



## Sub Contractor Qualification Form

Thank you for your interest in Americon Construction, Inc. In order to better utilize your company, we would like to know a little more about you.

In the following pages, you will find our Subcontractor Information Form. This form is very important and must be completed by all subcontractors who would like to bid/work with Americon.

If you can please take a few minutes to fill out this form you can then mail, fax or email it back directly to one of the contacts listed below. Please only send the form to the person listed as the contact for the type of work about which you are inquiring. If you are submitting this form for consideration on a specific project, please make a note of the project on your cover page when you return the completed form.

Please note that all Subcontractor Information Forms are placed on a shared drive within Americon's database, viewable by all Americon Construction project team members and estimators. After receiving your form, please understand that Americon will contact you when and if your company is matched to an upcoming project of interest.

If you have any questions regarding this form, or about Americon Construction in general, please visit our website at <http://www.americoninc.com>



### **Subcontractor Information Form -**

The more information you provide, the better we can try and match you with prospective projects.



### **Cost Code List -**

Trade descriptions and codes.



### **Sample Insurance Certificate -**

Please review our current insurance requirements. These requirements are mandatory and are not flexible.

### **Returning your form -**

You may fax or email this form back. However, please also MAIL the completed original to one of the following people:

**Americon Construction, Inc.**  
44 W 18th St  
6th Floor  
New York, NY 10011

Attention: Richard Cucci  
ph. 212/274-0190  
fx. 212/274-0199  
[rcucci@americoninc.com](mailto:rcucci@americoninc.com)

Attention: Vance DiGiovanni  
ph. 212/274-0190  
fx. 212/274-0199  
[vdigiovanni@americoninc.com](mailto:vdigiovanni@americoninc.com)

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**Company Information** *(please attach extra sheets, in case of multiple locations)*

**Company Name :** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
*We must have a physical address for overnight deliveries*  
**City, State, Zip :** \_\_\_\_\_  
**Telephone :** ( ) \_\_\_\_\_  
**Fax :** ( ) \_\_\_\_\_  
**Website :** \_\_\_\_\_

**Contact Information** *(To whom should the Bid invitation be addressed?)*

**(First, Last) Name :** \_\_\_\_\_  
**Title :** \_\_\_\_\_  
**Email :** \_\_\_\_\_  
**Cell :** ( ) \_\_\_\_\_

**Codes** *(Please see attached trade breakdown)*      **Trade Description**  
**Primary :** \_\_\_\_\_  
**Secondary :** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Geographic Service Areas**  
**Please list Major City/State(s)**

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

**State Vendor Certification?**  
*If yes, include a copy of certification.*

<input type="checkbox"/> Disadvantaged	<input type="checkbox"/> Veterans
<input type="checkbox"/> Small Business	<input type="checkbox"/> Women
<input type="checkbox"/> Minority	<input type="checkbox"/> None

<b>Number of Employees</b>	<b>Annual Sales Volume</b>
Shop: _____ 2006 _____	_____
Field: _____ 2005 _____	_____
Office: _____ 2004 _____	_____

**Union**   
**Open Shop**   
**Supplier / Vendor**

**Number of Years in Business**  
 \_\_\_\_\_

**CURRENT PROJECTS : Summarize (2) current projects**

**Project Name:** \_\_\_\_\_  
**GC or Client:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Scope of Work:** \_\_\_\_\_  
**Contract Amount:** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_  
**Tel #:** ( ) \_\_\_\_\_ **Fax #:** ( ) \_\_\_\_\_

**Project Name:** \_\_\_\_\_  
**GC or Client:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Scope of Work:** \_\_\_\_\_  
**Contract Amount:** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_  
**Tel #:** ( ) \_\_\_\_\_ **Fax #:** ( ) \_\_\_\_\_

**Please list ONE (1) Vendor/Supplier for your company**

**Company Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Tel #:** ( ) \_\_\_\_\_ **Fax #:** ( ) \_\_\_\_\_

**Please list ONE (1) GC / Client Reference**

**Project Name:** \_\_\_\_\_  
**Scope of Work:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **Contract Amount:** \_\_\_\_\_  
**Tel #:** ( ) \_\_\_\_\_ **Fax #:** ( ) \_\_\_\_\_

**Would you agree to:**

1 Sign American's Universal Contract and meet our Insurance requirements?  Y  N

2 Actively participate in American's Job Safety Program?  Y  N

**Has your company ever been cited by OSHA?**  Y  N

**Single project bonding capacity? \$** \_\_\_\_\_  NONE

**Bank Reference**      **Experience Modifier Rate for :**

Name: \_\_\_\_\_ 2006 \_\_\_\_\_  
 Phone: \_\_\_\_\_ 2005 \_\_\_\_\_

## Americon Construction, Inc. Cost Code Listing

DIV. 1 GENERAL REQUIREMENTS	Div. 4 MASONRY	Div. 9 FINISHES	Div. 12 FURNISHINGS
<b>01001</b> General Contractors	<b>04200</b> Brick & Block	<b>09200</b> Lath Plaster Stucco	<b>12100</b> Store Fixtures
<b>01005</b> Permits & Licenses/Expeditors	<b>04400</b> Stone Marble & Slate	<b>09250</b> Gypsum Drywall	<b>12500</b> Window Treatment
<b>01022</b> Surveying	<b>04500</b> Masonry/Concrete Restore/Clean	<b>09300</b> Ceramic/Quarry/Stone Tile	<b>12600</b> Furniture, Booths & Banquettes
<b>01045</b> Labor - General	<b>04950</b> Other	<b>09400</b> Terrazzo Flooring	<b>12670</b> Entrance Mats
<b>01046</b> Final Clean Up		<b>09510</b> Acoustical Ceilings	<b>12710</b> Auditorium Seating
<b>01047</b> Moving	<b>Div. 5 METALS</b>	<b>09520</b> Acoustical Walls	<b>12800</b> Artwork/Artifacts
<b>01170</b> Arc. & Engineer	<b>05100</b> Structural Steel	<b>09540</b> FRP	<b>12950</b> Other
<b>01400</b> Quality Control / Testing	<b>05101</b> Light Gauge Metal Framing	<b>09550</b> Wood Flooring	<b>Div. 13 SPECIAL CONSTRUCTION</b>
<b>01460</b> Temporary Joisting / cranes	<b>05300</b> Metal Decking	<b>09600</b> Stone Flooring	<b>13030</b> Special Purpose Rooms
<b>01500</b> Temporary Facilities	<b>05510</b> Stainless Steel	<b>09680</b> Carpet Resilient Flooring	<b>13152</b> Pools
<b>01501</b> Fencing	<b>05520</b> Miscellaneous Metal	<b>09700</b> Epoxy Flooring	<b>13400</b> Squash Courts
<b>01502</b> Site Office Trailer	<b>05700</b> Ornamental Metal	<b>09780</b> Floor Preparation	<b>13500</b> Theatrical Lighting/Audio Visual
<b>01503</b> Weather Protection	<b>05800</b> Expansion Joints/Covers	<b>09800</b> Special Coatings	<b>13600</b> Theming
<b>01504</b> Temporary Heat	<b>05900</b> Metal Refinishers	<b>09900</b> Painting	<b>13950</b> Other
<b>01506</b> Utilities	<b>05950</b> Other	<b>09910</b> Wall/ Fabric Coverings	<b>Div. 14 CONVEYING SYSTEMS</b>
<b>01515</b> Site Signage	<b>Div. 6 WOOD &amp; PLASTICS</b>	<b>09920</b> Murals/Faux Finishes	<b>14100</b> Dumbwaiters
<b>01517</b> Temporary Toilets	<b>06100</b> Rough Carpentry	<b>09950</b> Other	<b>14200</b> Elevators
<b>01567</b> Rodent Control	<b>06180</b> Glued Laminated Timber	<b>Div. 10 SPECIALTIES</b>	<b>14222</b> Chairlift
<b>01600</b> Waste Disposal	<b>06200</b> Arch. Millwork - Install only	<b>10100</b> Chalk Boards/Tack Boards	<b>14700</b> Escalators
<b>01602</b> Expensed Tools	<b>06240</b> Countertops	<b>10190</b> Hospital Cubicles/Curtains	<b>14950</b> Other
<b>01604</b> Scaffolding Staging	<b>06400</b> Architectural Millwork	<b>10200</b> Louvers & Vents	
<b>01950</b> Reprographic Services	<b>06410</b> Millwork Restoration	<b>10260</b> Wall & Corner Guards	<b>Div. 15 MECHANICAL</b>
<b>Div. 2 SITEWORK</b>	<b>06950</b> Other	<b>10270</b> Access Flooring	<b>15300</b> Sprinkler
<b>02011</b> Asbestos Removal/Haz. Materials	<b>Div. 7 THERMAL &amp; MOISTURE</b>	<b>10290</b> Pest Control	<b>15350</b> Spec. Fire Prot. Hood Systems
<b>02045</b> Underground Tank Removal	<b>07100</b> Waterproofing/Damp proofing	<b>10350</b> Flag Poles	<b>15400</b> Plumbing
<b>02050</b> Demolition	<b>07200</b> Insulation	<b>10400</b> Signage	<b>15500</b> HVAC
<b>02056</b> Dumpsters	<b>07240</b> Exterior Insulation Finish Sys.	<b>10500</b> Lockers	<b>15501</b> Clean Air Sys & Smoke Eaters
<b>02100</b> Site Prep/Excavation & Backfill	<b>07250</b> Fireproofing	<b>10520</b> Fire Extinguishers	<b>15650</b> Refrigeration
<b>02140</b> Dewatering	<b>07460</b> Metal Siding/Roofing	<b>10530</b> Awnings	<b>15800</b> Duct Cleaning
<b>02150</b> Shoring & Underpinning	<b>07500</b> Roofing Membrane/Flashing	<b>10605</b> Mesh Partitions	<b>15900</b> Testing, Adjusting & Balancing
<b>02350</b> Piles	<b>07600</b> Flashing and Sheet Metal	<b>10615</b> Demountable Partitions	<b>15950</b> Other
<b>02351</b> Caissons	<b>07700</b> Roof Specialties Skylights	<b>10650</b> Toilet Partitions	
<b>02500</b> Bituminous Paving	<b>07900</b> Caulking	<b>10651</b> Folding Partitions	<b>Div. 16 ELECTRICAL</b>
<b>02600</b> Site Utilities	<b>07950</b> Other	<b>10800</b> Toilet & Bath Accessories	<b>16050</b> Electrical
<b>02870</b> Site Furnishings		<b>10900</b> Wardrobe/Closet Specialties	<b>16500</b> Lighting
<b>02900</b> Landscaping	<b>Div. 8 DOORS &amp; WINDOWS</b>	<b>10950</b> ***Misc. Specialties***	<b>16700</b> Tel/Data Systems
	<b>08100</b> Wood/Metal Doors/Hardware	<b>10980</b> Install Owner Items	<b>16720</b> Security Systems
<b>Div. 3 CONCRETE</b>	<b>08300</b> Special Doors/Windows	<b>Div. 11 EQUIPMENT</b>	<b>16770</b> Public Address & Music Systems
<b>03100</b> Concrete Formwork	<b>08400</b> Entrances and Storefronts	<b>11160</b> Loading Dock Equipment	<b>16800</b> Fire Alarm
<b>03200</b> Reinforcement	<b>08410</b> Aluminum Door Frames	<b>11163</b> Laundry Equipment	<b>16950</b> Other
<b>03302</b> Flatwork	<b>08500</b> Metal Windows	<b>11400</b> Food Service Equipment	
<b>03305</b> Misc. Concrete	<b>08600</b> Wood & Plastic Windows	<b>11450</b> Residential Appliances	
<b>03310</b> Concrete Materials	<b>08800</b> Glass & Glazing	<b>11475</b> Trash/Linen Chutes	
<b>03380</b> Concrete Cutting/Coring	<b>08830</b> Etched Glass / Stained Glass	<b>11500</b> Manufactured Cabinets	
<b>03400</b> Precast Concrete	<b>08950</b> Other	<b>11600</b> Laboratory Equipment	
<b>03800</b> Site Concrete		<b>11950</b> Equipment Specialties	
<b>03950</b> Other			

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP IDGW  
AMERI12

DATE (MMDDYYYY)  
08/30/07

**PRODUCER**  
Scirocco Financial Group, Inc.  
777 Terrace Avenue  
Hasbrouck Heights NJ 07604  
Phone: 201-727-0070 Fax: 201-727-0080

**INSURED**  
Americon Construction, Inc.  
44 West 18th Street  
New York NY 10011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	National Fire Ins Co	224
INSURER B:	Illinois National Insurance Co	
INSURER C:	Continental Casualty Company	20443
INSURER D:		
INSURER E:		

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MMDDYY)	POLICY EXPIRATION DATE (MMDDYY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> JOBSITE POLLUTION GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	2086621161	09/01/07	09/01/08	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURANCE) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOF AGG \$ 2,000,000
C		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	2086621108	09/01/07	09/01/08	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
B		<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	BE4890219	09/01/07	09/01/08	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUS: <input type="checkbox"/> FULLY <input type="checkbox"/> PARTIAL <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

FORILLU

For Illustration Purposes Only

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
*John Scirocco*