



SUBCONTRACTOR PREQUALIFICATION FORM

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Anaheim, California 92806
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CONTACT INFORMATION

Full Name of Company: _____

Address: _____

City / State / Zip: _____

Mailing Address: _____

(Check if same as above)

Phone: _____ Fax: _____

Contact Person: _____ Email: _____

Website: _____

Contracting Specialty: _____

Union: Yes: No:

Type of License: _____ CA Lic. #: _____

Federal Tax ID #: _____

Years in Business: _____ Other: _____

List the Corporate Officers, Partners or Proprietors:

Name: _____ Title: _____ Direct Number: _____

Mobile Number: _____ Email: _____

Name: _____ Title: _____ Direct Number: _____

Mobile Number: _____ Email: _____

Name: _____ Title: _____ Direct Number: _____

Mobile Number: _____ Email: _____

Estimator and Accounting Contact Information:

Estimator: _____ Email: _____

Accounting: _____ Email: _____

FINANCIAL AND INSURANCE INFORMATION

BANK: _____

Address: _____

City / State / Zip: _____

Phone: _____ Fax: _____

Contact Person: _____

BONDING COMPANY:

Address:

City / State / Zip:

Phone:

Fax:

Contact Person:

GL INSURANCE CARRIER:

Address:

City / State / Zip:

Phone:

Fax:

Contact Person:

WC INSURANCE CARRIER:

Address:

City / State / Zip:

Phone:

Fax:

Contact Person:

AUTO INSURANCE CARRIER:

Address:

City / State / Zip:

Phone:

Fax:

Contact Person:

Does Your Company Have:

Professional Liability Insurance?

Yes:

No:

****Please Provide a Proof of Insurance Certificate Along with this Form****

Pollution Liability Insurance?

Yes:

No:

****Please Provide a Proof of Insurance Certificate Along with this Form****

What is Your "Experience Modification Factor" (EMR)?

PROJECT EXPERIENCE

Size of Project:

\$ _____

TO

\$ _____

Have You Ever Failed to Complete a Project?

Yes:

No:

If Yes, Please Explain:

What Percent of Your Work is Normally Subcontracted?

_____ %

What Geographic Areas Do You Work In?

What Percent of Your Work Is: Public: _____ % Private: _____ %

Have You Ever Been Involved in an Arbitration Proceeding OR Lawsuit? Yes: No:

If Yes, Please Explain: _____

List 3 General Contractors You Have Worked For in the Last 12 Months:

Company Name	Contact Person	Phone Number

List 3 Material Suppliers You Have Purchased From in the Last 12 Months:

Company Name	Contact Person	Phone Number

Does Your Company Have an "Injury and Illness Prevention Program"? Yes: No:

Who is the Person Responsible for the Safety Program at Your Company? _____

Does Your Company Conduct Any Special Safety Training? Yes: No:

If Yes, Please Explain: _____

Completed By: _____

Title: _____

Date: _____