

## STATEMENT OF QUALIFICATIONS AND FINANCIAL CONDITION

General Information

Date:

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

City \_\_\_\_\_  
 State/Zip \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Email \_\_\_\_\_  
 EIN \_\_\_\_\_

*If you have more than one office, provide the information for the office that would be securing work in the Mid-Atlantic region.*

Business Information

Corporation     Partnership     Sole Proprietorship     LLC     Joint Venture

What year was the business founded? \_\_\_\_\_

Is the business incorporated?     Yes     No

State of incorporation \_\_\_\_\_ Year \_\_\_\_\_

Does the business qualify as one of the following small or disadvantaged business enterprises?

*Check all that apply:*

WBE     MBE     VBE     SBE     DBE

*Provide documentation for all certifications checked.*

If the business does qualify as a small or disadvantaged business enterprise, has the company ever had their certification removed for any reason? Please explain:

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List the states, cities and other governmental agencies that issued a license and/or a certification for your company to conduct business.


Provide documentation for all licenses and certifications listed.

Has the company licenses and/or certifications ever been suspended or revoked for any reason?  
Please explain:

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**Organization:**

Position	Name	% of Ownership	Contact information
Chief Executive Officer			
President			
Chief Financial Officer			
Vice President			

**Key Personnel:\***

Position	Name	Contact information

*\*Definition of Key Personnel: 1.) Principals, directors, officers; 2.) Shareholders of 5% or more of the Company's issued and outstanding stock; 3.) Any manager or individual who participates in overall policy-making or financial decisions for the Company; 4.) Project managers and project executives for the project for which this Prequalification Form is being submitted; 5.) Any person in a position to control and direct the Company's overall operations; and 6.) Authorized signatories to bank accounts and any debt instructions, whether or not otherwise considered Key Personnel.*

**Information for Bid Solicitations:**

In the space provided below, include the contact information for the person at your company who is to receive bid solicitations.

Name	Email	Phone

What position does this person hold? \_\_\_\_\_

**Default and Claims History**

Have you ever failed to complete a contract for a construction project?  Yes  No

Is the firm involved with any current or pending litigation or arbitration resulting from a contract for a construction project?  Yes  No

Has any surety company made any payments on your behalf during the last five years for either a performance or payment bond?  Yes  No

In the last five years has any insurance company refused to renew your policy?  Yes  No

***Provide an attached statement that fully explains the circumstances of the action. Include names and contact information for all parties involved for any question that you answered yes to.***

**Bonding**

Company \_\_\_\_\_

Name	Email	Phone

What is your total bonding capacity? \_\_\_\_\_

What is your single project bonding capacity? \_\_\_\_\_

How much capacity is currently available? \_\_\_\_\_

Provide a letter verifying your company's bonding.

**Financial Information:**

Bank \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Zip \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

Has the company filed for bankruptcy in the past or currently? Please explain:

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

*Business Volume (please provide information for the current year and the three prior years)*

<i>Year</i>	<i>New Contracts</i>	<i>Total Billings</i>
2023 (Year to date)		
2022		
2021		
2020		

*Value of the largest contract completed in the past 5 years.* \_\_\_\_\_

*Provide audited financial statements for the prior three years.*

*Provide a list of pending contracts including projected start and completion dates.*

**Safety**

*List your interstate Experience Modification Rate (EMR) for the current year and two years prior to the current year. Provide back-up from Insurance Carrier or Workman’s Compensation Provider.*

Year	Experience Modification Rate

Corporate Safety Officer \_\_\_\_\_

Please provide credentials of this individual.

Who receives accident and safety audit reports? \_\_\_\_\_

		2022	2023	2024
A	Total Number of Man hours worked			
B	Number of Fatalities			
C	Number of Recordable Incidents with medical treatment only (No Lost Time).			
D	Number of Recordable Incidents with days away from work. (Lost Time)			
E	Number of Recordable Incidents with job restriction or transfer.			
F	Total number of days away from work			
G	Total number of days involving job restriction or transfer			
H	Recordable Incident Rate  $\frac{[C+D+E] * 200,000}{A}$			

Provide a letter from your Workmen’s Compensation Insurance provider to verify current and prior years EMR.

Provide a letter from your Workmen’s Compensation Insurance provider explaining circumstance resulting in a prior year EMR exceeding 1.0 (if applicable).

Provide OSHA 300 logs for the prior three years.

Inquiry items		Yes	No
1	Does your company have a written Health & Safety Program?	<input type="checkbox"/>	<input type="checkbox"/>
2	Does your company have a Drug & Alcohol Policy?	<input type="checkbox"/>	<input type="checkbox"/>
3a	Do you conduct safety inspections?	<input type="checkbox"/>	<input type="checkbox"/>
3b	Who conducts these inspections?		
3c	Frequency of inspections?		
4a	Does your company hold safety meetings or toolbox talks?	<input type="checkbox"/>	<input type="checkbox"/>
4b	Frequency of these meetings?		
5	Do you have an orientation for new employees?	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you have an instruction program for supervisors?	<input type="checkbox"/>	<input type="checkbox"/>
7	Are your employees OSHA trained?	<input type="checkbox"/>	<input type="checkbox"/>
8	Are your employees First Aid and CPR trained?	<input type="checkbox"/>	<input type="checkbox"/>
9	Has your company ever been inspected by OSHA as a result of an incident or complaint?	<input type="checkbox"/>	<input type="checkbox"/>
9a	Were you investigated by OSHA?	<input type="checkbox"/>	<input type="checkbox"/>
9b	Were you fined by OSHA?	<input type="checkbox"/>	<input type="checkbox"/>

Please attach a statement of explanation if you answered YES to #9 above.

Provide a copy of the corporate safety policy and a copy of the corporate drug and alcohol policy.

**Labor Relations**

Does your company complete all work with Union workers?  Yes  No

If no: Does your company complete any work with unions?  Yes  No  Subcontract

Do you negotiate your wage agreements directly with union representatives or are you a member of an association that negotiates wage agreements? \_\_\_\_\_

List the labor agreements to which your firm is signatory and indicate if the agreement is National (N) or Local (L)

Labor Agreements	N	L
	<input type="checkbox"/>	<input type="checkbox"/>

Are you a subcontractor?  Yes

Are you a vendor/supplier?  Yes

Check all trades that you are interested in bidding and list your average employees; if it is not listed write it in the space provided on the following page.

Division-Trade	Sub	Employees	Vendor	Division-Trade	Sub	Employees	Vendor
01 – Dumpsters	<input type="checkbox"/>		<input type="checkbox"/>	10 – Folding Partitions	<input type="checkbox"/>		<input type="checkbox"/>
01 – Field Offices	<input type="checkbox"/>		<input type="checkbox"/>	10 – Lockers	<input type="checkbox"/>		<input type="checkbox"/>
01 – Final Cleaning	<input type="checkbox"/>		<input type="checkbox"/>	10 – Signage	<input type="checkbox"/>		<input type="checkbox"/>
01 – Portable Toilets	<input type="checkbox"/>		<input type="checkbox"/>	10 – Specialties	<input type="checkbox"/>		<input type="checkbox"/>
01 – Security Guard Services	<input type="checkbox"/>		<input type="checkbox"/>	10 – Visual Display Boards	<input type="checkbox"/>		<input type="checkbox"/>
01 – Temporary Barriers/Fence	<input type="checkbox"/>		<input type="checkbox"/>	11 – Appliances	<input type="checkbox"/>		<input type="checkbox"/>
01 – Testing Services	<input type="checkbox"/>		<input type="checkbox"/>	11 – Food Service Equipment	<input type="checkbox"/>		<input type="checkbox"/>
01 – Trailers	<input type="checkbox"/>		<input type="checkbox"/>	11 – Gym Equipment	<input type="checkbox"/>		<input type="checkbox"/>
02 – Abatement	<input type="checkbox"/>		<input type="checkbox"/>	11 – Loading Dock Equipment	<input type="checkbox"/>		<input type="checkbox"/>
02 – Demolition	<input type="checkbox"/>		<input type="checkbox"/>	11 – Parking Control Equipment	<input type="checkbox"/>		<input type="checkbox"/>
02 – Survey	<input type="checkbox"/>		<input type="checkbox"/>	12 – Furniture	<input type="checkbox"/>		<input type="checkbox"/>
03 – CIP Concrete	<input type="checkbox"/>		<input type="checkbox"/>	12 – Laboratory Casework	<input type="checkbox"/>		<input type="checkbox"/>
03 – Concrete Topping	<input type="checkbox"/>		<input type="checkbox"/>	12 – Laboratory Equipment	<input type="checkbox"/>		<input type="checkbox"/>
03 – Precast Concrete	<input type="checkbox"/>		<input type="checkbox"/>	12 – Manufactured Casework	<input type="checkbox"/>		<input type="checkbox"/>
04 – Masonry	<input type="checkbox"/>		<input type="checkbox"/>	12 – Window Treatments	<input type="checkbox"/>		<input type="checkbox"/>
05 – Metal Decking/Joists	<input type="checkbox"/>		<input type="checkbox"/>	13 – Radiation Shielding	<input type="checkbox"/>		<input type="checkbox"/>
05 – Miscellaneous Metals	<input type="checkbox"/>		<input type="checkbox"/>	13 – Swimming Pools	<input type="checkbox"/>		<input type="checkbox"/>
05 – Structural Steel	<input type="checkbox"/>		<input type="checkbox"/>	14 –Elevators	<input type="checkbox"/>		<input type="checkbox"/>
06 – Architectural Woodwork	<input type="checkbox"/>		<input type="checkbox"/>	14 – Outside Elevators	<input type="checkbox"/>		<input type="checkbox"/>
06 – Finish Carpentry	<input type="checkbox"/>		<input type="checkbox"/>	14 – Scaffolding	<input type="checkbox"/>		<input type="checkbox"/>
06 – Rough Carpentry	<input type="checkbox"/>		<input type="checkbox"/>	14 – Wheelchair Lifts	<input type="checkbox"/>		<input type="checkbox"/>
07 – Fireproofing	<input type="checkbox"/>		<input type="checkbox"/>	21 – Fire Protection/Suppression	<input type="checkbox"/>		<input type="checkbox"/>
07 – Joint Sealants	<input type="checkbox"/>		<input type="checkbox"/>	22 – Plumbing	<input type="checkbox"/>		<input type="checkbox"/>
07 – Metal Panels	<input type="checkbox"/>		<input type="checkbox"/>	23 – HVAC	<input type="checkbox"/>		<input type="checkbox"/>
07 – Roofing	<input type="checkbox"/>		<input type="checkbox"/>	26 – Electrical	<input type="checkbox"/>		<input type="checkbox"/>
07 – Waterproofing	<input type="checkbox"/>		<input type="checkbox"/>	26 – Low Voltage	<input type="checkbox"/>		<input type="checkbox"/>
08 – Aluminum and Glass	<input type="checkbox"/>		<input type="checkbox"/>	27 – Communications	<input type="checkbox"/>		<input type="checkbox"/>
08 – Curtain Wall/Glazing	<input type="checkbox"/>		<input type="checkbox"/>	28 – Safety & Security	<input type="checkbox"/>		<input type="checkbox"/>
08 – Doors, Frames, Hardware	<input type="checkbox"/>		<input type="checkbox"/>	31 – Caissons	<input type="checkbox"/>		<input type="checkbox"/>
08 – Overhead Doors	<input type="checkbox"/>		<input type="checkbox"/>	31 – Driven Piles	<input type="checkbox"/>		<input type="checkbox"/>
08 – Preassembled Panels	<input type="checkbox"/>		<input type="checkbox"/>	31 – Excavation Support Systems	<input type="checkbox"/>		<input type="checkbox"/>
08 – Specialty Doors	<input type="checkbox"/>		<input type="checkbox"/>	31 – Foundation Support	<input type="checkbox"/>		<input type="checkbox"/>
08 – Window Film	<input type="checkbox"/>		<input type="checkbox"/>	31 – Site Work	<input type="checkbox"/>		<input type="checkbox"/>
09 – Drywall, Acoustic Ceilings	<input type="checkbox"/>		<input type="checkbox"/>	32 - Fences and Gates	<input type="checkbox"/>		<input type="checkbox"/>
09 – Floor Coverings	<input type="checkbox"/>		<input type="checkbox"/>	32 – Landscaping	<input type="checkbox"/>		<input type="checkbox"/>
09 – Painting and Finishing	<input type="checkbox"/>		<input type="checkbox"/>	33 - Utilities	<input type="checkbox"/>		<input type="checkbox"/>
09 – Specialty Flooring	<input type="checkbox"/>		<input type="checkbox"/>	41- Cranes	<input type="checkbox"/>		<input type="checkbox"/>
09 – Tile	<input type="checkbox"/>		<input type="checkbox"/>	41- Hoists	<input type="checkbox"/>		<input type="checkbox"/>

Additional Trades not listed


**Work Preference:**

List the Geographic Areas you are interested in working in.


Do you normally subcontract work out that is associated with your trade?  Yes  No

If yes, please list what is subcontracted out below.


**Integrity:**

The Company must attach an explanation for each response of ‘yes’ to any question in this section.

1. Has the subcontractor, or any related entities including parent companies, affiliates, subsidiaries, partnerships, or joint ventures ever been suspended, disbarred, disqualified, found non-responsible, terminated, or denied a contract by a government agency?
2. Has the subcontractor, any related entities including parent companies, affiliates, subsidiaries, partnerships, or joint ventures, and/or its Key Personnel ever been under criminal investigation, arrested, indicated, convicted, have pending charges, been advised of being a subject or target, subject of a search warrant, received a subpoena or questioned by law enforcement in connection with a government investigation/inquiry?
3. Has the subcontractor, any related entities including parent companies, affiliates, subsidiaries, partnerships, or joint ventures and/or its Key Personnel ever entered into a consent decree, non-prosecution agreement, deferred prosecution agreement, been granted immunity, been the subject of an anti-trust investigation, or invoked the Fifth Amendment?

4. Has the subcontractor, any related entities including parent companies, affiliates, subsidiaries, partnerships, or joint ventures and/or its Key Personnel or employees ever falsified business records, submitted a false document, offered or given a bribe or gratuity, or committed other criminal offenses?
5. Has the subcontractor, or any related entities including parent companies, affiliates, subsidiaries, partnerships, or joint ventures, ever been the subject of a civil or administrative action involving business integrity violations, including prevailing wages, false claims, or labor law violations?

### **Documentation**

The following documentation is required for submission of this Subcontractor's Statement of Qualifications and Financial Condition:

- 1. Disadvantaged Business Certification (if applicable)**
  - a. Copy of all current certifications issued by state, local, or any other governmental agencies
- 2. Licenses/Certifications**
  - a. Copy of all current licenses and/or certifications issued by state, local, or any other governmental agencies
- 3. Organization**
  - a. Resumes for all corporate officers
  - b. Resumes for all key personnel
- 4. Bonding**
  - a. Letter from surety company to verify ability to bond and bonding limits
- 5. Default History (if applicable)**
  - a. Explanation of circumstances resulting in a failure to complete any contracts
  - b. Listing and brief description of current or pending litigation
- 6. Safety**
  - a. Letter from Workmen's Compensation Insurance provider to verify current and prior years EMR
  - b. Letter from Workmen's Compensation Insurance provider explaining circumstance resulting in a prior year EMR exceeding 1.0 (if applicable)
  - c. OSHA 300 logs for the prior three years
  - d. Copy of corporate Safety Policy
  - e. Copy of corporate Drug and Alcohol Policy
  - f. OSHA statement for inspection, investigation or fine; include circumstances, outcome, and mitigation efforts if any were taken.

**7. Financial Information**

- a. Audited financial statements for the prior three years

**8. References**

- a. Listing of all current and pending contracts including project description, subcontract value, General Contractor, projected start, and completion dates
- b. Listing of past completed projects (5 years) including project description, subcontract value, General Contractor or Construction Manager and contact information for the responsible party
  - A minimum of one per year is required
- c. Listing of suppliers that you use to provide materials generally required by your trade including contact information for the responsible party

Your Prequalification will need to be renewed annually.

The following documents (as well as responses to the integrity questions) are required to be submitted with your annual renewal:

Renewal Checklist	Bonding	EMR Verification	Prior year OSHA Log	Prior Year Financial Statement	Prior & Current Year Completed Projects	Current/Pending Projects
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**Certification**

A materially false statement willfully or fraudulently made in connection with this Certification, and/or failure to conduct appropriate due diligence in verifying the information that is the subject matter of this Certification may prevent the Company and/or the undersigned from being found to be responsible bidders/proposers in connection with future agreements.

I, \_\_\_\_\_, being duly sworn, state that I am \_\_\_\_\_ (title), an officer of \_\_\_\_\_ (the company), and that I have read and understood the questions contained in the attached questionnaire.

I certify that to the best of my knowledge, the information given in response to each question, whether prepared by me, or a Key Personnel identified in the questionnaire above, is full, complete, and truthful as of the date hereof.

I agree and warrant that truthfully answering the questions is an event entirely within my control. I recognize that all the information submitted in connection with this Prequalification Form is for the express purpose of being considered as a subcontractor for the intended project or projects.

I acknowledge that the New Brunswick Development Corporation or its affiliates or assignees may by means it deems appropriate, determine the accuracy, truth, and completeness of the answers to the questions provided in the questionnaire.

I authorize the New Brunswick Development Corporation or its affiliates or assignees to contact any person or entity for purposes of verifying the information supplied by the Company.

Signature

\_\_\_\_\_  
Date

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

Title:

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Signature of Notary Public