work do you self-perform? _____
2. What part of your work do you sub-contract out? _____

I hereby certify that the above statements made by me are true and correct to the best of my knowledge and belief.

Dated: _____

Signature

Printed Name

Title

PREQUALIFICATION CHECKLIST – DID YOU INCLUDE:

- Completed and signed Subcontractor Annual Prequalification form
- Certificate of Insurance
- All endorsements listed on page 3 of this form**
- Accord 855 (if applicable)
- W-9
- Business Tax Registration Certificate from all state(s) you are registered in.