

PREQUALIFICATION FORM



General Company Information			
Company Name: _____	DIR # _____	Active? _____	Y / N
Address: _____	City: _____	State: _____	_____
Telephone: _____	Fax: _____	Federal ID No: _____	Duns No: _____
Under what other/former names has your organization operated? _____			
If Corporation, Date of Incorporation: _____		State of Incorporation: _____	
If Partnership: (State whether General or Limited Partnership): _____			
Website: _____			
Estimator: _____	Email: _____	Phone: _____	

Principles of Organization			
Name: _____	Title: _____	_____	_____
Phone: _____	Email: _____	_____	_____
Name: _____	Title: _____	_____	_____
Phone: _____	Email: _____	_____	_____
Name: _____	Title: _____	_____	_____
Phone: _____	Email: _____	_____	_____
Contractors License # _____	State: _____	Class/es: _____	
Contractors License # _____	State: _____	Class/es: _____	
Contractors License # _____	State: _____	Class/es: _____	

Project Preference/s				
Project Size:	\$10K-\$50K	\$50K-\$100K	\$100K-\$150K	\$150K +
Line of Business:	_____			
TRADE(S);	NAICS Codes: _____			
	CSI Codes: _____			
	Union: _____			

Areas of Service				
Southern California:	Los Angeles County	San Diego County	Orange County	Riverside County
	San Bernardino County	Riverside County		
Other: _____				

Types of Work				
_____	Military _____	Hospital _____	Educational _____	Warehouse _____
_____	Banking _____	Retail _____	Other: _____	Office _____

Contractor References (Please list three Contractors you've worked with in the past FIVE years)			
Contractor: _____	Contact Name: _____	_____	_____
Telephone: _____	Contact Email: _____	_____	_____
Contractor: _____	Contact Name: _____	_____	_____
Telephone: _____	Contact Email: _____	_____	_____

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References (continued)	
Contractor: _____	Contact Name: _____
Telephone: _____	Contact Email: _____

Construction References (Please list three most recent Prevailing Wage projects)		
1. Has your company had experience with a Public/Federal Project:	_____ Yes	_____ No
2. Has your company had experience submitting Certified Payroll:	_____ Yes	_____ No
3. Who is your Compliance Manager? _____	Email: _____	
Project: _____	Client: _____	Amount: _____
Location: _____	Scope: _____	Year Completed: _____
Project: _____	Client: _____	Amount: _____
Location: _____	Scope: _____	Year Completed: _____
Project: _____	Client: _____	Amount: _____
Location: _____	Scope: _____	Year Completed: _____

Experience		
1. Has your company had experience with a LEED project?	_____ Yes	_____ No
2. Have you had Litigation in the past 5 years?	_____ Yes	_____ No
<i>(If yes, please explain):</i> _____		
3. Does your company have three years of OSHA 300 Safety Logs recorded?	_____ Yes	_____ No
4. Provide your Experience Modification Rate (EMR):	2019 _____	2018 _____
		2017 _____

Bank Reference	
Bank Name: _____	
Contact Name: _____	Title: _____
Telephone: _____	Fax: _____
	Email: _____

Surety		
Are you or your company bondable?	_____ Yes	_____ No
Surety Company: _____	Bonding Rate: _____	
Address: _____		
Telephone: _____	Fax: _____	Email: _____

Business Status	
<i>Information provided may be verified against federal, state, and local records including California's Contractor License Status Check and SAM Registration to determine accuracy. This is an annual requirement.</i>	
Check all that apply:	
_____ Small Business (SBE)	_____ Certified Business (CBE)
_____ Disadvantaged Business (DBE)	_____ 8a Business Enterprise (8a)
_____ Historically Underutilized (HUB)	_____ Service-Disabled Vet Owned Small Business (SDVOSB)

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Business Status (Continued)

Check all that apply:

_____ African American Business (AABE)	_____ Asian American Business (ABE)
_____ Hispanic Business (HBE)	_____ Native American Business (NABE)
_____ Women's Business (WBE)	_____ Minority Business (MBE)

Safety

Name of Safety Professional: _____ Title: _____
 Telephone: _____ Fax: _____ Email: _____

1. Have you had an OSHA citation, fine, or violation in the past 5 years? Yes No
(If yes, explain): _____

2. Do you have a competent safety person? (if so, please list their name) _____

3. Does your competent safety person have the proper certification cards? Yes No

4. Do you have regular site safety inspections? Yes No

Insurance Form

Please provide a copy of your current certificate of insurance

Coverage Includes:	Yes	No
1. A Per Project Aggregate		
2. Ongoing and completed operations endorsement		
3. Primary & Non-Contributory Wording endorsement		
4. Auto Insurance		

Workers Compensation Insurance

Coverage Includes:	Yes	No
1. Minimum Statutory Limits		
1a. Policy to include Waiver of Subrogation Endorsement		