

SUBCONTRACTOR / SUPPLIER *(Circle one)*
PRE-QUALIFICATION FORM

Company Legal Name: _____

Street Address: _____

City, State, Zip Code: _____

Mailing Address): _____
(if different from above)

City, State, Zip: _____

Phone: _____ Fax: _____ Website Address: _____

Contact Name: _____

Contact Cell Phone: (____) _____ Contact E-Mail: _____

Please describe the work the Company performs & provide the corresponding CSI code:

Year Company Started: _____ Type of Company: Corp Partnership Proprietorship Sub S Corp LLC

State of Incorporation: _____ Date of Incorporation: _____

Federal ID Number: _____ D & B Number: _____

Contractor's License #: _____ State: _____ Expiration: _____

Please indicate certifications (if applicable): MBE WBE DBE

List below the Officers, Partners, Proprietors, Members or Shareholders of more than 5% of the stock of the Company:

<u>Name</u>	<u>Title</u>	<u>Age</u>	<u>Percent Owned</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Under what other names has the Company operated? _____

How many people does the Company presently employ?

Home Office: _____ Field Supervisory: _____ Trades-people: _____

For the following questions (a thru h), please provide details on a separate sheet for any yes answer.

a) Has the Company or any of its Principals ever filed for bankruptcy or failed in business?

Yes _____ No _____

b) Have any of the Owners, officers or major stockholders of the Company ever been indicted or convicted of any felony or other criminal conduct?

Yes _____ No _____

c) Has the Company ever been disbarred or precluded from pursuing public work?

Yes _____ No _____

d) Has the Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations?

Yes _____ No _____

e) Is the Company or any of its Owners, Officers or major Shareholders currently involved in any arbitration or litigation?

Yes _____ No _____

f) Does the Company have any outstanding judgments, liens or claims filed against it?

Yes _____ No _____

g) Has the Company ever failed to complete a contract, defaulted or had a contract terminated?

Yes _____ No _____

h) Has the Company had liquidated damages assessed against it?

Yes _____ No _____

List the geographical areas in which the Company is legally qualified to do work:

Does the Company have a written Safety Program and/or Policy?

Yes _____ No _____

Does the Company employ a full-time Corporate or Site Safety Professional or Consultant?

Yes _____ No _____

List the Company's Worker's Compensation interstate Experience Modification Rating ("EMR") for the most recent three (3) years:

20__ Mod Rate _____ 20__ Mod Rate _____ 20__ Mod Rate _____

List Unions which the Company has agreements with:

Local Number	Union Name
_____	_____
_____	_____
_____	_____
_____	_____

List the trades the Company normally performs with its own forces:

What percentage of the Company's work is subcontracted? _____ %

What trades does the Company subcontract out?

What is the largest contract the Company has completed?

Amount: \$ _____ Year: _____

Project Name and Scope: _____

What is the expected Annual Volume this year \$ _____ # of Projects _____

What was the average Annual Volume of work performed over the past 3 years?

20__ \$ _____ 20__ \$ _____ 20__ \$ _____

Attach a list of current projects. Include: Project, Location, Owner, Architect, General Contractor, Contract Amount, Scope of Work and Scheduled Completion. *(Include Contact Name and Phone Number)*

Attach a copy of the Company's latest Audited Financial Statement.

Bank Name: _____

Address: _____

Contact Name: _____ Phone: (_____) _____

Line of credit amount: \$ _____

Surety Name: _____

Agent's Name: _____ Agent's Phone Number (_____) _____

Bonding Capacity: Per Job \$ _____ Aggregate \$ _____

Please list the persons or entities who provide indemnification to your

Surety: _____

References (List three):

Suppliers

Name: _____
Address: _____ Telephone: (____) _____
Contact: _____ Fax: (____) _____

Name: _____
Address: _____ Telephone: (____) _____
Contact: _____ Fax: (____) _____

Name: _____
Address: _____ Telephone: (____) _____
Contact: _____ Fax: (____) _____

Contractors

Name: _____
Address: _____ Telephone: (____) _____
Contact: _____ Fax: (____) _____

Name: _____
Address: _____ Telephone: (____) _____
Contact: _____ Fax: (____) _____

Name: _____
Address: _____ Telephone: (____) _____
Contact: _____ Fax: (____) _____

Trade Association Memberships:

List local or national accredited craft or training programs in which the Company participates in:

List key office personal and field supervisors (attach resumes):

	<u>Name/Position</u>	<u>Year of Birth</u>	<u>Years Experience</u>	<u>Previous Employer</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

List any subsidiaries and affiliates of the Company:

	<u>Company Name</u>	<u>Ownership</u>	<u>Type of Company</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

Signature: _____

Title: _____ *(must be an Officer of the Company)*

Please complete this form and return to:

U.W. Marx, Inc.
Attention: Pre-Construction Services
20 Gurley Avenue
Troy, NY 12182

Phone: (518) 272-2541
Fax: (518) 237-9351