

SUBCONTRACTOR PREQUALIFICATION FORM

(CONFIDENTIAL)

Thank you for your interest in developing a working relationship with Glenman Construction Corporation.
Please complete this form in its entirety to be considered for future bidding opportunities.

I. General Information

Company Name/DBA: _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Tel No.: _____ Fax No.: _____

Email: _____ Website: _____

Contact Person: _____ Title: _____

II. Company Information

Date of Establishment: _____ Tax ID: _____

State in which Incorporated: _____

Type of Organization (check one):

- Sole Proprietorship Partnership
- Limited Liability Company Incorporation

Number of Employees: Full Time _____ Part Time _____

Are any licenses required to conduct business in NY. Please state: _____

Is the Company Certified as (please check all that apply):

- MBE WBE SBE DBE LBE

Is the Company certified as SBA 8(a)? Yes No

III. Work History

Describe category and division of work you are qualified to perform with your own personnel:

Please specify number of jobs done last year: _____ Average Size(\$): _____

(Please provide information on recent projects in the attached sheet)

Please provide your bidding limits: From (Min\$) _____ to (Max \$) _____

IV. Financial Information

Please provide your approximate annual dollar amount of work for the past three years:

\$ _____ \$ _____ \$ _____
2004 2003 2002

Is the Company presently bonded or have the capability to become bonded? Yes No

If yes, Single job(\$): _____ Aggregate(\$): _____

Name of the Surety Firm: _____

Name of Broker/Agent: _____

Contact Tel No.: _____

Dun & Bradstreet No.: _____

D & B rating: _____

Does the Company have a line of credit with a Bank, or loan with a financial institution? Provide details:

Name & address of lending institution	Amount of credit	% of credit remaining

Does the Company carry Insurances?

General Liability Yes No
 Workers Compensation Yes No
 Auto Yes No
 Umbrella Yes No
 Does your Workers Compensation cover NY State? Yes No

Name of the Insurance Company : _____
 Insurance Agent: _____
 Contact Tel No.: _____

Provide the Interstate Workers Compensation Experience Modification Rate (EMR) for the previous three years.

Year	WC Insurance Carrier	EMR

V. Safety

Does the Company have a written Safety Program Yes No

Did the Company have any Serious OSHA violations in the last 3 years? Yes No

If yes, please explain: _____

Are there Safety and Toolbox Meetings conducted on site? Yes No
 At what intervals? Monthly BiMonthly Weekly

Do you assign Safety Professionals to work sites? Yes No

Please explain: _____

VI. Labor Relations

Is the Company Union Non Union

If Labor Union, Local No. & Construction Trades _____

Does the Company participate in a NYS DOL approved Apprentices Program. Please specify:

This form was completed by:

Name: _____

Title: _____

Date: _____

Please list projects completed in the last five years.

	PROJECT 1	PROJECT 2	PROJECT 3
Owner/ Agency/ Developer			
General Contractor			
Project Name & Contract #			
Project Location			
Work performed on Project			
Contract amount (\$)			

Start Date			
Completion Date			
Project Reference Name & Company			
Telephone Number			

Note: Please photocopy page to list additional projects.