



Business Applicant Name: \_\_\_\_\_ EIN: \_\_\_\_\_

**PLEASE NOTE: AS REQUIRED IN SECTION 7, A COPY OF YOUR MOST RECENT FINANCIAL STATEMENT MUST BE SUBMITTED WITH THIS APPLICATION. THE APPLICATION WILL BE REJECTED WITHOUT THIS INFORMATION**

d/B/A or Trade Name  
(as registered w/ NYS DOS): \_\_\_\_\_

List all Affiliated Businesses and  
Subsidiaries of Applicant: \_\_\_\_\_

Business address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Delivery address (if different): \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name of person completing this application	Title	Date Completed
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**Provide a response to all questions.  
Attach additional sheet(s) of paper to this application as needed to respond fully to all questions.**

**1. Types of Projects**

Use this page to indicate which type of project you are applying for.  
If you are interested in more than one type of project, check each box that corresponds to the type of project your firm is interested in bidding.

Scope of Typical Contract	Experience	<\$1M	\$1M-\$5M	\$5M-\$10M	>\$10M
1. General Construction		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Electrical		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plumbing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. HVAC		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Site Improvements		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Underground Utilities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Foundations & Excavation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Windows including Doors		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Roofing & Waterproofing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Security Systems		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Hazardous Materials Abatement		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Demolition/ Rubbish Removal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Brick Work/ Façade Work		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Other _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2. Reference Projects: Please provide references and project information in the table below for five of your most successful, relevant projects presented in your response to question number 1.

PROJECT REFERENCES LIST table with 5 rows and 5 columns: Client Company/Agency/Authority and Project Name and Location, Prime or Sub Contractor, Description of Work (% Work Self Performed), Your Contract Value \$, Client Reference Contact Name, Title and Telephone Number

3. Current Projects: List the major projects you currently have on the books:

CURRENT PROJECT LIST table with 5 rows and 7 columns: Client Company/Agency/Authority and Project Name and Location, Prime or Sub Contractor, Description of Work (% Work Self Performed), Your Contract Value \$, Bonding Amount, Estimated Start & Completion Dates

4. Bonding Capacity: Provide a letter on surety letterhead confirming adequate bonding capacity to meet the minimum bond requirement for the project categories. Indicate the business' bonding capacities as follows:

Form for bonding capacity: \$ Single \$ Aggregate Letter attached: Yes [ ] No [ ] Bonding Company: \_\_\_\_\_ Bonding Co. Rating: \_\_\_\_\_

5. Existing Insurance Coverage: Provide documentation of existing insurance coverage.

Form for existing insurance coverage: General Liability: \$ Automobile Liability: \$ Excess Liability: \$ Error and Omissions \$ Pollution Liability: \$ Workers Compensation: \$ Insurance Company: \_\_\_\_\_ Proposed Insurance Certification attached: Yes [ ] No [ ]



**6. Past Performance:**

- (a) Has your organization ever failed to complete any awarded work in the last five years? Yes  No
- (b) Has there been any judgments, claims, arbitration proceedings and/or suits pending against your organization, owners, or officers in the last five years? Yes  No
- (c) Has your organization filed any lawsuits or requested arbitration with regard to contracts within the last five years? Yes  No
- (d) Has your organization received any federal or state regulatory (ie. NYS DOL, NYS DEC, OSHA, USEPA, etc.) citations or violations on a project in the past five years? Yes  No
- (e) Has your organization been found not registered with NYS Department of State? Yes  No

**7. Financial Strength and Stability:**

- (a) **A COPY OF YOUR MOST RECENT FINANCIAL STATEMENT MUST BE SUBMITTED WITH THE APPLICATION. THE APPLICATION WILL NOT BE REVIEWED WITHOUT THIS INFORMATION.** Target financial criteria is as follows:
  - Current ratio (current assets/ current liabilities) 1.25:1 minimum
  - Debt to equity ratio: 3:1 maximum
  - Credit to Revenue ratio: 5% minimum
- (b) Pre-qualification requires a business credit line. Provide details below for each line of credit, or loan provided by a lending institution supported by a letter from a bank or an alternate equivalent. If none, please indicate.
  - Alternative or equivalent measures may be considered.

Name and address of lending institution	Amount of Credit Line

- (c) Are you now or have you ever been involved in any bankruptcy or re-organization proceedings? Yes  No
- (d) Have any liens for failure of payment been filed by your subcontractors against you in the last five years? Yes  No

**8. Safety:**

Workers Compensation Experience Information: Provide the Interstate Workers Compensation Experience Modification Rate (EMR).

Year	Workers Compensation Insurance Carrier	Policy Number	EMR

*In addition to listing your EMR information in the above chart, also provide this information on your insurance carrier or broker's letterhead.*

Verification Provided Yes  No



**9. Business Certifications:**

IS THE BUSINESS CERTIFIED AS ANY OF THE FOLLOWING TYPES OF BUSINESS BY A GOVERNMENT AGENCY OR AUTHORITY?  
IF YES, ATTACH COPIES OF ALL SUCH CERTIFICATIONS.

- MINORITY-OWNED BUSINESS ENTERPRISE (MBE) Yes  No
- WOMEN-OWNED BUSINESS ENTERPRISE (WBE) Yes  No
- SMALL BUSINESS ENTERPRISE (SBE) Yes  No
- DISADVANTAGED BUSINESS ENTERPRISE (DBE) Yes  No
- VETERAN / SERVICE-DISABLED VETERAN OWNED BUSINESS Yes  No
- HISTORICALLY UNDERUTILIZED BUSINESS ZONES (HUBZone) Yes  No

**10. Apprenticeship Program:**

Is the firm currently enrolled in a New York State approved apprenticeship program? Yes  No

If so, please describe the program the firm is enrolled with and provide verification from the New York State approved apprenticeship program (on NYSDOL or Union Affiliation letterhead). Program Enrolled:

\_\_\_\_\_

**11. Integrity:**

- (a) Has your firm ever been debarred from bidding on or being awarded a State or Federal Public Works Project? Yes  No
- (b) Has the firm or its predecessor or any key person with the firm or its predecessor ever been formally charged with or convicted of any state or federal crime (excluding traffic violations), including but not limited to embezzlement, theft, forgery, bribery, falsification or destruction of records, receipt of stolen property, criminal antitrust violations, bid-rigging or bid-rotating? If a conviction or plea of nolo contendere was entered, include in your explanation documentation (such as a Court Order) when the sentence ended. Yes  No
- (c) Has the firm or its predecessor or any key person with the firm or its predecessor ever been charged with or convicted of a state or federal civil antitrust violation or similar offense? Yes  No
- (d) Has the firm or its predecessor, any key person of the firm or its predecessor or any firm with which a key person was affiliated filed for bankruptcy within the past ten years? Yes  No
- (e) Has the firm or its predecessor or any key person of the firm or its predecessor ever been suspended or debarred by a state, federal or municipal agency? Yes  No



**The following must be completed by an officer of the applicant firm.**

A false statement or omission made in connection with this application is sufficient cause for denial of the proposal or revocation of a prior approval thereby precluding the applicant from performing work for RG&E for a period of three years.

I, (Name, print), being duly sworn, state that I am (Title) of (Business Applicant Name), and that I have read and understood the questions contained in this application. I certify that to the best of my knowledge the information given in response to each question and the appendices is full, complete, and truthful. I recognize that all the information submitted is for the express purpose of inducing LiRo to pre-qualify a contractor and does not assure that it will be deemed qualified. I authorize LiRo to contact any entity named in the application for the purposes of verifying the information supplied by the applicant.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

Completed applications, with supporting documentation, are required for your firm to be considered for the pre-qualification list.

**END OF BIDDER APPLICATION**

**Provide a response to all questions. Attach additional sheet(s) of paper to this application as needed to respond fully to all questions.**

Submit the completed application, Financial Statement, and any additional documentation to [info@liro.com](mailto:info@liro.com)