



## SUBCONTRACTOR PREQUALIFICATION FORM

### COMPANY INFORMATION

Company Name: _____	Company Type: _____
Legal Company Name: _____	Website Address: _____
Company Address: _____	Year Established: _____
County: _____	Dun & Bradstreet #: _____
Phone Number: _____	Federal Tax ID #: _____
Fax Number: _____	# of Employees: _____
	# of Field Employees: _____
	Percent of Work Self Performed: % _____ (based on annual review)
Has ownership changed in the last three years? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
<small>(If yes, please explain.)</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? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
<small>(If yes, list name[s] of Union[s])</small>	
1: _____	<b>Check All That Apply:</b>
2: _____	<input type="checkbox"/> Union Affiliation of Field Personnel
3: _____	<input type="checkbox"/> Union Affiliation of Shop Personnel
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:

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

**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 (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*

Carrier 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: \_\_\_\_\_  
\*Must have minimum \$5 million Excess/Umbrella

**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:

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.*

2016: \_\_\_\_\_ 2015: \_\_\_\_\_ 2014: \_\_\_\_\_

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

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

**Number of Serious OSHA Violations:**

2016: \_\_\_\_\_ 2015: \_\_\_\_\_ 2014: \_\_\_\_\_

**Number of General OSHA Violations:**

2016: \_\_\_\_\_ 2015: \_\_\_\_\_ 2014: \_\_\_\_\_

**MINORITY CERTIFICATIONS**

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

Certification Type: <small>(MBE, WBE, Etc)</small>	Certifying Agency:	Certification Number:	Expiration Date:
1: _____	_____	_____	_____
2: _____	_____	_____	_____
3: _____	_____	_____	_____
4: _____	_____	_____	_____

**ATTACHMENTS**

*(check all that apply)*

- Sample of Insurance Certificate (REQUIRED)
- Contractor's License (REQUIRED)
- Letter of Bondability
- Minority/Disadvantaged Status Certification
- Written Safety Program

*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): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**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