



SUBCONTRACTOR PREQUALIFICATION FORM

Please fill out this Form & Mail or Fax it to:

Kate Baker or Nora Olivarez @
Clark & Sullivan Construction - North Highlands Office
3612 Madison Avenue, Suite 25
North Highlands, CA 95660

Telephone [916-338-7707](tel:916-338-7707)

Fax [916-338-7701](tel:916-338-7701)

*All forms **MUST** be reviewed first by Clark & Sullivan prior to issuing a Final Contract.*

Items with an arrow are required:



Clark & Sullivan

SUBCONTRACTOR PREQUALIFICATION INFORMATION

Please fill out completely, you may be assured that all financial information submitted on this form would be confidential. Our request is to ensure that all Subcontractor/Vendors selected are in accordance with the Clark & Sullivan Quality System.



1. COMPANY INFORMATION - REQUIRED

Date: _____

Company Name: _____

Billing Address: (For Clark & Sullivan's Accounting Purpose)

Street Address: _____ P.O. Box _____

City: _____

State: _____ Zip Code _____

Contact Name _____

Telephone No. - - _____

Fax No. - - _____

Web site Address: _____

Email Address: _____

Contractors License Number and Issuing State : _____

Tax ID Number: _____



1.a Type of Business: REQUIRED

If a Corporation:

Year Company was established: _____

Number of years under present Ownership _____

In What State _____

If a Partnership

Date of Organization: _____

Type of Partnership General Limited or an Association _____

In What State _____

Name of Partners: _____

If a Supplier:

Year Company was established: _____

Number of years under present Ownership _____

In What State _____

2. Bank Reference:

Bank Name: _____

Street Address: _____

P.O. Box _____

City: _____

State: _____

Zip Code _____

Contact Name _____

Telephone No. _____

Current Net Worth: _____

Unsecured Line of Credit Limit: _____

3. Attach a full financial statement for the latest full calendar year.

3.a Please provide a **current Dun & Bradstreet Report**



4. Surety Company: (Provide letter from Bonding Company indicating single project bonding capacity) - **REQUIRED**

Surety Name: _____

Agent Name: _____

Agent Telephone No. _____

Bonding Company Rating _____

Bond Rate _____ %



4.a Bonding Capacity: **REQUIRED**

Single Job: _____

Aggregate: _____

Credit: _____



5. Insurance: **REQUIRED**

PROGRAM COVERAGE

LIMITS AND TYPE COVERAGE

Workmen's Compensation _____

Bodily Injury & Property Damage _____

Excess/Umbrella Liability _____

Automobile Liability _____

Professional Errors & Omissions (if applicable) _____



6. Annual Dollar Volume for the past three (3) years. **REQUIRED**

YEAR: _____ \$ _____ YEAR: _____ \$ _____ YEAR: _____ \$ _____



7. Largest jobs in the past three (3) years- **REQUIRED**

YEAR _____ \$ _____ YEAR: _____ \$ _____ YEAR: _____ \$ _____



8. Work History / Representative Projects. (To be completed on "Form A" see attached).

List all projects worked over the last two years. **REQUIRED**

9. Desired project size: Maximum \$ _____ Minimum \$ _____



10. Have you ever failed to complete any work awarded to your firm? - Yes No

REQUIRED

If yes, describe the work, Owner, location and circumstances and attach to this form.

11. List all litigation or formal arbitration to which your organization has been a party involving amounts in excess of \$10,000 for the past five years including unsettled litigation or arbitration. **Attach to this form.**

12. Field Crafts used: Union _____ Non-Union _____

13. Type of work performed:

14. Manufacturing or Fabrication:

Shop Location:

Size:

Union Affiliation (if any) in the shop

15. Number of Man hours available each year:

Engineering: _____

Shop

Production: _____

16. Does your firm have AutoCAD capability? Yes No

Version of Soft ware _____

17. Do you have Design Build capability? Yes No

If yes, describe how you implement the design process and field installation. Attach to this form.

18. Typical amount of work self performed: _____ %

Total number of employees _____

19. Do you have a Quality Management System supported by written procedures?? Yes No

19.a If so, under what agency / certification guidelines do you operate? (E.G. ISO 9001)



20. List your company's workers' compensation Experience Modification Rate (EMR) for the past three years. (Please add the last digit for each year and its EMR) - **REQUIRED**

California:

Year _____ EMR _____	Year _____ EMR _____	Year _____ EMR _____
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Nevada:

Year _____ EMR _____	Year _____ EMR _____	Year _____ EMR _____
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21. List the following OSHA Log Information for the past three years. - **REQUIRED**

OSHA LOG INFORMATION	Year _____	Year _____	Year _____
A. Total Recordable			
B. Lost Work Days Cases			
C. Lost Workdays			
D. Total Employee Hours Worked			
E. Number of Fatalities			



22. References – Three (3) - REQUIRED

Owners/General Contractors:

NAME	CONTACT	TELEPHONE
1.		- -
2.		- -
3.		- -

Architects/Engineers:

NAME	CONTACT	TELEPHONE
1.		- -
2.		- -
3.		- -

Suppliers:

NAME	CONTACT	TELEPHONE
1.		- -
2.		- -
3.		- -

23. is your firm a certified Business Enterprise, please select the applicable enterprise:

	<u>YES</u>	<u>NO</u>	
Woman Business Enterprise (WBE)	<input type="checkbox"/>	<input type="checkbox"/>	
Minority Business Enterprise (MBE)	<input type="checkbox"/>	<input type="checkbox"/>	
Disabled Veteran Enterprise	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Please attached your Business Enterprise Certificate



24. Authorized Signature: REQUIRED

Signature: _____ **Title:** _____

Date: _____

