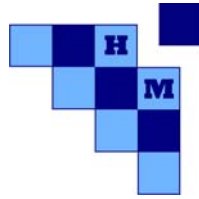


Approved by: _____



SUBCONTRACTOR Pre-Qualification Form

Please complete the form below and email (form and all attachments) to info@hudsonmeridian.com. Please note that this is a preliminary prequalification form and includes only our minimum requirement. Additional information may be requested by the job owner or due to the type of work to be performed. **All information is kept strictly confidential and used only for prequalification purposes.**

Date PreQual Completed: _____

Trade: _____

COMPANY INFORMATION

Company's Legal Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

Website: _____

Type of Company: Corporation Partnership Sole Partnership LLC Other

Federal ID #: _____

Affiliated subsidiaries: Yes No

If yes, please name them: _____

Is your firm owned or controlled by another organization?: Yes No

If yes, please provide name or parent organization: _____

Is your organization: Union Non-Union Prevailing Wage Open Shop

Corporate Officers/Primary Contacts:

Name: _____ Title: _____ Telephone #: _____ Email _____

Name: _____ Title: _____ Telephone #: _____ Email _____

Estimating Contact (for bidding purposes): _____

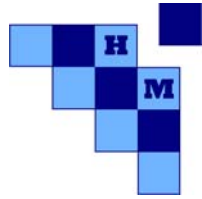
Estimating Contact Email: _____

Indicate if your business qualifies as: DBE MBE SBE WBE

If yes, please provide certification numbers:

Certifications	Expiration	Certifying Agency

Percentage of work subcontracted: _____%



SUBCONTRACTOR Pre-Qualification Form

INSURANCE/SAFETY INFORMATION

CURRENT EMR RATES		
RATE	YEAR	STATE
	2016	
	2015	
	2014	

OSHA 200/300 INFORMATION								
Reporting Year	# of Fatalities	Description	# of Lost & Restricted Workday Cases	Employee Hours Worked	# of OSHA Violations has Company Received this Year	If Violations were Willful, Provide Description	Recordable Incidence Rate	Lost Workday Incidence Rate
2015								
2014								
2013								

FINANCIAL INFORMATION

(Attach a copy of latest Financial Statement or Tax Return or the form will be considered incomplete)

State Sales Tax Information

Sales Tax Number: _____ State: _____

Contractor License Information

Contractor License Number: _____ State: _____ Expiration: _____

State Unemployment Information

State: _____ State Unemployment Identifier (SUI) Number: _____

Federal Employment Identifier Number: _____

Largest Contract Completed in last 3 years:

Amount: _____ Year: _____

Project Name: _____

Scope: _____

Annual Volume of Work Performed over the Past 5 Years:

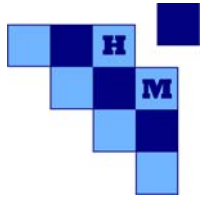
Year 2012 Average Volume: \$ _____

Year 2013 Average Volume: \$ _____

Year 2014 Average Volume: \$ _____

Year 2015 Average Volume: \$ _____

Year 2016 Average Volume: \$ _____



SUBCONTRACTOR Pre-Qualification Form

Building Types on which your company has worked:

Commercial Design/Build Design Assist
Hotels Interior Fit-out
Healthcare Sports/Entertainment
Residential

Approved City Agencies:

NYC Vendex
SCA Approved

Banking Information:

Bank Name and Address: _____

Line of Credit: \$ _____ Available: \$ _____ Expires: _____

LEGAL INFORMATION

Has your company or any of its principals ever filed for bankruptcy, defaulted or been terminated on a contract?

Yes No

If yes, please explain:

Have any of the owners/principals of your company ever been convicted of any felony or other criminal conduct?

Yes No

If yes, please explain:

Has your company ever been disbarred from pursuing public work?

Yes No

If yes, please explain:

Is your company or any of its owners/principals currently involved in any arbitration or litigation?

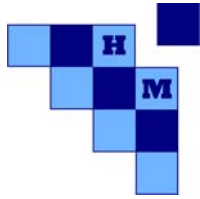
Yes No

If yes, please explain:

Does your company have any outstanding judgements or claims against it?

Yes No

If yes, please explain:



SUBCONTRACTOR Pre-Qualification Form

BOND/SURETY INFORMATION

Surety Company Name: _____

Surety Broker Name: _____

Bonding Capacity Per Job: \$ _____

Aggregate: \$ _____

Contact Information for Bond information:

Contact Name: _____ Phone: _____ Fax: _____

Attach a copy of a letter from your Bonding Company indicating your ability to provide a Payment and Performance Bond in the amount of the project size you indicate on this page.

INSURANCE INFORMATION

Attach a sample insurance certificate, identifying limits of all coverage.

Insurance Broker Contact Information;

Company Name: _____

Company Address: _____

Contact Name: _____ Phone: _____ Email: _____

Commercial General Liability Info:

Insurance Carrier: _____

General Aggregate \$ _____

Products – Complete Ops Aggregate \$ _____

Personal/Adv. Injury \$ _____

Per Occurrence \$ _____

Fire Damage \$ _____

Medical Expenses \$ _____

Deductible Amount \$ _____

Excess Liability Info:

Excess Liability Insurance Carrier: _____

Total Limit: \$ _____

Workers Compensation and Employer's Liability Info:

Insurance Carrier: _____

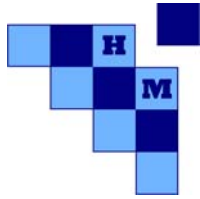
Workers Comp Risk ID# _____

Limits: \$ _____

Employers Liability Each Accident: \$ _____

Employers Liability Disease-Policy Limit: \$ _____

Employers Liability Disease Each Employee: \$ _____



SUBCONTRACTOR Pre-Qualification Form

Professional Liability Insurance Info:

Insurance Carrier: _____

Office Policy Limit: \$ _____

Deductible: \$ _____

Extended Reporting Period: Years: _____

Prior Acts: Yes No

REFERENCES

Provide (5) project references, (3) completed

Reference #1 (Completed Project)

Company Name: _____

Contact Name: _____

Phone Number: _____

Project Name: _____

Project Address: _____

Scope of Work Performed: _____

Project Completion Date: _____

Project Volume: _____

Reference #2 (Completed Project)

Company Name: _____

Contact Name: _____

Phone Number: _____

Project Name: _____

Project Address: _____

Scope of Work Performed: _____

Project Completion Date: _____

Project Volume: _____

Reference #3 (Completed Project)

Company Name: _____

Contact Name: _____

Phone Number: _____

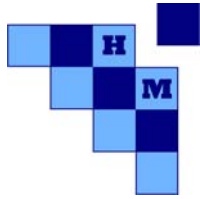
Project Name: _____

Project Address: _____

Scope of Work Performed: _____

Project Completion Date: _____

Project Volume: _____



SUBCONTRACTOR Pre-Qualification Form

Reference #4

Company Name: _____
Contact Name: _____
Phone Number: _____
Project Name: _____
Project Address: _____
Scope of Work Performed: _____
Project Completion Date: _____
Project Volume: _____

Reference #5

Company Name: _____
Contact Name: _____
Phone Number: _____
Project Name: _____
Project Address: _____
Scope of Work Performed: _____
Project Completion Date: _____
Project Volume: _____

By signing below, subcontractor/vendor affirms that the above information is submitted truthfully and completely.

Signature

Print Name

Title

Date