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### SUBCONTRACTOR PREQUALIFICATION FORM

#### COMPANY/CONTACT INFORMATION:

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Estimating Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contractor's License #: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Company:  Corporation  Partnership  Sole Proprietorship

Federal Tax ID #: \_\_\_\_\_ Year Established: \_\_\_\_\_

Is your Company certified?  MBE  WBE  SBE  DBE  DVBE  LSDBE

Certifying Agency: \_\_\_\_\_

Where are you licensed to do business?: \_\_\_\_\_

Number of Employees: Office \_\_\_\_\_ Field \_\_\_\_\_

Can you use programs that open plans, such as:  AutoCad  Acrobat (PDF)  
 Other (Specify): \_\_\_\_\_

Trade(s) performed: \_\_\_\_\_

Does your Company have any union agreements?  Yes  No

If yes, please list: \_\_\_\_\_

Average value of work completed during the last five years: \$\_\_\_\_\_

Average project size completed last year: \$\_\_\_\_\_

Value of work currently under contract: \$\_\_\_\_\_ Uncompleted backlog: \$\_\_\_\_\_

Size of projects preferred (Minimum): \$\_\_\_\_\_ Maximum: \$\_\_\_\_\_

Do you have a written Company Safety Policy and Program?  Yes  No

Will you provide copies if requested?  Yes  No

Workers Compensation Experience Modification Rate (EMR) for the past 3 years:

Current: \_\_\_\_\_ 1<sup>st</sup> Prior Year: \_\_\_\_\_ 2<sup>nd</sup> Prior Year: \_\_\_\_\_

Are you able to bond projects?  Yes  No Bonding Rate: \_\_\_\_\_%

Single Project Limit: \_\_\_\_\_ Aggregate Limit: \_\_\_\_\_

Do you have the ability to print plans within your office from an online source?  Yes  No

**PROJECT INFORMATION:**

List four representative projects completed within the last five years:

Name of project: \_\_\_\_\_  
Contracting Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
OSHDP Project:  Yes  No

Name of project: \_\_\_\_\_  
Contracting Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
OSHDP Project:  Yes  No

Name of project: \_\_\_\_\_  
Contracting Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
OSHDP Project:  Yes  No

Name of project: \_\_\_\_\_  
Contracting Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
OSHDP Project:  Yes  No

Geographical areas serviced:

\_\_\_\_\_ San Diego County \_\_\_\_\_ Orange County  
\_\_\_\_\_ Riverside County \_\_\_\_\_ Los Angeles County

**INSURANCE INFORMATION:**

Every job requires project specific certificates of insurance with BSD Builders, Inc. listed as an additional insured with the following endorsements attached:

- Primary Wording
- Per Project Aggregate
- Form B

- General Liability Waiver of Subrogation
- Workers Compensation Waiver of Subrogation

Please include a copy of your certificate(s) of insurance.  
 Additional costs incurred for the above referenced endorsements are to be included in your bid.

**FINANCIAL INFORMATION:**

Trade References:

Company	Address	Contact	Telephone No.
1.			
2.			
3.			

Bank References:

Lender	Address	Contact	Telephone No.
1.			
2.			

Does your Company have a line of credit from any lending institution?  Yes  No

Line: \$\_\_\_\_\_ Average amount utilized: \$\_\_\_\_\_

**MISCELLANEOUS INFORMATION:**

In the past 5 years, has your Company

- had any liens filed against it by any of its subcontractors or suppliers?  Yes  No
- failed to complete a contract, been defaulted or had a contract terminated?  Yes  No
- had liquidated damages assessed against it upon completion of a job?  Yes  No
- or any of its key people been a party to a bankruptcy or reorganization proceeding?  Yes  No
- or any of its key people been involved in a lawsuit arising from a job?  Yes  No
- or any of its key people been investigated for or found to have committed a violation of any labor laws?  Yes  No
- or any if its key people been investigated for or been cited for a serious OSHA violation?  Yes  No

Attach details for any "Yes" answer.

**Email completed forms to [info@bsdbuilders.com](mailto:info@bsdbuilders.com) or fax to 858.657.0914.**