



**SUBCONTRACTOR PRE-QUALIFICATION FORM**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal ID# \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Site: \_\_\_\_\_

Type of work qualified to perform: (masonry, steel, etc.) \_\_\_\_\_

**Public Work** [  ] Yes [  ] No      **Private Work** [  ] Yes [  ] No      **Both** [  ] Yes [  ] No

Specific geographical area you work in: (Example: Bay Area, State of CA.) \_\_\_\_\_

Year Business Started: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Is company bondable? [  ] YES [  ] NO – Single Project Limit \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Have you ever failed to complete a project: [  ] YES (explain details below) [  ] NO  
Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever failed to complete a project on time? [  ] YES (explain detail below) [  ] NO

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had a contract terminated due to performance?  YES (explain detail below)  NO

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your current Worker's Compensation Experience Modification Rating (EMR) \_\_\_\_\_

Number of Jobs Run At Time: \_\_\_\_\_

Current Contract Backlog: \_\_\_\_\_

Do you have a Service Department?  YES  NO

Do you have 24 coverage?  YES  NO

Contractor's License (s) States and Numbers

State: \_\_\_\_\_ No: \_\_\_\_\_

State: \_\_\_\_\_ No: \_\_\_\_\_

Estimating Contact: \_\_\_\_\_

Union / Signatory: Yes  No  Subcontractor:  Vendor/Supplier:

Business Type:  Corporation  Partnership  Limited Liability Company  Sole Proprietor  Other (specify)

Name & Title	Years with Company

Is your company owned or controlled by a parent or any other organization?  YES  NO

*If yes, please describe on a separate sheet.*

Is you company a certified:  MBE  WBE  DBE  VBE  SBE  Native American  N/A

Office Personnel  Field Supervisors  Avg. Field Labor  Avg. Shop Labor

**I. Legal Information**

Are there any judgments, claims, arbitration proceedings, or suits pending/out-standing against your firm or its officer or principals? [ ] YES [ ] NO

*If yes, please provide a complete explanation on a separate sheet.*

Has your company filed any lawsuits or requested arbitration or mediation with regard to construction? contracts within the last three (3) years? [ ] YES [ ] NO

*If yes, please provide a complete explanation on a separate sheet.*

**II. References**

**Banking**

Name & Branch \_\_\_\_\_ Since? \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

**Bonding**

Bonding Company \_\_\_\_\_ Since? \_\_\_\_\_

Surety Broker/Agent \_\_\_\_\_ Since? \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Bonding Capacity – Per Project \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_

Last Bond Issued – Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Rate % \_\_\_\_\_

*Please attach a formal letter from your bonding company.*

**Insurance**

General Liability Carrier \_\_\_\_\_ Since? \_\_\_\_\_

Insurance Broker/Agent \_\_\_\_\_ Since? \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

What is your limit to Liability insurance? \_\_\_\_\_

What is your Carrier Rating: \_\_\_\_\_

**Supplier**

Supplier Name & Location \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Supplier Name & Location \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Supplier Name & Location \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

**List Five References (Owner, Architects, and at least 2 General Contractors for work completed within the last 2 years):**

Project: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$ \_\_\_\_\_

Project: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$ \_\_\_\_\_

Project: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$ \_\_\_\_\_

Project: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$ \_\_\_\_\_

Project: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$ \_\_\_\_\_

**III. Financial Information**

**Financial Reference: Please attach a copy of the following:**

- 1. Your most recent full fiscal-year-ending Balance Sheet, Income Statement and Cash Flow**
- 2. Your most recent quarterly year-to-date Balance Sheet, Income Statement and Cash Flow.**

Has your company or any other organization with which your officers were involved during the past three (3) years, ever been in bankruptcy or a voluntary reorganization?       YES  NO

*If yes, please provide a complete explanation on a separate sheet.*

**IV. Revenue**

Annual Volume: What was the annual volume of work completed in the last three years as well as next year's forecast (Forecast Volume)

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

(Forecast Volume)

**V. Experience**

Has your company had experience with LEED projects?       YES  NO

**VI. Safety**

Does your firm have a written safety plan?       YES  NO

Has your firm had any OSHA citations, fines, or jobsite fatalities within the most recent three (3) years?  
 YES  NO

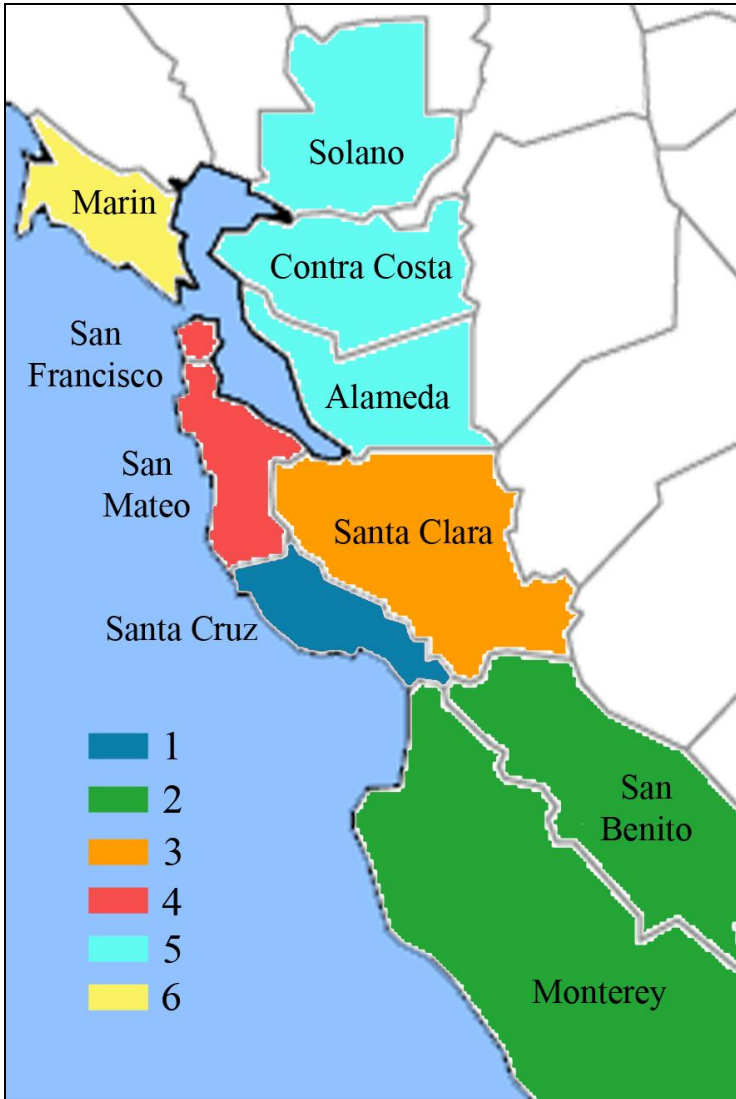
**If yes, please describe in detail on an attached sheet what occurred and what steps were taken for future prevention.**

OSHA Incident Rate: Please list your firms OSHA incident rate for the most recent three (3) years  
YR. / Rate \_\_\_\_\_ YR. / Rate \_\_\_\_\_ YR. / Rate \_\_\_\_\_

**VII. Additional Information**

Please list any additional information you feel will help us determine your company's qualifications and expertise \_\_\_\_\_

\_\_\_\_\_



## Where do you do work?

Please indicate below, using the number key, the geographical areas of California you will work.

This will allow us to send you bid invitations inside of your working radius.

1	2	3
4	5	6

Details/ other info: \_\_\_\_\_

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**I hereby certify that the above information is accurate, correct and true.**

Completed By: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**NOTE:** SLATTER CONSTRUCTION, INC. REQUIRES AN INSURANCE CERTIFICATE ON FILE INDICATING GENERAL LIABILITY AND WORKER'S COMPENSATION INSURANCE AND EXPIRATION DATES

**Mail To:**

**Slatter Construction, Inc.**  
126 Fern Street, Santa Cruz, Ca. 95060  
(831) 425-5425 Office  
(831) 425-1406 Fax

**NO SUBCONTRACTOR WILL BE PRE-QUALIFIED WITHOUT INSURANCE OF FILE.**