



125 Laser Court
 Hauppauge, New
 York 11755
 631.243.5970

**SUBCONTRACTOR PREQUALIFICATION FORM
 PART I – GENERAL INFORMATION**

To assist in our review of your company’s qualifications to provide construction services on our projects, please provide the information requested below, and return it to us as soon as possible. Please send unsolicited forms to BValdina@theaxisgroup.com ; otherwise, this form (Part A) should be returned directly to the Axis Construction Corporation individual who requested it. Please add a blank page at the end of this document should you need additional space to write down your responses.

Thank you and please do not hesitate to contact us with any questions or comments.

Person responsible for filing out this form:

Name: _____

Title: _____

Date: _____

A1. Business Information

- a. Exact Legal Name of Firm, incl.DBAs: _____
- b. Type of Work Performed (indicate CSI categories): _____
- c. Contact Name: _____
- d. E-mail Address: _____
- e. Firm Address: _____
- f. Phone: _____
- g. Fax: _____
- h. State of Incorporation: _____
- i. Year Started: _____
- j. Tax ID: _____
- k. Contractor License #: _____
- l. Type of Business i.e. C-Corp, LLC: _____
- m. Whether business is a MBE/WBE/SBE/DBE/US8(a) status: _____
- n. List any subsidiaries, affiliates or parents: _____

A2. Officer Information

- a. List the corporate officers, partners, or proprietors of your firm:

Name of Firm: _____



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b. Describe the role and tenure of the above list with the company:

c. Please describe whether there have been any changes to the company or structure within the past 5 years. If so, provide details:

A3. Business details:

- a. Has your firm or any of its principals ever petitioned for bankruptcy or defaulted on a project? If so, please attach explanation. _____
- b. Is your firm or any of its owners or officers currently involved in any litigation? If so, please attach explanation. _____
- c. What percentage of the firm’s work is normally subcontracted to others? _____
- d. What trades do you normally subcontract? _____
- e. Is your company bondable? If yes, what capacity? (Please attach bonding letter) _____
- f. What is the largest job you have completed in the last 3years?

- g. What is the expected backlog next year? _____
- h. What is your expected annual volume? _____

A4. Financial Information

- a. Average annual volume (3 Years): \$ _____
- b. Name of CPA Firm: _____
- c. Contact Name: _____

A5. Experience and References

- a. List five (5) of your largest contracts completed within the past 3 years:
Include Job Name, Completion date, whether bonded
- b. List five (5) of you major suppliers:
Include Name, Phone Number, Contact
- c. Fill out the attached Work in Progress schedule
- d. List five (5) contractors or clients (i.e. references) that you have worked or do business with including Name, Phone number and Contact.
- e. Please attach a copy of “W-9”



A6. Insurance:

- a. List coverages and limits currently in force – as well as expiration dates. Attach a sample Certification of Insurance(COI).
- b. Attach a copy of the Workers Comp EMR letter for past 3 years.
- c. Have you had any OSHA fatalities during the past 3 years? _____

Please provide a copy of the past 3 years' worth of OSHA 300 logs. Applicable to contractors with 10 or more employees.

A7. Legal

- a. Does your company have any active claims? _____
- b. Any active liens? _____
- c. Any judgements/suits brought against you? _____
- d. Ever failed to complete any work awarded? If yes, explain:

- e. Filed any lawsuits or requested arbitration/mediation within the last 3 years?

A8. Operations

- a. Do you have an in-house engineering department? _____
- b. List your BIM capabilities: _____
- c. Do you have a full time Safety representative? _____
- d. Does this person perform safety inspections at all your projects? _____
- e. Do you have a written Safety program? _____
- f. Do you have a written QA/QC program? _____

Please fill out the following checklist to ensure you attached all documents needed for Part I:

- A5.a. List five largest contracts _____
- 5.b. List five major suppliers
- A5.c. Completed Work in Progress Schedule
- A5.d. Five References
- A6.a. Certificate of Insurance (COI)
- A6.b. EMR Letter

PAST PERFORMANCE QUESTIONNAIRE

Contractor: please fill out a copy of this form for each reference and return with Part A (ref. item A5.d)

CONTRACT INFORMATION

1. Contractor Information

Firm Name:

Address:

Phone Number:

Email Address:

Point of Contact:

Contact Phone Number:

2. Work Performed as: Contractor Sub Contractor Joint Venture Other (Explain)

Percent of project work performed:

If subcontractor, who was the prime (Name/Phone #):

3. Contract Information

Contract Type: Firm Fixed Price Cost Reimbursement Other (Please specify):

Contract Title:

Contract Location:

Award Date (mm/dd/yy):

Contract Completion Date (mm/dd/yy):

Actual Completion Date (mm/dd/yy):

Explain Differences:

Original Contract Price (Award Amount):

Final Contract Price (*to include all modifications, if applicable*):

Explain Differences:

4. Project Description:

Complexity of Work High Med Routine

How is this project relevant to project of submission? (*Please provide details such as similar equipment, requirements, conditions, etc.*)

REFERENCE COMPANY INFORMATION (OWNER/CLIENT)

5. Reference Company (Owner/ Client)

Firm Name:

Name:

Title:

Phone Number:

Email Address:

6. Describe the Client's role in the project:

PAST PERFORMANCE QUESTIONNAIRE

Contractor: please fill out a copy of this form for each reference and return with Part A (ref. item A5.d)

CONTRACT INFORMATION

1. Contractor Information

Firm Name:

Address:

Phone Number:

Email Address:

Point of Contact:

Contact Phone Number:

2. Work Performed as: Contractor Sub Contractor Joint Venture Other (Explain)

Percent of project work performed:

If subcontractor, who was the prime (Name/Phone #):

3. Contract Information

Contract Type: Firm Fixed Price Cost Reimbursement Other (Please specify):

Contract Title:

Contract Location:

Award Date (mm/dd/yy):

Contract Completion Date (mm/dd/yy):

Actual Completion Date (mm/dd/yy):

Explain Differences:

Original Contract Price (Award Amount):

Final Contract Price (*to include all modifications, if applicable*):

Explain Differences:

4. Project Description:

Complexity of Work High Med Routine

How is this project relevant to project of submission? (*Please provide details such as similar equipment, requirements, conditions, etc.*)

REFERENCE COMPANY INFORMATION (OWNER/CLIENT)

5. Reference Company (Owner/ Client)

Firm Name:

Name:

Title:

Phone Number:

Email Address:

6. Describe the Client's role in the project:

PAST PERFORMANCE QUESTIONNAIRE

Contractor: please fill out a copy of this form for each reference and return with Part A (ref. item A5.d)

CONTRACT INFORMATION

1. Contractor Information

Firm Name:

Address:

Phone Number:

Email Address:

Point of Contact:

Contact Phone Number:

2. Work Performed as: Contractor Sub Contractor Joint Venture Other (Explain)

Percent of project work performed:

If subcontractor, who was the prime (Name/Phone #):

3. Contract Information

Contract Type: Firm Fixed Price Cost Reimbursement Other (Please specify):

Contract Title:

Contract Location:

Award Date (mm/dd/yy):

Contract Completion Date (mm/dd/yy):

Actual Completion Date (mm/dd/yy):

Explain Differences:

Original Contract Price (Award Amount):

Final Contract Price (*to include all modifications, if applicable*):

Explain Differences:

4. Project Description:

Complexity of Work High Med Routine

How is this project relevant to project of submission? (*Please provide details such as similar equipment, requirements, conditions, etc.*)

REFERENCE COMPANY INFORMATION (OWNER/CLIENT)

5. Reference Company (Owner/ Client)

Firm Name:

Name:

Title:

Phone Number:

Email Address:

6. Describe the Client's role in the project:

PAST PERFORMANCE QUESTIONNAIRE

Contractor: please fill out a copy of this form for each reference and return with Part A (ref. item A5.d)

CONTRACT INFORMATION

1. Contractor Information

Firm Name:

Address:

Phone Number:

Email Address:

Point of Contact:

Contact Phone Number:

2. Work Performed as: Contractor Sub Contractor Joint Venture Other (Explain)

Percent of project work performed:

If subcontractor, who was the prime (Name/Phone #):

3. Contract Information

Contract Type: Firm Fixed Price Cost Reimbursement Other (Please specify):

Contract Title:

Contract Location:

Award Date (mm/dd/yy):

Contract Completion Date (mm/dd/yy):

Actual Completion Date (mm/dd/yy):

Explain Differences:

Original Contract Price (Award Amount):

Final Contract Price (*to include all modifications, if applicable*):

Explain Differences:

4. Project Description:

Complexity of Work High Med Routine

How is this project relevant to project of submission? (*Please provide details such as similar equipment, requirements, conditions, etc.*)

REFERENCE COMPANY INFORMATION (OWNER/CLIENT)

5. Reference Company (Owner/ Client)

Firm Name:

Name:

Title:

Phone Number:

Email Address:

6. Describe the Client's role in the project:

PAST PERFORMANCE QUESTIONNAIRE

Contractor: please fill out a copy of this form for each reference and return with Part A (ref. item A5.d)

CONTRACT INFORMATION

1. Contractor Information

Firm Name:

Address:

Phone Number:

Email Address:

Point of Contact:

Contact Phone Number:

2. Work Performed as: Contractor Sub Contractor Joint Venture Other (Explain)

Percent of project work performed:

If subcontractor, who was the prime (Name/Phone #):

3. Contract Information

Contract Type: Firm Fixed Price Cost Reimbursement Other (Please specify):

Contract Title:

Contract Location:

Award Date (mm/dd/yy):

Contract Completion Date (mm/dd/yy):

Actual Completion Date (mm/dd/yy):

Explain Differences:

Original Contract Price (Award Amount):

Final Contract Price (*to include all modifications, if applicable*):

Explain Differences:

4. Project Description:

Complexity of Work High Med Routine

How is this project relevant to project of submission? (*Please provide details such as similar equipment, requirements, conditions, etc.*)

REFERENCE COMPANY INFORMATION (OWNER/CLIENT)

5. Reference Company (Owner/ Client)

Firm Name:

Name:

Title:

Phone Number:

Email Address:

6. Describe the Client's role in the project:

Work in Progress

Company Name: _____

Current as of Date: _____

Contract Amount: _____

Project Name: _____

Location: _____

Start Date: _____

End Date: _____

GC or CM: _____

Contract Amount: _____

Project Name: _____

Location: _____

Start Date: _____

End Date: _____

GC or CM: _____

Contract Amount: _____

Project Name: _____

Location: _____

Start Date: _____

End Date: _____

GC or CM: _____

Contract Amount: _____

Project Name: _____

Location: _____

Start Date: _____

End Date: _____

GC or CM: _____

Contract Amount: _____

Project Name: _____

Location: _____

Start Date: _____

End Date: _____

GC or CM: _____
