

ATLANTIC YARDS/NETS ARENA PROJECT CONTRACTOR PRE-QUALIFICATION FORM

Date: _____

Name of Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Contact Person: _____

1. How long has your firm been in business? _____
2. Name all Principals, Key Personnel & Percentage of Ownership in the firm.

<u>Name</u>	<u>Title</u>	<u>% Ownership</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Type of Specific trade(s) performed _____

4. Number of personnel in organization
Administrative: ___ Professional: ___ Office: ___ Shop: ___ Field: ___

5. Is your firm a union shop? Yes: ___ No: ___
If yes list Local(s) # _____

6. Have you ever been bonded? Yes: ___ No: ___
If Yes, Name of Company: _____

Address: _____

Agent: _____ Phone #: _____

Bonding Capacity: Single _____ Aggregate _____

7. Bank References:

Name of Bank	Address	Contact/Phone
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_____	_____	_____
_____	_____	_____

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8. Insurance Company Information:

Name of Company: _____

Address: _____

Contact Name: _____ Phone#: _____

9. Annual Contact Volume (last 3 years) (200_) _____ (200_) _____ (200_) _____

10. Total Work in Progress and Under Contract

(Add additional sheets if necessary for questions 10-14)

Client/Project	Contact Name	Phone #	Type of Work	Dollar Value

11. List a minimum of 3 references; provide at least one for each trade listed under question three.

Year	Client/Project	Contact Name	Phone #	Type of Work	Dollar Value

12. Are there are any judgments, claims or suits pending or outstanding against you?

Yes ___ No ___

If yes provide details _____

13. Have you ever failed to complete a contract? Yes ___ No ___

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If yes provide details on a separate sheet of paper.

14. Are you currently barred from bidding on public work? Yes ___ No ___

If yes, provide details _____

15. What is the largest size contract you are interested in performing? \$ _____

16. What is the largest sized contract you have ever performed \$ _____

Describe the Job _____

17. Is your firm at least 51% owned by: One or more minorities? Yes ___ No ___

One or more women? Yes ___ No ___

18. Has your firm been certified as an: MBE ___ WBE ___ DBE ___

If yes, by what agencies? _____

19. Please attach:

- a. List of vehicles and equipment (type, year and model)
- b. Copies of all certification letters or certificates
- c. Copy of Insurance Certificates
- d. Any additional sheets required to adequately answer any questions posed
- e. Any other information about your firm you wish to provide.

20. List organization (s) affiliations

Submitted by: _____

Title: _____

Signature: _____

Please fax completed form and all attachments to 718-337-1885 or mail to:

The Darman Group, Inc.
1425 Central Ave, Suite 10
Far Rockaway, NY 11691
Attention: MWBE Directory

Any Questions please call 718-246-8380 or email info@nysamc.com