

# MOUNTCO

## Construction and Development Corp.

### PREQUALIFICATION QUESTIONNAIRE

Please type or print all information requested

<b>Company:</b>		<b>Contact:</b>	
<b>Address:</b>		<b>Title:</b>	
<b>City, State &amp; Zip:</b>		<b>Telephone:</b>	
<b>E-mail:</b>		<b>Website:</b>	

How many years has your organization been in business?

Years: \_\_\_\_\_

**IF CORPORATION:**

Date of Incorporation: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

**IF PARTNERSHIP:**

Name and Address of Principal:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Type of work: \_\_\_\_\_

Number of personnel in organization:

\_\_\_\_\_ Administrative \_\_\_\_\_ Professional \_\_\_\_\_ Office \_\_\_\_\_ Shop \_\_\_\_\_ Field

Has your firm worked on a Prevailing Wage Project? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, please specify:  NY State Labor Law 220/230  Davis Bacon

Are there any judgments, claims or suits pending or outstanding against you? \_\_\_\_\_ Yes \_\_\_\_\_ NO

Type of Experience:

- Residential (New Construction)  Residential (Occupied Rehab)  Condo  
 Commercial  Retail

Have you performed work for Mountco Construction and Dev. Corp.? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, List Projects: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PREQUALIFICATION QUESTIONNAIRE

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State the maximum size project which you feel you are capable of handling.

- Up To \$500,000
- \$500,000 - \$1,000,000
- \$1,000,000 - Over

Is the Company M/W/LBE Certified? \_\_\_\_\_ YES \_\_\_\_\_ NO

- Minority Business Enterprises (MBE)  Women's Business Enterprise (WBE)
- Locally-Based Business Enterprise (LBE)

## BONDING COMPANY INFORMATION:

Name of Surety: \_\_\_\_\_

Name of Bonding Agent: \_\_\_\_\_

Bonding Capacity: \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_ Single

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

Telephone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

**\*\* PLEASE ATTACH A CURRENT LETTER OF BOND ABILITY FROM YOUR SURETY**

## INSURANCE COMPANY INFORMATION:

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Experience Modification Rate (EMR): \_\_\_\_\_

**\*\* PLEASE ATTACH FULL COPY OF YOUR INSURANCE POLICIES, ALONG WITH A COI "EVIDENCE OF COVERAGE"**

## BANK COMPANY INFORMATION:

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

**\*\* PLEASE PROVIDE PROFIT / LOSS STATEMENT FOR PAST 2 YEARS**

## PAYROLL PROCESSING PROVIDER:

Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Does your company offer Direct Deposit to it's employees? \_\_\_\_\_ Yes \_\_\_\_\_ No

# PREQUALIFICATION QUESTIONNAIRE

Please type or print all information requested

List all major construction projects your organization has completed in the past five years.

Project Name: \_\_\_\_\_

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

Project Type: \_\_\_\_\_

Owner: \_\_\_\_\_

Architect: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_

Reference(s): \_\_\_\_\_

\_\_\_\_\_

Project Name: \_\_\_\_\_

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

Project Type: \_\_\_\_\_

Owner: \_\_\_\_\_

Architect: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_

Reference(s): \_\_\_\_\_

\_\_\_\_\_

Project Name: \_\_\_\_\_

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

Project Type: \_\_\_\_\_

Owner: \_\_\_\_\_

Architect: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_

Reference(s): \_\_\_\_\_

\_\_\_\_\_

**We recognize that Mountco Construction will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company. The information provided herein is true and sufficiently complete so as to not be misleading.**

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

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

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

Date: \_\_\_\_\_