



Subcontractor Pre-Qualification & Information Sheet

Company Information:

Company Name: _____

Phone Number: _____ Fax Number: _____

Address: _____

License # & Classification: _____

Union: _____ Yes _____ No

Minority Status: MBE WBE SBE DVBE DBE None

Type of Work (CSI Trade #): _____

Key Personnel:

Name _____ Title _____ Cell # _____

Email _____

Name _____ Title _____ Cell # _____

Email _____

Name _____ Title _____ Cell # _____

Email _____

General Information:

How many years has your company been in business? _____

Under what other former names has your business operated under? _____

Corporation Partnership Individual Joint Venture Other _____

Size of Job: Less than 500k to 1M ; 1M to 2M ; 2M to 3M ; Above 3M

Type of Project: Private Public/Prevailing Wage Both

Bondable: ___ Yes ___ No Bond Rate: _____% Bonding Capacity: _____

Bonding Company: _____

Insurance Limits: Gen'l Liab. \$ _____/per Occur/Gen'l Liab. Aggregate \$ _____ Auto Liab. \$ _____

Workman's Compensation Experience Modifier Rate 2012 _____ 2011 _____ 2010 _____

Does your company provide employee medical insurance? ___ Yes ___ No

Geographic Area Limitations:

All of CA SD LA SB OC Riverside
 Ventura Imperial Valley Others _____

General Questions:

Have all projects within the last five years been completed on schedule? _____.

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization?

_____. Has your organization filed any lawsuits or requested arbitration proceedings with regard to construction contracts within the last five years? _____.

Do you hire temporary service employees? ___ Yes ___ No

Any OSHA inspection in the company's past? ___/___/___ Citations? _____ OSHA Appeals? _____

Annual Volume of work for 2012 _____ 2011 _____ 2010 _____

Company References: (Provide a separate sheet with a list of projects and contact references)

Return to the Estimating Coordinator, LeAnna Ortiz at leannao@bayley.net.