



## Subcontractor Qualification Questionnaire

Please email completed form to: **Director of Operations at: [qualify@dh-construction.com](mailto:qualify@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

Veteran-Owned Business

Minority Business Enterprise (MBE)

Women's Business (WBE)

Prevailing Wage

Union Member

HUD Section 3 Business

Union Affiliations: \_\_\_\_\_

Small Business Enterprise (SBE)

\_\_\_\_\_

**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. \_\_\_\_\_

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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       | San Mateo             |
| Contra Costa  | Santa Clara           |
| Marin         | Solano                |
| Napa          | Sonoma                |
| San Francisco | Other (specify below) |

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

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**7. LITIGATION**

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

No            Yes            If Yes, explain. \_\_\_\_\_

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

No            Yes            If Yes, explain. \_\_\_\_\_

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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. \_\_\_\_\_

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

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**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