



**SUBCONTRACTOR AND SUPPLIER PRE-QUALIFICATION
QUESTIONNAIRE**

**(Please use your tab key to advance between fields. After completing this form,
please fax to 650-593-5632)**

Name Of Company: _____
(As It Appears On Contractor's License)

Consultant: _____ Subcontractor: _____ Supplier: _____

Trade Or Description Of Work: _____

Primary Company Contact(s): _____

Estimator Name: _____ Phone #: _____

Project Manager Name: _____ Phone #: _____

Accounts Receivable Name: _____ Phone #: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

E-mail Address: _____

Web Site Address: _____

Corporation: _____ Partnership: _____ Sole Proprietor: _____

State (Incorporated): _____ Joint Venture: _____ Other: _____

Federal ID Number: _____

How Many Years Has Your Company Been In Business?: _____ Year: _____

Under The Same Name?: _____

Company Management

Officers/Partners	Title	Other Key Personnel	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personnel

Total Number Of Full-Time Employees: _____

Peak Manpower In Last Three (3) Years: _____

SUBCONTRACTOR AND SUPPLIER PRE-QUALIFICATION QUESTIONNAIRE
(Continued)

Contractor's License: (Attach Copy)

State/Type	Number	Expiration Date	Classification
_____	_____	_____	_____
_____	_____	_____	_____

If Nevada, License Limit: \$ _____

Bank References

Name Of Bank	Representative	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Line Of Credit: _____

Bonding Company

Name Of Company	Representative	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Financial Information

Value Of Contracts On Hand: _____

Completed To Date (\$ Or %): _____

Current Back-Log (Difference): _____

Approved Bonding Capacity: _____
(Performance & Payment)

Amount Currently Bonded: _____

Average Yearly Volume (Last 4 Years): _____

Current Assets: _____

Current Liabilities: _____

As Of Company Financial Statement Dated: _____

If Requested, Will You Provide A Current Financial Statement?: Yes: _____ No: _____

SUBCONTRACTOR AND SUPPLIER PRE-QUALIFICATION QUESTIONNAIRE
(Continued)

Major Current Contracts

Type Of Work	Client	Location	\$ Amount
1. _____	_____	_____	_____
Contact: _____		Phone #: _____	
2. _____	_____	_____	_____
Contact: _____		Phone #: _____	
3. _____	_____	_____	_____
Contact: _____		Phone #: _____	
4. _____	_____	_____	_____
Contact: _____		Phone #: _____	

Have You Ever Failed To Complete Any Work Awarded You? _____
If So, Note When, Where And Why: _____

Classifications: (please click on those that are applicable)

Small Business Concern: _____ Non-Profit: _____
Disadvantaged Business Concern: _____ Foreign Supplier: _____
Women-Owned Business Concern: _____ Other (Explain): _____
Large Business Concern: _____

Is Your Company, Union? _____ Open Shop? _____
If Union, Local Affiliation: _____ Phone: _____
List Crafts/Union Your Company Regularly Employs In The Field: _____

Dollar Range Of Projects You Would Be Interested In:

Low Dollar Amount \$ _____ High Dollar Amount \$ _____

Willing To Work Projects In The Following Areas: (please click on those that are applicable)

Bay Area _____ Central Valley _____ Reno _____
Los Angeles _____ Orange County _____ Riverside County _____
San Diego _____ San Bernardino County _____ North Bay _____

SUBCONTRACTOR AND SUPPLIER PRE-QUALIFICATION QUESTIONNAIRE
(Continued)

Insurance

Company Person To Be Contacted For Matters Pertaining To Insurance:

Name: _____ Title: _____

Insurance Agent: _____

Contact: _____ Phone #: _____

List Insurance Currently In Effect:

Important: Please attach current Accord insurance certificate (Requirement/Sample attached)

	CSL	AGG	CARRIER	EXP DATE
General Liability	\$ _____	\$ _____	_____	_____
Auto Liability	\$ _____	\$ _____	_____	_____
Umbrella	\$ _____	\$ _____	_____	_____
Workers Compensation	\$ _____	\$ _____	_____	_____

List Your Company's **Workers Compensation** Insurance Experience Modification Rate (EMR) For The Three Most Recent Years: _____

Safety

Company Person To Be Contacted For Matters Pertaining To Safety:

Name: _____ Title: _____

Phone #: _____

Must Submit I.I.P.P.

Trade References

Vendor	Representative	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____ Date: _____

Print Name: _____

Title: _____

Phone #: _____

Attachments: IIPP Copy of Contractor's License Insurance Certificate NV SIIS
(please click on those that are applicable)