

Sub-Contractor Pre-qualification Form

Company Name: _____

Legal Address: _____

City: _____ State: _____ Zip Code: _____

Type of Company: Corporation Partnership Individual Joint Venture Other _____

TIN / EIN / SS _____ License No: _____ Expires: _____

Type of Work: General Construction Plumbing Electrical HVAC Other: _____

How many years experience does your company have in total? _____

How many years has your organization been in business? _____

How many years has your organization been in business under its present name? _____

Under what other names has your organization operated under? _____

Date of Incorporation: _____ State of Incorporation: _____ Type of Corp: S C

Answer the following if Corporation:

Presidents Name: _____

Vice Presidents Name: _____

Secretary's Name: _____

Treasurer's Name: _____

Answer the following if Individual:

Name of Owner: _____

Date of Organization: _____ State: _____

Answer the following if Partnership:

Type of Partnership: _____

Name of Partners: _____

Has your organization been involved in a lawsuit within the last (5) year ___Yes ___No, If yes please

Describe: _____

Are you licensed to perform work in the City of New York? ___Yes ___No, If yes provide info below

Issued by: _____ License #: _____ Date Issued _____ Date Expires _____

Are your insurance docs filed with the NYC DOB & DOT? ___Yes ___No, If yes provide info below

NYC DOB Tracking #: _____ NYC DOT IBM #: _____

Does your company have General Liability Insurance? ___Yes ___No, If yes provide info below

Policy#: _____ Exp Date: _____ Carrier Name: _____

Does your company have Workers Comp Insurance? ___Yes ___No, If yes provide info below

Policy#: _____ Exp Date: _____ Carrier Name: _____

Does your company have Disability Insurance? ___Yes ___No, If yes provide information below

Policy#: _____ Exp Date: _____ Carrier Name: _____

If your company does not have one or any of the above listed insurance coverage's explain below.

Does your company have a formal safety plan? ____ Yes ____ No, If no provide explanation below.

By signing below I certify that all the information I provided above is correct and that I have the authority to sign on behalf of the company.

Signature

Date

Print Full Name

Title

Affix
Corporate
Seal