



## THE DARMAN GROUP 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 firm.

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

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 |
|--------------|---------|---------------|
| _____        | _____   | _____         |
| _____        | _____   | _____         |

**8) Insurance Company Information:**

Name of company: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**9) Annual Contract 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 3**

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

**12) Are there 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 \_\_\_\_\_**

**If yes, please 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:

1. List of vehicles and equipment (type, year, model)
2. Copies of all certification letters or certificates
3. Copy of insurance certificates
4. Any additional sheets required to adequately answer any questions posed
5. Any other information about your firm you wish to provide

Submitted by: \_\_\_\_\_

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

Signature : \_\_\_\_\_

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

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

Any questions, please call 718-337-1100