



SUBCONTRACTOR PRE-QUALIFICATION FORM

Date: _____ Person Completing Form: _____

CONTACT INFORMATION:

Company Name: _____ Trade(s): _____

President/Owner/Partner Name: _____ Estimator's Name: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Phone: _____ Estimator's Email: _____

Fax: _____ Other Contact Email: _____

National Construction Trade Association Membership:

- None Associated General Contractors
- Associated Builders and Contractors Other: _____

STRUCTURE OF COMPANY:

- Corporation Sole Proprietor LLC Partnership General or Limited Joint Venture

Date of Establishment: _____ State where Established: _____

List of Sates/Metro areas in which authorized to do work: *Please include license # if applicable*

CA License: _____ Other License: _____ Other License: _____

Federal ID #: _____ Other: _____ Other: _____

Contractor Parent Company: _____ # of Employees: _____
Company Name/President/Address/Phone Office & Field

COMPANY PROFILE:

Type of Company: Subcontractor (Furnish & Install) Subcontractor (Install Only) Supplier (Materials Only)

CSI Number(s): _____ SCI Number(s): _____

Project Size: *Check all that apply*

- \$250,000 or Below \$251,000 - \$499,000
- \$500,000 - \$999,999 \$1,000,000 or more

Geographic Work Areas: *Check all that apply*

- Northern CA Central Valley, CA
- Southern CA Other: _____

Type of Projects: *Check all that apply*

- Schools Industrial
- Healthcare Office
- Lodging Retail
- Industrial Other: _____
- Restaurant Other: _____
- Government Other: _____
- Hospitality Other: _____



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COMPANY PROFILE:

Certified Minority/Woman Business Enterprise (MBE/WBE)?

If Yes, please include all copies of certification Yes No

Certified Small Business/Disabled Veteran Business Enterprise (SB/DVBE)?

If Yes, please include all copies of certification Yes No

Do you have experience with LEED/green buildings? Yes No

BONDING & INSURANCE:

Name of Bonding Agency: _____ Relationship Officer: _____

Phone: _____ Fax: _____ Bonding Company: _____

A.M. Best Rating of Bonding Company: _____ Bonding Capacity Single Job: \$ _____ Bonding Capacity Aggregate: _____

Please attach Workers Comp and General Liability Insurance Certificates

What is your workers comp EMR (experience modification rate) for the last 3 years?

Year: _____ EMR: _____ Year: _____ EMR: _____ Year: _____ EMR: _____

Please attach copy of previous year OSHA's from 300A

WORK IN PROGRESS:

Amount of work under contract: \$ _____ Amount of that work not yet completed: \$ _____

TRADE REFERENCES:

Please list three trade/vendor references with whom you have worked for in the last year:

1. Name: _____ Address: _____ City/State/Zipcode: _____

Contact: _____ Contact Phone Number/Cell Number: _____

2. Name: _____ Address: _____ City/State/Zipcode: _____

Contact: _____ Contact Phone Number/Cell Number: _____

3. Name: _____ Address: _____ City/State/Zipcode: _____

Contact: _____ Contact Phone Number/Cell Number: _____



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GENERAL CONTRACTION REFERENCES:

Please list three general contractors with whom you have worked for in the last year:

1. Name: _____ Address: _____ City/Sate/Zipcode: _____

Contact: _____ Contact Phone Number/Cell Number: _____

2. Name: _____ Address: _____ City/Sate/Zipcode: _____

Contact: _____ Contact Phone Number/Cell Number: _____

3. Name: _____ Address: _____ City/Sate/Zipcode: _____

Contact: _____ Contact Phone Number/Cell Number: _____

CREDIT AUTHORIZATION:

The submitter of this prequalification form authorizes contacting any og the references given on this form and further authorizes each of those representatives to disclose any and all information the reference may have regarding the submitter. Also, the submitter authorizes the release of credit information including a credit report or other sources of credit information and this authorization shall be without expiration. Do you agree to these terms? Yes No

Dunn & Bradstreet # _____

Signature of Officer: _____ Date: _____

Return Completed Form ATTN: _____ Title: _____

Company: _____ Fax: _____

Fax completed form to (562) 997-9411 or Email to info@cpconstructors.com



SUBCONTRACTOR PRE-QUALIFICATION FORM

Please complete requested information on company's recent major construction projects either completed or in progress:

Please make additional copies as needed

1. Name of project: _____ Client/Owner: _____

General Contractor: _____ Location: _____ Contract Value: \$ _____

Description of work being performed: _____

Architect/Engineer: _____ General Contractor Contact: _____

Phone Number: _____ Completion (Planned) Date: _____

2. Name of project: _____ Client/Owner: _____

General Contractor: _____ Location: _____ Contract Value: \$ _____

Description of work being performed: _____

Architect/Engineer: _____ General Contractor Contact: _____

Phone Number: _____ Completion (Planned) Date: _____

3. Name of project: _____ Client/Owner: _____

General Contractor: _____ Location: _____ Contract Value: \$ _____

Description of work being performed: _____

Architect/Engineer: _____ General Contractor Contact: _____

Phone Number: _____ Completion (Planned) Date: _____

4. Name of project: _____ Client/Owner: _____

General Contractor: _____ Location: _____ Contract Value: \$ _____

Description of work being performed: _____

Architect/Engineer: _____ General Contractor Contact: _____

Phone Number: _____ Completion (Planned) Date: _____

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