



P.O. Box 810 6 Railroad Ave.
Oneonta, New York 13820

(607) 432-7803 Office

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SUBCONTRACTOR PREQUALIFICATION FORM

GENERAL INFORMATION

Company's Legal Name:				FEIN:			
Street Address:							
Mailing Address:							
Phone:		Fax:		Website:			
Years In Business:				Date Of Incorporation:			
Estimating Contact:				E-mail:			
Type Of Business:	Sole Proprietor:	Partnership:	Corporation:	C:	S:	LLC:	Other:
Affiliated Subsidiaries (If None, Leave Blank):							
Union/Open Shop:				If Union, List Signatory Unions:			
Minority Business Enterprise Status:	None:	MBE:	WBE:	DBE:	SBE:		
Trades Normally Performed With Own Forces:							
% Of Work Normally Subcontracted:							

FINANCIAL INFORMATION

Surety Company:				Broker/Agent:			
Single Project Bonding Capacity:				Aggregate Bonding Capacity:			
D&B Number:				D&B Pay Index:			
Has Your Firm Ever Filed For Bankruptcy:	Yes:	No:					

SAFETY INFORMATION

Does Your Firm Have A Full Time Safety Officer:	Yes:	No:	If Yes, Name:				
If No, Who Is Your Safety Control Employee:							
Does Your Company:							
1. Have A Written Safety & Health Manual:	Yes:	No:					
2. Hold Safety Meetings:	Yes:	No:					
3. Perform Periodic Project Safety Inspections:	Yes:	No:					
4. Perform Safety Training & Orientation:	Yes:	No:					
Does Your Company Have A Drug Free Workplace Policy:	Yes:	No:					
If Yes, Does It Call For Testing At The Following Times:							
(Mark All That Apply)	Pre-Employment:	Random:	Post Accident:	Reasonable Suspicion:			
Please Enter Company's Safety Statistics For The Past Three (3) Years:							
	Year 1	Year 2	Year 3				
1. Total Hours Worked:							
2. Number Of Lost Time Incidents/Illnesses:							
3. Number Of Cases With Days Away From Work:							
4. Number Of Fatalities:							
5. OSHA Recordable Incident Rate (#2 x 200,000/#1):							
6. Lost Time Accident Rate (#3 x 200,000/#1):							
7. Experience Modification Rating:							

Has Your Company Received Any OSHA Violations In The Last Three (3) Years:	Yes:		No:		
<u>If Yes, Please Attach Explanation And Copy Of OSHA Violation(s).</u>					
COMPANY/PROJECT HISTORY					
<u>Does Your Company Have Any Active Litigation With Any Owners Or Other General Contractors:</u>					
<u>In The Past Five (5) Years, Has Your Company Been Involved In Any Of The Following:</u>					
1. Judgments Or Claims:	Yes:		No:		
2. Assessed Liquidated Damages:	Yes:		No:		
3. Labor Law Violations:	Yes:		No:		
<u>Has Your Company Ever:</u>					
1. Defaulted Or Failed To Complete A Contract:	Yes:		No:		
2. Been Terminated From A Contract:	Yes:		No:		
<u>If You Answered Yes To Any Of The Above Questions, Please Attach An Explanation.</u>					
INSURANCE REQUIREMENTS					
Eastman Associates, Inc. Requires All Subcontractor's To Carry The Following Types, Limits, And Endorsements Of Insurance:					
1. General Liability, Including Personal Injury: Per Project Aggregate; Broad Form Property Damage; Explosions; Collapse & Underground; Completed Operations And Contractual Liability - \$1,000,000 (Per Occurrence), \$2,000,000 (Aggregate)					
2. Automobile Liability, For All Owner And Non-Owner Vehicles - \$1,000,000 (Combined Single Limit)					
3. Umbrella Liability - \$5,000,000					
4. Worker's Compensation Including Disability And Employer's Liability - As Required By Law - \$1,000,000 / \$1,000,000 / \$1,000,000					
5. Pollution Liability (Only If Required) As Shown Per Type Of Work Below: Asbestos & Lead Work: \$5,000,000 (Per Occurrence/Aggregate) Site Hazardous Materials Work: \$2,000,000 (Per Occurrence/Aggregate) Mechanical, Mold, And Other Work: \$2,000,000 (Per Occurrence/Aggregate)					
6. Eastman Associates, Inc., Owner, And Any Other Party Noted In The Prime Contract Shall Be Named As Additional Insured On All Of The Above Mentioned Policies, Including The Coverage For Ongoing And Completed Operations, Except Worker's Compensation.					
7. Completed Operations Should Generally Be Maintained For One (1) Year From Date Of Final Acceptance, Unless Specified Otherwise In Prime Contract Documents.					
8. All Policies Shall Be Primary And Non-Contributory Over Any And All Collectible Insurance And Must Be With AM Best Rated A- Or Better Policies. No Exclusions For Residential Or Labor Law Claims Are Acceptable.					
9. To The Fullest Extent Permitted By Applicable State Law, A Waiver Of Subrogation Clause Shall Be Added To The General Liability, Automobile Liability, Umbrella Liability, And Worker's Compensation Policies In Favor Of Contractor, Owner, And Any Other Party Noted In The Prime Contract, And Shall Apply To The Contractor's And Owner's Officers, Agents, And Employees, With Respect To All Projects During The Policy Term.					
10. All Policies Shall Provide That They Will Not Be Cancelled, Allowed To Expire, Or Restrictively Modified Without Thirty (30) Days' Prior Notice To Eastman Associates, Inc.					
ATTACHMENTS					
In Order For Your Company To Be Approved As A Subcontractor, Please Attach A Copy Of The Following:					
1. W-9					
2. Insurance Certificate					
3. EMR Worksheet/Letter					
4. Past Three (3) Years Of Project Experience					
5. Safety & Health Manual					
6. Any Required Explanations					
PRINCIPAL SIGNATURES					
Signature:			Date:		
By:			Title:		

Once Completed, Please Email To DDuffy@eastman-assoc.com