

SUBCONTRACTOR/SUPPLIER PREQUALIFICATION QUESTIONNAIRE

Please submit form by Fax or E- Mail to:

E-Mail: Nick@masonryrus.com Fax: DATE: **GENERAL INFORMATION COMPANY NAME: CONTACT NAME: CONTACTS DIRECT #:** ADDRESS: STREET: **CITY:** STATE: ZIP: **PHONE:** FAX: **E-MAIL:** WEBSITE: North New Jersey Other (please Indicate) **AREA OF OPERATION: NYC** Long Island (Check both if applies) Trades: MATERIAL LABOR Please list the trades below that you are interested in bidding: UNION **NON-UNION**

If Union, please list all Locales currently signed with



CERTIFICATIONS

PLEASE INDICATE IF YOUR COMPANY IS: DBE / WBE / MBE / SBE / OTHER (Please attach copies of all certifications) (List below)

Please list all certification, licenses and permits (Please attach all supporting documents)

EQUIPMENT

Please list company owned equipment (May attach a list instead):

DESCRIPTION:	QUANTITY	MAKE	MODEL	YEAR

REFERENCES

PLEASE PROVIDE REFERENCES FROM PRIOR JOBS:

(Minimum two references)

NAME	COMPANY	JOB WORKED ON/WITH	CONTACT INFO
1.			
2.			
3.			



ORGANIZATIONAL INFORMATION

How many years has your organization been in business as a Contractor?

Date of Organization/Incorporation:

Type of Company: Corporation Partnership Sole Proprietorship Other(Please explain)

Corporation, State incorporated in:

Date of Organization/Incorporation:

How many years has your organization been in business under it's present business name?			
Has your organization operated under any other name(s)? (If yes, please explain):	Yes	No	

State Sales Tax No:

Federal ID No:

List Officers/Partners/Owners:

NAME	YEARS IN POSITION	POSITION	%OWNWESHIP
1.			
2.			
3.			
4.			

Total Number of Direct Hired (Office and Field) Employees:



1- Has your Company or any of its principals ever petitioned f	• •	in business, def	aulted or been
terminated on a contract awarded to you? If yes, please expla	in: Y	/es	No
2- Have any of the owners, officers or major stockholders of y	our Company ever be	een indicted or o	convicted of any
felony or other criminal product? If yes, please explain:	Ye	s N	0
3- Has your company or any owners, officers or major stockho	•		
precluded from pursuing public work or even been found to b	• •		? If yes, please
explain:	Yes N	10	
4- Has your company ever had a claim made against it for imp			•
failure to meet warranty obligations? If yes, please explain:	Yes	No	
5- Is your Company or any of it's owners, officers or major sha	reholders currently i	-	
litigation? If yes, please explain:		Yes	No
6- Does your Company have outstanding judgments or claims	against it?	Yes	No
If yes, please explain:	agamst It:	103	NO
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7- Please list any litigation brought against your Company in the past five (5) years asserting that you failed to make payments to anyone.



FINANCIALS

Do you provide data to Dun & Bradstreet?	
If yes DUNS#:	Rat

Rating:

Please attach a Financial Statement (certified copy) including your organization's latest balance sheet and income statement.

Please indicate typical project size:

<\$500,000	\$500,000-\$1,000,000	\$1,000,000-\$3,000,000	>\$3,000,000

Percentage of self-performed work: %

Please describe the largest three projects completed in the last seven (7) years

			• • •	
Project Name	Location	Contract	Reference	Reference (Phone #)
-		Amt.	(Name)	
		\$		
		\$		
		\$		

Total number of contracts now in progress?

Attach a list of <u>current</u> major protects giving name of project, address, owner, architect, general contractor, contract amount, scope of work and scheduled completion. (Include contact people and phone numbers)

Total contract value of current contracts? \$

Annual Revenue the last three years: \$

\$

\$



BONDING & INSURANCE

BONDING

What percentage of work is currently bonded?		nded?	% Largest job bonded? \$		
Bonding Capacity: Aggregate limit: \$			Single project limit: \$		
Bonding Agency and Agent:					
Agency Name:					
Contact:			Phone	:	
Current Surety and Unde	rwriter:				
Company Name:					
Contact:			Phone:		
INSURANCE					
Insurance Agent:					
Agency Name:					
Agency Address:					
City:	State:	Zip:			
Contact:		Phone:			
Email:					
Please Provide name of c	arrier for each p	oolicy below:			
Workers Comp Policy(s)					
CGL Policy (if different)					
Excess/Umbrella Liabilit		rent)			
Auto Policy (if different)					
Pollution Policy (if differ	ent)				
Please provide us the Cer	tificate of Insur	ance.			



SAFETY

Experience Modification Rate (EMR) from Insurance Company		OSHA free	OSHA frequency rate= <u># of Injuries X 200,000</u> Actual Hours Worked			
Year	EMR	Name of Insurance Provider	Year	Frequency Rate	# of injuries in given year	Actual hours worked in given year
Current Year			Current Year			
1 Year ago			1 Year ago			
2 Years ago			2 Years ago			
3 Years ago			3 Years ago			
Do you have a	written H	lealth & Safety Plan?			YES	NO
•		afety personnel on the polacing safety personnel on the polacing s	•	2	YES	NO

What safety training do you provide to your employees?

Who is your safety contact?	Phone #:		
Has your Company received an OSHA citation within	the past three (3) years?	Yes	No

If yes: How many? Describe:

NAME

TITLE

SIGNAT URE