



PREQUALIFICATION QUESTIONNAIRE

A. GENERAL INFORMATION

NAME OF FIRM: _____

ADDRESS OF FIRM: _____

CITY, STATE, ZIP CODE: _____

USA REGION: New York – NY Metropolitan Area New Jersey/Pennsylvania/South Jersey New England/Boston/CT
(Choose One)

Los Angeles

Chicago

Nevada

DC/Virginia/Maryland

Telephone Number: _____

Fax Number: _____

Company Website: _____

Contact name and title: _____

Contact email: _____

Applicable SIC Code(s): _____

Are you listed in Dun & Bradstreet? _____

If yes, what is your Dun & Bradstreet No.? _____

If yes, what is your rating? _____

Is your operation: ☐ union ☐ non-union ☐ both

Specify all trade(s) your firm uses: _____

Specify all types of work your firm performs: _____

B. ORGANIZATION:

1. Please indicate if a CORPORATION: Yes No

Date of Incorporation _____ State of Incorporation _____

If not a corporation indicate (Company , LLC, Partnership, Etc.): _____

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2. Has your firm's legal status (i.e. corporation, partnership, LLC, or sole proprietorship) changed in the past 5 years?

Yes No

3. Please indicate the following information about all principals, executive officers and directors:

†

Full Name	Title	E-mail	Phone Number	Time in Position	Years with Company	Years in Industry

Bid Packages should be sent to: _____

4. Federal Tax Identification Number: _____

EIN#: _____

5. Has your firm conducted operations by any other name in the past 5 years? Yes No

If yes, list here: _____

6. Is your firm owned or controlled by a parent or any other organization? Yes No

If yes, list here: _____

7. Number of personnel in your organization:

Current:

Home Office/
Administrative _____ Field Supervisors _____ Trade People _____ Total _____

Past Three Years:

Home Office/
Administrative _____ Field Supervisors _____ Trade People _____ Total _____

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8. Please Indicate:

UNION INFORMATION			
Union Local Number	Union Name	Union Contact (name & number)	Agreement Expiration

TRADE ASSOCIATIONS NAMES		
Association Name	Association Contact	Phone Number

C. LICENSING INFORMATION

1. Please provide all trade and professional licenses, if any, required for you to perform your services.

Type of License/ Name of License	State	License Number

2. Has your license ever been revoked? Yes No

If Yes, please provide the date of the revocation and an explanation of the circumstances giving rise to the revocation:

3. Has a complaint ever been filed with a Contractor's State License Board against your firm?

Yes No

If Yes, please provide the date of the complaint and an explanation as to the basis for the complaint:

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D. WORK EXPERIENCE

1. What is your firm's Average Size Job? \$ _____

Explanation: _____

2. On which project size are you most competitive?

Under \$100,000	†	\$3,000,000-\$6,000,000	†
\$100,000-\$200,000	†	\$6,000,000-\$9,000,000	†
\$200,000-\$500,000	†	\$10,000,000-\$15,000,000	†
\$500,000-\$1,000,000	†	Over \$15,000,000	†
\$1,000,000-\$3,000,000	†		

3. What was your firm's Largest job (\$) ever completed

Amount: _____ Year: _____

Project Name: _____

Scope: _____

4. Description of work subcontracted: _____

5. Provide the following information:

1) A complete list of current projects (sorted by category, i.e. Residential, Commercial, Public, Other) giving name of project, address, owner, architect, general contractor, contract amount scope of work and scheduled completion. (Include contact people and phone numbers).

2) A complete list of projects completed in the last three years giving name of project, address, owner, architect, general contractor, contract amount, scope of work and scheduled completion. (Include contact people and phone numbers).

3) Have you ever worked on a Tishman Project as a prime or subcontractor? If yes, please provide details.

***NOTE: For the following 7 questions (6-12) where "Yes" is selected, please provide an explanation.**

6. During the past five (5) years, has your firm or any other organization led by your firm's principals, executive officers and directors failed to complete any contract work or been terminated by cause? Yes † No

7. During the past five (5) years, has your firm defaulted on a contract or been assessed liquidated damages?† Yes † No

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8. During the past five (5) years, has your firm been the subject of a lien or claim of \$50,000 or more by a subcontractor or material supplier? † Yes † No
9. Are there any judgments, claims, arbitration proceedings, or suits pending/outstanding against your firm or its officers or principals? † Yes † No
10. During the past five (5) years, has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts? † Yes † No
11. During the past seven (7) years, has your firm or any principal, officer or director thereof been a party to a bankruptcy or reorganization proceedings? † Yes † No
12. Has your surety ever been called upon to finish one of your construction projects? † Yes † No

E. INTEGRITY

***NOTE: For the following 9 questions where “Yes” is selected, please provide an explanation.**

1. During the past five (5) years, has your firm, its parent, a subsidiary or affiliate, or any principal, officer or director thereof been suspended, debarred, disqualified or otherwise been declared ineligible to bid or to perform work? Yes † No
2. During the past seven (7) years, has your firm, its parent, a subsidiary or affiliate or any principal, officer, director or employee thereof been subpoenaed by a local, state, multi-state, or federal governmental agency or authority? Yes † No
3. During the past seven (7) years, has your firm, its parent, a subsidiary or affiliate or any principal, officer, director or employee thereof been the target or subject of any investigation by a local, state, multi-state, or federal governmental agency or authority? Yes No
4. During the past seven (7) years, has your firm, its parent, a subsidiary or affiliate or any principal, officer, or director been convicted of a crime, entered a plea of nolo contendere, indicted or otherwise charged or fined? Yes No
- †
5. Does your firm, its parent, a subsidiary or affiliate or any principal, officer or director thereof have any business or financial dealings with an employee of Tishman? Yes No
6. Are any principals, officers or directors of your firm, its parent, a subsidiary or affiliate, past or present employees of Tishman? Yes No

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7. Are there any principals, officers or directors of your firm, its parent, a subsidiary or affiliate, related by kinship or marriage to any past or present employees of Tishman?
Yes No
8. During the past seven (7) years, has your firm, its parent, a subsidiary or affiliate or any principal, officer, or director entered into a consent decree, deferred prosecution agreement or a non-prosecution agreement relating to business activities?
Yes No
9. During the past seven (7) years, has your firm, its parent, a subsidiary or affiliate engaged the services of an integrity monitor, an independent private sector inspector general ("IPSIG"), or an integrity compliance consultant in connection with any public or private contract?
Yes No

F. FINANCIAL INFORMATION

1. Attach your firm's most recent financial statement (audited, if available) for the entity that will be signing the contract.
2. Please indicate this year's estimated annual sales volume: \$_____
3. Indicate the annual sales volume of work performed over the past 5 years:

Year 2010 Average Volume \$_____

Year 2011 Average Volume \$_____

Year 2012 Average Volume \$_____

Year 2013 Average Volume \$_____

Year 2014 Average Volume \$_____

4. Please provide the following financial information from the above financial statement:

Working Capital: \$_____

Net Worth (assets minus liabilities): \$_____

Your Current Ratio (current assets divided by current liabilities): _____%

Your Leverage Ratio (total liabilities divided by net worth): _____%

5. What is your backlog?

As of today? _____

As of last financial statement? _____

As of 12 months ago? _____

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G. REFERENCES

1. Banking Reference:

Contact Name: _____

Company Name: _____

Phone Number: _____

Address: _____

2. Bonding Reference:

Agent Name: _____

Company Name: _____

Phone Number: _____

Address: _____

Capacity:

Single Limit: \$ _____

Total Program Bonding Limit: \$ _____

Net Capacity Available: \$ _____

3. Has your firm ever been enrolled in a TCC Subguard program? _____

If yes, where? _____

H. SAFETY INFORMATION:

1. Please list your firm's Workers compensation interstate experience modification rate (EMR) for the most recent 3 years and if available, provide a copy of your insurance agent's verification letter.

Note: If your firm's EMR exceeded 1.0 in any of the most recent 3 years, please provide a written explanation of why it exceeded 1.0 and what steps have been taken or will be taken to improve safety performance.

2015 EMR _____

2014 EMR _____

2013 EMR _____

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2. Do you have a full-time safety representative? _____

Contact person for Corporate Safety Issues: _____

Name: _____

Title: _____

Phone: _____

E-mail: _____

3. OSHA Citations:

a. List the number of OSHA citations your firm has received in the past 3 years: _____

b. List the number of OSHA citations your firm has received in the past 3 years that were categorized as either “serious”, “willful” or “repeated”: _____

4. Number of job related fatalities in the past 3 years: _____

Please provide a written explanation for any job related fatality in the past 3 years and attach with this submission.

5. Please attach copies of your firm’s OSHA No. 300/300a log(s) and summary for the most recent 3 years along with your most current log(s) and summary to date.

6. Please enter your OSHA Recordable Incident Rate and Lost Workday Incident Rate for the most recent 3 years including year to date and attach copies of the same with this submission.

2015 OSHA Recordable Incident Rate: _____

2015 OSHA Lost Workday Incident Rate: _____

2014 OSHA Recordable Incident Rate: _____

2015 OSHA Lost Workday Incident Rate: _____

2013 OSHA Recordable Incident Rate: _____

2015 OSHA Lost Workday Incident Rate: _____

7. Does your company have a qualified person responsible for safety? If yes, please attach a resume of description of qualifications. _____

Yes ☐ No ☐

8. Does this person perform safety inspections on all your projects?
If yes, how often? _____

Yes ☐ No ☐

9. Does your firm have a written Company Safety Policy and Program? Provide copies if requested.

Yes ☐ No ☐

10. Does your company have a drug test policy? Provide policy if requested.

Yes ☐ No ☐

11. Does your company require 100% fall protection from a height of 6 feet or greater?

Yes ☐ No ☐

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12. If requested, will your firm provide us with a site specific fall protection plan addressing the specific hazards related to your work at any site? Yes ☐ No ☐
13. Does your company require documented safety meetings for the employees? Indicate which and how often for the following
General Labor _____
Field Supervisors _____
New Hires _____
Subcontractors/Vendors _____
14. Has your firm been convicted, fined or issued a violation by an environmental or natural resource agency in the past 5 years. If yes, please attach a description. Yes ☐ No ☐
15. Does your company provide safety training for all employees? Yes ☐ No ☐
If yes, describe training provided _____
16. Does your company have a disciplinary program in place for safety violations? Yes ☐ No ☐
17. Does your company conduct accident / incident investigations? Yes ☐ No ☐

I. INSURANCE:

Insurance Company Information:

Broker/ Company Name: _____
Address: _____
Telephone: _____ Agent: _____
General Liability Carrier: _____
General Liability per Occurrence Limit: _____
General Liability Aggregate Limit: _____
Excess Liability Carrier: _____
Excess Liability Limit: _____
Workers Compensation Carrier: _____
Workers Compensation Limit: _____

Have you ever been enrolled in an Owner Controlled Insurance Program (OCIP)? ☐ Yes ☐ No ☐
Have you ever been enrolled in a Contractor Controlled Insurance Program (CCIP)? ☐ Yes ☐ No ☐

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J. DIVERSITY PROGRAM STATUS

Tishman Construction Corporation (“Tishman”) often constructs projects pursuant to agreements with federal, state and local owners and authorities, and private entities (collectively hereinafter “Owners”) that receive financial assistance or other support from a federal, state or local governmental authority or that voluntarily have supplier diversity programs. When performing such contracts, Tishman and its contractors and subcontractors are obligated to comply with contract provisions, laws and regulations that mandate a percentage of participation by firms that have been duly certified as a Disadvantaged Business Enterprise (“DBE”), Minority Business Enterprise (“MBE”), Women-Owned Business Enterprise (“WBE”), Small Business Enterprise (“SBE”), Local Business Enterprise (“LBE”), Emerging Business Enterprise (“EBE”), Veterans Business Enterprise (“VBE”), Veteran Owned Small Business (“VOSB”), Service Disabled Veteran Owned Small Business (“SBVOSB”) or other diversity program entity. Owners establish the diversity program utilization goals and Tishman and/or its contractors and subcontractors must meet those goals or demonstrate that they have made good faith efforts to achieve the Goals by taking attainment credit only for work performed by firms that have been duly certified and that have performed a commercially useful function or other program equivalent.

Accordingly, if the Company is (a) currently certified pursuant to a diversity program, (b) has a certification pending, or (c) was denied, de-certified or graduated from such program at any time in the past, please complete Section J of this Questionnaire.

If the Company is not currently certified, has no certification pending, and has never been denied, de-certified or graduated, please mark the “N/A” box for question 1. (If you select “N/A” in response to Question 1., the remaining questions in section J need not be answered.)

1. Is the Company currently certified as any of the following: (check all that apply)

☐ N/A

☐ DBE ☐ MBE ☐ WBE ☐ SBE ☐ EBE ☐ LBE ☐ VBE ☐ VOSB ☐ SDVOSB

☐ Other _____

2. Please complete the chart below for all **current** certifications:

Note: If the Company is certified as a particular type of Disadvantaged Firm by more than one agency, please list all certifying agencies, certification numbers and expiration date of all said certifications (e.g., if the Company is certified as a DBE by both the MTA and by the NYSDOT, then list both certifying agencies, both certification nos. and the expiration of both of those certifications).

Certification Type	Certifying Agency	Certification No.	Expiration Date
DBE			
MBE			

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WBE			
SBE			
EBE			
LBE			
VBE			
VOSB			
SDVOSB			
Other [insert]			

- Please provide a copy of each and every current certificate and each and every certifying agency certification letter with this questionnaire.**
- Please complete the chart below and list all North American Industry Classification (“NAICS”) codes, New York State ESD (“NYS ESD”) codes or other state classification codes for work which the Company is certified to perform.

Certification Type (e.g., DBE, MBE, or Other)	Code Type (e.g. NAICS, NYS ESD, or Other)	Code Number	Work Description

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5. Does the Company currently have any applications **pending** for any certification programs with any government agency?

☐ Yes ☐ No

If yes, please provide details:

6. Has the Company ever been **denied**, **de-certified** or **graduated** out of a certification program with any government agency?

☐ Yes ☐ No

If yes, please provide details:

7. Please fill in the chart below and provide the name of each individual and/or entity who has an ownership interest in the Company, by noting the name of the individual or entity, his/her title if an individual, and the percentage ownership interest held by that individual or entity:

Individual or Entity	Title	Percentage of Ownership Interest

8. Does the Company own, rent or lease its office?

☐ Own ☐ Rent/Lease

If rented or leased, please provide the information below:

Owner of Office Facility	Address of Owner	Phone Number and Email Address

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9. Does the Company share any office space, staff or equipment (including telephone exchanges) with any other business or organization?

☐ Yes ☐ No

If yes, please provide the information below:

"Other" Business or Organization	Tax ID # or EIN	Describe nature of shared space

10. What type of work or trades does the Company usually perform or what type of materials, supplies or equipment does the Company usually furnish?

11. If the Company functions as a **Furnish and Install Contractor**, please complete this section:

☐ Furnish and Install ☐ Not Applicable

- a. Does the Company employ its own field labor?

☐ Yes ☐ No

- b. Will the Company provide its own on-site, full-time foreman and/or superintendent to actively manage the work?

☐ Yes ☐ No

- c. Is there any equipment that the Company does not own and that the Company regularly needs to perform the work?

☐ Yes ☐ No

If "Yes", please explain below:

Type of Equipment Not Owned But Regularly Needed	Reason Company Needs the Equipment	How Company Regularly Obtains The Equipment

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d. Does the Company regularly subcontract a particular type or scope of work to another firm?

☐ Yes

☐ No

If “Yes”, please explain below:

Type of Work Regularly Subcontracted	Reason Company Regularly Subcontracts this Type of Work

12. If the Company functions as a **Supplier**, **Regular Dealer** or **Broker**, please complete this section:

☐ Supplier, Regular Dealer, Broker

☐ Not Applicable

a. For the procurement of goods, materials, supplies or equipment:

Does the Company identify the quantity of the goods, materials, supplies or equipment to be procured?

☐ Yes

☐ No

Does the Company negotiate the price and terms with the manufacturer?

☐ Yes

☐ No

Does the Company manage the orders of goods, materials, supplies and equipment?

☐ Yes

☐ No

Does the Company warehouse its orders?

☐ Yes

☐ No

Does the Company ship the goods, materials, supplies or equipment from the manufacturer to the Company's warehouse or storage facility?

☐ Yes

☐ No

Does the Company ship the goods, materials, supplies or equipment from the manufacturer directly to the job site?

☐ Yes

☐ No

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Does the Company drop-ship the goods, material, supplies or equipment from the manufacturer directly to the job site?

☐ Yes ☐ No

Does the Company pay for the goods, material, supplies or equipment from the Company's own funds?

☐ Yes ☐ No

b. Does the Company own, rent or lease a warehouse?

☐ Own ☐ Rent/Lease

Warehouse address: _____

If rented or leased, please provide the information below:

Owner of Office Facility	Address of Owner	Phone Number and Email Address

c. If the Company owns or uses a warehouse, please identify the type of goods, materials, supplier or equipment regularly stocked in the warehouse:

Type of goods, materials, supplies and equipment: _____

d. If the Company shares the use of the warehouse with any other entity, and if so, state the name(s) of the other entity or entities and the relationship between the Company and the other entity or entities.

☐ Yes – Company shares the use of a warehouse ☐ No – Company does not share use of a warehouse

Name of Entity Sharing Use of Warehouse	Relationship Between the Company and the Entity

PREQUALIFICATION QUESTIONNAIRE

- e. If the Company regularly drop-ships or trucks the materials to the job site using the manufacturer's trucks or another company's trucks, please explain (a) why this is and (b) if that is the normal procedure for goods, materials supplies or equipment of this kind to be so shipped.

13. If the Company functions as a **Trucking Company**, please complete this section:

- a. Is the Company responsible for the management and supervision of the entire trucking operation?

☐ Yes ☐ No

If "No", please identify which portions of the trucking operation the Company does not manage and supervise and provide an explanation as to why.

- b. How many trucks does the Company own? _____

- c. Please provide proof of title and registration for all of the trucks owned by the Company.

- d. Does the Company regularly rent or lease additional trucks?

☐ Yes ☐ No

14. If the Company functions as a **Technical Services**, **Consultant** or **Professional Services** company, please complete this section:

- a. The Company provides: (check all that apply)

- ☐ Scheduling services
☐ Logistical services
☐ Surveying
☐ Engineering
☐ Reproduction
☐ Expediting
☐ Consulting

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- ☐ Environmental Consulting
- ☐ Energy Consulting
- ☐ Safety Consulting
- ☐ Other services (please describe)

- b. Does the Company use its own labor to provide the services to be rendered?
- ☐ Yes ☐ No
- c. Does the Company regularly subcontract a particular type or scope of work to another firm?
- ☐ Yes ☐ No

If “Yes”, please explain below:

Type of Work Regularly Subcontracted	Reason Company Regularly Subcontracts this Type of Work

K. CERTIFICATION

I hereby certify that I have supplied current, full, honest, accurate and complete responses to each question, sub-question and sub-part in this Pre-qualification Questionnaire on behalf of the Company to the best of my knowledge, information and belief. The Company and I understand that Tishman Construction Corporation will rely on the information supplied in response to this Pre-qualification Questionnaire in fulfilling its contractual obligations to its projects’ owners (“Owners”). The Company and I acknowledge an affirmative obligation to immediately inform Tishman, in writing, of any material change to the information provided in response to this Pre-qualification Questionnaire. Pursuant to its contractual obligations, Tishman may disclose any and all information provided to Tishman in response to this Pre-qualification Questionnaire to the Owners.

Officer Signature: _____

Officer Name (print): _____

Officer Title: _____

Dated: _____

PREQUALIFICATION QUESTIONNAIRE

Forward this completed questionnaire with attachments to:

Tishman Construction Corporation of New York

100 Park Ave

New York, New York 10017

Attention: Kristen Johnson

Kristen.Johnson@aecom.com