

**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: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 MAIN PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 WEBSITE: \_\_\_\_\_ TAX ID: \_\_\_\_\_

**PRIMARY CONTACT (CONTRACT SIGNER)**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ CELL #: \_\_\_\_\_

**BID INVITEE CONTACT (IN ADDITION TO PRIMARY CONTACT)**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ CELL #: \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS:**

Local Business Enterprise  Veteran-Owned Business   
 Minority Business Enterprise (MBE)  Woman's Business (WBE)   
 HUD Section 3 Business  Union Member   
 Small Business Enterprise (SBE)  Union Affiliations: \_\_\_\_\_

**1. LICENSE.** Contractor must be licensed in the State of California.

Firm name on CSLB license: \_\_\_\_\_  
 License No.: \_\_\_\_\_ Classification: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**2. INSURANCE.** Attach a current certificate of insurance (general liability, auto, and worker's comp). Does it meet our insurance requirements (see attached Subcontractor Insurance Requirements Form)? Yes  No   
 General Contractor will not pay for special endorsements or waivers.

**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 \_\_\_\_\_ Treasurer \_\_\_\_\_

**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?    Yes     No

If Yes, explain: \_\_\_\_\_

K. Please list your top 3 major jobs:

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

L. Geographical area of work (counties): (check all that apply)

- |  |  |                                      |
|--|--|--------------------------------------|
| Alameda <input type="checkbox"/>         | Napa <input type="checkbox"/>          | Santa Clara <input type="checkbox"/> |
| Contra Costa <input type="checkbox"/>    | San Francisco <input type="checkbox"/> | Sonoma <input type="checkbox"/>      |
| Marin <input type="checkbox"/>           | San Mateo <input type="checkbox"/>     | Solano <input type="checkbox"/>      |
| Other (specify) <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 (current or previous name) ever filed for bankruptcy protection in 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?

Yes  No  If Yes, explain and provide dates: \_\_\_\_\_  
\_\_\_\_\_

**7. LITIGATION**

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

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

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

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

C. Has your company been involved in any contract-related lawsuits, claims, or litigation in the past five years?

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

**8. 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: \_\_\_\_\_  
\_\_\_\_\_

## 9. REFERENCES

### A. Bank Reference

Bank Name and Branch: \_\_\_\_\_

Account Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Line of Credit: \_\_\_\_\_ Amount in Use: \_\_\_\_\_

### B. Customers

List four General Contractors or Owners/Developers you've worked with in the past two years:

Company Name	Contact Person	Phone Number

### C. Major Suppliers

Company Name	Contact Person	Phone Number

## 10. 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).

Current Year \_\_\_\_\_ Last Year \_\_\_\_\_ Year Prior \_\_\_\_\_

Ineligible for EMR. Provide brief explanation of worker's compensation claims in the past 5 years. \_\_\_\_\_

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? Yes  No

How many times (Attach a sheet listing and describing each citation.)? \_\_\_\_\_

C. Has your company ever been associated with or involved in a job site death(s)? Yes  No

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: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

If yes, please provide details of circumstances that trigger screening: \_\_\_\_\_



**PROJECT NAME**  
SUBCONTRACT EXHIBIT I

**SUBCONTRACT**  
**INSURANCE REQUIREMENTS**

1. **INSURANCE:** Prior to commencing any work, Subcontractor shall, at its sole expense, procure and maintain insurance on all of its operations, with minimum amounts and policy forms acceptable to Contractor as contained in the Owner's contract and as specified below. The required insurance shall be maintained during the term of the Subcontract agreement and through all applicable statute of limitation periods following completion of the work. If higher limits or other forms of insurance are required in the Contract Documents, Subcontractor shall procure and maintain insurance to satisfy such requirements. Any deductible(s) or self-insured retention(s) shall be borne by the Subcontractor and not by Contractor or Owner.
- 1.1. **QUALIFYING INSURERS:** All policies required hereunder shall be issued by insurance companies authorized to transact business in the State of California with a minimum A.M. Best rating of A- VIII, unless otherwise approved by the Contractor. An exception is allowed for Workers' Compensation insurance provided by California State Compensation Insurance Fund.
- 1.2. **WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE** shall be maintained as required by any applicable law or regulation, including U.S. Longshoremen's and Harbor Workers' Compensation Act, the Jones Act or any other Federal, State, or local employment regulations.

Employer's Liability Insurance limits shall be at least:

- \$1,000,000 each accident for bodily injury by accident
- \$1,000,000 each employee for bodily injury by disease
- \$1,000,000 policy limit for bodily injury by disease

The policy shall provide a Waiver of Subrogation to the Contractor, its parent and affiliated companies, the Owner and their respective officers, directors and employees, and any other parties required by Owner on NCCI form WC 00 03 13, or its equivalent.

- 1.2.1. Other Workers' Compensation and Employers Liability Insurance Requirements
  - A. There shall be no coverage exclusions or restrictions for Virus or Communicable Disease.
  - B. If Subcontractor leases any employees through another company, then they will provide evidence of coverage in the form of an alternative employer/leased employee endorsement.
  - C. Risk Retention Groups are not acceptable.
- 1.3. **COMMERCIAL GENERAL LIABILITY INSURANCE** shall be maintained on policy forms at least as broad as ISO form CG 0001 covering all operations performed by or on behalf of the Subcontractor including, but not limited to, the following coverages and minimum limits:
  - A. Premises & Operations
  - B. Products and Completed Operations, which shall be maintained through the expiration of all applicable statutes of limitation following completion of the work.
  - C. Personal and Advertising Injury Liability
  - D. Contractual Liability ensuring the obligations assumed by Subcontractor in this Agreement
  - E. Broad Form Property Damage, including Completed Operations.

- 1.3.1. Limits of Liability based on Subcontractor's scope of work

1.3.1.1. Limits of Liability for all Subcontractors, other than those specified in Article 1.3.1.B., shall be at least:

- \$1,000,000 Each Occurrence for Bodily Injury and Property Damage Liability
- \$1,000,000 Personal Injury and Advertising Liability
- \$2,000,000 Products and Completed Operations Aggregate
- \$2,000,000 General Aggregate

**PROJECT NAME**  
SUBCONTRACT EXHIBIT I

1.3.1.2. Limits of Liability for Subcontractors performing Roofing; Exterior siding, stucco, or skin of any type; Flashing; Installation of skylights, windows, storefronts, or exterior doors; Waterproofing; Sheet metal; Rough Carpentry; Scaffold operations; Crane operations; or any other trades as Contractor may designate shall be at least:

\$5,000,000 Each Occurrence for Bodily Injury and Property Damage Liability  
\$5,000,000 Personal Injury and Advertising Liability  
\$5,000,000 Products and Completed Operations Aggregate  
\$5,000,000 General Aggregate

These limit requirements can be attained through the combination of General Liability and Excess Liability limits.

- 1.3.2. Additional Insured Requirement – The Contractor, its parent and affiliated companies, the Owner and their respective officers, directors and employees, and any other parties required by Owner shall be additional insureds. The additional insured provisions shall include products and completed operations coverage and shall be maintained on all subsequent policy renewals through all applicable statute of limitation periods following completion of the work. The additional insured provisions shall be at least as broad as ISO Additional Insured forms CG 20 10 1001 and CG 20 37 10 01, or 20 10 07 04 and 20 37 07 04.
- 1.3.3. Primary Non-Contributory Insurance Requirement – The policy shall stipulate the insurance afforded to the additional insureds applies as primary insurance and that any other insurance carried by the additional insureds will be excess only and will not contribute with the Subcontractor's insurance.
- 1.3.4. Other General Liability Insurance Requirements –
- A. Coverage shall apply on an "occurrence" basis. Claims made or modified occurrence policies are not allowed.
  - B. The General Aggregate Limit shall apply separately to this project.
  - C. Any "Overall or Total Policy Aggregate Limit" shall be submitted to Contractor for approval prior to commencing work.
  - D. Defense Costs shall be in addition to the policy limits.
  - E. The policy shall provide a Waiver of Subrogation to all Additional Insured parties.
  - F. Any "cross suits" exclusions shall not apply to any additional insureds.
  - G. There shall be no provision which excludes or limits coverage for claims brought by employees of any subcontractor or claims by any lower tier subcontractors, such as an independent subcontractor exclusion.
  - H. There shall be no coverage exclusions or restrictions for subsidence, earth movement, explosion, collapse, or underground hazards.
  - I. If Subcontractor of any tier performs any work or conducts any operations within fifty feet of any railroad, Subcontractor shall obtain an endorsement to its General Liability policy to delete any exclusion, including the "Contractual Liability" exclusion, for work performed within fifty feet of a railroad. A copy of such endorsement shall be provided to the Contractor prior to any work or operations by Subcontractor within fifty feet of any railroad.
  - J. There shall be no coverage exclusions or restrictions for any residential construction, including, but not limited to, apartments or other types of multi-family housing.
  - K. Deductibles or Self-Insured Retentions greater than \$25,000 shall be submitted to Contractor for approval prior to commencing work. All Self-Insured Retentions shall be disclosed on the certificates of insurance and a copy of the Self-Insured Retention endorsement or policy provision shall be provided along with the certificate of insurance. All Self-Insured Retention provisions must state that retention amounts may be satisfied by either the Named Insured(s) or any Additional Insured(s). Self-Insured Retentions that can be satisfied by only the Named Insured(s) are not acceptable.
  - L. There shall be no coverage exclusions or restrictions for Mold, Mildew, Fungus, Virus, or Communicable Disease. In the event such exclusions are contained in the policy, the subcontractor must assure the Contractor that this exposure is covered within other policies of insurance and provide evidence of that policy or policies.
  - M. There shall be no coverage exclusions or restrictions for wildfires, including, but not limited to, an unplanned or uncontrolled fire, regardless of how or where the source of the fire originated.

**PROJECT NAME**  
SUBCONTRACT EXHIBIT I

- 1.3.5. General Liability Insurance Requirements for Specific Trades – The following provisions apply in addition to the requirements stated in Article 1.3.4.:
- A. Any Subcontractor of any tier performing work involving Roofing; Exterior siding, stucco, or skin of any type, including, but not limited to, Exterior Insulation and Finish Systems (EIFS); Flashing; Installation of skylights, windows, storefronts or exterior doors; Waterproofing; Fire protection; HVAC; Plumbing; or any other trades as Contractor may designate shall provide acceptable evidence that their General Liability insurance either (a) does not have any exclusions or limitations for claims from mold, fungus or bacteria; or (b) shall provide evidence of other acceptable insurance such as Contractor's Pollution Liability to adequately insure these exposures.
  - B. Any Subcontractor of any tier performing work involving EIFS shall provide acceptable evidence that their General Liability insurance either (a) does not have any exclusions or limitations for claims arising from EIFS work; or (b) shall provide evidence of other acceptable insurance to adequately insure the exposures involving EIFS work.
- 1.4. AUTOMOBILE LIABILITY INSURANCE shall be maintained on policy forms at least as broad as ISO form CA 0001, including, but not limited to, the following coverages and minimum limits:
- A. Coverage for all owned, non-owned and hired automobiles.
  - B. The limit of liability shall be at least \$1,000,000 combined single limit.
  - C. If the Subcontractor or its Subcontractors transport hazardous materials, regulated substances or wastes, the policy shall include Endorsement MCS-90 and CA 99 48.
  - D. The Contractor, the Owner and their respective officers, directors and employees, and any other parties required by Owner shall be additional insureds.
  - E. There shall be no coverage exclusions or restrictions for Virus or Communicable Disease
  - F. The policy shall provide a Waiver of Subrogation to all Additional Insured parties.
- 1.5. EXCESS/UMBRELLA LIABILITY INSURANCE – If any Excess or Umbrella Liability policies are used to meet the limits of liability required by this agreement, then said policies shall be "following form" of the underlying policy and shall meet all the insurance requirements stated in Articles 1.2, 1.3 and 1.4., including the additional insured, waiver of subrogation and primary insurance requirements stated therein. No insurance policies maintained by the Additional Insureds, whether primary or excess, and which also apply to a loss covered hereunder, shall be called upon to contribute to a loss until the Subcontractor's primary and excess liability policies are exhausted.
- 1.6. POLLUTION LIABILITY INSURANCE
- A. If any Subcontractor of any tier handles hazardous materials (including, but not limited to, asbestos, lead, silica, PCB's, contaminated soil, etc.), or if their operations create an exposure to hazardous materials, they must provide Contractor's Pollution Liability Insurance with limits not less than \$5,000,000 per incident and \$5,000,000 aggregate for Bodily Injury, Property Damage, Environmental Damage or Clean-up Costs, including coverage for Non-Owned Disposal Sites.
  - B. If any Subcontractor of any tier transports hazardous materials, they must provide Contractor's Pollution Liability Insurance which includes coverage for pollution conditions arising from the transportation of hazardous materials with limits not less than \$5,000,000 per incident and \$5,000,000 aggregate for Bodily Injury, Property Damage, Environmental Damage or Clean-up Costs, including coverage for Non-Owned Disposal Sites.
  - C. With respects to Subcontractors of any tier performing work as identified in Article 1.3.5., it shall be permissible for said Subcontractor to provide Contractor's Pollution Liability insurance which includes coverage for claims from mold, fungus, or bacteria, and which does not have an EIFS exclusion as a means of satisfying the insurance requirements stated in Article 1.3.5. The limit of liability shall be not less than \$1,000,000 each incident and \$2,000,000 aggregate for Bodily Injury, Property Damage, Environmental Damage or Clean-up Costs.
  - D. Whether written on an "Occurrence" basis or on a "Claims Made" basis, coverage shall either be renewed continuously or shall provide an extended claims reporting period through all applicable statute of limitation periods following completion of the work.

**PROJECT NAME**  
SUBCONTRACT EXHIBIT I

- E. The Contractor, the Owner and their respective officers, directors and employees, and any other parties required by Owner shall be additional insureds during the term of the Subcontract agreement and through all applicable statute of limitation periods following completion of the work. The policy shall stipulate the insurance afforded to the additional insureds applies as primary insurance and that any other insurance carried by the additional insureds will be excess only and will not contribute with the Subcontractor's insurance.
- F. The policy shall provide a Waiver of Subrogation to all Additional Insured parties.

1.7. PROFESSIONAL LIABILITY INSURANCE

- A. If Subcontractor or any Sub-Subcontractor performs any professional, design or design-build work or services, they must provide Professional Liability Insurance with limits not less than \$1,000,000.
- B. Coverage must have an effective date, retroactive date, or prior acts date prior to the start of any professional services.
- C. If Subcontractor's Work includes environmental, engineering, or consulting services involving Hazardous Materials, coverage shall not exclude such services.
- D. Coverage must be continuous or allow for the reporting of claims for 3 years following completion of the work.

1.8. WATERCRAFT LIABILITY INSURANCE

- A. If Subcontractor or any Sub-Subcontractor's Work is performed on or over navigable waters or involve the use of any vessel, coverage and limits shall be approved by Contractor.

1.9. AIRCRAFT LIABILITY INSURANCE

- A. If Subcontractor or any Sub-Subcontractor uses any owned or non-owned aircraft of any type in the performance of their work, they shall maintain aircraft liability insurance with limits not less than \$10,000,000 per occurrence including Passenger Liability.
- B. Unmanned Aerial Vehicles (e.g., Drones) shall maintain limits of not less than \$1,000,000.
- C. The Contractor, the Owner and their respective officers, directors and employees, and any other parties required by Owner shall be additional insureds.

1.10. RIGGERS LIABILITY INSURANCE – If Subcontractor or any Sub-Subcontractor performs any work involving the rigging, lifting, lowering, or moving of property or equipment, then those parties performing such work shall carry Rigger's Liability Insurance to insure against physical loss or damage to the property or equipment.

1.11. INSURANCE REQUIREMENTS FOR SUB-SUBCONTRACTORS – Subcontractor shall ensure that all tiers of Sub-Subcontractors shall procure and maintain insurance in like form and amounts, including the Additional Insured requirements set forth in this Addendum. Each Sub-subcontractor shall provide acceptable certificates of insurance and required policy endorsements to the Contractor before commencing any work hereunder.

1.12. INSURANCE GREATER THAN THE MINIMUM REQUIREMENTS – The insurance limits and coverages stated in this Addendum are minimum required limits and coverages. To the extent Subcontractor maintains insurance policies with limits greater or coverage broader than any of the minimums established herein, then Subcontractor agrees that such higher limits and broader coverage shall be deemed to be the required minimum and shall be available to the Additional Insureds with respects to any of Subcontractor's insurance obligations hereunder.

1.13. PROPERTY/BUILDER'S RISK INSURANCE

- A. Where Property/Builder's Risk insurance purchased by Owner or Contractor contains deductibles, then Subcontractor shall be responsible for such deductible applicable to damage to Subcontractor's work and/or damage to other work caused by Subcontractor.
- B. The subcontractor shall be bound by any loss adjustment made between the Owner or Contractor and the insurance company(ies).

**PROJECT NAME**

SUBCONTRACT EXHIBIT I

- C. Where Property/Builder's Risk insurance is not purchased by Owner or Contractor for the benefit of the Subcontractor, then Subcontractor shall be fully responsible for all loss or damage to Subcontractor's work. Such insurance shall also apply to any of Owner's or Contractor's property in the care, custody, or control of Subcontractor.
  - D. Contractor and Subcontractor waive all rights against each other and against all other Subcontractors and Owner for loss or damage to the extent reimbursed by Property/Builder's Risk insurance applicable to the work, except such rights as they may have to proceeds of such insurance.
  - E. Contractor shall not be responsible for any loss or damage to Subcontractor's work, however caused, until after final acceptance by Owner and Contractor.
  - F. The contractor shall not be responsible for loss or damage to materials, tools, equipment, or other personal property owned, rented or used by Subcontractor or anyone employed by Subcontractor.
- 1.14. CERTIFICATES OF INSURANCE – Subcontractor shall provide acceptable certificates of insurance along with all required policy forms or endorsements to Contractor before commencing any work under this Subcontract Agreement. Full copies of policies shall be furnished upon request. The Certificates of Insurance and required endorsements shall provide that there will be no cancellation or reduction of coverage without thirty (30) days' prior written notice to the Contractor. The subcontractor shall continue to provide certificates of insurance and required policy endorsements, including the required additional insured endorsements, for a period of three (3) years following completion of the work.
- 1.15. NON-COMPLIANCE – In the event Subcontractor does not comply with the requirements of this Addendum, Contractor may, at its option, provide insurance coverage to protect the Contractor and charge the Subcontractor for the cost of that insurance, hold the Subcontractor responsible for all costs incurred by Contractor as a result of Subcontractor's failure to maintain the proper insurance, and/or terminate this Subcontract Agreement. The contractor, at its option, may withhold payment until acceptable certificates have been furnished, or if upon receipt of a cancellation notice on a policy, until withdrawal of the notice or the reinstatement of the canceled policy. Contractor's acceptance of insurance certificates shall in no way limit or relieve the Subcontractor of the duties and responsibilities stated in this Subcontract Agreement. Neither the forbearance nor omission by Contractor to require proof of all provisions of this insurance from Subcontractor will be deemed as a waiver of Contractor's rights or Subcontractor's obligations regarding the provisions of this Subcontract Agreement.
- 1.16. Controlled Insurance Program - if the Contract Documents require participation in an Owner Controlled Insurance Program (OCIP) or Contractor Controlled Insurance Program (CCIP), Subcontractor shall fully participate and cooperate with Contractor and Insurance Program Administrator in compliance of the program requirements.

PROJECT NAME  
SUBCONTRACT EXHIBIT I

**ADDITIONAL INSURED INFORMATION**

PROJECT:                   NAME  
                                  ADDRESS  
                                  CITY, STATE, ZIP

OWNER:                    NAME  
                                  ADDRESS  
                                  CITY, STATE, ZIP  
                                  CONTACT INFO

LENDER:                   NAME  
                                  ADDRESS  
                                  CITY, STATE, ZIP  
                                  CONTACT INFO

ARCHITECT:                NAME  
                                  ADDRESS  
                                  CITY, STATE, ZIP  
                                  CONTACT INFO

CONTRACTOR:             D&H Construction  
                                  1190 10<sup>th</sup> Street  
                                  Berkeley, CA 94710  
                                  Contact: Marshall Snow - Project Executive  
                                  ([marshall@dh-construction.com](mailto:marshall@dh-construction.com))