



## SUBCONTRACTOR ANNUAL PREQUALIFICATION

DATE: \_\_\_\_\_

### GENERAL COMPANY INFORMATION:

LEGAL COMPANY NAME: \_\_\_\_\_

FEDERAL TAX ID # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

EMERGENCY NUMBER: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ OWNER MOBILE#: \_\_\_\_\_

OWNER E-MAIL: \_\_\_\_\_

ESTIMATOR NAME: \_\_\_\_\_ ESTIMATOR MOBILE#: \_\_\_\_\_

ESTIMATOR E-MAIL: \_\_\_\_\_

NAMES AND E-MAILS OF ANY ADDITIONAL BID INVITATION RECIPIENTS: \_\_\_\_\_

**LABOR WORKFORCE:**       UNION       NON-UNION       PREVAILING WAGE

If both, please provide:

NAME OF UNION COMPANY: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

NAME OF NON-UNION COMPANY: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

CERTIFIED BUSINESS ENTERPRISE STATUS:     MBE     WBE     SBE     Other \_\_\_\_\_

State(s) Certified: \_\_\_\_\_

PREFERRED PROJECT SIZE:     \$10K-\$250K     \$251K-\$500K     \$1M     \$2M     \$5M+

GEOGRAPHIC AREAS OF WORK: \_\_\_\_\_

Select one or both:     APARTMENT/HOTELS     RETAIL/WAREHOUSE

LIST ALL TRADES YOU PERFORM: \_\_\_\_\_

**PROVIDE BUSINESS TAX REGISTRATION CERTIFICATES FROM ALL STATES YOU ARE REGISTERED IN**



**ANNUAL VOLUME:**

2025: \_\_\_\_\_ 2024: \_\_\_\_\_ 2023: \_\_\_\_\_

**SIGNIFICANT PROJECT HISTORY:**

PLEASE LIST 3 SIGNIFICANT PROJECTS WITHIN THE LAST 3 YEARS:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

PLEASE LIST 3 MAJOR PROJECTS YOUR FIRM IS CURRENTLY WORKING ON:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

LIST THREE SUPPLIER REFERENCES (NAME & CONTACT NUMBER):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

LIST THREE CLIENT REFERENCES (NAME & CONTACT NUMBER):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_



**INSURANCE:**

**ATTACH COPIES OF YOUR CERTIFICATE OF INSURANCE AND ALL ENDORSEMENTS LISTED BELOW:**

**New Jersey:**

- 1) Certificate of Insurance – with “specified” wording.
- 2) Additional Insured Endorsements:  
Completed Operations: CG20 37 (10-01)  
On-Going Operations: CG20 10 (10-01)
- 3) Waiver of Subrogation: CG 24 04 (10-93)
- 4) Primary non-contributory wording: CG 20 01 (04-13)
- 5) With respect to Auto/Excess/Umbrella: Need to obtain applicable forms/endorsements:  
Additional insured, waiver of subrogation, primary non-contributory.
- 6) All insurance policies shall include a provision that March Associates Construction, Inc. is to receive a 30-day advance notice of cancellation or non-renewal and/or changes in limits of coverage.

Several insurance carriers have different wording and forms. However, with respect to **General Liability** the CG2037 (10-01) and CG20 10 (10-01) are the broadest additional insured endorsements. (Included in the insurance requirements)

**CERTIFICATE WORDING:**

March Construction Associates, Inc. (and all others required by contract) are to be included as an additional insured on “all” policies.

Same applies to waiver of subrogation and primary non-contributory wording (with exception to Workers’ Compensation).

**New York & Connecticut:**

- 1) Certificate of Insurance – with “specified” wording.
- 2) Additional Insured Endorsements:  
Completed Operations: CG20 37 (10-01)  
On-Going Operations: CG20 10 (10-01)
- 3) Waiver of Subrogation: CG 24 04(10-93)
- 4) Primary non-contributory wording: CG 20 01 (04-13)
- 5) **Acord 855 (NY Construction Certificate of Liability Insurance Addendum). This is in “addition” to the standard certificate of insurance.**
- 6) With respect to Auto/Excess/Umbrella: Need to obtain applicable forms/endorsements:  
Additional insured, waiver of subrogation, primary non-contributory.
- 7) All insurance policies shall include a provision that March Associates Construction, Inc. is to receive a 30-day advance notice of cancellation or non-renewal and/or changes in limits of coverage.

**What insurance limits do you require your subcontractors to carry?** \_\_\_\_\_

\_\_\_\_\_

**HISTORY**

1. Has your company failed to complete any work it was awarded?  Yes  No  
(If yes, please explain) \_\_\_\_\_
2. Any pending judgments, claims, or suits against your company or its officers?  Yes  No  
(If yes, please explain) \_\_\_\_\_
3. Any pending judgments, claims, or suits filed by your company or its officers?  Yes  No  
(If yes, please explain) \_\_\_\_\_

**FINANCIAL**

1. Name of bonding company \_\_\_\_\_
2. Name of bonding agent \_\_\_\_\_
3. Provide current bonding capacity and bond rate \_\_\_\_\_
4. What is the rate you pay workers? (if wages vary then list position and applicable rate) \_\_\_\_\_
5. Do you offer your field workers:
 

Health Benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retirement/Pension Benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. If awarded a project, and pending final approval, will you submit an audited financial statement?

**SAFETY**

1. Do you have a safety orientation program for new hires?  Yes  No  N/A  
If yes, does it include instruction on the following (check all that apply):
 

<input type="checkbox"/> Head protection	<input type="checkbox"/> Perimeter guarding	<input type="checkbox"/> Trenching and excavation
<input type="checkbox"/> Eye protection	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Signs, barricades, flagging
<input type="checkbox"/> Hearing protection	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> Electrical safety
<input type="checkbox"/> Respiratory protection	<input type="checkbox"/> First aid facilities	<input type="checkbox"/> Rigging and crane safety
<input type="checkbox"/> Safety belts and lifeline	<input type="checkbox"/> Emergency procedures	<input type="checkbox"/> Scissor & Boom lift
<input type="checkbox"/> Scaffolding	<input type="checkbox"/> Toxic substances	
2. Do you hold site safety meetings for field supervisors?  Yes  No  N/A  
How often:  Weekly  Bi-Weekly  Monthly  Less often (as needed)
3. Do you hold craft "toolbox" safety meetings?  Yes  No  N/A  
How often:  Weekly  Bi-Weekly  Monthly  Less often (as needed)
4. What level of safety training do you require of your field supervisors and foremen?

5. Do you conduct project safety inspections?  Yes  No  N/A

If yes, who conducts this inspection?

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

How often:  Weekly  Bi-Weekly  Monthly  Less often (as needed)

6. Provide the following information regarding injuries and illnesses using OSHA No. 300 log:

# of lost workday cases \_\_\_\_\_ # of restricted workday cases \_\_\_\_\_

# of cases requiring medical attention \_\_\_\_\_ # of fatalities \_\_\_\_\_

### WORK

1. How much of your work do you self-perform? \_\_\_\_\_

2. What part of your work do you sub-contract out? \_\_\_\_\_

I hereby certify that the above statements made by me are true and correct to the best of my knowledge and belief.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title