



## 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:

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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?

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Does Your Company Conduct Any Special Safety Training?

Yes:

No:

If Yes, Please Explain:

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Completed By:

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Title:

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Date:

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