



SUBCONTRACTOR QUALIFICATION STATEMENT

The Undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

DATE: _____

PROJECT: _____

CONTRACTOR: _____

CONTACT NAME: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

EMAIL ADDRESS (FOR BID INVITATIONS): _____

Please provide a completed W-9 (Request for Taxpayer Identification Number).

LIST THE FOLLOWING DATA:	2016	2015	2014
Annual Volume of Work Put in Place	\$ _____	\$ _____	\$ _____
Contract Value of Largest Job Completed	\$ _____	\$ _____	\$ _____
Name of Largest Job Completed	_____	_____	_____

1. ORGANIZATION

- 1.1 How many years has your organization been in business as a Contractor? _____
- 1.2 How many years has your organization been in business under its present business name? _____
- 1.2.1 Under what other or former names has your organization operated? _____
- 1.2.2 Are you signed with the New York State Building & Construction Trades Council? _____
- 1.2.3 If yes, please list the Union local number _____



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Ronkonkoma, NY 11779
831-981-3785 Phone
831-981-3892 Fax
www.auroracontractors.com

1.3 If your organization is a **Corporation**, answer the following:

1.3.1 Date of incorporation: _____

1.3.2 State of incorporation: _____

1.3.3 President's name: _____

1.3.4 Vice-president's name(s): _____

1.3.5 Secretary's name: _____

1.3.6 Treasurer's name: _____

1.4 If your organization is a **Partnership**, answer the following:

1.4.1 Date of organization: _____

1.4.2 Name(s) of general partner(s): _____

1.4.3 State of organization: _____

1.5 If your organization is **Individually Owned**, answer the following:

1.5.1 Date of Organization: _____

1.5.2 Name of Owner: _____

1.6 If the form of your organization is a **Joint Venture**:

1.6.1 Date of organization: _____

1.6.2 Name of companies: _____

1.6.3 Name of principals: _____

2. LICENSING

2.1 List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable. _____

2.2 List the states or counties in which your organization's work is performed. _____

3. EXPERIENCE

- 3.1 List the categories of work that your organization normally performs with its own forces:

- 3.1.1 How many journeymen are currently on your payroll? _____
- 3.2 Claims & Suits. (If the answer to any of the questions below is yes, please attach details).
- 3.2.1 Has your organization ever failed to complete any work awarded to it? _____
- 3.2.2 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? _____
- 3.2.3 Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five (5) years? _____
- 3.3 Within the last five (5) years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? (If the answer is yes, please attach details.) _____
- 3.4 On the attached **Exhibit A**, list major construction projects your organization has in progress, along with future commitments, giving the name of the project, owner, CM/GC with contact name, contract amount, percent complete and scheduled completion date.
- 3.4.1 State the total worth of work in progress and under contract: _____
- 3.4.2 State the cost range of projects best suited for your organization: _____
- 3.5 On the attached **Exhibit B**, list the major projects your organization has completed in the past three (3) years, giving the name of project, owner, architect, contract amount, date of completion and percentage of the cost of the work performed with your own forces.
- 3.5.1 State the average annual amount of construction work performed during the past three (3) years:

- 3.6 On the attached **Exhibit C**, list the years of construction experience of the key individuals of your organization.

4. REFERENCES (List as many as you deem appropriate)

- 4.1 Trade References: _____
- 4.2 Bank References: _____

5. FINANCING

5.1.1 Attach your most recent financial statement, preferably audited, including your organization's latest balance sheet and income statement showing the following items:

- 5.1.2 Current Assets (e.g., cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepaid expenses);
- 5.1.3 Net Fixed Assets; Other Assets;
- 5.1.4 Current Liabilities (e.g., accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes); Other Liabilities (e.g., capital, capital stock, authorized and outstanding shared par values, earned surplus and retained earnings).

5.2.1 Name and address of firm preparing attached financial statement, and date thereof:

5.2.2 Is the attached financial statement for the identical organization named on page one? _____

5.2.3 If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent-subsiary). _____

5.2.4 Will the organization whose financial statement is attached act as guarantor of the contract for construction? _____

5.2.5 Name of bonding company listed in latest issue of the Department of Treasury Federal Register:

Name of Bonding Company: _____

Address: _____

Contact & Telephone No. : _____

Total Bondable Amount: \$ _____

Current Bonding Amount in Effect: \$ _____

Single Project Bond Limit: \$ _____

5.2.5.1 Please provide a Surety Capacity Letter on your bonding company's letterhead including single project and aggregate program limits



5.2.6 What is the Company's Dunn & Bradstreet Number: _____

5.2.7 D&B Rating: _____ Pay Record: _____ Date of Rating: _____

6. SAFETY

Using last year's OSHA No. 300A log fill in:

	Number	Incidence Rate
6.1 Fatalities	_____	_____
6.2 Injuries with Lost Workdays	_____	_____
6.3 Injuries Involving Days Away	_____	_____
6.4 Days Away from Work	_____	_____
6.5 Days of Restricted Work Activity	_____	_____
6.6 Injuries Without Lost Workdays	_____	_____

6.7 How many OSHA violations has your organization had within the past three (3) years? _____

6.8 Does your organization have a company safety program? _____

6.9 Does your organization have a hazardous communication program? _____

Please attach the following with your submission:

6.10 Copies of OSHA 300A log for the past three (3) years.

6.11 Verification by insurance carrier of the EMR's listed for the last 3 years.

6.12 Written explanation of high EMR (over 1.000), if applicable.



7. INSURANCE

- 7.1 General Liability Aggregate Amount \$ _____
- 7.2 Automobile Liability Amount \$ _____
- 7.3 Excess (Umbrella) Liability Aggregate Amount \$ _____
- 7.4 Workers Compensation \$ _____
- 7.5 Other \$ _____
- 7.6 **Attach a copy of the company's Acord 25 form to the submission.**
- 7.7 Provide a complete copy of the Company's General Liability Policy

8. SIGNATURE

Signature: _____

Title: _____

Organization: _____

Date: _____ day of _____, 20_____

Please send completed form to:

Attn: Estimating
Email: request@auroracontractors.com
Fax: 631-981-3892

- Please do not leave blanks on any item except lists, use 'n/a' if a field does not apply.
- You may submit electronically (fax/email), however a hardcopy must follow with notary stamp and signature(s).
- You may neatly handwrite the information. We are more concerned about correct complete information than how it looks.



EXHIBIT A – CONSTRUCTION PROJECTS IN PROGRESS

A. Name of Project & Location: _____

Dollar Value: \$ _____

Description: _____

Architect: _____

Trade Engineer (if applicable): _____

Owner: _____

Owner Contact & Telephone No.: _____

Date Completed / will be completed: _____

Percent Complete: _____

B. Name of Project & Location: _____

Dollar Value: \$ _____

Description: _____

Architect: _____

Trade Engineer (if applicable): _____

Owner: _____

Owner Contact & Telephone No.: _____

Date Completed / will be completed: _____

Percent Complete: _____

C. Name of Project & Location: _____

Dollar Value: \$ _____

Description: _____

Architect: _____

Trade Engineer (if applicable): _____

Owner: _____

Owner Contact & Telephone No.: _____

Date Completed / will be completed: _____

Percent Complete: _____



EXHIBIT B – MAJOR PROJECTS COMPLETED

A. Name of Project & Location: _____

Dollar Value: \$ _____

Description: _____

Architect: _____

Trade Engineer (if applicable): _____

Owner: _____

Owner Contact & Telephone No.: _____

Date Completed: _____

B. Name of Project & Location: _____

Dollar Value: \$ _____

Description: _____

Architect: _____

Trade Engineer (if applicable): _____

Owner: _____

Owner Contact & Telephone No.: _____

Date Completed: _____

C. Name of Project & Location: _____

Dollar Value: \$ _____

Description: _____

Architect: _____

Trade Engineer (if applicable): _____

Owner: _____

Owner Contact & Telephone No.: _____

Date Completed: _____



EXHIBIT C –MANAGEMENT ORGANIZATION

Title	Name	Years in Trade Business	% of Time Allotted for This Project
President	_____	_____	_____
Vice Presidents:			
Of _____	_____	_____	_____
Of _____	_____	_____	_____
General Superintendent	_____	_____	_____
Project Manager	_____	_____	_____
Project Engineer	_____	_____	_____
Others:	_____	_____	_____
Others:	_____	_____	_____

NOTE: Please mark the appropriate individuals as follows:

*** The person who will attend the project meetings.**

**** The person who will have the authority to make decisions, including financial decisions, on behalf of the contractor for this project.**