

Stonewall Contracting Corp.

109-15 14th Avenue
College Point, New York 11356
Telephone: (718) 460-3300
Fax: (718) 460-9665

SUB-CONTRACTOR PRE-QUALIFICATION FORM

This questionnaire was developed and is used solely for the purpose of pre-qualifying Sub-Contractors to perform work on Stonewall Contracting Corp.'s projects.

1. GENERAL INFORMATION

1.1 General Company Information:

Company Name: _____
Company Address: _____
City, State, Zip: _____
Federal Tax ID#: _____

1.2 Mailing:

Address: _____
City, State, Zip: _____

1.3 Communications:

Main Telephone #: _____
Main Fax #: _____
E-Mail Address: _____

1.4 Contact:

Name: _____
Title: _____
Telephone #: _____
Fax #: _____

2. IF CONTRACTOR, LIST THE FIRMS YOUR COMPANY HAS SUBCONTRACTED TO:

Prime Contractor's Name	Contract Value	Telephone No.

3. CITY OF NEW YORK BUSINESS

- 3.3.1 (a) Has your firm done business with the State of New York? Yes No
- 3.3.1 (b) Has your firm done business with the City of New York? Yes No
- 3.3.2 (a) Has your firm subcontracted to a Contractor on a New York State Contract? Yes No
- 3.3.2 (b) Has your firm subcontracted to a Contractor on a City of New York Contract? Yes No
- 3.3.3 Has your firm completed a VENDEX form in the last three (3) years? Yes No
- 3.3.3.1 If yes, you must complete an affidavit of no change and submit it with this pre-qualification questionnaire.
- 3.3.3.2 If no, you must complete Vendex Business Entity and Principal Questionnaires.
- 3.3.4.1 If your firm has not done business in NYS, is your company ready, willing and able to do business in New York? Yes No
- 3.3.4.2 If your firm has not done business in NYC, is your company ready, willing and able to do business in New York City? Yes No

3.3.5 Circle the additional states in which your company is ready, willing and able to do business:

AL	CO	HI	KS	MA	MT	NM	OK	SD	VA
AK	CT	ID	KY	MI	NB	OR	TN	WA	AZ
DE	IL	LA	MN	NV	NC	PA	TX	WV	AR
FL	IN	ME	MS	NH	ND	RI	UT	WI	CA
GA	IA	MD	MO	NJ	OH	SC	VT	WY	

4. BACKGROUND

4.1 Special Qualifications

4.1.1 Indicate if your business is certified by NYS and New York City as one of the following categories: (Attach a copy of Certification)

- Minority Business Enterprise
- Woman-Owned Business Enterprise
- Local Business Enterprise

4.1.2 Indicate if your business qualifies as one of the following: (with any other organization)

- Minority Business Enterprise
- Small Disadvantages Business Enterprise
- Woman-Owned Business Enterprise
- Local Business Enterprise
- Other
- List Organization/Agency _____

4.1.3 Indicate if your business is an active member of a M/WBE association such as:

- AMENY PWC UBE NAWIC
- NAMC OTHER _____

4.2 Governmental Certification

	Expiration Dates
State of _____	_____
City of _____	_____
N.Y.S. Dormitory Authority	_____
Port Authority NY/NJ	_____
NYC School Construction Authority	_____

NYC Dept. of Design & Const. _____

NYC Health & Hospitals Corp. _____

Other _____

(Attach a copy of your current certification)

4.3 Safety

4.3.1 Attach a copy of your company's Safety Program.

4.3.2 Provide your firm's "OSHA 200" Log for the past three (3) years.

4.3.3 Indicate your Workers Compensation Experience Modification factors for the years shown.

Current Calendar Year to Date _____

Calendar Year 2003 _____

Calendar Year 2002 _____

Calendar Year 2001 _____

Calendar Year 2000 _____

4.3.4 If Manufacturer/Fabricator, Indicate your Installers Workers Compensation Experience Modification factors for the years shown.

Current Calendar Year to Date _____

Calendar Year 2003 _____

Calendar Year 2002 _____

Calendar Year 2001 _____

Calendar Year 2000 _____

5. FINANCIAL

5.1. Primary Banking Reference

Name _____

Address _____

Telephone # _____

Contact Person _____

5.2 Attach a list of other Banking References.

5.3 Is your company able to bond contracts? Yes No

If yes, Name of Bonding Company _____

Present Bonding Capacity _____
Present Bonding Rate (%) _____
Present Bonding Capacity per Project _____
Current Amount Available _____

5.4 Has your surety company had to complete work on any of your contracts in the last five (5) years? Yes No

If yes, explain _____

5.5 Largest bond posted in the last five (5) years: _____

5.6 Status of the bond and the project: _____

5.7 Indicate insurance coverage applicable to your company:

General Liability	\$1M <input type="checkbox"/>	\$2M <input type="checkbox"/>	\$5M <input type="checkbox"/>
Automobile Liability	\$1M <input type="checkbox"/>	\$2M <input type="checkbox"/>	\$5M <input type="checkbox"/>
Excess Liability	\$1M <input type="checkbox"/>	\$2M <input type="checkbox"/>	\$5M <input type="checkbox"/>
Professional Liability	\$1M <input type="checkbox"/>	\$2M <input type="checkbox"/>	\$5M <input type="checkbox"/>
Pollution Insurance	\$1M <input type="checkbox"/>	\$2M <input type="checkbox"/>	\$5M <input type="checkbox"/>

5.8 Name of Insurance Company _____
Address _____

Telephone Number _____
Name of Contact Person _____

5.9 Have you performed work under "Wrap-Up" Owner Controlled Insurance Programs (OCIP)? Yes No

Is your insurance company able to provide a waiver of subrogation (including Additional insureds)? Yes No

Is your insurance company able to issue a policy to be primary as respects the coverage afforded the Additional Insureds?

5.10	Business Volume	<u>Contracts Awards</u>	<u>Billings</u>
	Current Calendar Year to Date	_____	_____
	Calendar Year 2001	_____	_____
	Calendar Year 2000	_____	_____
	Calendar Year 1999	_____	_____
	Calendar Year 1998	_____	_____

5.11 Attach Audited financial statements for the past two (2) years.

Last Fiscal Year	Attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous Fiscal Year	Attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>

5.12 Manufacturer/Fabricator

What is your firm's...

5.12.1 Minimum Job Production _____

5.12.2 Maximum Job Production _____

5.12.3 Installation Range you prefer

5.12.3.1 From _____ to _____

5.12.3.2 Minimum # Per Order _____

5.12.3.3 Maximum # Per Order _____

5.12.2 Current Lead time from approved shop drawings/order _____

5.12.3 List current production per week _____

6. ATTACH A LISTING OF CURRENT AND COMPLETED CONTRACTS.

Stonewall Contracting Corp. is fully committed to the highest standards of visions, values and ethics. The Sub-Contractor acknowledges Stonewall Contracting Corp.'s commitment and agrees to the same high standards.

Minority Women Owned Enterprise participation in all fields of construction is encouraged. By signing and notarizing this form, your firm agrees to enter into Joint Ventures, contract with subcontracting firms, and/or purchasing materials from suppliers that maybe Minority/Women Owned and Certified.

The Undersigned certifies under oath the information provided herein is true and sufficiently complete so as not to be misleading.

Print _____

Signed _____

Title _____

Date _____

(Corporate Verification)

STATE OF _____ COUNTY OF _____

On _____ before me personally came _____

To me known, who, by me duly sworn, did depose and say that deponent resides at _____ that deponent is the _____ of the corporation described in, and which executed the foregoing Pre-qualification Form, and that deponent is duly authorized to sign this Prequalification Form on behalf of the corporation, and that deponent signed this Pre-qualification Form pursuant to such authorization.

NOTARY PUBLIC

Please return this form and all required attachments to:

Stonewall Contracting Corp.

109-15 14th Avenue

College Point, New York 11356

Attention: Liam Martin, Vice President