



Corporate Office: 26902 Vista Terrace . Lake Forest . CA . 92630
Phone (949) 581-6577 . Estimating Fax (949) 581-3491

Subcontractor Prequalification Form

Today's Date: Person Completing Form:

Company Information

Company Name: Address:
Phone Number: Fax Number:
Contact Name: Cell Number:
Email Address: Website:

Structure of Company: (please check all that apply)

Corporation Sole Proprietor LLC
Partnership General or Limited Joint Venture

Average Project Size:

Dollar Value: \$

Types of Projects: (please check all that apply)

Hospitals Lodging Schools Government
Healthcare Industrial Office Restaurant
Retail Residential T.I. Other
(please give example)

Labor: (please check all that apply) Open Shop Union

Prevailing Projects: YES NO

Design Build Experience: YES NO



Corporate Office: 26902 Vista Terrace . Lake Forest . CA . 92630
Phone (949) 581-6577 . Estimating Fax (949) 581-3491

Years In Business

Date Established: \_\_\_\_\_ State Established: \_\_\_\_\_

Business Classification: (please check all that apply)

MBE [ ] SBE [ ] HUBZone [ ]
WBE [ ] DBE [ ] GSA/Federal Government [ ]

Contractors License Number: (attach list, if needed)

Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

State Sales Tax Registration Number: (attach list, if needed)

State Unemployment Insurance Number: (attach list, if needed)

Federal Identification Number: \_\_\_\_\_

Bonding Information: (if available)

Please provide letter from your insurance or bonding company showing your limits to be bonded.

Insurance Information: (please attach a copy of the following)

If awarded a project additional insurance may be required.

Insurance requirements for Sub-Contractors are as follows.

- General Liability; Minimum Limits: \$ 1,000,000 per Occurrence
\$ 2,000,000 General Aggregate
\$ 2,000,000 Products-Completed Operations Aggregate
Automobile Liability: \$ 1,000,000 Bodily Injury & Property Damage (minimum)
Must Indicate: Owned/Non-Owned & Hired Auto Liability
Workers Compensation: \$ 1,000,000 Each Occurrence /Each Employee /Policy Limit (minimum)
(Must be on form approved by the State in which the work is being conducted)

**Corporate Office: 26902 Vista Terrace . Lake Forest . CA . 92630**  
**Phone (949) 581-6577 . Estimating Fax (949) 581-3491**

**Financial Information:**

Name of Bank: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Dun & Bradstreet Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Dun & Bradstreet Expiration Date: \_\_\_\_\_ Amount of Line of Credit: \_\_\_\_\_

UCC Filing? \_\_\_\_\_ YES  NO

**Additional Entities:**

List below any subsidiaries and/or affiliates of your Company:

<u>Company Name</u>	<u>Ownership</u>	<u>Type of Company</u>
A: _____	_____	_____
B: _____	_____	_____
C: _____	_____	_____
D: _____	_____	_____

**Sub-Subcontractor/Supplier** (please list 3 of your major sub-subcontractors/suppliers)

Sub-subcontractor/Supplier Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Sub-subcontractor/Supplier Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Sub-subcontractor/Supplier Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_



Corporate Office: 26902 Vista Terrace . Lake Forest . CA . 92630
Phone (949) 581-6577 . Estimating Fax (949) 581-3491

Employee Information

How many people does your company currently employ?

Home Office: Field Supervisory: Trades People:

Company History

Has your company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you?

YES NO If yes, please explain:

Horizontal lines for explanation

Have any of the Owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct?

YES NO If yes, please explain:

Horizontal lines for explanation

Has your Company or any Owners, officers or major stockholders ever been suspended, disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by public agency?

YES NO If yes, please explain:

Horizontal lines for explanation

Does your Company have any outstanding judgments or claims against it?

YES NO If yes, please explain:

Horizontal lines for explanation

Has your Company or any of its Owners, officers or major stockholders been investigated for or charged with alleged labor law violations of the Immigration Control and Reform Act; state or local laws regarding employment or immigrants; prevailing wage laws; wage and hour laws or other federal, state or local labor laws?

YES NO If yes, please explain:

Horizontal lines for explanation



**Corporate Office: 26902 Vista Terrace . Lake Forest . CA . 92630**  
**Phone (949) 581-6577 . Estimating Fax (949) 581-3491**

**Company Safety**

Does this person do safety inspections of all your projects?      YES       NO

Frequency: \_\_\_\_\_

Do you have a written Company Safety Policy and Program and will you provide copies, if requested?      YES       NO

Does your company have a substance abuse policy?      YES       NO

If yes, please check the appropriate boxes which are included in the policy:

Pre-hire/Initial Employment       Cause       Random   
 Post Accident/Incident       Periodic

Do you require documented safety meetings for your employees? Indicate which and how often:

Field Supervisors:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Frequency: _____
New Hires:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Frequency: _____
Employees:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Frequency: _____
Subcontractor/Vendor:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Frequency: _____

Does your Company provide safety training for all employees?      YES       NO

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Does your Company have a disciplinary program in place for safety violations?      YES       NO

**Comments:**

General Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Corporate Office: 26902 Vista Terrace . Lake Forest . CA . 92630  
Phone (949) 581-6577 . Estimating Fax (949) 581-3491

**Project References**

(please list 5 reference projects)

Project Name: \_\_\_\_\_ Project Location: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Tentative or Actual Completion Date: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ G.C. Contact Person: \_\_\_\_\_

Please describe work preformed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Name: \_\_\_\_\_ Project Location: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Tentative or Actual Completion Date: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ G.C. Contact Person: \_\_\_\_\_

Please describe work preformed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Name: \_\_\_\_\_ Project Location: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Tentative or Actual Completion Date: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ G.C. Contact Person: \_\_\_\_\_

Please describe work preformed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Corporate Office: 26902 Vista Terrace . Lake Forest . CA . 92630
Phone (949) 581-6577 . Estimating Fax (949) 581-3491

Project References (continued)

Project Name: \_\_\_\_\_ Project Location: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Tentative or Actual Completion Date: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ G.C. Contact Person: \_\_\_\_\_

Please describe work performed: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Project Name: \_\_\_\_\_ Project Location: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Tentative or Actual Completion Date: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ G.C. Contact Person: \_\_\_\_\_

Please describe work performed: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Statement of Information herein.

I hereby certify that the information submitted herewith, including any attachment is true and sufficiently complete so as not to be misleading.

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

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