

## Subcontractor Prequalification Form

Please complete and return your Subcontractor Prequalification Form to MBI Group, c/o Estimating Department via:

Mail: 48 West 37<sup>th</sup> Street, 9<sup>th</sup> Floor, New York, NY 10018  
Fax: 212 376-6260                      or                      email: [buildit@mbiny.com](mailto:buildit@mbiny.com)

### Company Information:

Legal Name of Company \_\_\_\_\_

d/b/a (if any) \_\_\_\_\_

Main Office Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Main Phone # \_\_\_\_\_ Main Fax # \_\_\_\_\_

Website \_\_\_\_\_ Estimating Fax # \_\_\_\_\_

Type of Work Performed \_\_\_\_\_

Date Company Started  
(under current business name) \_\_\_\_\_

### Business Setup:

Corporation            Sub-Chapter S Corp.            LLC     

Partnership            Sole Proprietor     

### Key Personnel / Corporate Officers:

1. Name \_\_\_\_\_

Position / Title \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

2. Name \_\_\_\_\_

Position / Title \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

3. Name \_\_\_\_\_  
Position / Title \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Estimating Personnel:**

4. Name \_\_\_\_\_  
Position / Title \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

5. Name \_\_\_\_\_  
Position / Title \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Accounting Personnel:**

6. Name \_\_\_\_\_  
Position / Title \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

7. Name \_\_\_\_\_  
Position / Title \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**M/WBE Certification:**

Yes  No

If Yes, provide information \_\_\_\_\_

**Geographic Work Area:** \_\_\_\_\_

**Union:**

Yes

No

If Yes, provide Local No. & Name \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

Contractor License # (if applicable) \_\_\_\_\_

**Project Information; please list three largest contracts completed:**

1. Project Name \_\_\_\_\_

Project Address \_\_\_\_\_

General Contractor \_\_\_\_\_

Architect \_\_\_\_\_

Total Contract \_\_\_\_\_ Year Completed \_\_\_\_\_

Description of Work Performed: \_\_\_\_\_  
\_\_\_\_\_

2. Project Name \_\_\_\_\_

Project Address \_\_\_\_\_

General Contractor \_\_\_\_\_

Architect \_\_\_\_\_

Total Contract \_\_\_\_\_ Year Completed \_\_\_\_\_

Description of Work Performed: \_\_\_\_\_  
\_\_\_\_\_

3. Project Name \_\_\_\_\_

Project Address \_\_\_\_\_

General Contractor \_\_\_\_\_

Architect \_\_\_\_\_

Total Contract \_\_\_\_\_ Year Completed \_\_\_\_\_

Description of Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Annual Sales Volume for the past three (3) years:

Year	_____	Annual Sales	_____
Year	_____	Annual Sales	_____
Year	_____	Annual Sales	_____

Expected Annual Volume for the current year:

Year	_____	Annual Volume	_____
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% of Work Subcontracted \_\_\_\_\_

Type of Work Subcontracted \_\_\_\_\_

Size of projects your firm can most competitively bid:

- |   |  |
|---|--|
| <input type="checkbox"/> Under 100,000        | <input type="checkbox"/> 1,000,001 to 3,000,000  |
| <input type="checkbox"/> 100,001 to 250,000   | <input type="checkbox"/> 3,000,001 to 6,000,000  |
| <input type="checkbox"/> 250,001 to 500,000   | <input type="checkbox"/> 6,000,001 to 10,000,000 |
| <input type="checkbox"/> 500,001 to 1,000,000 | <input type="checkbox"/> Over 10,000,000         |

Type of building projects that your company works on:

- |   |   |
|---|---|
| <input type="checkbox"/> High to Mid-Rise Office Buildings  | <input type="checkbox"/> Hotels / Motels                  |
| <input type="checkbox"/> Single Story / Free Standing Bldgs | <input type="checkbox"/> Apartments / Condo / Co-ops      |
| <input type="checkbox"/> Hospital / Medical Facilities      | <input type="checkbox"/> Sports /Entertainment Facilities |
| <input type="checkbox"/> Industrial Facilities              | <input type="checkbox"/> Retail facilities                |
| <input type="checkbox"/> New Construction                   | <input type="checkbox"/> Restoration                      |

**Safety Program:**

Does your company have a qualified person responsible for safety within your company?

Yes  No

If Yes, describe his/her qualifications \_\_\_\_\_

Does your company have a written Company Safety Policy Program? A copy may be requested.

Yes  No

Does your company have a substance abuse policy?      Yes         No  

If requested, can your company provide a site specific program addressing the fall hazards in your company?  
Yes         No  

Does your company require documented safety meetings?  
Yes         No  

Does your company provide safety training for all employees?  
Yes         No  

If Yes, describe training \_\_\_\_\_

Does your company have a disciplinary program in place for safety violations?  
Yes         No  

Does your company conduct accident / incident investigations?  
Yes         No  

**Legal Information:**

Has your company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you?  
Yes         No  

If Yes, explain \_\_\_\_\_

Has there been a change in owner or corporate officers within the last three (3) years?  
Yes         No  

If Yes, explain \_\_\_\_\_

Have any of the owners, officers or major stockholders of your company ever been indicated or convicted of any felony or other criminal conduct?  
Yes         No  

If Yes, explain \_\_\_\_\_

Has your company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligation?  
Yes         No  

If Yes, explain \_\_\_\_\_

**Bonding:**

Can you provide bonding, if required:                      Yes                         No  

Surety Company Name: \_\_\_\_\_

Bonding Capacity per Job \_\_\_\_\_

Aggregate: \_\_\_\_\_

Date of Last Bond \_\_\_\_\_ Bond Rate \_\_\_\_\_ %

**Insurance:**

Please attach a copy of your current Certificate of Insurance or complete below:

General Liability:

Insurance Carrier \_\_\_\_\_  
General Aggregate \_\_\_\_\_  
Products Completed/Op Aggregate \_\_\_\_\_  
Personal / Adv. Injury \_\_\_\_\_  
Fire Damage \_\_\_\_\_  
Medical Expense \_\_\_\_\_  
Expiration Date \_\_\_\_\_

Workers' Compensation:

Insurance Carrier \_\_\_\_\_  
Limits \_\_\_\_\_  
Expiration Date \_\_\_\_\_

Auto Insurance:

Insurance Carrier \_\_\_\_\_  
Combined Single Limit \_\_\_\_\_  
Bodily Injury (per person) \_\_\_\_\_  
Bodily Injury (per accident) \_\_\_\_\_  
Property Damage \_\_\_\_\_  
Expiration Date \_\_\_\_\_

Umbrella / Excess:

Insurance Carrier

General Aggregate

Each Occurrence

Expiration Date

Insurance Contact Information:

Insurance Broker

Contact Name:

Phone #

Number of Years with Broker

We have attempted to answer all questions in a full and complete manner to assure that our answers are not misleading or ambiguous.

Completed by (Name)

Signature

Date

Title