



**KiSKA CONSTRUCTION, INC.**  
43-10 11<sup>TH</sup> STREET LIC NY 11101  
P: (718) 943-0400 F: (718) 943-0401

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**SUBCONTRACTOR/SUPPLIER PREQUALIFICATION QUESTIONNAIRE**

Please submit form by Fax or E-Mail to:

Fax: 718-943-0401

E-Mail: [estimating@kiskaconstruction.com](mailto:estimating@kiskaconstruction.com)

**DATE:**

**GENERAL INFORMATION**

**COMPANY NAME:**

**CONTACT NAME:**

**CONTACTS DIRECT #:**

**ADDRESS:**

**STREET:**

**CITY:**

**STATE:**

**ZIP:**

**PHONE:**

**FAX:**

**E-MAIL:**

**WEBSITE:**

**AREA OF OPERATION:** NYC      Long Island      North New Jersey      Other (Please Indicate)

**TRADES:** MATERIAL      LABOR      (Check both if applies)

**Please list the trades below that you are interested in bidding:**

**UNION      NON-UNION**

**If Union, please list all Locals currently signed with**

**Please list all certifications, licenses and permits (Please attach all supporting documents)**

## EQUIPMENT

**Please list company owned equipment (may attach a list instead):**

[illegible]

## REFERENCES

**PLEASE PROVIDE REFERENCES FROM PRIOR JOBS:**  
(Minimum two references)

(Minimum two references)			
NAME	COMPANY	JOB WORKED ON/WITH	CONTACT INFO
1.			
2.			
3.			

**ORGANIZATIONAL INFORMATION**

**How many years has your organization been in business as a Contractor?** Years

**Date of Organization/Incorporation:**

**Type of Company:** Corporation Partnership Sole Proprietorship Other (Please explain)

**Corporation, State incorporated in:**

**Date of Organization/Incorporation:**

**How many years has your organization been in business under its present business name?** Years

**Has your organization operated under any other name(s)? (If yes, please explain):** Yes No

**State Sales Tax No:**

**Federal ID No:**

**List Officers/Partners/Owners:**

NAME	YEARS IN POSITION	POSITION	% OWNERSHIP
1.			
2.			
3.			
4.			

**Total Number of Direct Hired (Office and Field) Employees:**

**1-Has your Company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? If yes, please explain:** Yes No

**2-Have any of the owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal product? If yes, please explain:** Yes No

**3-Has your company or any owners, officers or major stockholders ever been suspended, disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency? If yes, please explain:** Yes No

**4-Has your company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? If yes, please explain:** Yes No

**5-Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation? If yes, please explain:** Yes No

**6-Does your Company have any outstanding judgments or claims against it?** Yes No  
If yes, please explain:

**7-Please list any litigation brought against your Company in the past five (5) years asserting that you failed to make payments to anyone.**

**FINANCIALS**

**Do you provide data to Dun & Bradstreet?**

**If yes DUNS#:**

**Rating:**

**Please attach a Financial Statement (certified copy) including your organization's latest balance sheet and income statement.**

**Please indicate typical project size:**

**<\$500,000**

**\$500,000-\$1,000,000**

**\$1,000,000-\$3,000,000**

**>\$3,000,000**

**Percentage of self-performed work:**

**%**

**Please describe the largest three projects completed in the last seven (7) years**

<b>Project Name</b>	<b>Location</b>	<b>Contract Amt.</b>	<b>Reference (Name)</b>	<b>Reference (Phone #)</b>
		\$		
		\$		
		\$		

**Total number of contracts now in progress?**

**Attach a list of current major projects giving name of project, address, owner, architect, general contractor, contract amount, scope of work and scheduled completion. (Include contact people and phone numbers)**

**Total contract value of current contracts? \$**

**Annual Revenue the last three years: \$**

**\$**

**\$**

**BONDING & INSURANCE****BONDING**

What percentage of work is currently bonded? %      Largest job bonded? \$

Bonding Capacity: Aggregate limit: \$      Single project limit: \$

Bonding Agency and Agent:

Agency Name:

Contact:      Phone:

Current Surety and Underwriter:

Company Name:

Contact:      Phone:

**INSURANCE**

Insurance Agent:

Agency Name:      City:

Contact:      Phone:

Email:

Please provide name of carrier for each policy below:

Workers Comp Policy(s)	
CGL Policy (if different)	
Excess/Umbrella Liability Policy (if different)	
Auto Policy (if different)	
Pollution Policy (if different)	

Please provide us the Certificate of Insurance.

**SAFETY**

Experience Modification Rate (EMR) from Insurance Company			OSHA frequency rate= $\frac{\# \text{ of Injuries} \times 200,000}{\text{Actual Hours Worked}}$			
Year	EMR	Name of Insurance Provider	Year	Frequency Rate	# of injuries in given year	Actual hours worked in given year
Current Year			Current Year			
1 Year ago			1 Year ago			
2 Years ago			2 Years ago			
3 Years ago			3 Years ago			

Do you have a written Health & Safety Plan? **YES** **NO**

Do you have full time safety personnel? **YES** **NO**

What is your policy for placing safety personnel on a job site?

What safety training do you provide to your employees?

Who is your safety contact? **Phone #:**

Has your Company received an OSHA citation within the past three (3) years? **Yes** **No**

If yes: How many?

Describe:

**NAME**

**TITLE**

**SIGNATURE**