



## 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: \_\_\_\_\_