



56 Lafayette Avenue
Suite 365
White Plains, NY 10603
www.DawkinsDevelopmentGroup.com
info@dawkinsdevelopmentgroup.com

SUBCONTRACTOR PRE-QUALIFICATION FORM

COMPANY NAME: _____

ADDRESS: _____

PRIMARY CONTACT PHONE #: _____

ACCOUNTING CONTACT PHONE #: _____

ESTIMATING CONTACT (for Bid Invitations) Name/Title: _____
Email Address: _____

TAX ID #: _____ State of Registration: _____ Years in Business: _____

Dun & Bradstreet #: _____ Rating: _____

Trade Licensing State: _____ License #: _____ Expiration Date: _____

Trade Licensing State: _____ License #: _____ Expiration Date: _____

Trade Licensing State: _____ License #: _____ Expiration Date: _____

Lead Base License: ☐ Yes ☐ No EPA Certificates: ☐ Yes ☐ No

LIST COMPANY OFFICERS

TITLE	NAME	YEARS OF SERVICE

TRADE(S) PERFORMED: _____

GEOGRAPHIC REGION(S) SERVICED: _____

STRUCTURE TYPE(S) PREFERRED:

- ☐ Commercial ☐ Residential ☐ Industrial ☐ Government ☐ Transportation ☐ Religious
☐ Hospitality ☐ Education ☐ Retail ☐ Military ☐ Healthcare ☐ Utilities
☐ Other(s): _____

WORK TYPE(S) PREFERRED: ☐ New ☐ Alterations/Rehabilitations ☐ Interior Fit-Ups

TYPICAL PROJECT \$ SIZE: _____ ANNUAL \$ VOLUME OF WORK: _____

OF EMPLOYEES: _____ LABOR AFFILIATION: ☐ Union ☐ Non-Union ☐ Prevailing Wage
☐ Other: _____





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BUSINESS CERTIFICATIONS:

(Attach documentation from any local, state, or federal agency that has certified your company.)

- ☐ Minority Business Enterprise (MBE) ☐ Disadvantaged Business Enterprise (DBE)
☐ Woman Business Enterprise (WBE) ☐ Local Business Enterprise (LBE)
☐ Small Business Enterprise (SBE) ☐ Veterans Business Enterprise (VBE)
☐ Other: _____

SURETY

Bondable: ☐ Yes ☐ No

Has bonding ever been used to complete a project: ☐ Yes ☐ No

Bonding Company: _____ Address: _____

Contact Person: _____ Total Bonding Capacity: \$ _____

Phone Number: _____ Maximum Single Project Bonding Capacity: \$ _____

FINANCIAL INFORMATION

ANNUAL DOLLAR VOLUME FOR THE PAST THREE (3) YEARS

20__ \$ _____ 20__ \$ _____ 20__ \$ _____

Largest job during the last three (3) years: \$ _____

TOTAL WORK IN PROGRESS

Current Work Load: \$ _____ (Attach list of current work)

Bank References			
Bank Name	Bank Address	Contact Person	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Amount of Bank Line of Credit: \$ _____ Secured: ☐ Yes ☐ No

TRADE REFERENCES

Company Name	Address	Contact Person	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INSURANCE INFORMATION





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INSURANCE REQUIREMENTS**MINIMUM****ACTUAL****Commercial General Liability****\$2M Aggregate /****\$___M Aggregate /****Commercial General Liability Carrier Name:** _____**Address:** _____**Policy #:** _____**Contact Name:** _____**Phone Number:** _____**Workers' Compensation****\$1M per Accident****\$___M per Accident****Workers' Compensation Carrier Name:** _____**Address:** _____**Policy #:** _____**Contact Name:** _____**Phone Number:** _____**Commercial Automobile Liability****\$100,000 Bodily Injury****\$_____ Bodily Injury****\$300,000 per Accident****\$_____ per Accident****\$100,000 Property Damage per****Accident or Combined \$100,000****\$_____ per Accident****Commercial General Liability Carrier Name:** _____**Address:** _____**Policy #:** _____**Contact Name:** _____**Phone Number:** _____**Professional Liability (Engineers & Consultants)****\$1M Aggregate****\$___M Aggregate****\$1M per Claim****\$___M per Claim****Professional Liability Carrier Name:** _____**Address:** _____**Policy #:** _____**Contact Name:** _____**Phone Number:** _____

- ❖ Dawkins Development Group Inc. must be the Certificate Holder with the Corporate Address: 206 Ferris Avenue, White Plains, NY 10603
- ❖ Dawkins Development Group Inc. must be named as Additional Insured
- ❖ Option 1: "Certificate Holder is named as Additional Insured as per written contract with respect to the General Liability policy described above and subject to provisions and limitations of the policy"
- ❖ Option 2: An attached schedule or endorsement naming Dawkins Development Group Inc. (or certificate holder) as Additional Insured.

SAFETY POLICIES, PROCEDURES, AND TRAINING



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Do you have a documented safety policy program? (Attach a copy of the safety program)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Safety Officer/Department in your company? Name: _____ Phone Number: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you employ a full time Safety Supervisor on all job sites?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Personal Protective Equipment (PPE), Policy or Program? (i.e. mandatory hard hats, gloves, safety glasses, etc.) If "Yes," what does it cover: _____ _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your Safety Program address all OSHA Standards as they apply to contractors and all of the requirements associated with these standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company have a Substance Abuse Program designed to provide a drug free workplace? Pre-Employment Screening? <input type="checkbox"/> Yes <input type="checkbox"/> No For Cause Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No Random Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require on-site Supervisor/Foreman to have completed the OSHA 30-Hour training course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What type of safety orientation do you provide for new hires? <input type="checkbox"/> Film <input type="checkbox"/> Slides <input type="checkbox"/> Handbook <input type="checkbox"/> Verbal <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require your subcontractors to meet the same safety standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

LEGAL ISSUES

Are you now or have you been involved in any bankruptcy or reorganization proceedings? ☐ Yes ☐ No

Are there judgement, claims, or suits pending or outstanding against your company? ☐ Yes ☐ No

Have you ever received notices of environment, health, or safety violations from Regulatory agencies? ☐ Yes ☐ No

Within the last five (5) years, have you failed to complete a contract? ☐ Yes ☐ No

If "yes," please explain: _____

CAPABILITIES & CERTIFICATIONS





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CONSTRUCTION				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	02 Existing Conditions 02 20 Assessment 02 30 Subsurface Investigation 02 40 Demolition and Structure moving 02 50 Site Remediation 02 60 Contaminated Site Material Removal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	23 Heating, Ventilating, and A/C 23 30 HVAC 23 80 Decentralized HVAC Equipment	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	03 Concrete 03 10 Concrete Forming and Accessories 03 20 Concrete Reinforcing 03 30 Cast-in-Place Concrete 03 40 Precast Concrete 03 50 Cast Decks and Underlayment 03 60 Grouting 03 70 Mass Concrete 03 80 Concrete Cutting and Boring	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	25 Integrated Automation 25 10 Integrated Automation Network Equipment 25 30 Integrated Automation Instrumentation and Terminal 25 50 Integrated Automation Facility Controls 25 90 Integrated Automation Control Sequences	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	04 Masonry 04 20 Unit Masonry	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	26 Electrical 26 10 Medium-Voltage Electrical Distribution 26 20 Low-Voltage Electrical Transmission 26 30 Facility Electrical Power Generating and Storing Equipment	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	05 Metal 05 10 Structural Metal Framing 05 40 Cold-Formed Metal Framing 05 50 Metal Fabrications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	27 Communications 27 10 Structured Cabling 27 20 Data Communications 27 30 Voice Communications 27 40 Audio-Video Communications 27 50 Distributed Communications and Monitoring Systems 27 60 Wireless Transceivers	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	06 Wood, Plastics, and Composites 06 10 Rough Carpentry 06 20 Finish Carpentry 06 40 Architectural Woodwork 06 50 Structural Plastics 06 60 Plastic Fabrications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Electronic Safety and Security 28 10 Electronic Access Control and Intrusion Detection 28 20 Electronic Surveillance 28 30 Electronic Detection and Alarm 28 40 Electronic Monitoring and Control	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	06 70 Structural Composites 06 80 Composite Fabrications			



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<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	07 Thermal and Moisture Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	31 Earthwork
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	07 10 Damp-Proofing and Waterproofing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	31 10 Site Clearing
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	07 20 Steep Slope Roofing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	31 20 Earth Moving
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roofing and Siding Panels	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	31 30 Earthwork Methods
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Membrane Roofing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	31 40 Shoring and Underpinning
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Flashing and Sheet Metal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	31 50 Excavation Support and Protection
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof and Wall Specialties & Accessories	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	31 60 Special Foundations and Load-Bearing Elements
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	09 Finishes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 Exterior Improvements
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	09 90 Painting and Coating	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 10 Bases, Ballasts, and Paving
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 30 Site Improvements
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 70 Wetlands
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 80 Irrigation
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 90 Planing
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	13 Special Construction	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	33 Utilities
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	13 30 Special Structures	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	33 70 Electrical Utilities
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	13 40 Integrated Construction	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	33 70 71 Transmission & Distribution
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	13 50 Special Instrumentation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	33 70 72 Utility Substations
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	33 70 75 High Voltage Switchgear
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	33 70 77 Medium Voltage Switchgear
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	48 Electrical Power Generation
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	48 10 Electrical Power Generation Equipment
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	48 10 14 Solar Energy Electrical Power Generation Equipment
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	48 10 14 12 Solar Energy Collectors
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	48 70 Electrical Power Generation Testing

TYPES OF WORK PERFORMED (TRADES)

Indicate types of work performed through direct hire and types subcontracted

TYPE OF WORK (TRADE)	% DIRECT HIRE	% SUBCONTRACT

RELEVANT EXPERIENCE / REFERENCES





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1. Client Name: _____
Contact Name: _____
Type of Work: _____
Date Completed: _____

Address: _____
Phone Number: _____
% Volume: _____

2. Client Name: _____
Contact Name: _____
Type of Work: _____
Date Completed: _____

Address: _____
Phone Number: _____
% Volume: _____

3. Client Name: _____
Contact Name: _____
Type of Work: _____
Date Completed: _____

Address: _____
Phone Number: _____
% Volume: _____

LIST THREE (3) MOST RECENTLY COMPLETED CONTRACTS

1. Client Name: _____
Contact Name: _____
Type of Work: _____
Date Completed: _____

Address: _____
Phone Number: _____
% Volume: _____

2. Client Name: _____
Contact Name: _____
Type of Work: _____
Date Completed: _____

Address: _____
Phone Number: _____
% Volume: _____

3. Client Name: _____
Contact Name: _____
Type of Work: _____
Date Completed: _____

Address: _____
Phone Number: _____
% Volume: _____

COMPETITIVE MARKET

- Indicate the size of project in which you are most competitive (enter 1).
- Show in preference order (i.e. 2,3,4...) other size projects you are capable of performing:





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- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Under \$100,000 | <input type="checkbox"/> \$100,000 - \$200,000 | <input type="checkbox"/> \$200,000 - \$500,000 | <input type="checkbox"/> \$500,000 - \$1 Million |
| <input type="checkbox"/> \$1M - \$3 Million | <input type="checkbox"/> \$3M - \$6 Million | <input type="checkbox"/> \$9M - \$15 Million | <input type="checkbox"/> Over \$15 Million |

SIGNATURE

Signature of Company Officer

Signature

Title

Print Name

Date