



**Subcontractor Prequalification Form (Condensed)**

*(This form is available online @ [www.mbiny.com](http://www.mbiny.com) under "contact us"/subcontractor)*

Please complete and return via mail to:

MBI Group

c/o Estimating Department

48 West 37th Street, 9th Floor New York, NY 10018

Fax: (212) 391-5672

or

E-mail: [jkong@mbiny.com](mailto:jkong@mbiny.com)

<b>Company Information:</b>			
Legal Name of Company:			
d/b/a (if any):			
Main Office Address:			
Mailing Address (if different):			
Main Phone #:		Main Fax #:	
Website:		Estimating Fax #:	
<b>Type of Work Performed:</b>			
Date Company Started:			
<b>Business Setup:</b>			
Corporation:		Sub Chapter S Corp.:	LLC:
Partnership:		Sole Proprietor:	
<b>Key Personnel/Corporate Officers:</b>			
1. Name & Title:			E-mail Address:
Phone #:			Fax #:
2. Name & Title:			E-mail Address:
Phone #:			Fax #:
3. Name & Title:			E-mail Address:
Phone #:			Fax #:
<b>M/W/LBE Certification:</b>			
Yes:		No:	
<b>Name (s) of certifying agency:</b>			
1			
2			
3			
<b>Geographic Work Area:</b>			
<b>Union:</b>	Yes:	No:	<b>Federal Tax ID#:</b>
<b>Project Information: Please list three largest contracts completed:</b>			
1. Project Name and Address:			
Total Contract Amount:		Year Completed:	
Description of Work Completed:			
2. Project Name and Address:			
Total Contract Amount:		Year Completed:	
Description of Work Completed:			
3. Project Name and Address:			
Total Contract Amount:		Year Completed:	
Description of Work Completed:			

Annual Sales Volume for the past three (3) years:			
Year:		Year:	
Annual Sales:		Annual Sales:	
Year:			
Annual Sales:			
<b>% of Work Subcontracted:</b>		<b>Type of Work Subcontracted:</b>	
<b>Size of Projects your firm can most competitively bid:</b>			
Under \$100,000		\$100,001-\$250,000	
\$250,001-\$500,000		\$500,001-\$1,000,000	
\$1,000,001-\$3,000,000		\$3,000,001-\$6,000,000	
\$6,000,001-\$10,000,000		Over \$10,000,000	
<b>Safety Program:</b>			
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: _____			
<b>Bonding:</b>			
Can you provide bonding if required? Yes: _____ No: _____			
Surety Company Name:			
Bonding Capacity Per Job:		Aggregate:	
Date of Last Bond		Bond Rate	%
<b>Insurance:</b> Please attach a copy of our current Certificate of Insurance.			
<b>Insurance Contact Information</b>		Insurance Broker:	
Contact Name:		Phone #:	
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: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_