



**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 #: \_\_\_\_\_ DUNS # IF AVAILABLE: \_\_\_\_\_

FORMER NAMES YOUR ORGANIZATION HAS OPERATED UNDER:  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYEE INFORMATION**

	HOME OFFICE	FIELD SUPERVISORY	TRADESPEOPLE
CURRENT			
3 YEAR AVERAGE			

## TRADE CONTRACTOR/VENDOR PREQUALIFICATION STATEMENT

### 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

## TRADE CONTRACTOR/VENDOR PREQUALIFICATION STATEMENT

### 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"> <li><input type="checkbox"/> Pre-Employment</li> <li><input type="checkbox"/> Cause</li> <li><input type="checkbox"/> Post Accident/Incident</li> <li><input type="checkbox"/> Random</li> <li><input type="checkbox"/> Periodical</li> </ul>	<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"> <li><input type="checkbox"/> General Labor</li> <li><input type="checkbox"/> Field Supervisors</li> <li><input type="checkbox"/> New Hires</li> <li><input type="checkbox"/> Periodic</li> </ul>	<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"/>

## TRADE CONTRACTOR/VENDOR PREQUALIFICATION STATEMENT

### 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:

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



## TRADE CONTRACTOR/VENDOR PREQUALIFICATION STATEMENT

### 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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# TRADE CONTRACTOR/VENDOR PREQUALIFICATION STATEMENT

## 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 \$350,000)**

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 \$350,000)**

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

#### **Bank Reference Letter (all contracts over \$350,000)**

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-prequal@vertikalrms.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  
                  1440 Broadway, 4<sup>th</sup> Floor  
                  New York, New York 10018  
                  Attention: Jan Grimsland

03.27.20