

Subcontractor Qualification Questionnaire

Please email completed form to: **Director of Operations at: 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: _____

BID OPPORTUNITY YOU ARE SUBMITTING PRE-QUALIFICATION FOR:

Project Name(s): _____

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

Firm name on CSLB license: _____

License No.: _____ Classification: _____ Expiration Date: _____

2. PUBLIC WORKS. Contractors bidding on public works projects must be registered through the CA Department of Industrial Relations at time of bid.

CA DIR PWCR #: _____ Expiration Date: _____

3. 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.

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

5. 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 _____

6. 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 and for what work? _____

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

7. 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: _____

_____**8. 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. _____

_____**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

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

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).

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: _____

12. COMPLIANCE WITH THE FOLLOWING QUESTIONS

- A. Has your company performed work on projects subject to State or Federal prevailing wage projects within the past five (5) years? Yes ☐ No ☐ If yes, please provide the following information on 2 recent projects:

Project Name	City	Owner/Agency	Prime Contractor	Completion Date

- B. Which electronic certified payroll systems has your company used? (Check all that apply).

☐ DIR eCPR ☐ LCPTTracker ☐ Elations ☐ Other (specify): _____ ☐ None

Provide the project name, Owner and General Contractor for a recent project which required certified payroll.

Project Name	Owner/Agency	Prime Contractor	Completion Date

- C. In the past 3 years, has your company been fined or assessed penalties by the State Department of Industrial Relations, or and City or County agency for non-compliance with prevailing wage and/or certified payroll requirements?

Yes ☐ No ☐ If yes, how many times? _____

Before submitting this qualification questionnaire, confirm you have:

- ☐ Answered all questions.
- ☐ Attached evidence of insurance compliant with Subcontractor Insurance Requirements.
- ☐ Attached a copy of your latest and prior year profit and loss statement and balance sheets.
- ☐ Attached a letter from your insurance carrier or state fund verifying the EMR data, if applicable.

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

Signature

Printed Name

Date