



# Bluewater Construction Advisors

Please complete the form and email it along with all attachments to [info@bwcallc.com](mailto:info@bwcallc.com) Please note that this is a preliminary pre-qualification form and includes only our minimum requirement. Additional information may be requested by the job owner or due to the type of work to be performed. **All information is kept strictly confidential and used only for prequalification purposes.**

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

Trade: \_\_\_\_\_

### COMPANY INFORMATION

Company's Legal Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Type of Company: Corporation  Partnership  Sole Partnership  LLC  Other

Federal ID #: \_\_\_\_\_

Affiliated subsidiaries: Yes  No

If yes, please name them: \_\_\_\_\_

Is your firm owned or controlled by another organization?: Yes  No

If yes, please provide name or parent organization: \_\_\_\_\_

Is your organization: Union  Non-Union  Prevailing Wage  Open Shop

Total Number of Employees: \_\_\_\_\_ Total Field Office Employees: \_\_\_\_\_

Corporate Officers/Primary Contacts:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Estimating Contact (for bidding purposes): \_\_\_\_\_

Estimating Contact Email: \_\_\_\_\_

Indicate if your business qualifies as: DBE  MBE  SBE  WBE

If yes, please provide certification numbers:

| Certifications | Expiration | Certifying Agency |
|----------------|------------|-------------------|
|                |            |                   |
|                |            |                   |
|                |            |                   |
|                |            |                   |

Percentage of work subcontracted: \_\_\_\_\_%



### LICENSE & REGISTRATION

| Trades  | License Number | State/County/Region | Expiration Date | Comments |
|---|----------------|---------------------|-----------------|----------|
| Electrical  |                |                     |                 |          |
| Plumbing  |                |                     |                 |          |
| Fire Supression   |                |                     |                 |          |
| Concrete<br>Operations Safety<br>Registration<br>Number (NYC DOB)   |                |                     |                 |          |
| Demolition<br>Operations Safety<br>Registration<br>Number (NYC DOB) |                |                     |                 |          |
| Other   |                |                     |                 |          |

### INSURANCE/SAFETY INFORMATION

| CURRENT EMR RATES |             |       |
|-------------------|-------------|-------|
| RATE              | YEAR        | STATE |
|                   | <b>2018</b> |       |
|                   | <b>2017</b> |       |
|                   | <b>2016</b> |       |

| OSHA 200/300 INFORMATION |                 |             |                                       |                       |                      |   |                           |                             |
|--------------------------|-----------------|-------------|---------------------------------------|-----------------------|----------------------|---|---------------------------|-----------------------------|
| Reporting Year           | # of Fatalities | Description | # of Lost or Restricted Workday Cases | Employee Hours Worked | # of OSHA Violations | If Violations were willful, provide description | Recordable Incidence Rate | Lost Workday Incidence Rate |
| <b>2018</b>              |                 |             |                                       |                       |                      |   |                           |                             |
| <b>2017</b>              |                 |             |                                       |                       |                      |   |                           |                             |
| <b>2016</b>              |                 |             |                                       |                       |                      |   |                           |                             |



# Bluewater Construction Advisors

## FINANCIAL INFORMATION

*Attach financial statements from the last 2 years or the form will be considered incomplete.*

### State Sales Tax Information

Sales Tax Number: \_\_\_\_\_ State: \_\_\_\_\_

### Contractor License Information

Contractor License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

### State Unemployment Information

State: \_\_\_\_\_ State Unemployment Identifier (SUI) Number: \_\_\_\_\_

Federal Employment Identifier Number: \_\_\_\_\_

### Largest Contract Completed in last 3 years:

Amount: \_\_\_\_\_ Year: \_\_\_\_\_

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

Scope: \_\_\_\_\_

### Annual Volume of Work Performed over the Past 5 Years:

Year 2014 Average Volume: \$ \_\_\_\_\_

Year 2015 Average Volume: \$ \_\_\_\_\_

Year 2016 Average Volume: \$ \_\_\_\_\_

Year 2017 Average Volume: \$ \_\_\_\_\_

Year 2018 Average Volume: \$ \_\_\_\_\_

### Building Types on which your company has worked:

Commercial  Design/Build Design Assist

Hotels  Interior Fit-out

Healthcare  Sports/Entertainment

Residential

### Approved City Agencies:

NYC Vendex

SCA Approved

### Banking Information:

Bank Name and Address: \_\_\_\_\_

Line of Credit: \$ \_\_\_\_\_ Available: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

## LEGAL INFORMATION

Has your company or any of its principals ever filed for bankruptcy, defaulted or been terminated on a contract?

Yes  No

If yes, please explain:

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# Bluewater

## Construction Advisors

Have any of the owners/principals of your company ever been convicted of any felony or other criminal conduct?

Yes  No

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

\_\_\_\_\_

Has your company ever been disbarred from pursuing public work?

Yes  No

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

\_\_\_\_\_

Is your company or any of its owners/principals currently involved in any arbitration or litigation?

Yes  No

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

\_\_\_\_\_

Does your company have any outstanding judgements or claims against it?

Yes  No

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

\_\_\_\_\_

### **BOND/SURETY INFORMATION**

***Attach a copy of a letter from your Bonding Company indicating your ability to provide a Payment and Performance Bond in the amount of the project size you indicate on this page.***

Surety Company Name: \_\_\_\_\_

Surety Broker Name: \_\_\_\_\_

Bonding Capacity Per Job: \$ \_\_\_\_\_

Aggregate: \$ \_\_\_\_\_

Contact Information for Bond information:

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



# Bluewater Construction Advisors

## INSURANCE INFORMATION

*Attach a sample insurance certificate, identifying limits of all coverage.*

### Insurance Broker Contact Information;

Company Name: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Commercial General Liability Info:

Insurance Carrier: \_\_\_\_\_

General Aggregate \$ \_\_\_\_\_

Products – Complete Ops Aggregate \$ \_\_\_\_\_

Personal/Adv. Injury \$ \_\_\_\_\_

Per Occurrence \$ \_\_\_\_\_

Fire Damage \$ \_\_\_\_\_

Medical Expenses \$ \_\_\_\_\_

Deductible Amount \$ \_\_\_\_\_

### Excess Liability Info:

Excess Liability Insurance Carrier: \_\_\_\_\_

Total Limit: \$ \_\_\_\_\_

### Workers Compensation and Employer's Liability Info:

Insurance Carrier: \_\_\_\_\_

Workers Comp Risk ID# \_\_\_\_\_

Limits: \$ \_\_\_\_\_

Employers Liability Each Accident: \$ \_\_\_\_\_

Employers Liability Disease-Policy Limit: \$ \_\_\_\_\_

Employers Liability Disease Each Employee: \$ \_\_\_\_\_

### Professional Liability Insurance Info:

Insurance Carrier: \_\_\_\_\_

Office Policy Limit: \$ \_\_\_\_\_

Deductible: \$ \_\_\_\_\_

Extended Reporting Period: Years: \_\_\_\_\_

Prior Acts: Yes  No



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### REFERENCES

*Provide (5) project references, (3) which are completed.*

#### **Reference #1**

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Scope of Work Performed: \_\_\_\_\_  
Project Completion Date: \_\_\_\_\_  
Project Volume: \_\_\_\_\_

#### **Reference #2**

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Scope of Work Performed: \_\_\_\_\_  
Project Completion Date: \_\_\_\_\_  
Project Volume: \_\_\_\_\_

#### **Reference #3**

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Scope of Work Performed: \_\_\_\_\_  
Project Completion Date: \_\_\_\_\_  
Project Volume: \_\_\_\_\_



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## Construction Advisors

### Reference #4

Company Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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

Scope of Work Performed: \_\_\_\_\_

Project Completion Date: \_\_\_\_\_

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

### Reference #5

Company Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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

Scope of Work Performed: \_\_\_\_\_

Project Completion Date: \_\_\_\_\_

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

*By signing below, subcontractor/vendor affirms that the above information is submitted truthfully and completely.*

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date