



NJHFMA - CHIP Program Contractor Qualification Application

COMPANY INFORMATION

Name of Company: _____

Main Office Street Address: _____

City/ State/Zip: _____

Mailing Address if different: _____

Name of Primary Contact: _____ Title: _____

Telephone: _____ Fax: _____ Cell: _____ E-mail: _____

Corporation ___ Partnership ___ Individual ___ Joint Venture ___ Other ___ EIN/SS# _____

Do you work: Union ___ Open Shop ___ Both ___

Does your business qualify as: DBE ___ MBE ___ SBE ___ WBE ___

Provide certification number (if applicable): _____

Number of Employees: Field Supervisory ___ Office ___ Trades People ___

List the CSI Codes for the work you self-perform: _____

List the CSI Codes for items you subcontract out: _____

Describe geographic locations of your normal work area: _____

FINANCIAL INFORMATION

Annual Dollar Volume for the past 3 years: Year _____ \$ _____

Year _____ \$ _____

Year _____ \$ _____

Expected Annual Volume for this year: Amount \$ _____ Number of Projects: _____

Largest Contract Completed: Project Name _____ Amount \$ _____

Scope _____ Year _____

Average Range of Projects: Minimum \$ _____ Maximum \$ _____

Percentage of work normally subcontracted: _____ %

Please attach two years of financial statements, preferably audited, including your organization's latest balance sheets, income statements, statements of net worth, cash flow statements, and footnotes.
(Your financial statements are strictly for the Scungio Borst & Associates purchasing department and will be treated confidentially.)



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LEGAL INFORMATION

Has your Company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? Yes ____ No ____

If yes please explain: _____

Have any of the Owners, officers or major stockholders of your company ever been indicted or convicted of any felony of other criminal conduct? Yes ____ No ____

If yes, please explain: _____

Has your Company ever had a claim against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? Yes ____ No ____

If yes, please explain: _____

Does your Company have any outstanding judgments or claims against it? Yes ____ No ____

If yes, please explain: _____

Has any litigation been brought against your Company in the past five (5) years asserting that you failed to make payments to anyone? Yes ____ No ____

If yes, please explain and list litigation: _____

INSURANCE INFORMATION

Liability Broker/Company Name: _____

Insurance agent's name & phone number: _____

Years in business with current insurance agency: _____

Workers Compensation Insurance Experience Modifier: _____

Indicate Current and Maximum Obtainable Limits for the following:

	Current	Max. Obtainable
General Liability	\$	\$
Auto Insurance	\$	\$
Workman's Compensation	\$	\$
Excess Coverage-Umbrella	\$	\$



Scungio Borst & Assoc.

**Construction Management
& Consulting**

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SAFETY INFORMATION

Does your company have a safety program? Yes _____ No _____

EMR rating for the past 3 years: _____

For the past 3 years please list:

Number of fatalities: _____ Description: _____

Number of lost & restricted workday cases: _____ Employee hours worked: _____

Number of OSHA Violations your Company received this year: _____

If Violations were willful, provide description: _____

Recordable Incidence Rate: _____ Lost workday incidence rate: _____

BANKING INFORMATION

Name of Bank: _____ Branch Location: _____

Contact Name: _____ Telephone: _____

Line of Credit: \$ _____ Available: \$ _____ Expires: _____

BONDING INFORMATION

Name of Surety Company: _____

Name of Surety Broker: _____

Address of Surety Company: _____

City/ State/Zip: _____

Contact Name: _____ Telephone: _____

Fax: _____ Cell: _____ E-mail: _____

Limits of Bonding Capacity: Single Project: \$ _____ Aggregate: \$ _____

Date of Last Bond: _____ Bond Rate: _____ %

Please list the persons or entities who provide indemnification to your Surety: _____

Please complete and return this form and any related document (by fax or mail) to:

Scungio Borst & Associates
One Port Center
2 Riverside Drive, Suite 500
Camden, NJ 08103

TEL: 856-757-0100
FAX: 856-757-9115
Attn: Jeff Riley

I hereby certify that the information provided herein is true and sufficiently complete so as to not be misleading.

Signed: _____ Title: _____ Date: _____