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VENDOR PRE-QUALIFICATION FORM

General Business Information

Date _____

Name of Business _____ Address _____

Telephone Number _____ Fax No. _____ Date Business formed _____

Main Email _____ Estimating E-mail: _____

Principal/Owner _____ Title _____

Estimating _____ Title _____

Annual Sales Volume \$ _____ Number of Field Employees _____

Confirm if you're a: Sub-Contractor _____ Supplier _____ Union _____ Non-Union _____ Both _____

List trades performed by your own forces _____

List trade license numbers (if applicable to your trade) _____

Do you have any of the following certifications? MBE _____ WBE _____ DBE _____ SWAC _____

Insurance, Health & Safety

Provide a current Sample insurance certificate. Will the applicant business provide coverage to additional insured on a primary and noncontributing basis? Yes _____ No _____

Please list your experience modification ratings (EMR Ratings). If you don't have experience modification ratings please attach your

OSHA Form 300A Logs for the last 3 years. Year _____ EMR _____ Year _____ EMR _____ Year _____ EMR _____

Provide the name & email addresses of person within your organization responsible for handling insurance certificates & Health & Safety.

Insurance Name _____ Email Address _____

Health & Safety Name _____ Email Address _____

Experience and Performance

Please summarize the work completed by the applicant business for three (3) typical projects

Project Owner	General Contractor	Contact Person	Contact Phone #	Contract Price	Completion Date	Scope of Work

Please select the trades that you perform

Division 1 - General Requirements
Temp Toilets
Scaffolding
Temp Fencing & Barricading
Sub-Cleaning
Division 2 - Site Construction
Site Demolition
Saw Cutting
Excavation & Earthwork
Piles - Shoring
Asphalt
Utility (san, water, gas, elect, comm)
Drainage
Abatement (acm, lead, mold)
Fencing
Sitework Specialties
Landscaping & Irrigation
Division - 3 - Concrete
Concrete - Building
Concrete - Site
Misc Concrete
Division 4 - Masonry
Brick & CMU
Paver Brick
Thin Brick / Stone
Division 5 - Metal
Structural Steel
Misc Metals
Ornamental Ironwork
Division 6 - Wood & Plastics
Rough Carpentry
Millwork
Solid Surface
FFE
Trusses
Division 7 - Thermal & Moisture Protection
Waterproofing
Concrete & Masonry Restoration
Spray Foam Insulation
Fireproofing
Roofing
EFIS
Aluminum Composite Material
Insulation
Expansion Control

Division 8 - Doors & Windows
HM D/F/H
Coiling & Folding Doors
Tinting & Films
Automatics & Entrances
Architectural Metals
Glass & Mirror
Storefront Systems
Division 9 Finishes
Epoxy
Ceramics
Ardex / Toppings
Polishing & Terrazzo
Wood Floors
Vinyl Flooring
Carpet
VCT - Carpet - Vinyl
Specialty Flooring
Painting
Painting - Other
Plaster Finishes
Division 10 - Specialties
Suppliers
Toilet Part. Metal
Signs
Misc Div 10
Fire Extinguishers
Bath Accessories
Division 11 - Equipment
Misc Specialty Equip
Loading Dock Equip
Division 12 - Furnishing
Window Treatment
Division 14 - Conveying Systems
Vertical Transport
Escalators
Division 15 - Mechanical
Refrigeration
Fire Sprinklers
Plumbing
HVAC
Division 16 - Electrical
Electrical
Lighting Package
Fire Alarm
Lo-Volt Wiring

Regions of Work

NYC 5 Boroughs Manhattan ____ Brooklyn ____ Queens ____ Bronx ____ Staten Island ____
NYS Counties Westchester ____ Rockland ____ Putnam ____ Dutchess ____ Orange ____ Albany ____
NYS Long Island Nassau County ____ Suffolk County ____
New Jersey Northern & Mid ____ Central ____ Southern ____ (Please provide a copy of your NJ Business Registration)
Other Connecticut ____ (Please provide a copy of your Nonresident Contractor Notice of Verified Status)

Financial Information

Tax ID No. _____ Type of Business - Sole Proprietorship ____ Corporation ____ Partnership ____ Other ____
Bank Name _____ Bank Address _____
Contact Name _____ Contact Phone _____
Does the company have a line of credit with a lending institution? Yes ____ No ____ If so, available limit _____
Annual Sales for the last three years
Year _____ Sales _____ Year _____ Sales _____ Year _____ Sales _____
Accounts Receivable Name _____ Email Address to Receive Electronic Pay-stubs _____

Bonding Information

If required can your company provide bonding of your work? Yes _____ No _____

Other Financial and Legal Information

[If yes to any of the questions below, please provide an explanation]

Has the applicant business, its affiliates or key personnel been a party to a bankruptcy or reorganization proceeding?
Yes ____ No ____

Has the applicant business or its key personnel had any business related license, certificate or certification revoked in the past five (5) years? Yes ____ No ____

Has the applicant business ever been defaulted and/or terminated on a contract?
Yes ____ No ____

In the past five (5) years, has the applicant business been a plaintiff or defendant in any lawsuits arising out of its projects?
Yes ____ No ____

Is there any litigation arising from alleged non-performance on a job currently pending?
Yes ____ No ____

In the past five (5) years, has the applicant business been found to have committed a violation of any local, state or federal labor law or regulation, including prevailing wage rates and fair labor practices?
Yes ____ No ____

Required Attachments: Please provide copies of your W-9 and Safety Manual

DGC APPROVAL NOTES (SUBCONTRACTORS PLEASE DO NOT WRITE BELOW)

Project _____
Estimating Approval _____ Accounting Approval _____
Internal Notes _____

