



**TRITEC Building Company**  
45 Research Way, Suite 100  
East Setauket, NY 11733  
Ph. 631-751-0300 F. 631-751-0868

# Contractor Pre-Qualification Form

**Entity Information:**

Business Name: \_\_\_\_\_

Year Started: \_\_\_\_\_

Organization Trade Specialty (Include all that apply): \_\_\_\_\_

Type of Organization:  Corporation

State of Inc: \_\_\_\_\_ Date of Inc: \_\_\_\_\_

Limited Liability Company ( LLC)

State of Inc: \_\_\_\_\_ Date of Inc: \_\_\_\_\_

Partnership

TYPE:  General  Limited  Limited Liability (LLP)

Sole Proprietorship

Other

Describe: \_\_\_\_\_

Years in business under present name: \_\_\_\_\_

What other names has your organization operated? \_\_\_\_\_

Business Website: \_\_\_\_\_ Main Phone: \_\_\_\_\_ Main Fax# \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Have there been any changes in ownership over the past year: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what changes have occurred: \_\_\_\_\_



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**Key Contacts:**

Presidents Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Vice Presidents Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Key Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Accounting Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Key Personnel ( attach brief resumes if available:**

Name	Age	Position	Years In Construction	Date of Hire

Are there any key positions in the company that remain unfilled at this time? YES \_\_\_\_\_ NO \_\_\_\_\_ POSITION: \_\_\_\_\_

**Geographic Areas Serviced (check all that apply):**

\_\_\_\_ Suffolk \_\_\_\_ Nassau \_\_\_\_ Queens \_\_\_\_ Brooklyn \_\_\_\_ Bronx \_\_\_\_ Manhattan

\_\_\_\_ Staten Island \_\_\_\_ Upstate New York \_\_\_\_ New Jersey \_\_\_\_ Connecticut \_\_\_\_ DC Metro Area

Other (specify): \_\_\_\_\_



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**Staffing:** List the number of :

1. Supervisory staff: \_\_\_\_\_
2. Trades persons: \_\_\_\_\_
3. Administrative Staff: \_\_\_\_\_

**Licensing:**

1. List jurisdictions and trade categories in which your Organization is legally qualified to do business and indicate registration of license numbers, if applicable.
2. List jurisdictions in which your organizations' partnership or trade name is filed.

**Labor Affiliation - (please provide the % of work you perform)**

\_\_\_\_ Open Shop \_\_\_\_ Prevailing Wage \_\_\_\_ Union      If Union, Indicate Local(s): \_\_\_\_\_

**Small / Disadvantaged Business Concerns(indicate if any of the following apply):**

\_\_\_\_ Small Business \_\_\_\_ Woman Owned \_\_\_\_ Minority Owned      Other (specify): \_\_\_\_\_



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**Experience and Reference Verification:**

1. Provide a list of the major projects your organization has completed in the past five (5) years providing:

Name of Project	Owner	Contract Amount	Date of Completion	% of Work performed by own forces



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**Experience and Reference Verification(cont'd):**

2. State Average annual amount of construction work performed during the past five year:

<b>Year</b>					
<b>Amount</b>					

3. Provide a list of verifiable references

<b>Client Reference</b>	<b>Contact Name</b>	<b>Title</b>	<b>Telephone Number</b>	<b>Email</b>

4. Provide the categories of work that your organization normally performs with its **own forces**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

5. What percentage of your work is performed as Prime? \_\_\_\_\_ %    Subcontractor \_\_\_\_\_%



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## Financial Strength & Stability:

1. Provide a current (within the last 12 months) financial statement (preferable audited or reviewed) including your organizations latest balance sheet and income statement
2. If the financial statement reflects a loss, please explain the reason(s) for the loss and how you plan on returning to profitability: \_\_\_\_\_  
\_\_\_\_\_
3. Name and Address of the firm preparing your financial statement: \_\_\_\_\_  
\_\_\_\_\_
4. Is the financial statement provided for the Organization completing this form? YES \_\_\_\_\_ NO \_\_\_\_\_
5. If not, explain the relationship and financial responsibility of the organization whose financial statement that is provided (e.g. parent-subsidiary)  
\_\_\_\_\_
6. Will the organization whose financial statement will be provided act as guarantor of the contract for construction? YES \_\_\_\_\_ NO \_\_\_\_\_
7. Provide the following information on your current line of credit or provide a letter from your financial institution regarding line of credit:

Name & Address of Lending Institution	Amount of Credit Line	% of Credit Remaining

8. If you company experienced a problem that impacted the companys liquidity, where could the company acquire cash resources from?  
\_\_\_\_\_



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9. List three supplier references for work completed in the last two years:

Firm/Products Supplied	Contact/Person Title	Telephone # &/or Email

10. Do you have any open disputes on contracts on hand or recently completed? ( Explain YES answer ) :

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11. Do you have any liens for labor, material or taxes filed against you company? ( Explain YES Answer):

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12. Is the company current on their payroll taxes? YES \_\_\_\_\_ NO \_\_\_\_\_ Union Dues ( If Applicable) YES \_\_\_\_\_ NO \_\_\_\_\_



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**Capacity/Bonding:**

1. Name of Bonding Company: \_\_\_\_\_
2. Name and Address of Agent: \_\_\_\_\_
3. Provide a letter on surety letterhead confirming potential bonding capacity for :
  - a. Single Contracting Limit: \_\_\_\_\_ Current Bond Rate: \_\_\_\_\_
  - b. Aggregate Bonding Limit: \_\_\_\_\_

4. Provide a list of **major construction projects** your organization have in progress providing :

Name of Project	Owner	Contract Amount	Date of Completion	% of Work performed by own forces

5. State total worth of work in progress and under contract \$ \_\_\_\_\_





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### **Safety:**

Within the past five(5) years has your organization:

1. Been cited for violations of Labor Law 220 or Davis Bacon wage violations? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Been cited by OSHA or other safety violations Yes \_\_\_\_\_ No \_\_\_\_\_
3. Been defaulted on any contract? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Been suspended, disqualified or barred from bidding with any owner/agencies Yes \_\_\_\_\_ No \_\_\_\_\_

### **Claim & Suits** ( If the answer to any of the questions below is yes, please attach details):

1. Has your organization ever failed to complete any work awarded to it? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Has your organization filed an lawsuits or requested arbitration with regard to construction contracts with the last five(5) years?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract?  
Yes \_\_\_\_\_ No \_\_\_\_\_



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**Insurance Requirements:**

1. Please provide a "Sample" insurance certificate representing your current insurance program that contains the carriers and limits of coverage you currently carry.
2. Please review our current minimum limits of coverage forms that will be required, and indicate if your insurance program complies. We recommend that you obtain assistance from your insurance broker when completing this portion of the questionnaire::

**General Liability Minimum Limits:**

**\$1,000,000 Per Occurrence/ \$2,000,000 General Aggregate**

*Indicate if your coverage contains the following:*

Limits of coverage are as required	(Y/N)
Ability to add additional insured(s) coverage on a primary/non-contributory basis	_____
Ability to provide completed operations to Additional Insured(s)	_____
Coverage contains a Per Project Aggregate	_____
Waiver of Subrogation endorsement available	_____
Deductible no larger than \$25,000	_____

**Contractors Professional Liability Minimum Limits:**

**\$2,000,000 Per Claim**

*Indicate if your coverage contains the following:*

Limits of coverage are as required	(Y/N)
Coverage for Faulty Workmanship	_____
Coverage for defective materials	_____

**Auto Liability Minimum Limits:**

**\$1,000,000 Per Claim**

*Indicate if your coverage contains the following:*

Limits of coverage are as required	(Y/N)
Ability to add additional insured(s)	_____



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Coverage includes Hired/Non-Owned Auto Liability  
 Waiver of subrogation endorsement available?

\_\_\_\_\_  
 \_\_\_\_\_

**Umbrella Liability Minimum Limits:**

**\$3,000,000 Per Occurrence/\$3,000,000 Aggregate**

*Indicate if your coverage contains the following:*

(Y/N)

Limits of coverage are as required  
 Applies above GL, Auto and EL

\_\_\_\_\_  
 \_\_\_\_\_

**Workers Compensation:**

**Statutory Limits**

*Indicate if your coverage contains the following:*

(Y/N)

Will your carrier issue a waiver of subrogation endorsement  
 If you are not a NY contractor do you have NY listed as a covered state  
 Workers Compensation Experience Mod Factor (EMR)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ 2019  
 \_\_\_\_\_ 2018  
 \_\_\_\_\_ 2017

**Contractor Statement and Consent:**

The above answers are true to the best of my belief and knowledge. I/We hereby authorize Tritec Building Co Inc to verify the information provided:

Signed this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
 Signature of Principal

\_\_\_\_\_  
 Name and Title