



**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 \_\_\_\_\_

\_\_\_\_\_

**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.**