

Subcontractor Qualification Questionnaire

Please email completed form to: **Marshall Snow** at: marshall@dh-construction.com All information submitted for pre-qualification evaluation will be considered official information acquired in confidence.

NAME OF FIRM (DBA): _____

NAME OF FIRM (LEGAL): _____

MAILING ADDRESS: _____

MAIN PHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____ TAX I.D. #: _____

WEBSITE: _____

PRIMARY CONTACT (CONTRACT SIGNER)

NAME: _____

EMAIL: _____

CELL #: _____

BID INVITEE CONTACT (IN ADDITION TO PRIMARY CONTACT)

NAME: _____

EMAIL: _____

CELL #: _____

PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS:

- | | | | |
|------------------------------------|--------------------------|------------------------|--------------------------|
| Local Business Enterprise | <input type="checkbox"/> | Veteran-Owned Business | <input type="checkbox"/> |
| Minority Business Enterprise (MBE) | <input type="checkbox"/> | Women's Business (WBE) | <input type="checkbox"/> |
| Prevailing Wage | <input type="checkbox"/> | Union Member | <input type="checkbox"/> |
| HUD Section 3 Business | <input type="checkbox"/> | Union Affiliations: | _____ |
| Small Business Enterprise (SBE) | <input type="checkbox"/> | | _____ |

1. LICENSE. Contractor must be licensed in the State of California. Exact name of license on file with the California State License Board: _____

License Number _____ Classification _____ Expiration Date _____

2. INSURANCE. Please attach your latest certificate of insurance and include general liability, auto, and worker's compensation insurance. Are you able to meet our insurance requirements (see attached)?

Yes _____ No _____

3. TRADES. Please list specifics about the work you perform, including any trade specialties.

4. CORPORATE INFORMATION

☐ **CORPORATION** Date of Incorporation _____ State of Incorporation _____

President _____ Vice President _____

Secretary _____ Treasury _____

☐ **PARTNERSHIP** Date Formed _____ General or Limited _____

Name and Address of Principals _____

☐ **SOLE PROPRIETORSHIP**

Address _____

5. WORK INFORMATION

A. Years in business as a contractor _____ Years under present name _____

B. Former names and years of operation _____

C. Scope of work normally self-performed _____

D. Number of contracts completed in the last 5 years: _____

E. What percentage of your work is subcontracted? _____

F. Total average # employees: _____

Exempt: _____ Non-Exempt: _____ Craft: _____

G. Current awarded jobs

Job Name	Contract Value	% Complete	\$ Balance to Complete

H. Current backlog total _____

I. Average contract size \$ _____ Minimum: \$ _____ Maximum: \$ _____

J. Has any entity ever made a claim in a court of law against your company for defective, improper or nonconforming work, or for failing to comply with warranty obligations?

No _____ Yes _____ If Yes, explain. _____

K. Please list your top 3 major jobs:

Job Name & Location	\$ Contract Value	Prime Contractor	Architect/Engineer	Completion Date

L. Geographical area of work (counties)

Alameda <input type="checkbox"/>	San Mateo <input type="checkbox"/>
Contra Costa <input type="checkbox"/>	Santa Clara <input type="checkbox"/>
Marin <input type="checkbox"/>	Solano <input type="checkbox"/>
Napa <input type="checkbox"/>	Sonoma <input type="checkbox"/>
San Francisco <input type="checkbox"/>	Other (specify below) <input type="checkbox"/>

6. FINANCIAL

A. Attach a copy of your latest and prior year profit and loss statement and balance sheets.

B. Revenue and Net Income

Year:	_____	_____	_____
	(Most recent year)	(Prior year)	(Year before that)
Revenue \$		\$	\$
Net Income \$		\$	\$

C. Company's Dunn & Bradstreet No _____

D. Has your company (either under current or previous name) ever filed for bankruptcy protection with the U.S. Bankruptcy Court? Yes _____ No _____ If Yes, date and classification of filing _____

E. Have any principals of your company, either past or present, been affiliated with any type of bankruptcy?

No _____ Yes _____ If Yes, explain and provide dates: _____

7. LITIGATION

A. Have you ever had a contract terminated for default within the past five years?

No _____ Yes _____ If Yes, explain. _____

B. Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your company?

No _____ Yes _____ If Yes, explain. _____

C. Has your company filed any lawsuits, submitted claims, or been involved in any litigation with regard to your contract activity within the last five years?

No _____ Yes _____ If Yes, explain. _____

8. INSURANCE

Can you provide current evidence or evidence of ability to insure to minimum limits ("Acord" Form or other) of General Liability Insurance coverage (see attached Subcontractor Insurance Requirements Form). General Contractor will not pay for special endorsements or waivers. Yes _____ No _____

9. BONDING

A. If required, can you provide a certified letter from your bonding company identifying the bonding rate per \$1,000, the aggregate and single project bonding capacity of the Company. Yes _____ No _____

B. Bonding company name _____ AM Best Rating _____

Address: _____

Agent Name: _____ Phone Number: _____

C. Has your surety ever finished one or more of your construction projects? Yes _____ No _____

If Yes, Explain: _____

10. REFERENCES

A. Bank Reference

Bank Name and Branch: _____

Account Manager: _____ Phone: _____

Address: _____

Line of Credit: _____ Amount in Use: _____

B. Customers

Please identify four General Contractors or Owners/Developers for whom you have worked in the past two years:

<u>Company name</u>	<u>Contact Person</u>	<u>Phone Number</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

C. Major Suppliers

<u>Company name</u>	<u>Contact Person</u>	<u>Phone Number</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

11. SAFETY

A. List your company's experience modification rate (EMR) for the past three years. Provide a letter from your insurance carrier or state fund (on their letterhead verifying the EMR data)

Year 1 _____ Year 2 _____ Year 3 _____

B. Has your company been cited by Cal OSHA, the EPA, the Bay Area Air Quality Management District, or any other Air Quality Management District (or similar agency) in the past five years?

No ____ Yes ____ How often? _____

Attach a sheet listing and describing each citation.

C. Has your company ever been associated with or involved in a job site death(s)?

No ____ Yes ____ If yes, please explain: _____

D. Do you require documented safety meeting be held for:

1. Field Supervisor Yes ____ No ____ Frequency _____

2. Employees Yes ____ No ____ Frequency _____

3. New Hires Yes ____ No ____ Frequency ____

Safety Director Name: _____

Safety Director Phone No.: _____

E. Does your company conduct substance abuse screening? No ____ Yes ____

If yes, please provide details of circumstances that trigger screening. _____

The above information is true and correct to the best of my knowledge.

Signature

Printed Name

Date