



SUBCONTRACTOR PREQUALIFICATION FORM

COMPANY INFORMATION

Company Name: _____	Company Type/ Ownership Structure: _____
Legal Company Name: _____	Website Address: _____
Company Address: _____	Year Established: _____
County: _____	Dun & Bradstreet #: _____
Phone Number: _____	Federal Tax ID #: _____
Fax Number: _____	Total # of Employees: _____
	# of Field Employees: _____
	Percent of Work Self Performed: % _____ <small>(based on annual review)</small>
Has ownership changed in the last three years? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
<small>(If yes, please explain below.)</small>	

COMPANY CONTACTS

<u>Contact for Invitations to Bid:</u>	<u>Contact for General Information:</u>
Contact Name: _____	Contact Name: _____
Title: _____	Title: _____
Phone Number: _____	Phone Number: _____
E-mail Address: _____	E-mail Address: _____

PARENT/AFFILIATE INFORMATION

<u>Name:</u>	<u>Describe Relationship:</u>
1: _____	_____
2: _____	_____
3: _____	_____

UNION AFFILIATION

Union Affiliated? (If yes, list name[s] of Union[s])	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
1: _____	<u>Check All That Apply:</u> <input type="checkbox"/> Union Affiliation of Field Personnel <input type="checkbox"/> Union Affiliation of Shop Personnel
2: _____	
3: _____	
4: _____	



LICENSES

Issuing Authority:	Class:	License Number:	Expiration Date:
1: _____	_____	_____	_____
2: _____	_____	_____	_____
3: _____	_____	_____	_____
4: _____	_____	_____	_____

CSI/GEOGRAPHIC RANGE

Primary Trades/Scopes/CSI Spec Solutions Typically Performed:

Service States:

Geographic Regions Where You Perform Work:

PRODUCT/SERVICE SEGMENTS

List percentage of work performed in the last [3] years (total must equal 100%):

Hospital/OSHPD	_____ %	Tenant Improvements	_____ %
Residential	_____ %	Commercial Office Building	_____ %
Higher Education	_____ %	Research/BioTech/Laboratory	_____ %
K-12 Schools	_____ %	Restaurant/Cafeterias	_____ %
Hospitality	_____ %	Other (Please explain below)	_____ %

REFERENCES

Trade/Supplier (please provide [3] references):

Company: _____	Company: _____	Company: _____
Contact: _____	Contact: _____	Contact: _____
Title: _____	Title: _____	Title: _____
Phone: _____	Phone: _____	Phone: _____
E-Mail: _____	E-Mail: _____	E-Mail: _____

General Contractor/Client (please provide [3] references):

Company: _____	Company: _____	Company: _____
Contact: _____	Contact: _____	Contact: _____
Title: _____	Title: _____	Title: _____
Phone: _____	Phone: _____	Phone: _____
E-Mail: _____	E-Mail: _____	E-Mail: _____



INSURANCE

**please attach a copy of your insurance certificate for any project on which you are performing your typical scope of work – Insurance must comply with HBC Terms of Subcontract*

Broker Name: _____ Phone Number: _____
 Contact Name: _____ Fax Number: _____
 Title: _____ Email Address: _____

Limits of General Liability Insurance:

Each Occurrence: _____ Aggregate: _____

Limits of Excess/Umbrella Liability Insurance:

Each Occurrence: _____ Aggregate: _____

*Refer to Insurance Tiers for Excess/Umbrella Requirements

Auto Liability Insurance:

Combined Single Limit: _____

Workers Compensation/Employers Liability:

WC Statutory Limit:

EL Each Accident: _____

EL Disease Each Employee: _____

EL Disease Policy Limit: _____

BONDING

**please attach a letter of bondability from your bonding agent or bonding company, to serve as a written record confirming your bondability and the bonding information you provided*

Bondable? YES: NO: (Payment and Performance Bond)

Company: _____ Bonding Rate: _____
 Contact Name: _____ Single Project Limit: _____
 Title: _____ Aggregate Limit: _____
 Phone Number: _____ Available Capacity: _____
 Email Address: _____

LITIGATION

Has your company ever defaulted, failed to complete or been terminated on a contract? YES: NO:
(If yes, please explain.)

Has your company ever gone through a bankruptcy or reorganization? YES: NO:
(If yes, please explain.)

FINANCIAL

Financial statements may be required to qualify for certain projects. If requested, will you comply?

YES: NO:



SAFETY

EMR (Experience Modification Rate):

**This relates to your Work Compensation insurance and you can acquire this information from your insurance provider.*

2023: _____ 2022: _____ 2021: _____

Does your company have a written drug test policy? YES: NO:

Does your company have a written safety program? YES: NO:

Number of Serious OSHA Violations:

2023: _____ 2022: _____ 2021: _____

Number of General OSHA Violations:

2023: _____ 2022: _____ 2021: _____

SUPPLIER ENVIRONMENTAL ASSESSMENT

Does your company have a written ESG and/or Environmental Sustainability Policy? YES: NO:

How many Certified Green Building projects has your company built in the past five years, e.g. LEED, WELL, Fitwel, Energy Star, BREEAM, Living Building Challenge, or similar? _____

What percentage of your staff are GPRO Certified, LEED Credentialed, or similar? _____%

MINORITY CERTIFICATIONS

**please attach a copy of your minority/disadvantaged status certificates*

Certification Type (MBE, WBE, Etc.):	Certifying Agency:	Certification Number:	Expiration Date:
1: _____	_____	_____	_____
2: _____	_____	_____	_____
3: _____	_____	_____	_____
4: _____	_____	_____	_____

ATTACHMENTS (check all that apply)

<input type="checkbox"/> Sample of Insurance Certificate (REQUIRED)	<input type="checkbox"/> Written Safety Program
<input type="checkbox"/> Contractor's License (REQUIRED)	<input type="checkbox"/> ESG Policy/Statement/Assessment
<input type="checkbox"/> Letter of Bondability	<input type="checkbox"/> Annual ESG/CSR Report
<input type="checkbox"/> Minority/Disadvantaged Status Certification	

By submitting this Pre-Qualification form, you agree to HBC's Terms and Conditions of Subcontract. Any contract issued by HBC will include these terms. A copy is available upon request.

Submitted By:

Name (signature): _____ Date: _____
 Title: _____

Please return this completed form and supporting documents by e-mail, fax or mail to either location below:

subcontractors@howardbuilding.com

Los Angeles Office
 707 Wilshire Blvd. Suite 3750, Los Angeles, CA 90017
 Fax: 213-683-1851

Orange County Office
 3184 Airway Ave. Unit K, Costa Mesa, CA 92626
 Fax: 714-444-3446