



SUBCONTRACTOR PREQUALIFICATION FORM

COMPANY INFORMATION

Company Name:	_____	Company Type/ Ownership Structure:	_____
Legal Company Name:	_____	Website Address:	_____
Company Address:	_____	Year Established:	_____
	_____	Dun & Bradstreet #:	_____
	_____	Federal Tax ID #:	_____
County:	_____	Total # of Employees:	_____
Phone Number:	_____	# of Field Employees:	_____
Fax Number:	_____	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"/>			
(If yes, please explain.)			

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"/>	
(If yes, list name[s] of Union[s])		
1: _____	<u>Check All That Apply:</u>	
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 (total must equal 100%):

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

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.*

2020: _____ 2019: _____ 2018: _____

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

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

Number of Serious OSHA Violations:

2020: _____ 2019: _____ 2018: _____

Number of General OSHA Violations:

2020: _____ 2019: _____ 2018: _____

MINORITY CERTIFICATIONS

**please complete Vendor Questionnaire*

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"/> Minority/Disadvantaged Status Certification |
| <input type="checkbox"/> Contractor's License (REQUIRED) | <input type="checkbox"/> Written Safety Program |
| <input type="checkbox"/> Letter of Bondability | |

*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



VENDOR QUESTIONNAIRE

(Only requires completion by disadvantaged/underutilized vendors)

If you are a Minority-Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), Small Business Enterprise (SBE), Persons with Disabilities-Owned Business Enterprise (PDBE), or a Veteran-Owned Small Business (VOSB), or other disadvantaged/underutilized business (Section A), OR if you work with sub-tier suppliers who fit any of these categories (Section B), please complete and return the below form, along with supporting certificates to subcontractors@howardbuilding.com.

Completion of this questionnaire allows Howard Building Corporation to continue its efforts to increase opportunities for diverse vendors.

Company Name: _____
Address _____
City/State/Zip _____
Contact & Title _____
Email _____
Phone _____

Section A. Disadvantaged Business Classification (please check as applicable and attach certification)

- ☐ MBE (Minority-Owned Business Enterprise)

Certifying Agency _____ Cert # _____ Exp _____

- ☐ WBE (Women-Owned Business Enterprise)

Certifying Agency _____ Cert # _____ Exp _____

- ☐ VBE or SDV (Veteran-Owned or Service-Disabled Veteran-Owned Business)

Certifying Agency _____ Cert # _____ Exp _____

- ☐ SBE (Small Business Enterprise)

Certifying Agency _____ Cert # _____ Exp _____

- ☐ Other Disadvantaged Business Enterprise not listed above (identify): _____

Certifying Agency _____ Cert # _____ Exp _____

- ☐ Other Disadvantaged Business Enterprise not listed above (identify): _____

Certifying Agency _____ Cert # _____ Exp _____

- ☐ Other Business Enterprise (ESOP, B-Corp, etc - identify) _____

Certifying Agency (as applicable) _____ Cert # _____ Exp _____



Section B. Supplier (Tier 3+) Disadvantaged Business Classification (please check as applicable and attach certification. Copy this page if necessary for additional suppliers)

Supplier/Sub-tier Vendor #1

Company Name _____
Address _____
City/State/Zip _____
Contact & Title _____
Email _____
Phone _____

- ☐ MBE (Minority-Owned Business Enterprise)
Certifying Agency _____ Cert # _____ Exp _____
- ☐ WBE (Women-Owned Business Enterprise)
Certifying Agency _____ Cert # _____ Exp _____
- ☐ VBE or SDV (Veteran-Owned or Service-Disabled Veteran-Owned Business)
Certifying Agency _____ Cert # _____ Exp _____
- ☐ SBE (Small Business Enterprise)
Certifying Agency _____ Cert # _____ Exp _____
- ☐ Other Disadvantaged Business Enterprise not listed above (identify): _____
Certifying Agency _____ Cert # _____ Exp _____
- ☐ Other Disadvantaged Business Enterprise not listed above (identify): _____
Certifying Agency _____ Cert # _____ Exp _____

Supplier/Sub-tier Vendor #2

Company Name _____
Address _____
City/State/Zip _____
Contact & Title _____
Email _____
Phone _____

- ☐ MBE (Minority-Owned Business Enterprise)
Certifying Agency _____ Cert # _____ Exp _____
- ☐ WBE (Women-Owned Business Enterprise)
Certifying Agency _____ Cert # _____ Exp _____
- ☐ VBE or SDV (Veteran-Owned or Service-Disabled Veteran-Owned Business)
Certifying Agency _____ Cert # _____ Exp _____
- ☐ SBE (Small Business Enterprise)
Certifying Agency _____ Cert # _____ Exp _____
- ☐ Other Disadvantaged Business Enterprise not listed above (identify): _____
Certifying Agency _____ Cert # _____ Exp _____
- ☐ Other Disadvantaged Business Enterprise not listed above (identify): _____
Certifying Agency _____ Cert # _____ Exp _____



Section C. Authorization

I, _____ (name), am the _____ (Title) of
_____ (company) and am qualified to make this Certification on behalf of the
Company. I certify, based upon my knowledge and belief, that the information supplied in this form is complete and
correct. I authorize Howard Building Corporation to verify this information as needed.

Signature _____ Title _____

Printed Name _____ Date _____

Please return this completed form, along with supporting certificates to subcontractors@howardbuilding.com