



SUBCONTRACTOR/VENDOR
PREQUALIFICATION QUESTIONNAIRE

Phone:
Fax:
Contact:

e-mail:
WEB:

COMPANY INFORMATION

Company Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Number of years your company has been in business: _____

Company I.D. _____
Phone: _____
Fax: _____
e-mail: _____
website: _____

List the corporate officers, partners or proprietors of your firm:

Name:	Title:
_____	_____
_____	_____
_____	_____

GENERAL INFORMATION

Is your firm signatory to any unions? No Yes What Locals: _____

What trades are normally undertaken by your firm? _____

Company's Contractor's license information (*Please provide copy of Pocket Licenses*)

Issuing State	Class	License Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

Is your company currently in good standing with the California Contractors State License Board?

No Yes

Can you provide Certified Payroll Reports if required?

No Yes

Has there been more than one occasion in the last 5 years on which your company was required to pay either back wages or penalties for your company's failure to comply with California Prevailing wage Laws? No Yes

INSURANCE/SURETY INFORMATION

Insurance Broker: _____

Insurance Carrier: _____

Contact: _____

Policy Number: _____

Phone: _____

Expiration Date: _____

Any prior coverage declined or cancelled: No Yes Reason: _____

Bonding Company: _____

Broker's Name: _____

Broker's Name: _____

Please provide letter from your Surety Company stating your bonding Rates and Capacity.

Letter attached No Yes

SAFETY INFORMATION

Has your company been cited by OSHA within the last three years? No Yes

If yes, please explain: _____

Has the EPA, any Air Quality Management District or Regional Water Quality Control Board cited and assessed and penalties against your company in the last 5 years? No Yes

If yes, please explain: _____

Cal/OHSA – Annual Summary of Work Related Injuries and Illnesses

	2013	2012	2011
Number of Recordable Cases (RIR)	_____	_____	_____
Number of Lost Day Cases (DAWC)	_____	_____	_____
Number of Fatalities	_____	_____	_____
Annual Average Number of Employees	_____	_____	_____
Total hours Worked by all Employees	_____	_____	_____

Does your company have a written field based Safety Program? No Yes

(if yes, please provide copy)

Does your company have a Substance Abuse Policy? No Yes

(if yes, please provide copy)

FINANCIAL INFORMATION

Bank Name: _____

Contact/Title: _____

Phone: _____

e-mail: _____

Fax: _____

Federal Tax ID No. _____

State your company's annual revenues for the past 3 years:

2013 _____ 2012 _____ 2011 _____

Are there any affiliated Subsidiaries?

No

Yes

If yes, enter Subsidiary Name: _____

Is your firm owned or controlled by another organization?

No

Yes

If yes, enter Parent Organization Name: _____

Any previous Company Names?

No

Yes

If yes, enter Company Names: _____

Has your company ever filed Bankruptcy?

No

Yes

LEGAL INFORMATION

Any current litigation with Owners or General Contractors?

No

Yes

If yes, please explain: _____

Any labor law violations?

No

Yes

If yes, please explain: _____

Have you ever defaulted on a contract?

No

Yes

If yes, please explain: _____

Ever failed to complete a contract?

No

Yes

If yes, please explain: _____

Have you ever been terminated from a contract?

No

Yes

If yes, please explain: _____

Have you ever had your license revoked or suspended?

No

Yes

If yes, please explain: _____

REFERENCES

List Three References:

Name _____

Contact: _____

Address _____

Phone: _____

e-mail: _____

Name _____

Contact: _____

Address _____

Phone: _____

e-mail: _____

Name _____

Contact: _____

Address _____

Phone: _____

e-mail: _____

PROJECT EXPERIENCE

Project Name: _____

Location: _____

Owner/GC: _____

Contact: _____

Phone Number: _____

e-mail: _____

Contracted Amount: _____

Final Amount: _____

Contractor Status: Design/Build Design/Bid/Build GC Subcontractor Other

Project Name: _____

Location: _____

Owner/GC: _____

Contact: _____

Phone Number: _____

e-mail: _____

Contracted Amount: _____

Final Amount: _____

Contractor Status: Design/Build Design/Bid/Build GC Subcontractor Other

Project Name: _____

Location: _____

Owner/GC: _____

Contact: _____

Phone Number: _____

e-mail: _____

Contracted Amount: _____

Final Amount: _____

Contractor Status: Design/Build Design/Bid/Build GC Subcontractor Other

Completed By: _____

Date: _____

Title: _____