



Preston Pipelines, Inc.

General Engineering Contractor

# SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE

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Contact: Denise Tetro  
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WEB: prestonpipelines.com

## COMPANY INFORMATION

1. Company Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. City \_\_\_\_\_
4. State \_\_\_\_\_ 5. Zip \_\_\_\_\_
6. Company ID: \_\_\_\_\_
7. Phone: \_\_\_\_\_
8. Fax: \_\_\_\_\_
9. List the corporate officers, partners or proprietors of your firm
- | Name  | Title |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

## GENERAL INFORMATION

10. Is your firm signatory to any unions?  No  Yes What Local(s)? \_\_\_\_\_
11. What trades are normally undertaken by your firm?  
\_\_\_\_\_  
\_\_\_\_\_
12. Company's contractors license information
- | Issuing State | Class | License Number | Expires |
|---------------|-------|----------------|---------|
| _____         | _____ | _____          | _____   |
| _____         | _____ | _____          | _____   |
13. Can you provide Certified Payroll Reports if required?  No  Yes

## INSURANCE/SURETY INFORMATION

14. Insurance Broker \_\_\_\_\_ Policy Expiration Date \_\_\_\_\_  
Contact \_\_\_\_\_ Phone Number \_\_\_\_\_
15. Any prior coverage declined or cancelled?  No  Yes Reason? \_\_\_\_\_
16. Bonding Company \_\_\_\_\_  
Broker Agent Name \_\_\_\_\_ Broker Agent Phone \_\_\_\_\_  
Bond Rates \_\_\_\_\_ Bonding Capacity \_\_\_\_\_

**SAFETY INFORMATION**

17. What is your worker's compensation experience modifier? \_\_\_\_\_
18. Cal/OSHA - Annual Summary of Work Related Injurys and Illnesses
- |                                     | 2008  | 2007  | 2006  |
|-------------------------------------|-------|-------|-------|
| Number of Recordable Cases          | _____ | _____ | _____ |
| Number of Lost Day Cases            | _____ | _____ | _____ |
| Number of Fatalities                | _____ | _____ | _____ |
| Annual Average Number of Employees  | _____ | _____ | _____ |
| Total hours Worked by all Employees | _____ | _____ | _____ |
19. Has your company been cited by OSHA within the last three years?  No  Yes Explain \_\_\_\_\_
20. Does your company have a written field based safety program?  No  Yes
21. Does your company have a substance abuse policy?  No  Yes

**FINANCIAL INFORMATION**

22. Bank Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Title \_\_\_\_\_  
 Email \_\_\_\_\_
23. Federal Tax ID Number \_\_\_\_\_ 24. Year Company Founded \_\_\_\_\_
25. Are there any affiliated Subsidiaries?  No  Yes  
 If yes, enter Subsidiary name \_\_\_\_\_
26. Is your firm owned or controlled by another organization?  No  Yes  
 If yes, enter Parent Organization name \_\_\_\_\_
27. Any previous Company Names?  No  Yes  
 If yes, enter Company names \_\_\_\_\_
28. Has your company ever filed Bankruptcy  No  Yes

**LEGAL INFORMATION**

29. Any current litigation with Owners or General Contractors?  No  Yes If yes, please explain \_\_\_\_\_
30. Any labor law violations?  No  Yes If yes, please explain \_\_\_\_\_
31. Have you ever defaulted on a contract?  No  Yes If yes, please explain \_\_\_\_\_
32. Ever failed to complete a contract?  No  Yes If yes, please explain \_\_\_\_\_
33. Have you ever been terminated from a contract?  No  Yes If yes, please explain \_\_\_\_\_

34. Have you ever had your license revoked or suspended?  No  Yes If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

35. List three references

Name \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

36. Completed by \_\_\_\_\_ Date \_\_\_\_\_



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