



Hirani Group

**SUBCONTRACTOR QUALIFICATION FORM**

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

Contractor: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Trade(s): \_\_\_\_\_

CSI Codes: \_\_\_\_\_

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

1. How many years has your organization been in business as a Contractor? \_

2. How many years has your organization been in business under its present name? \_\_\_\_\_

a. Under what other or former name(s) has your organization operated:

\_\_\_\_\_

3. List Contractor Management organization of Exhibit A (see page 5 of 7).

4. List similar or larger projects on Exhibit B (see page 6 of 7).

5. List the following data:

	2007	2008	2009
a Current volume for 2010 (Backlog & New Work):	\$ _____	\$ _____	\$ _____
b Annual volume of work put in-place:	\$ _____	\$ _____	\$ _____
c Contract value of largest job completed:	\$ _____	\$ _____	\$ _____
d Name of largest job completed:	_____	_____	_____

6. List all work currently under contract and pending bid proposals on Exhibit C

**CONTRACTOR QUALIFICATION FORM Continued**

7. (see page 7 of 7).List bank references:

Name of Bank: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Total Line of Credit: \_\_\_\_\_

Line of Credit Currently Available: \_\_\_\_\_

8. Name of bonding company listed in latest issue of the Department of Treasury's "Federal Register":

Name of Bonding Company: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Total Bondable Amount: \_\_\_\_\_

Current Bonding Amount in Effect: \_\_\_\_\_

Single Project Bond Limit: \_\_\_\_\_

9. Submit a copy of audited financial statements for the past three years to Technical Services, Hirani Group, 30 Jericho Tpke, Jericho, New York 11753, who will solely review same in strictest confidence.

10. Identify local or national Trade Unions for workmen employed directly by your organization:

	Union No.	Union Name
10.1	_____	_____

**CONTRACTOR QUALIFICATION FORM Continued**

10.2 \_\_\_\_\_  
10.3 \_\_\_\_\_  
10.4 \_\_\_\_\_  
10.5 \_\_\_\_\_

11. List the following insurance coverage amounts:

11.1 General Liability Aggregate Amount \$ \_\_\_\_\_  
11.2 Automobile Liability Amount \$ \_\_\_\_\_  
11.3 Excess (Umbrella) Liability Aggregate Amount \$ \_\_\_\_\_  
11.4 Professional Liability \$ \_\_\_\_\_

12. List your organization's (Interstate) Experience Modification Rate for the past three (3) years:

12.1 2009 \_\_\_\_\_  
12.2 2008 \_\_\_\_\_  
12.3 2007 \_\_\_\_\_

13. Using last year's OSHA No. 300 log fill in:

		Number	Incidence Rate
13.1	Fatalities (1)	_____	_____
13.2	Injuries with Lost Workdays (2)	_____	_____
13.3	Injuries Involving Days Away (3)	_____	_____
13.4	Days Away from Work (4)	_____	_____
13.5	Days of Restricted Work Activity (5)	_____	_____
13.6	Injuries Without Lost Workdays (6)	_____	_____

14. Employee hours worked last year: \_\_\_\_\_

(Do not include any non-work time, although you paid.)

**CONTRACTOR QUALIFICATION FORM Continued**

15. How many OSHA violations has your organization had within the past three (3) years? \_\_\_\_\_

16. Does your organization have a company safety program?

Yes \_\_\_\_\_

No \_\_\_\_\_

17. Does your organization have a hazardous communication program?

Yes \_\_\_\_\_

No \_\_\_\_\_

**18. Please submit the following:**

**18.1 Copies of OSHA 300 Log for the past three (3) years.**

**18.2 Verification by insurance carrier of the EMR's listed.**

**18.3 Written explanation of high EMR (over 1.000), if applicable.**

**19. Does your company qualify for MBE, WBE, LBE, etc., programs.**

**If yes, please explain: \_\_\_\_\_**

**20. Has your company completed the necessary documentation (VENDEX) to enable them to work on projects for the City of New York? (If yes please attach copy and affidavit of no change.)**

Contractor: \_\_\_\_\_

Prepared By: \_\_\_\_\_

**CONTRACTOR QUALIFICATION FORM Continued**

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

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

**CONTRACTOR QUALIFICATION FORM Continued**

**PROPOSED MANAGEMENT ORGANIZATION**

**EXHIBIT A**

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

Contractor: \_\_\_\_\_

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

TITLE	NAME	YEARS IN TRADE BUSINESS	% OF TIME ALLOTTED FOR THIS PROJECT
President:	_____	_____	_____
Vice Presidents:	_____	_____	_____
Of _____ :	_____	_____	_____
Of _____ :	_____	_____	_____
Of _____ :	_____	_____	_____
Of _____ :	_____	_____	_____
General	_____	_____	_____
Superintendent:	_____	_____	_____
Project Manager:	_____	_____	_____
Project Engineer(s):	_____	_____	_____
	_____	_____	_____
Others:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

NOTE: Please mark the appropriate individuals as follows:

\* The person who will attend the project meetings.

\*\* The person who will have the authority to make decisions, including financial decisions, on behalf of the contractor for this project.

**CONTRACTOR QUALIFICATION FORM Continued**

**SIMILAR PROJECT LISTING**

**EXHIBIT B**

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

Contractor: \_\_\_\_\_

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

A. Name of Project: \_\_\_\_\_

Location: \_\_\_\_\_

Dollar Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_

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Trade Engineer (if applicable): \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact: \_\_\_\_\_

Owner Telephone No.: \_\_\_\_\_

Date Completed / will be completed: \_\_\_\_\_

B. Name of Project: \_\_\_\_\_

Location: \_\_\_\_\_

Dollar Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_

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Trade Engineer (if applicable): \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact: \_\_\_\_\_

Owner Telephone No.: \_\_\_\_\_

**CONTRACTOR QUALIFICATION FORM Continued**

Date Completed / will be completed: \_\_\_\_\_  
\_\_\_\_\_

A. Name of Project: \_\_\_\_\_

Location: \_\_\_\_\_

Dollar Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Trade Engineer (if applicable): \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact: \_\_\_\_\_

Owner Telephone No.: \_\_\_\_\_

Date Completed / will be completed: \_\_\_\_\_

B. Name of Project: \_\_\_\_\_

Location: \_\_\_\_\_

Dollar Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Trade Engineer (if applicable): \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact: \_\_\_\_\_

Owner Telephone No.: \_\_\_\_\_

Date Completed / will be completed: \_\_\_\_\_

## CONTRACTOR QUALIFICATION FORM Continued

ATTACH ADDITIONAL SHEETS AS NECESSARY (IF THERE ARE NO SIMILAR PROJECTS PLEASE INCLUDE A LISTING OF CURRENT PROJECTS/REFERENCES.

**CONTRACTOR QUALIFICATION FORM Continued**

**CURRENT CONTRACTS AND PENDING PROPOSALS**

**EXHIBIT C**

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

Contractor: \_\_\_\_\_

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

A. Projects Currently Under Contract:

PROJECT NAME	SUBCONTRACT VALUE	ANTICIPATED START DATE	ANTICIPATED COMPLETION DATE
_____	\$ _____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Pending Bid Proposals:

PROJECT NAME	ANTICIPATED START DATE	ANTICIPATED COMPLETION DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ATTACH ADDITIONAL SHEETS AS NECESSARY**