

Subcontractor Pre-Qualification Form



Please complete the form and email it with all attachments to prequalification@hudsonmeridian.com. This is a preliminary pre-qualification form and includes 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 pre-qualification purposes.**

Date: _____

Trade: _____

COMPANY INFORMATION

Company's Legal Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

Website: _____

Type of Company: Corporation Partnership Sole Partnership LLC Other

Federal Employment Identification Number (FEIN): _____

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: _____

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: _____%

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LICENSE & REGISTRATION

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

INSURANCE/SAFETY INFORMATION

Please provide an explanation letter if rating is above 1.0.

CURRENT EMR RATES		
Rate	Year	State
	2017	
	2018	
	2019	

OSHA 200/300 INFORMATION								
Reporting Year	Employee Worked Hours	# of Fatalities	Description	# of Lost or Restricted Workday Cases	# of OSHA Violations	If violations were willful, provide description	Recordable Incidence Rate	Lost Workday Incidence Rate
2017								
2018								
2019								

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FINANCIAL INFORMATION

*Please provide 2018 **and** 2019 financials (balance sheet, income statement and cash flow).*

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: _____

Largest Contract Completed in last 3 years:

Amount: _____ Year: _____

Project Name: _____

Scope: _____

Annual Volume of Work Performed over the Past 5 Years:

Year 2015 Average Volume: \$ _____

Year 2016 Average Volume: \$ _____

Year 2017 Average Volume: \$ _____

Year 2018 Average Volume: \$ _____

Year 2019 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: _____

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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:*

BOND/SURETY INFORMATION

Attach a copy of a letter indicating your ability to provide a payment and performance bond in the amount of the project size you indicate on this page.

Surety Company Name: _____

Surety Broker Name: _____

Bonding Capacity Per Job: \$ _____

Aggregate: \$ _____

Contact Information for Bond information:

Contact Name: _____ Phone: _____ Fax: _____

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INSURANCE INFORMATION

Please 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: \$ _____

Professional Liability Insurance Info:

Insurance Carrier: _____

Office Policy Limit: \$ _____

Deductible: \$ _____

Extended Reporting Period: Years: _____

Prior Acts: Yes No

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REFERENCES

Provide (5) project references, (3) which are completed.

Reference #1

Company Name: _____

Contact Name: _____

Email: _____

Phone Number: _____

Project Name: _____

Project Address: _____

Scope of Work Performed: _____

Project Completion Date: _____

Project Volume: _____

Reference #2

Company Name: _____

Contact Name: _____

Email: _____

Phone Number: _____

Project Name: _____

Project Address: _____

Scope of Work Performed: _____

Project Completion Date: _____

Project Volume: _____

Reference #3

Company Name: _____

Contact Name: _____

Email: _____

Phone Number: _____

Project Name: _____

Project Address: _____

Scope of Work Performed: _____

Project Completion Date: _____

Project Volume: _____

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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: _____

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

Signature

Print Name

Title

Date