



GENERAL CONTRACTORS

1601 LOCUST AVENUE
BOHEMIA, NEW YORK 11716-2162
TEL: 631-563-1110 FAX: 631-563-3765

SUBCONTRACTOR PRE-QUALIFICATION APPLICATION

Please submit by email to: ChristinaL@Cimalta.com

I. General Information

A. Name and address of your business:

This Company and address is the:

Main Office Regional Office Other: _____

B. Does your firm operate under any other name? (If yes, please detail)

Yes No

C. List all trades and corresponding professional licenses, if applicable, by state that you perform work under (attach list if necessary).

State	Trade	License Number and Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Contact Name(s): _____
Phone Number: _____
Fax Number: _____
E-Mail Address: _____

E. Company Website: _____



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II. Organization

A. Business Type:

- Corporation Partnership Limited Liability Company Joint Venture
- Sole Proprietor Other: _____

B. What year was your company founded? _____

C. State of Incorporation: _____

D. Federal ID Number: _____

E. Indicate if your business qualifies as one of the following:

- DBE MBE SBE WBE

Certified By _____ Expiration Date: _____

(Please attach copies of all certifications)

F. Is your firm owned or controlled by a parent or any other organization? (If yes, please detail)

- Yes No

G. Has any license ever been denied or revoked? (If yes, please detail)

- Yes No

Has a complaint ever been filed with a Contractors State License Board against your firm?

(If yes, please detail)

- Yes No

H. Is your Company Union, Non-Union or Both? _____

I. Please list any Union commitment that you have.



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III. Financial

A. Please attach a copy of your most recent annual and quarterly financial statement.

Completed by: _____
(Signature)

Name and Title: _____
Date Completed: _____

IV. Management

A. Please complete the following information about all your corporate officers, principals and senior management (attach additional sheets as necessary).

Name: _____ Age: _____
Title/Position: _____
Length of time in this position: _____ Length of time with firm: _____
Other Experience: _____

Name: _____ Age: _____
Title/Position: _____
Length of time in this position: _____ Length of time with firm: _____
Other Experience: _____

Name: _____ Age: _____
Title/Position: _____
Length of time in this position: _____ Length of time with firm: _____
Other Experience: _____

Name: _____ Age: _____
Title/Position: _____
Length of time in this position: _____ Length of time with firm: _____
Other Experience: _____

B. Have any of the Owners, officers, major stockholders, or senior management of your Company ever been indicted or convicted of any felony or other criminal conduct? (If yes, please detail)

Yes No



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V. Work Experience

A. How many persons does your firm presently employ?

Corporate: _____
Field Supervisory: _____
Tradespeople: _____
Other: _____

B. How many people did your firm employ on average over the prior three years?

Table with 4 columns: Category, Last Year, 2 Years Ago, 3 Years Ago. Rows: Corporate, Field Supervisory, Tradespeople, Other.

C. Has your Company ever petitioned for bankruptcy, failed in a business endeavor, defaulted or been terminated on a contract awarded to you? (If yes, please detail)

[] Yes [] No

D. Has your Company ever been disbarred or precluded from public work? (If yes, please detail)

[] Yes [] No

E. Has any entity ever made a claim against your Company for defective, improper or non-conforming work, or failing to comply with warranty obligations? (If yes, please detail)

[] Yes [] No

F. Are there any outstanding Judgments or Claims against your Company? (If yes, please detail)

[] Yes [] No

G. Has any entity made a claim against your Company for failing to make payments to that or any other entity? (If yes, please detail)

[] Yes [] No



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H. What trades do you normally Subcontract?

I. What % of your work is normally subcontracted? _____

J. What is the largest contract your company has completed?

Amount: _____
Year: _____
Project Name: _____
Scope of Work: _____

K. What is the largest contract you expect to complete this year?

Amount: _____
Project Manager: _____
Project Name: _____
Scope of Work: _____

L. What is your expected construction revenue this year? _____, and
how many projects comprise this revenue figure? _____

M. Please list your annual construction revenue over the last 5 years.

Year 2012 2011 2010 2009 2008
Revenue _____

N. What is/was your backlog?

As of today? _____
As of your last financial statement? _____
As of 12 months ago? _____

O. Has your surety ever finished one or more of your construction projects?

(If yes, please describe)

[] Yes [] No



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P. Please indicate the number of contracts you have completed in the last 5 years in the volume ranges indicated below:

- Under \$100,000 _____
- \$100,001 to \$250,000 _____
- \$250,001 to \$500,000 _____
- \$500,001 to \$1,000,000 _____
- \$1,000,001 to \$2,500,000 _____
- \$2,500,001 to \$5,000,000 _____
- \$5,000,001 to \$7,500,000 _____
- \$7,500,001 to \$10,000,000 _____
- \$10,000,001 to \$15,000,000 _____
- \$15,000,001 to \$25,000,000 _____
- Above \$25,000,000 _____

VI. References

A. Major Suppliers. Please list three Suppliers who you have used frequently over the last 3 years.

Company Name: _____
Contact Name: _____
Contact Phone: _____

Company Name: _____
Contact Name: _____
Contact Phone: _____

Company Name: _____
Contact Name: _____
Contact Phone: _____



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B. Prime Contractors. Please list three who you have worked with frequently over the last 3 years.

Company Name: _____
Contact Name: _____
Contact Phone: _____

Company Name: _____
Contact Name: _____
Contact Phone: _____

Company Name: _____
Contact Name: _____
Contact Phone: _____

C. Banking. Please list your banking relationships.

Company Name: _____
Contact Name: _____
Contact Phone: _____

D. Insurance. Please list your Insurance Broker/Agent.

Company Name: _____
Contact Name: _____
Contact Phone: _____

E. Bonds. Please list your Surety Broker/Agent.

Company Name: _____
Contact Name: _____
Contact Phone: _____

F. Trade Associations. Please list any trade associations that you belong to.



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VII. Insurance and Bonding

A. Commercial General Liability

Insurance Carrier: _____

Is your policy written on Admitted or Non-Admitted paper? _____

Is your policy written on an Occurrence or Claims Made form? _____

If Claims Made form, how many years of Tail Coverage have you purchased? _____

Expiration Date: _____

Limits of Insurance:

- Each Occurrence Limit
General Aggregate
Products/Completed Ops Agg.
Personal/Advertising Injury Limit
Fire Damage Limit
Medical Expense Limit
Amount of Deductible or SIR:

B. Excess Liability

Insurance Carrier: _____

Is your policy written on Admitted or Non-Admitted paper? _____

Expiration Date: _____

Limits of Insurance:

- Each Occurrence Limit
Aggregate

C. Worker's Compensation and Employer's Liability

Insurance Carrier: _____

Expiration Date: _____

Limits of Insurance: (Employer's Liability)

- Each Accident
Disease - Policy
Disease - Each Employee

D. Business Auto Liability

Insurance Carrier: _____

Is your policy written on Admitted or Non-Admitted paper? _____

Expiration Date: _____

Limits of Insurance:

- Combined Single Limit
B.I. (per person)
B.I. (per accident)
Property Damage



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E. Professional Liability Insurance

Insurance Carrier:
Expiration Date:
Limits of Insurance:

F. Pollution Liability Insurance

Insurance Carrier:
Expiration Date:
Type of Policy(s):
Limits of Insurance:

VIII. Safety

A. Please list your worker's compensation experience modification over the last five years:

Year 2012 2011 2010 2009 2008
Mod

B. What is your OSHA Recordable Incident Rate over the last five years:

Year 2012 2011 2010 2009 2008
Rate

C. What is your OSHA Severity, or Lost Time Incident Rate over the last five years:

Year 2012 2011 2010 2009 2008
Rate

D. How many fatalities has your company had over the last five years?
Please provide details of each:

E. How many OSHA violations has your company received over the last five years?
Please provide details of each:
