

CITY OF KINGSTON
Office of Economic and Community Development
brobinson@kingston-ny.gov

Brenna L. Robinson, Director



Steven T. Noble, Mayor

CONTRACTOR PRE-QUALIFICATION FORM

CONTRACTOR:

The City of Kingston, NY has been awarded \$544,000, by the NYS Department of Health, to administer a Lead Service Line Replacement Program. The City anticipates the replacement of approximately 85 service lines on homes in the mid-town Kingston target area with the value of individual bid packages ranging from \$5,000 to \$10,000 per project. The City recognizes the importance of craftsmanship, quality materials, skill and experience with respect to the performance of these service line replacement projects. Consequently, the City has established a pre-qualification procedure for contractors and will develop and maintain a Qualified Contractors list for the purposes of bid procurement for this grant. Contracts for this work will only be awarded to pre-qualified contractors. Contractors added to the pre-qualified contractors list will remain on the list for the two year grant term. Documents must be signed by the company principal, officer or legally authorized signatory.

INSTRUCTIONS:

In order to pre-qualify the contractor must:

- Complete the contractor's qualification form in its entirety and submit it to the OECD
- Submit certificate of insurance naming the City of Kingston as additionally insured
- Submit worker's compensation insurance certificate C-105.2 or CE-200 if exempt
- Submit disability insurance certificate D.B. 120.1
- Submit a completed W-9 tax form (attached)
- Agree that work performed under the Lead Service line Replacement Program will comply with Article 8 of the New York State Labor Law including but not limited to its prevailing wage and hours provisions, required job site postings, and the payroll filing requirements
- Agree to warranty all work performed under the Lead Service line Replacement Program contracts, as evidence by the contractors signature on the contractors warranty section of the pre-qualification form.

If, in the opinion of the OECD, the contractor meets the program's standards for qualified contractors, the contractor will be notified and placed on the list of Qualified Contractors.

The OECD reserves the right to require additional information, including a financial statement from contractors, if required for pre-qualification.

The OECD reserves the right to remove any contractor from the list of Qualified Contractors for any reason at any time. Any false statement will result in the immediate disqualification from bidding or any program participation.

Respectfully,

The City of Kingston Office of Economic and Community Development Staff

Questions or Comments: Arlene Puentes, 845 334 3920, apuentes@kingston-ny.gov

CONTRACTOR PRE-QUALIFICATION FORM (continued)

CONTRACTOR INFORMATION:

Company Name: _____ Address: _____

Phone: _____ Cell: _____ Fax: _____

E-Mail: _____ Federal Tax I.D. _____ S.S. #: _____

Principals Name: _____ Home Address: _____

Home Phone: _____

*The city of Kingston encourages DBE's including MBE's and WBE's to pre-qualify for purpose of being included in the Lead Service Line Replacement Program.

COMPANY STRUCTURE:

Sole Proprietorship Partnership Corporation LLC Other/Specify _____
 Union Non-Union

Business Classification: (check all that apply)

DBE (Disadvantaged Business Enterprise) MBE (Minority Business Enterprise)
 WBE (Women-Owned Business Enterprise) SBE (Small Business Enterprise)

Provide the following information for each person who is either a partner or an officer of the firm/company/corporation:

Name: _____	Position: _____	Years with Co. _____	% Ownership _____
Name: _____	Position: _____	Years with Co. _____	% Ownership _____
Name: _____	Position: _____	Years with Co. _____	% Ownership _____
Name: _____	Position: _____	Years with Co. _____	% Ownership _____

Date company organized? _____ Where incorporated? _____

How long in business under current name? _____

Have you had a business under another name? If yes, explain _____

CONTRACTOR PRE-QUALIFICATION FORM (continued)

Are you a City of Kingston licensed plumber? _____ License number _____

Has your City of Kingston license or any other trade license been revoked in the last five (5) years? _____

Have you ever failed to complete work awarded to you? _____ If yes, explain _____

Have you ever defaulted on a contract or been terminated for cause by any public agency? _____ If yes, explain _____

Are you currently listed as an ineligible contractor by any local, state or federal government contractor list? _____ If yes, explain _____

Is your firm/company currently the debtor in a bankruptcy case or have any kind of judgement rendered against you related to any type of construction services? _____

At any time during the last five (5) years, has your firm/company or any of its owners or officers been convicted of crime involving the awarding of a government construction project, bidding or performance of a government contract? _____

At any time in the past five (5) years, has your firm/company been found by an awarding agency to not be a responsible bidder? _____

INSURANCE:

Does your coverage meet the required minimums? _____ (see attached minimum insurance coverage form)

Insurance company _____ Address _____

Agent Name _____ Phone number _____

Liability Ins. Policy # _____ Expiration date _____

Worker's Compensation Ins. # _____ Expiration date _____

Disability Ins. Policy # _____ Expiration date _____

CONTRACTOR PRE-QUALIFICATION FORM (continued)

PROJECT EXPERIENCE:

Provide the following information for your last three (3) lead service line replacement projects or new water service line installation projects:

Name _____ Address _____

Phone # _____ Date completed _____ Contract amount \$ _____

Scope of work _____

Name _____ Address _____

Phone # _____ Date completed _____ Contract amount \$ _____

Scope of work _____

Name _____ Address _____

Phone # _____ Date completed _____ Contract amount \$ _____

Scope of work _____

REFERENCES: Please provide three (3) recent professional business references.

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

CONTRACTOR PRE-QUALIFICATION FORM (continued)

SUB-CONTRACTORS: To be used on LSLRP projects (i.e. Excavation, Paving, Etc.)

Company Name: _____ Address: _____

Phone: _____ Cell: _____ E-Mail: _____

Principals Name: _____ Federal Tax I.D. _____

Is company a ___ WBE (Women-Owned Business Enterprise) or ___ MBE (Minority Business Enterprise)?

Company Name: _____ Address: _____

Phone: _____ Cell: _____ E-Mail: _____

Principals Name: _____ Federal Tax I.D. _____

Is company a ___ WBE (Women-Owned Business Enterprise) or ___ MBE (Minority Business Enterprise)?

Company Name: _____ Address: _____

Phone: _____ Cell: _____ E-Mail: _____

Principals Name: _____ Federal Tax I.D. _____

Is company a ___ WBE (Women-Owned Business Enterprise) or ___ MBE (Minority Business Enterprise)?

I hereby certify that the information herein, to the best of my knowledge and belief, is true, accurate and complete.

Firm/Company

Date

Principal/Authorized Signatory

Print Name

Return Fully Completed Form To: City of Kingston Office of Economic and Community Development
Attn: Arlene Puentes
420 Broadway, City Hall
Kingston, NY 12401
845-334-3920

CONTRACTOR PRE-QUALIFICATION FORM (continued)

MINIMUM INSURANCE COVERAGE REQUIREMENTS FOR CONTRACTORS AND SUB- CONTRACTORS

Worker's Compensation

- Most contractors must submit Form C-105.2 – Certificate of Worker's Compensation
Contractors covered by the State Insurance Fund must submit Form U-26.3
- Contractors who are self-insured must submit Form SI-12 – Certificate of Worker's Compensation Self-Insurance
- Contractors not required to carry Worker's Compensation Insurance must submit Form CE-200 – Certificate of Attestation of Exemption from Worker's Compensation/Disability Insurance

Disability Benefits Insurance

- Most contractors must submit Form DB-120.1 – Certificate of Disability Benefits Insurance
- Contractors who are self-insured must submit Form DB155 – Certificate of Disability Self-Insurance
- Contractors not required to carry Disability Benefits Insurance must submit Form CE-200 - Certificate of Attestation of Exemption from Worker's Compensation/Disability Insurance

***NOTE: ACORD forms are NOT acceptable proof of NYS Worker's Compensation or Disability Benefits Insurance Coverage.**

Commercial General Liability Insurance

Coverage shall be written on Commercial General Liability form and shall include Contractual Liability, Independent Contractors, Products and Completed Operations.

The City of Kingston, located at 420 Broadway, City Hall, Kingston, NY 12401, shall be added to the Commercial General Liability policy as "Additional Insured" and this insurance shall be primary and non-contributory with any other valid and collectable insurance.

- Bodily Injury Liability insurance in an amount not less than One Million Dollars (\$1,000,000.00) for each occurrence and in an amount not less than Two Million Dollars (\$2,000,000.00) general aggregate.
- Property Damage Liability Insurance in an amount not less than One Million Dollars (\$1,000,000.00) for each occurrence and in an amount of not less than Two Million Dollars (\$2,000,000.00) general aggregate.