



TRADE CONTRACTOR/VENDOR PREQUALIFICATION STATEMENT

DATE OF RESPONSE: _____

PROJECT: _____

GENERAL INFORMATION

COMPANY NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

TRADE: _____ NORMAL SCOPE: _____

CONTACT NAME	TITLE	PHONE	CELL PHONE	EMAIL

TYPE OF COMPANY: C CORPORATION S CORPORATION SOLE PROPRIETOR

PARTNERSHIP LLC OTHER _____

DATE FOUNDED: _____ STATE OF FORMATION: _____

FEDERAL EIN #: _____

FORMER NAMES YOUR ORGANIZATION HAS OPERATED UNDER:

EMPLOYEE INFORMATION

	HOME OFFICE	FIELD SUPERVISORY	TRADESPEOPLE
CURRENT			
3 YEAR AVERAGE			

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TRADE / LABOR INFORMATION

UNION INFORMATION		
LOCAL NUMBER	UNION NAME	AGREEMENT EXPIRATION

TRADE ASSOCIATION NAMES

CERTIFIED TRAINING	
TRAINING TYPE	ACCREDITED TRAINING PROGRAM NAME

M/WBE		
CERTIFICATION TYPE	CERTIFYING AGENCY	YEAR OBTAINED

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SAFETY QUESTIONNAIRE

QUESTION	YES	NO	COMMENTS
Does your company have a qualified person responsible for safety? <i>If yes, please attach a resume or description of qualifications.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Does this person perform safety inspections on all your projects? If so, how often?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company have a written Company Safety Policy and Program? If so will you provide copies if requested?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company have a drug testing policy? If yes, please check which are included in the policy: <ul style="list-style-type: none"> <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Cause <input type="checkbox"/> Post Accident/Incident <input type="checkbox"/> Random <input type="checkbox"/> Periodical 	<input type="checkbox"/>	<input type="checkbox"/>	
Will your company comply with our return to work program (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company require 100% fall protection from a height greater than 6 feet?	<input type="checkbox"/>	<input type="checkbox"/>	
If requested, will you provide us with a site specific fall protection plan addressing the specific hazards related to your work at any site?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company require documented safety meetings for the employees? If so please indicate which and how often for the following employees: <ul style="list-style-type: none"> <input type="checkbox"/> General Labor <input type="checkbox"/> Field Supervisors <input type="checkbox"/> New Hires <input type="checkbox"/> Periodic 	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company provide safety training for all employees? If yes, please describe training provided.	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company provide safety orientation for new employees?	<input type="checkbox"/>	<input type="checkbox"/>	
Did your company receive OSHA violations over the past five years? If so, please identify.	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company set annual training goals? If yes, please list examples of training goals.	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company have a program recognizing your employees for safety performance excellence?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company have a disciplinary program in place for safety violations?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company review the safety management systems of your subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company conduct accident/incident investigations?	<input type="checkbox"/>	<input type="checkbox"/>	

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GENERAL FINANCIAL INFORMATION

LARGEST CONTRACT COMPLETED:

AMOUNT: _____

YEAR: _____

PROJECT NAME: _____

SCOPE: _____

LARGEST CONTRACT EXPECTED THIS YEAR:

AMOUNT: _____

YEAR: _____

PROJECT NAME: _____

SCOPE: _____

EXPECTED TOTAL GROSS CONTRACT AMOUNT THIS YEAR: _____

CURRENT BACKLOG:

AMOUNT: _____ NUMBER OF PROJECTS: _____

AVERAGE ANNUAL VOLUME OF WORK PERFORMED OVER THE PAST 5 YEARS:

YEAR	AVERAGE VOLUME	LARGEST COMPLETED PROJECT	AVERAGE BACKLOG
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

WHICH PROJECT SIZES ARE YOU MOST COMPETITIVE			
\$100,000 - \$200,000	<input type="checkbox"/>	\$3,000,000 - \$6,000,000	<input type="checkbox"/>
\$200,000 - \$500,000	<input type="checkbox"/>	\$6,000,000 - \$9,000,000	<input type="checkbox"/>
\$500,000 - \$1,000,000	<input type="checkbox"/>	\$9,000,000 - \$15,000,000	<input type="checkbox"/>
\$1,000,000 - \$3,000,000	<input type="checkbox"/>	OVER \$15,000,000	<input type="checkbox"/>

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GENERAL FINANCIAL INFORMATION

ALL BUILDING TYPES ON WHICH YOUR COMPANY HAS WORKED			
COMMERCIAL	<input type="checkbox"/>	INDUSTRIAL BUILDINGS	<input type="checkbox"/>
HOTELS/MOTELS	<input type="checkbox"/>	SCIENCE/TECHNOLOGY	<input type="checkbox"/>
HEALTHCARE	<input type="checkbox"/>	CORRECTIONAL FACILITIES	<input type="checkbox"/>
RESIDENTIAL	<input type="checkbox"/>	DESIGN/BUILD	<input type="checkbox"/>
SPORTS/ENTERTAINMENT	<input type="checkbox"/>	INTERIOR FIT-OUT	<input type="checkbox"/>

BOND / SURETY INFORMATION

SURETY COMPANY NAME: _____

SURETY BROKER NAME/PHONE: _____

BONDING CAPACITY PER JOB: \$ _____ AGGREGATE: \$ _____

DATE OF LAST BOND: _____ BOND AMOUNT: _____

BOND RATE (%): _____

PLEASE LIST PERSONS OR ENTITIES WHO PROVIDE INDEMNIFICATION FOR YOUR SURETY:



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INSURANCE INFORMATION

AGENT / BROKER NAME: _____

CONTACT NAME: _____ PHONE: _____

COMMERCIAL GENERAL LIABILITY AND WORKERS COMPENSATION INFORMATION:

A. PRIMARY LIABILITY

INSURANCE CARRIER:

POLICY NUMBER: _____

POLICY PERIOD FROM: _____ TO: _____

OCCURRENCE: YES NO

CLAIMS MADE: YES NO

ANY EXCLUSIONS FROM STANDARD CGL POLICY: YES NO

	CURRENT	MAX OBTAINABLE
GENERAL AGGREGATE	\$	\$
PRODUCTS - COMP/OP AGG.	\$	\$
PERSONAL/ADV. INJURY	\$	\$
PER OCCURRENCE	\$	\$
FIRE DAMAGE (any one fire)	\$	\$
MEDICAL EXPENSES (any one person)	\$	\$
DEDUCTIBLE AMOUNT	\$	\$

PER PROJECT LIMITS: YES NO

TRADE CONTRACTOR/VENDOR PREQUALIFICATION STATEMENT

B. EXCESS LIABILITY

INSURANCE CARRIER:

POLICY NUMBER: _____

POLICY PERIOD FROM: _____ TO: _____

OCCURRENCE: YES NO

CLAIMS MADE: YES NO

UMBRELLA or EXCESS

	CURRENT	MAX OBTAINABLE
EACH OCCURRENCE	\$ _____	\$ _____
AGGREGATE	\$ _____	\$ _____

C. WORKERS COMPENSATION

EXPERIENCE MODIFICATION RATE (EMR) LAST (3) YEARS _____

WC INSURANCE CARRIER: _____ * Attach current EMR Letter from Broker/Carrier

COMPANY'S COMMITMENT TO MITIGATING THE ENVIRONMENTAL IMPACTS OF CONSTRUCTION

QUESTION	YES	NO	COMMENTS
Does your company have an environmental mission statement and/or policy?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company have a waste reduction and recycling program? If so, please provide a copy.	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company educate employees and vendors about this program?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company participate in the salvage and/or reuse of waste materials? If so, please provide information on types, quantities, and destinations(s).	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company utilize recycled content construction material? If so, please provide information on types and quantities.	<input type="checkbox"/>	<input type="checkbox"/>	

LIST LEED PROJECTS YOUR COMPANY HAS WORKED ON:



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REFERENCE INFORMATION

PROJECT REFERENCES:

PROJECT NAME	OWNER / CONTACT	PHONE #	CON. PRICE	YEAR COMPLETED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COMPLETED CNY PROJECTS:

PROJECT NAME	SCOPE	CONTACT	CON. PRICE	YEAR COMPLETED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BANK INFORMATION:

Name of Financial Institution: _____ Contact: _____

Address: _____ Phone Number: _____

Amount of Line of Credit: _____ Expiration Date: _____

Guarantors of Line of Credit: _____

I/WE AUTHORIZE THE COMPANY TO INVESTIGATE MY STATEMENTS AND TO CHECK MY/OUR CREDIT WITH ANY CREDITORS OR LENDING INSTITUTIONS

NY Department of Insurance Regulation 95:

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation"

SIGNED THIS _____ DAY OF _____, _____

SIGNATURE

NAME AND TITLE

TRADE CONTRACTOR/VENDOR PREQUALIFICATION STATEMENT

REQUIRED ATTACHMENTS

CPA Prepared Financial Statements (all contracts over \$250,000)

Please attach a CPA reviewed financial statement for the most current completed fiscal year. Your financial statement is required for review as part of CNY's Subcontractor Default Program and will be treated with strict confidentiality.

Letter of Surety from Your Bonding Company (all contracts over \$250,000)

Please attach a letter from your bonding company signed by an attorney in fact, NOT an agent.

Bank Reference Letter (all contracts over \$250,000)

Please include a letter from your financial institution outlining your bank line of credit limit and current outstanding balance.

Please send completed prequalification statement and required attachments in digital form **or** hard copy to the following parties:

- the third party administrator of CNY's Subcontractor Default Program

electronic cny@sdiprequalservices.com
or
hard copy SDI Prequal Services, LLC
 131 Sunnyside Boulevard, Suite 112
 Plainview, New York 11803
 Attention: Matthew Kelly

- CNY Risk Management

electronic Jan.grimsland@cnygroup.com
or
hard copy CNY Group
 214 West 39th Street, Suite 804
 New York, New York 10018
 Attention: Jan Grimsland

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