



**Michael Anthony Contracting Corporation**  
*Construction Management • General Contracting • Design Build*  
**Subcontractor Qualification Statement Application**

Date of Response: \_\_\_\_\_

Form Version Dated: October 2, 2013

**General Information**

**Legal Name of Company:**

Street Address:

Mailing Address:

Phone:

Fax:

Email Address:

Web Address:

President:

Federal Tax ID#:

**Type of Work Performed:**

Division:

CSI Code #:

**Geographic Areas of Work:** Check all that apply    Staten  
 LI -Nassau   LI- Suffolk   NYC   Queens   Brooklyn   Bronx   Island   Westchester   Yonkers   NJ   Other:

**County / Village / Town Licenses / Certifications:** (Please list. Provide separate list if needed)

Locality:	License Type:	Individual Named on License:	License #:	Expiration Date:
-----------	---------------	------------------------------	------------	------------------

Locality:	License Type:	Individual Named on License:	License #:	Expiration Date:
-----------	---------------	------------------------------	------------	------------------

Locality:	License Type:	Individual Named on License:	License #:	Expiration Date:
-----------	---------------	------------------------------	------------	------------------

**Business Classification:** Check all that apply. Please return with copies of certificates.

MBE:       WBE:       SBE:       DBE:       Veteran:



**Michael Anthony Contracting Corporation**  
*Construction Management • General Contracting • Design Build*

**Subcontractor Qualification Statement Application**

**Number of years in business?** \_\_\_\_\_ Years

Under present name? Yes  No  If no, please provide list of former names

**Number of Employees:** Office: \_\_\_\_\_ Field: \_\_\_\_\_

**Type of Organization:** Corporation:  Partnership:  Sole Proprietor:  Other:   
 Specify: \_\_\_\_\_

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

**Names of Officers/Partners/Owners:**

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

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

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

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

**Estimating Department Address and Information:** (if different from above.)

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

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

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_ Federal Express #: \_\_\_\_\_

**Project Executive**

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

Email: \_\_\_\_\_ Mobile #: \_\_\_\_\_



**Michael Anthony Contracting Corporation**  
*Construction Management • General Contracting • Design Build*

**Subcontractor Qualification Statement Application**

**Contact person responsible for handling billing:**

Contact:

Title:

Email:

Telephone #:

**Financial Information**

**Has the company ever filed for bankruptcy?**

Yes:  No:

If yes, please explain fully on a separate sheet

**Has the company ever failed to complete any work?**

Yes:  No:

If yes, please explain fully on a separate sheet

**Are there any judgments or claims pending against, or contemplated by the company that could negatively impact its ability to perform its contract?** If yes, please explain fully on a separate sheet

Yes:  No:

**Annual sales volume for past three (3) years**

\$ \_\_\_\_\_ (20\_\_\_\_)    \$ \_\_\_\_\_ (20\_\_\_\_)    \$ \_\_\_\_\_ (20\_\_\_\_)

Anticipated volume this year \$ \_\_\_\_\_ (20\_\_\_\_)    Current backlog: \$ \_\_\_\_\_

**Please attach most recent fiscal year ended, reviewed or compiled financial statement or tax return**

Bank Name:

Contact Name:

Phone No.:

D&B Number:

D&B Rating:



**Michael Anthony Contracting Corporation**

*Construction Management • General Contracting • Design Build*

**Subcontractor Qualification Statement Application**

**Does the company have the ability to furnish Performance & Payment Bonds?**

Yes:  No:

If yes, please attach letter from bonding company, signed by an attorney in fact.

If yes, what is the bonding capacity remaining?

\$

**Bonding Company:**

Agent:

Address:

Phone No:

Single Limit : \$

Aggregate Limit: \$

**Insurance**

**Company:**

Agent:

Address:

Telephone No.:

Fax No.:

General Liability Limits : \$

Automobile Limits: \$

Umbrella Limits : \$

Workers Comp. Policy? Yes  No

**Current EMR #:**

Please attach an independent verification letter of your current EMR rating and list three (3) prior years EMR

Year/Rate: /

Year/Rate: /

Year/Rate: /

**Qualification Statement**

**Labor/Union affiliations** (please check all that apply)

Union:

Non-Union:

Open Shop:



**Michael Anthony Contracting Corporation**  
*Construction Management • General Contracting • Design Build*  
**Subcontractor Qualification Statement Application**

If Union, please provide a list of all unions: (Attach separate list if necessary)

Local No.	Union Name	Geographic Area	Agreement Expiration Date
-----------	------------	-----------------	---------------------------


**Size project most competitive in performing** (please check one):

Under \$100,000:       \$100,000 to \$200,000:       \$200,000 to \$500,000:       \$500,000 to \$1M:

Largest project completed: \$

**Types of construction your company specializes in:**

Residential:       Industrial:       Commercial:       School:       Healthcare:

Other (please list):

**Can you work on prevailing wage jobs?**    Yes    No



**Michael Anthony Contracting Corporation**  
*Construction Management • General Contracting • Design Build*  
**Subcontractor Qualification Statement Application**

List two (2) major suppliers:

**Company**

Address:

Contact:

Email:

Telephone No.:

Fax No.:

**Company**

Address:

Contact:

Email:

Telephone No.:

Fax No.:

**Safety**

Has your company ever been cited by OSHA in the past five years?

Yes:  No:

If Yes, please explain:

Do you have a safety program? If yes, please provide table of contents.

Yes:  No:

Are employees trained in safety requirements?

Yes:  No:



**Michael Anthony Contracting Corporation**  
*Construction Management • General Contracting • Design Build*  
**Subcontractor Qualification Statement Application**

**Work History**

List any services your company can provide that are not detailed in the sections that follow:

**Are you a pre-approved vendor for any of the following?**

Catholic Health Services of Long Island Yes:  No:

Columbia University Yes:  No:

Hospital for Special Surgery (HSS) Yes:  No:

Memorial Sloan Kettering (MSK) Yes:  No:

New York Downtown-Presbyterian Yes:  No:

New York University (NYU) Yes:  No:

North Shore Long Island Jewish (NSLIJ) Yes:  No:

Other:

Other:

Other:



**Michael Anthony Contracting Corporation**  
*Construction Management • General Contracting • Design Build*

**Subcontractor Qualification Statement Application**

List three (3) current major projects that are being performed or recently completed

**Customer:**

Contact:

Email:

Telephone No.:

Fax No.:

Project Name:

Project Location:

Scope of Work:

Architect:

Contact:

General Contractor:

Contact:

Contract amount: \$

**Customer:**

Contact:

Email:

Telephone No.:

Fax No.:

Project Name:

Project Location:

Scope of Work:

Architect:

Contact:

General Contractor:

Contact:

Contract amount: \$





**Michael Anthony Contracting Corporation**  
*Construction Management • General Contracting • Design Build*

**Subcontractor Qualification Statement Application**

---

**Customer:**

---

Contact:

Email:

---

Telephone No.:

Fax No.:

---

Project Name:

---

Project Location:

---

Scope of Work:

---

Architect:

Contact:

---

General Contractor:

Contact:

---

Contract amount: \$

---

**List largest project completed in the past five (5) years**

---

Customer:

---

Contact:

Email:

---

Telephone No.:

Fax No.:

---

Project Name:

---

Project Location:

---

Scope of Work:

---

Architect:

Contact:

---

General Contractor:

Contact:

---

Contract amount: \$

---



**Michael Anthony Contracting Corporation**  
*Construction Management • General Contracting • Design Build*

**Subcontractor Qualification Statement Application**

**REQUIRED ATTACHMENTS**

- Copies of Certifications (if applicable) for WBE/MBE/Veteran/SBE/DBE:** Please attach a copy of your certifications if applicable
  
- EMR Explanation:** Please attach a letter from your insurance carrier verifying the EMR rates and provide a written explanation for any EMR rating over 1.00
  
- Financial Statement:** Please attach the most recent fiscal year end audited, reviewed or compiled financial statement. Your financial statement is strictly for Michael Anthony Contracting Corp.'s internal review and will be kept confidential.
  
- Letter of Surety from Bonding Company:** Please attach a letter from your bonding company, signed by an attorney in fact.
  
- Table of Contents from Safety Program:** Please attach a copy of your Table of Contents from your documented safety program.



**Michael Anthony Contracting Corporation**  
*Construction Management • General Contracting • Design Build*

**Subcontractor Qualification Statement Application**

**Confidentially Note**

The information supplied by the undersigned of this document is intended only for the use of Michael Anthony Contracting Corp.

**Certification**

The undersigned hereby certifies that to the best of his/her knowledge and belief that the information provided herein is true, correct and sufficiently complete so as not to be misleading. It is also understood that any misleading and/or false statements contained herein may disqualify the company and/or be sufficient cause for termination of any contract, agreement or work assignment award by Michael Anthony Construction Corp.

**Company Name:** \_\_\_\_\_

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

**Printed Name:** \_\_\_\_\_

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

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

**To be completed by Michael Anthony Contracting Corp.**

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_

**Estimating Approval:**

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

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

**Accounting Approval:**

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

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

**Project Management Approval:**

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

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

**Disapproved by:**

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

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

**Why?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_