

## SUBCONTRACTOR PREQUALIFICATION FORM

### CONTACT INFORMATION

Full Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Check if same as above)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Website: \_\_\_\_\_

Contracting Specialty: \_\_\_\_\_

Union: Yes:  No:

Type of License: \_\_\_\_\_ CA Lic. #: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Other: \_\_\_\_\_

### List the Corporate Officers, Partners or Proprietors:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Direct Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Direct Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Direct Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Estimator and Accounting Contact Information:

Estimator: \_\_\_\_\_ Email: \_\_\_\_\_

Accounting: \_\_\_\_\_ Email: \_\_\_\_\_

### FINANCIAL AND INSURANCE INFORMATION

**BANK:** \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**BONDING COMPANY:**

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**GL INSURANCE CARRIER:**

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**WC INSURANCE CARRIER:**

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**AUTO INSURANCE CARRIER:**

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Does Your Company Have:**

Professional Liability Insurance? Yes:  No:  **\*\*Please Provide a Proof of Insurance Certificate Along with this Form\*\***

Pollution Liability Insurance? Yes:  No:  **\*\*Please Provide a Proof of Insurance Certificate Along with this Form\*\***

What is Your "Experience Modification Factor" (EMR)? \_\_\_\_\_

**PROJECT EXPERIENCE**

Size of Project: \$ \_\_\_\_\_ TO \$ \_\_\_\_\_

Have You Ever Failed to Complete a Project? Yes:  No:

If Yes, Please Explain: \_\_\_\_\_  
\_\_\_\_\_

What Percent of Your Work is Normally Subcontracted? \_\_\_\_\_ %

What Geographic Areas Do You Work In? \_\_\_\_\_

What Percent of Your Work Is: Public: \_\_\_\_\_ % Private: \_\_\_\_\_ %

Have You Ever Been Involved in an Arbitration Proceeding OR Lawsuit? Yes:  No:

If Yes, Please Explain: \_\_\_\_\_  
\_\_\_\_\_

List 3 General Contractors You Have Worked For in the Last 12 Months:

Company Name	Contact Person	Phone Number

List 3 Material Suppliers You Have Purchased From in the Last 12 Months:

Company Name	Contact Person	Phone Number

Does Your Company Have an "Injury and Illness Prevention Program"? Yes:  No:

Who is the Person Responsible for the Safety Program at Your Company? \_\_\_\_\_

Does Your Company Conduct Any Special Safety Training? Yes:  No:

If Yes, Please Explain: \_\_\_\_\_  
\_\_\_\_\_

Completed By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_