



Subcontractor's Qualification Form

Return all completed forms to compliance@megagroup.nyc

SUBMITTED TO: Mega Contracting Group LLC
 48-02 25th Avenue, Suite 400
 Astoria, NY 11103

COMPANY NAME: _____ Corporation _____ PHONE #: _____
 Partnership _____
 ADDRESS: _____ Individual _____ FAX#: _____
 Other _____ EMAIL: _____
 _____ FED ID # OR SS#: _____

1. ORGANIZATION

1.1 How many years has your company been in business as a Subcontractor? _____

1.2 How many full time employees do you currently employ? Office: _____ Field: _____

1.3 Do you employ a full time bookkeeper? Yes No If Yes: _____

Name _____ Email _____ PR Week End Day

1.4 Is your company certified in any of the categories below? If yes, please attach copies of any certifications

Mega Contracting Group LLC has an established corporate policy and environment that supports the hiring of subcontractors and vendors that are Section 3 Businesses, certified Minority and Women Owned Businesses (MWBE), Service-Disabled Veteran-Owned Businesses (SDVOB) and local businesses. Please indicate if your company is certified in any of the categories below and attach copies of any certification. Did you know that your company may be a Section 3 Business? Please go to <https://portalapps.hud.gov/Sec3BusReg/BRegistry/AmlSection3> and check! If so, please register your business at <https://portalapps.hud.gov/Sec3BusReg/BRegistry/AmlSection3> and then check "Yes" below for Section 3!

MBE () No () Yes	Certified by: _____	Date: _____
WBE () No () Yes	Certified by: _____	Date: _____
SDVOB () No () Yes	Certified by: _____	Date: _____
SCA Approved () No () Yes	Certified by: _____	Date: _____
SCA Mentor () No () Yes	Certified by: _____	Date: _____
Section 3 () No () Yes	Certified by: _____	Date: _____

1.5 Union Affiliation: (check one)

() Union If yes, enter local(s) _____
 () Non-Union

1.6 LIST ALL OWNERS AND OFFICERS OF COMPANY:

NAME	TITLE	% OWNERSHIP	HOME ADDRESS

1.7 Have there been any changes to your company ownership or management in the past 2 years? Yes No

If yes, please explain:

1.8 Has your company done business under any other names in the past 5 years? Yes No

If yes, please explain:

2. LICENSING

2.1 Is your company licensed to perform any trade work () Yes () No

If yes list license type _____ and number _____

3. EXPERIENCE

3.1 Check the type of work your company performs **WITH ITS OWN FORCES** and indicate number of craftsmen you employ for each trade.

- | | | |
|-----------------------------------|---------------------------------|------------------------------|
| () Concrete _____ | () Masonry _____ | () Doors _____ |
| () General Construction _____ | () Ornamental Metal _____ | () Painting _____ |
| () Scaffolding _____ | () Structural Steel _____ | () Drywall _____ |
| () Asbestos/Lead Abatement _____ | () Carpentry _____ | () Elevator _____ |
| () Chain Link Fence _____ | () Waterproofing/Roofing _____ | () Plumbing/Sprinkler _____ |
| () Paving _____ | () Windows _____ | () HVAC _____ |
| () Demolition _____ | () Other _____ | () Other _____ |
| () Ceramic Tile _____ | () Other _____ | () Other _____ |
| () Other _____ | (Please specify) | (Please specify) |
- (Please specify)

3.2 Has your firm or any affiliate firm ever:

- A. Been under investigation for or found in violation of any labor laws? () No () Yes
- B. Had any employees file any complaint against it related to prevailing wages? () No () Yes
- C. Been disbarred by any Federal, State or Local agency or Authority? () No () Yes
- D. Been suspended, disqualified or barred from bidding? () No () Yes
- E. Ever failed to complete any work awarded to it? () No () Yes

If yes to any of the above, include detailed explanation (use additional sheet(s) if necessary):

3.3 Within the past five years, has your firm or any affiliate firm:

- A. Worked on a project with a third party labor monitor involved? No Yes
- B. Been cited for OSHA or other safety violation? No Yes
- C. Been defaulted on any contract? No Yes
- D. Been denied an award of a contract for any reason? No Yes
- E. Been served with a lien? No Yes

If yes to any of the above, include detailed explanation (use additional sheet(s) if necessary):

3.4 Is your company a party to any active lawsuit? Yes No

If yes, please list:

3.5 Are any lawsuits described in 3.4 not covered by your company's insurance? Yes No

If yes, please explain:

3.6 Has your company filed a lien on a project within the past 2 years? Yes No

If yes, please describe listing the project address and GC:

3.7 Has a lower tier subcontractor or vendor hired by your company filed a lien against a project within the past 2 years? Yes No

If yes, please explain:

3.8 Does your company hire subcontractors? Yes No

If yes, please provide a list of subcontractors hired in the last 2 years and their contact information:

3.9 List government agencies along with a contact name and phone number that your company has been approved and preformed work for as a prime contractor or subcontractor.

1) _____ Contact: _____ Phone #: _____
2) _____ Contact: _____ Phone #: _____

3.10 On the attached sheet, list at least 5 construction projects your company has underway or completed within the last 3 years, giving the name of the project, location, type of work, project size and references:

PROJECT NAME	YOUR COMPANY'S ROLE	ADDRESS	TYPE OF WORK	YOUR CONTRACT AMOUNT	PREV. OR NON PREV. WAGE?	COMPLETION DATE	NAME OF OWNER OR GENERAL CONTRACTOR	CONTRACT REFERENCE (NAME AND PHONE #)	GOV'T AGENCY
1)	GENERAL CONTRACTOR SUBCONTRACTOR								
2)	GENERAL CONTRACTOR SUBCONTRACTOR								
3)	GENERAL CONTRACTOR SUBCONTRACTOR								
4)	GENERAL CONTRACTOR SUBCONTRACTOR								
5)	GENERAL CONTRACTOR SUBCONTRACTOR								
6)	GENERAL CONTRACTOR SUBCONTRACTOR								
7)	GENERAL CONTRACTOR SUBCONTRACTOR								

4. REFERENCES

List a minimum of two references in each category and the names and phone numbers of contacts.

4.1 Suppliers:

1) _____ Contact: _____ Phone #: _____

2) _____ Contact: _____ Phone #: _____

4.2 Bank Reference:

1) _____ Contact: _____ Phone #: _____

2) _____ Contact: _____ Phone #: _____

4.3 General Contractors:

1) _____ Contact: _____ Phone #: _____

2) _____ Contact: _____ Phone #: _____

4.4 Owners/Architects:

1) _____ Contact: _____ Phone #: _____

2) _____ Contact: _____ Phone #: _____

4.5 Is the company currently bonded? Yes No

If yes please provide the information below along with written confirmation from your bonding company:

Name of bonding company: _____

Name and address of agent: _____

Total aggregate bonding line: _____

Single project bonding limit: _____

If you are unable to provide a bond, you will be required to sign a personal guaranty if awarded a subcontract.

4.6 Does your company have any available credit line with a lending institution? No Yes

If yes, what is the amount: \$ _____

4.7 Aggregate volume of work performed during the past 3 fiscal years:

YEAR	AMOUNT
_____	_____
_____	_____
_____	_____

Please attached a copy of the company's most recent annual financial statement.

4.8 INSURANCES

Please provide:

(a) a COMPLETE copy of your company general liability insurance policy

(b) a COMPLETE copy of your company automobile insurance policy

(c) a COMPLETE copy of your company umbrella/excess policy

(d) A sample insurance certificate (ACORD 25) from a current project

(e) A copy of your company Workers' Compensation Insurance certificate

5. SAFETY

Workers Compensation Experience Information

Please list the Interstate Workers Compensation Experience Modification Rate (EMR) for the previous three years.

Year	Workers Compensation Insurance Carrier	Policy Number	EMR

6. SIGNATURE

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

Signature: _____ Date: _____

Name of Organization: _____

Please print name and title of Principal/Officer furnishing information and signing above:

Name

Title

Sworn to before me this _____ day of _____, _____

Notary Public