



SUBCONTRACTOR PREQUALIFICATION STATEMENT

We require Subcontractors to have a completed, up-to-date Pre-qualification Statement on file at our office to be considered for the bid process. If you would like to submit bid proposals to Nevcon Builders, please print, complete and return via email or fax the following Subcontractor Prequalification Statement.

If you have questions about the pre-qualification process, please contact our Estimating Department.

Please address all pre-qualification forms to:

ESTIMATING DEPARTMENT

9-11 North West Street,
Mount Vernon, NY 10550

O: 914-979-2554

F: 914-663-5995

E: info@nevconco.com



SUBCONTRACTOR PREQUALIFICATION STATEMENT

1. COMPANY INFORMATION:

COMPANY NAME: _____

TYPE OF WORK PERFORMED: _____

STATE OF INCORPORATION: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

MAIN PHONE NUMBER: _____

MAIN FAX NUMBER: _____

COMPANY EMAIL: _____

UNION/NONUNION: _____

MAIN CONTACT (NAME): _____

TITLE: _____

OFFICE PHONE #: _____

CELL PHONE #: _____

EMAIL ADDRESS: _____



2. ORGANIZATION:

1. In what year was your firm established? _____

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

3. List any former names your organization has operated under: _____

4. Is your company a subsidiary or affiliate of another firm? Yes No

If Yes, what is the parent company's name? _____

5. If your organization is a corporation, to include limited liability corporation, please answer the following:

Date of Incorporation: _____

State of Incorporation: _____

6. If your organization is a partnership, to include limited liability partnership, please answer the following:

Date of Partnership: _____

Type of Partnership: _____

Names of General Partners: _____

7. If your organization is individually owned, please answer the following:

Date of Organization: _____

Name of Owner: _____



CERTIFICATIONS:

Please let us know if your company is affiliated with any of the following:

M/W/DB/SBE CERTIFICATION	M/W/DB/SBE DESCRIPTION	CERTIFYING AGENCY

LICENCING:

Indicate licenses, with license numbers, for which you are qualified to do business (i.e. electrical, fire protection, state or county business licenses, etc.)

License Type: _____ License Number: _____

License Type: _____ License Number: _____

License Type: _____ License Number: _____

3. INSURANCE INFORMATION:

INSURANCE BROOKER CONTACT INFORMATION:

COMPANY NAME: _____

CITY AND STATE: _____ PHONE #: _____

CONTACT NAME: _____ EMAIL: _____

CELLPHONE #: _____ FAX: _____



COMMERCIAL GENERAL LIABILITY: Yes No

INSURANCE CARRIER: _____ AMOUNT CARRIED: _____

EXCESS LIABILITY / UMBREALLA INSURANCE: Yes No

WORKERS COMPENSATION AND EMPLOYER'S LIABILITY: Yes No

AUTOMOBILE LIABILITY INSURANCE: Yes No

PROFESSIONAL LIABILITY INSURANCE: Yes No

SAFETY QUESTIONNAIRE:

QUESTION	YES	NO	COMMENT
Does your company have a site safety officer or company safety officer to oversee all job safety? If Yes, please provide list of qualifications.			
Does this safety officer perform safety inspections on all your projects? If Yes, please advise schedule of inspections?			
Does your company have a written Company Safety Policy and Program? If Yes, can you please provided copies if requested?			
Does your company have a drug testing policy? If Yes, please provide your company policy on such testing.			
Does your company require 100% fall protection from a height greater that 6-foot?			
If requested, will you provide us with a specific fall protection plan addressing the specific hazards related to your work at any site?			
Does your company require documented safety meetings for the employees? Please indicate which and how often?			



4. GENERAL FINANCIAL INFORMATION:

LARGEST CONTRACT COMPLETED IN LAST (5) YEARS:

Amount: _____ Year: _____
Project Name: _____ Scope: _____

ANNUAL WORKED PERFORMED OVER THE PAST (5) YEARS:

Table with 4 columns: YEAR, AVERAGE VOLUME, and two columns for monetary values (\$). Rows 1-5.

5. LEGAL INFORMATION:

- 1. Are there any judgments, claims, arbitration proceedings or suits pending/outstanding against your Company, its officers, or principals?
2. Has your Company or any of its principals ever petitioned for bankruptcy, defaulted or been terminated on a contract awarded to you?
3. Have any of the Owners, officers or major stockholder of your Company even been indicated or convicted of a felony or other criminal conduct?
4. Is your company or any of its owners, officers or major stockholders currently involved in any lawsuits or requested arbitration or mediation with regards to construction contracts within the last three (3) years?



6. SIGANTURE

_____ being duly sworn deposes and says that the information provided on the prequalification application herein is true and sufficiently complete so as not to be misleading.

Firm Name: _____

By: _____

Title: _____

Dated this _____ day of _____, 20__

Subscribed and sworn before me this _____ day of _____, 20__

Notary Public: _____

My Commission Expires: _____