

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

Brenna L. Robinson, Director



Steven T. Noble, Mayor

CONTRACTOR'S STATEMENT OF QUALIFICATIONS

All questions must be answered in a clear and comprehensive manner. A Contractor may submit any additional information if he/she desires.

1. Name of Firm: _____
2. Address: _____
3. Phone Number(s) _____
4. Email _____
5. Number of years Contractor has been in business under present name: _____
6. If Contractor has been in business under another firm or trade name, previously, give the name(s) and address(es): _____

7. General field contractor works in : _____

8. Has Contractor ever defaulted on any work awarded? _____ If yes, explain why, where and when:

9. Is the Contractor a member of a local Construction Trade Association? _____
10. How many permanent employees are in the firm? _____ Full time _____ Part time _____
11. List major subcontractors used by the firm and their addresses:

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12. Does Contractor abide by all applicable equal employment opportunity regulations? _____
13. If required, is the contractor able to provide a Performance Bond? (Contact your insurance company if there are questions about this) Yes _____ No _____
14. *Please provide Proof of Insurance, including Amount of Liability Insurance, Workers Compensation/Disability Insurance, and Name of Insurance Company including an address and telephone number. Please list City of Kingston, Office of Economic and Community Development, 420 Broadway, Kingston, New York 12401 as additionally insured. (Your insurance company can fax these documents to us at (845)334-3932)*
15. *Please provide a W-9 which includes full legal business name, type of business and EIN.*

Signature

Date

Name (please print)

Title

