



**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 (FORBID INVITATIONS): \_\_\_\_\_

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

LIST THE FOLLOWING DATA:	2018	2017	2016
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 NYS B&CTC affiliated Union local number \_\_\_\_\_
- 1.2.3a Please list any other Union locals you are affiliated with \_\_\_\_\_
- 1.2.3b If not B&CTC, please list any other unions you are affiliated with \_\_\_\_\_

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: \_\_\_\_\_

1.7 Indicate if your business is an  MBE  WBE  DBE  SBE, and provide copies of certifications



## 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.) \_\_\_\_\_
- 3.3.1 Has your company, any of its principals, or a company with which they are associated ever failed in business, petitioned for bankruptcy, compromised with creditors, or caused a loss to a surety? (If 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.



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

3.5.1 State the average annual amount of construction work performed during the past three (3) years:

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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 BankReferences: \_\_\_\_\_

4.2.1 How long is your relationship with your current bank? \_\_\_\_\_

**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-subsidiary). \_\_\_\_\_

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. : \_\_\_\_\_



Length of relationship with current surety: \_\_\_\_\_

5.2.6 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: Kristianj@auroracontractors.com

- ✓ Please do not leave blanks on any item except lists, use 'n/a' if a field does not apply.
- ✓ 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/ 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: \_\_\_\_\_





## 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.**