



No: \_\_\_\_\_

Dun & Bradstreet No: \_\_\_\_\_ D & B rating: \_\_\_\_\_

Does the Company have a line of credit with a Bank, or loan with a financial institution? Provide details:

Name & address of lending institution	Amount of credit	% of credit remaining

Does the Company carry Insurances?

- General Liability  Yes  No  
Workers Compensation  Yes  No  
Auto  Yes  No  
Umbrella  Yes  No  
Does your Workers Compensation cover NY State?  Yes  No

Name of the Insurance Company: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Contact Tel No: \_\_\_\_\_

Provide the Interstate Workers Compensation Experience Modification Rate (EMR) for the previous three years.

Year	WC Insurance Carrier	EMR

**V. Safety**

Does the Company have a written Safety Program:  Yes  No

Did the Company have any Serious OSHA violations in the last 3 years?  Yes  No

If yes, please explain: \_\_\_\_\_

Are there Safety and Toolbox Meetings conducted on site?  Yes  No

At what intervals?  Monthly  BiMonthly  Weekly

Do you assign Safety Professionals to work sites?  Yes  No

Please explain: \_\_\_\_\_

**VI. Labor Relations**

Is the Company  Union  Non Union

If Labor Union, Local No. & Construction Trades \_\_\_\_\_

Is the Company able to bid projects with prevailing wage/ certified payroll requirements?  Yes  No

Does the Company participate in a NYS DOL approved Apprentices Program. Please specify:

\_\_\_\_\_

This form was completed by:

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

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

Please list projects all current and completed in the last five years.

	PROJECT 1	PROJECT 2	PROJECT 3
Owner/ Agency/ Developer			
General Contractor			
Project Name & Contract #			
Project Location			
Work performed on Project			
Contract Amount (\$)			
Start Date			
Completion Date			
Project References Name & Company			
Telephone Number Email Address			

Note Please photocopy page to list additional projects.