



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