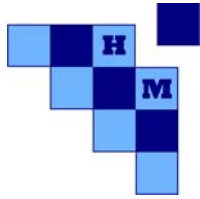


For Internal Use Only	
Approved by:	
PE: _____	WH: _____
DS: _____	PM: _____
RF: _____	BC: _____



## SUBCONTRACTOR Pre-Qualification Form/Bidders List

Please complete the form below and email (form and all attachments) to [info@hudsonmeridian.com](mailto: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

Total Number of Employees: \_\_\_\_\_ Total Field Office Employees: \_\_\_\_\_

Is your company a M/WBE? Yes \_\_\_\_\_ No \_\_\_\_\_

Corporate Officers/Primary Contacts:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email \_\_\_\_\_

Estimating Contact (for bidding purposes): \_\_\_\_\_

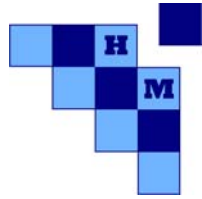
Estimating Contact Email: \_\_\_\_\_

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/Bidders List

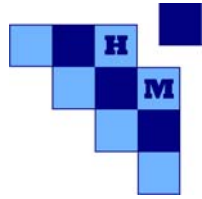
### LICENSE & REGISTRATION

Trades	License Number	State/ County/ Region	Expiration Date	Comments
Electrical				
Plumbing				
Fire Suppression				
Concrete Operations Safety Registration Number (NYC DOB)				
Demolition Operations Safety Registration Number (NYC DOB)				
Other:				

### INSURANCE/SAFETY INFORMATION

CURRENT EMR RATES		
RATE	YEAR	STATE
	2017	
	2016	
	2015	

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
2017								
2016								
2015								



## SUBCONTRACTOR Pre-Qualification Form/Bidders List

### FINANCIAL INFORMATION

*(Attach a copy of your latest Financial Statement 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: \$ \_\_\_\_\_

#### 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: \_\_\_\_\_

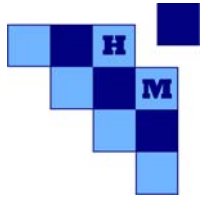
### LEGAL INFORMATION

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:

\_\_\_\_\_  
\_\_\_\_\_



## SUBCONTRACTOR Pre-Qualification Form/Bidders List

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:

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---

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:

---

---

### 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;**

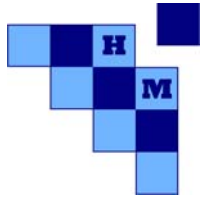
Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Commercial General Liability Info:**

Insurance Carrier: \_\_\_\_\_



## SUBCONTRACTOR Pre-Qualification Form/Bidders List

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: \$ \_\_\_\_\_

### Professional Liability Insurance Info:

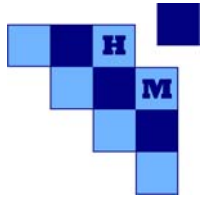
Insurance Carrier: \_\_\_\_\_  
Office Policy Limit: \$ \_\_\_\_\_  
Deductible: \$ \_\_\_\_\_  
Extended Reporting Period: Years: \_\_\_\_\_  
Prior Acts: Yes  No

### REFERENCES

*Provide (5) project references, (3) completed*

#### Reference #1 (Completed Project)

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Scope of Work Performed: \_\_\_\_\_  
Project Completion Date: \_\_\_\_\_  
Project Volume: \_\_\_\_\_



## **SUBCONTRACTOR Pre-Qualification Form/Bidders List**

### **Reference #2 (Completed Project)**

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Scope of Work Performed: \_\_\_\_\_  
Project Completion Date: \_\_\_\_\_  
Project Volume: \_\_\_\_\_

### **Reference #3 (Completed Project)**

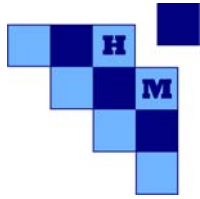
Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Scope of Work Performed: \_\_\_\_\_  
Project Completion Date: \_\_\_\_\_  
Project Volume: \_\_\_\_\_

### **Reference #4**

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Scope of Work Performed: \_\_\_\_\_  
Project Completion Date: \_\_\_\_\_  
Project Volume: \_\_\_\_\_

### **Reference #5**

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Scope of Work Performed: \_\_\_\_\_  
Project Completion Date: \_\_\_\_\_  
Project Volume: \_\_\_\_\_



## **SUBCONTRACTOR Pre-Qualification Form/Bidders List**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date