

# Subcontractor Pre-Qualification Form



Please complete the form and email it with all attachments to [info@lindiconstruction.com](mailto:info@lindiconstruction.com).  
 This is a preliminary pre-qualification form and includes our minimum requirement. Additional information may be requested by the job owner or due to the type of work to be performed. **All information is kept strictly confidential and used only for pre-qualification purposes.**

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

Trade: \_\_\_\_\_

## COMPANY INFORMATION

Company's Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Type of Company: Corporation  Partnership  Sole Partnership  LLC  Other

Federal Employment Identification Number (FEIN): \_\_\_\_\_

Affiliated subsidiaries: Yes  No

If yes, please name them: \_\_\_\_\_

Is your firm owned or controlled by another organization?: Yes  No

If yes, please provide name or parent organization: \_\_\_\_\_

Is your organization: Union  Non-Union  Prevailing Wage  Open Shop

Total Number of Employees: \_\_\_\_\_ Total Field Office Employees: \_\_\_\_\_

### Corporate Officers/Primary Contacts:

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

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

Estimating Contact (for bidding purposes): \_\_\_\_\_

Estimating Contact Email: \_\_\_\_\_

Indicate if your business qualifies as: DBE  MBE  SBE  WBE

If yes, please provide certification numbers:

Certifications	Expiration	Certifying Agency

Percentage of work subcontracted: \_\_\_\_\_%

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## LICENSE & REGISTRATION

Trades	License Number	State/County/Region	Expiration Date	Comments
Electrical				
Plumbing				
Fire Supression				
Concrete Operations Safety Registration Number (NYC DOB)				
Demo Operations Safety Registration Number (NYC DOB)				
Other				

## INSURANCE/SAFETY INFORMATION

*Please provide an explanation letter if rating is above 1.0.*

CURRENT EMR RATES		
Rate	Year	State
	<b>2022</b>	
	<b>2023</b>	
	<b>2024</b>	

OSHA 200/300 INFORMATION								
Reporting Year	Employee Worked Hours	# of Fatalities	Description	# of Lost or Restricted Workday Cases	# of OSHA Violations	If violations were willful, provide description	Recordable Incidence Rate	Lost Workday Incidence Rate
<b>2022</b>								
<b>2023</b>								
<b>2024</b>								

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## FINANCIAL INFORMATION

*Please provide 2023 **and** 2024 financials (balance sheet, income statement and cash flow).*

### State Sales Tax Information

Sales Tax Number: \_\_\_\_\_ State: \_\_\_\_\_

### Contractor License Information

Contractor License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

### State Unemployment Information

State: \_\_\_\_\_ State Unemployment Identifier (SUI) Number: \_\_\_\_\_

### Largest Contract Completed in last 3 years:

Amount: \_\_\_\_\_ Year: \_\_\_\_\_

Project Name: \_\_\_\_\_

Scope: \_\_\_\_\_

### Annual Volume of Work Performed over the Past 5 Years:

Year 2020 Average Volume: \$ \_\_\_\_\_

Year 2021 Average Volume: \$ \_\_\_\_\_

Year 2022 Average Volume: \$ \_\_\_\_\_

Year 2023 Average Volume: \$ \_\_\_\_\_

Year 2024 Average Volume: \$ \_\_\_\_\_

### Building Types on which your company has worked:

Commercial	<input type="checkbox"/>	Design/Build Design Assist	<input type="checkbox"/>
Hotels	<input type="checkbox"/>	Interior Fit-out	<input type="checkbox"/>
Healthcare	<input type="checkbox"/>	Sports/Entertainment	<input type="checkbox"/>
Residential	<input type="checkbox"/>		

### Approved City Agencies:

NYC Vendex

SCA Approved

### Banking Information:

Bank Name and Address: \_\_\_\_\_

Line of Credit: \$ \_\_\_\_\_ Available: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

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## LEGAL INFORMATION

Has your company or any of its principals ever filed for bankruptcy, defaulted or been terminated on a contract?

Yes  No  *If yes, please explain:*

Have any of the owners/principals of your company ever been convicted of any felony or other criminal conduct?

Yes  No  *If yes, please explain:*

Has your company ever been disbarred from pursuing public work?

Yes  No  *If yes, please explain:*

Is your company or any of its owners/principals currently involved in any arbitration or litigation?

Yes  No  *If yes, please explain:*

Does your company have any outstanding judgements or claims against it?

Yes  No  *If yes, please explain:*

## BOND/SURETY INFORMATION

*Attach a copy of a letter indicating your ability to provide a payment and performance bond in the amount of the project size you indicate on this page.*

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

Surety Broker Name: \_\_\_\_\_

Bonding Capacity Per Job: \$ \_\_\_\_\_

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

Contact Information for Bond information:

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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## INSURANCE INFORMATION

*Please attach a sample insurance certificate, identifying limits of all coverage.*

### **Insurance Broker Contact Information:**

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

Company Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Commercial General Liability Info:**

Insurance Carrier: \_\_\_\_\_

General Aggregate	\$ _____
Products – Complete Ops Aggregate	\$ _____
Personal/Adv. Injury	\$ _____
Per Occurrence	\$ _____
Fire Damage	\$ _____
Medical Expenses	\$ _____
Deductible Amount	\$ _____

### **Excess Liability Info:**

Excess Liability Insurance Carrier: \_\_\_\_\_

Total Limit: \$ \_\_\_\_\_

### **Workers Compensation and Employer's Liability Info:**

Insurance Carrier: \_\_\_\_\_

Workers Comp Risk ID# \_\_\_\_\_

Limits: \$ \_\_\_\_\_

Employers Liability Each Accident: \$ \_\_\_\_\_

Employers Liability Disease-Policy Limit: \$ \_\_\_\_\_

Employers Liability Disease Each Employee: \$ \_\_\_\_\_

### **Professional Liability Insurance Info:**

Insurance Carrier: \_\_\_\_\_

Office Policy Limit: \$ \_\_\_\_\_

Deductible: \$ \_\_\_\_\_

Extended Reporting Period: Years: \_\_\_\_\_

Prior Acts: Yes  No

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## REFERENCES

*Provide (5) project references, (3) which are completed.*

### **Reference #1**

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

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

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

Scope of Work Performed: \_\_\_\_\_

Project Completion Date: \_\_\_\_\_

Project Volume: \_\_\_\_\_

### **Reference #2**

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

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

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

Scope of Work Performed: \_\_\_\_\_

Project Completion Date: \_\_\_\_\_

Project Volume: \_\_\_\_\_

### **Reference #3**

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

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

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

Scope of Work Performed: \_\_\_\_\_

Project Completion Date: \_\_\_\_\_

Project Volume: \_\_\_\_\_

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## Reference #4

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Scope of Work Performed: \_\_\_\_\_  
Project Completion Date: \_\_\_\_\_  
Project Volume: \_\_\_\_\_

## Reference #5

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Scope of Work Performed: \_\_\_\_\_  
Project Completion Date: \_\_\_\_\_  
Project Volume: \_\_\_\_\_

*By signing below, subcontractor/vendor affirms that the above information is submitted truthfully and completely.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date