



Subcontractor Prequalification

Required Attachments - Incomplete applications will be rejected

| | | |
|---|--|---|
| Form W-9 (Request for Taxpayer Identification Number): <input type="checkbox"/> | Financial Statements: <input type="checkbox"/> | Last 3 Yrs. OSHA 300A: <input type="checkbox"/> |
| Safety Manual: <input type="checkbox"/> | Job Hazard Analysis: <input type="checkbox"/> | Safety Data Sheets: <input type="checkbox"/> |
| Work in Progress Schedule: <input type="checkbox"/> | Letter of Surety: <input type="checkbox"/> | Acord 25 Certificate of Insurance: <input type="checkbox"/> |
| Silica Mitigation Plan: <input type="checkbox"/> | | Verficiation of EMR: <input type="checkbox"/> |

General Company Information

| | | | |
|---|---|---|---------------------------------------|
| Legal Name of Company: | | | |
| DBA: | | | |
| Other Names Company Has Operated Under: | | | |
| Years in Business: | | Years in Business Under Current Name: | |
| Address: | | | |
| City: | | State: | Zip: |
| Telephone: | | Website: | |
| Areas of Work: | Long Island: <input type="checkbox"/> | Queens: <input type="checkbox"/> | Bronx: <input type="checkbox"/> |
| | Brooklyn: <input type="checkbox"/> | Staten Island: <input type="checkbox"/> | Manhattan: <input type="checkbox"/> |
| Yonkers: <input type="checkbox"/> | New Jersey: <input type="checkbox"/> | Westchester: <input type="checkbox"/> | Connecticut: <input type="checkbox"/> |
| Other (Indicate): | | | |
| Type of Company: | C-Corp: <input type="checkbox"/> | S-Corp: <input type="checkbox"/> | LLP: <input type="checkbox"/> |
| | LLC: <input type="checkbox"/> | JV: <input type="checkbox"/> | Partnership: <input type="checkbox"/> |
| | Sole Proprietorship: <input type="checkbox"/> | | |

Company Principals/Officers:

| Title | Name | Cell Phone | Email |
|-------|------|------------|-------|
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Primary Points of Contact

| Department | Name | Direct Phone | Email |
|------------------------|------|--------------|-------|
| Estimating | | | |
| Estimating | | | |
| Accounting | | | |
| Proj. Mgmt./Operations | | | |
| Safety | | | |

Trades, License, and Union Affiliations

| | | | |
|---|--------------|--|-----------------------|
| Trades Performed: | | | |
| Work Subcontracted: | | | |
| State(s) in Which Organization is Licensed to Work: | | | |
| License #(s): | Union: | Non-Union: | Prevailing Wage Work: |
| NYS Building & Construction Trades Council: | | Non-Building & Construction Trades Council Unions: | |
| <i>NYS B&CTC Union Name</i> | <i>Local</i> | <i>Union Name</i> | <i>Local</i> |
| | | | |
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Bonding Information - if no bonding capacity check here

| | | | |
|---|--------|---------------------------|--|
| Bonding Company Name: | | Contact: | |
| Address: | Zip: | Phone: | |
| City: | State: | Email: | |
| Length of relationship with current suerty: | | Current Bonding in Place: | |

Attach a suerty capacity letter on **your bonding company's letterhead** including both single project and aggregate program limits.

Project History

| Year | Total Work Completed (\$) | Largest Project | Contract Value | General Contractor | | |
|---|---------------------------|--|----------------|--------------------|------|---|
| 2019 | | | | | | |
| 2018 | | | | | | |
| 2017 | | | | | | |
| Have you ever failed to complete a contract? | | Have you ever defaulted on a contract? | | | | |
| Are there any judgements, claims, arbitration proceedings, or suits pending against your organization or its officers? | | | | | | |
| Has your organization filed any suits or requested arbitration in regard to construction contracts in the last 5 years? | | | | | | |
| Have any of your organization's officers or principals been an officer or principal of an organization that failed to complete a construction contract in the past five years? | | | | | | |
| Has your organization, any of its principals, or a company with which they were associated ever failed in business, petitioned for bankruptcy, compromised with creditors, or caused a loss to a surety? | | | | | | |
| Below, list major projects completed in the last 3 years including; project name, owner, architect, contract amount, and the percentage of work completed with your own forces. The below <i>must</i> be completed, do not note "see attached". | | | | | | |
| Name of Project | Owner | Architect | Location | Amount | Year | % |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Attach a Work in Progress Schedule that includes the following; project name, contract value, future commitments, project owner, CM/GC w/ contact, % of contract complete, # of workers at each project (incl. subcontractors), and expected completion | | | | | | |

Financial Information

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|--|--|----------------------|--|
| Name of Primary Bank: | | Phone: | |
| Bank Officer's Name: | | Email: | |
| # of Years with Bank: | | Dunn & Bradstreet #: | |
| | | D&B Rating: | |
| Auditor/Accountant's Firm Name: | | Contact: | |
| Address: | | Zip: | |
| City: | | State: | |
| | | Email: | |
| Attach a copy of your most recent audited financial statement including your organization's latest balance sheet and income statement showing the following items; current assets (e. g. cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory, and prepaid expenses), net fixed assets, other assets, current liabilities (eg. 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). | | | |
| Is the attached financial statement for the same organization named on page 1 in "General Company Information"? | | | |
| If the answer to the above is no, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g. parent-subsidiary): | | | |
| Will the organization whose financial statement is attached act as guarantor of any contract for construction? | | | |

Minority Certifications

Below, list any and all minority certifications that your organization holds including; certification type, issuing municipality, date issued, expiration date, and attach a copy of all listed certifications.

| Certification | Municipality | Issued | Expires | Certification | Municipality | Issued | Expires |
|---------------|--------------|--------|---------|---------------|--------------|--------|---------|
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Insurance Informaiton

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|---|--|----------|--|
| Insurance Carrier Name: | | Contact: | |
| Address: | | Zip: | |
| City: | | State: | |
| | | Email: | |
| Attach a copy of your company's Acord 25 showing General, Automobile, Excess (Umbrella), & Worker's Compensation Liabilities. Provide a complete copy of your company's General Liability Policy. | | | |



100 Raynor Ave
 Ronkonkoma NY, 11779
 (631) 981-3785
 www.auroracontractors.com

Safety Information

- Attach a copy of your company's OSHA 300A for the past 3 years.
- Attach a letter of verification of your last 3 years Experience Modification Rating (EMR) from your **company's insurance carrier.**
- Attach a written explanation of a high (over 1.0) EMR, if applicable.
- Attach a copy of a sample Safety Manual, or if prequalification is for a specific project, a copy of the Safety Manual for said project.
- Attach a copy of a sample Job Hazard Analysis, or if prequalification is for a specific project, a copy of the JHA for said project.
- Attach a copy of all standard Safety Data Sheets (SDS) that you expect to use on your project(s).
- Attach a copy of your company's Silica Mitigation Plan.

References

| <i>Company</i> | <i>Contact</i> | <i>Phone</i> | <i>Email</i> | <i>Relationship</i> |
|----------------|----------------|--------------|--------------|---------------------|
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Completed By Officer

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|----------|--|
| Name: | |
| Company: | |
| Title: | |
| Date: | |

The above indicated individual certifies that the above information is true and sufficiently complete so as to not be misleading

Send fully completed form to: estimating@auroracontractors.com