



SUBCONTRACTOR PREQUALIFICATION

Date: _____

A) BUSINESS INFORMATION:

- Company Name: _____
- Contact Name: _____
- Address: _____
- City, State, ZIP Code: _____
- Phone No.: _____ Fax No.: _____
- E-Mail Address: _____
- CSLB #, Class & Description: _____
- Website: _____

B) TYPE OF WORK:

- Please list the categories of work (UCI Division) that your company primarily self-performs:

- Average annual volume of construction work performed during the last 5 yrs: _____
Union Merit

C) BUSINESS ORGANIZATION:

- In what year was your organization founded? _____
- In what year was your organization founded under its present business name? _____
- Under what other or former names has your organization operated? _____

- FEIN / TAX ID #: _____
- Entity: Corporation _____ Individual _____ Partnership _____ LLC _____
- Name of Owner: _____

D) FINANCIAL INFORMATION (please provide a copy of your company's most recent financial statement – if available):

- Is your company bondable? Yes No
- Name of Bonding Agent Company: _____
- Contact Name: _____
- Contact Phone No.: _____
- Bonding Rate (percentage): _____
- Bonding Capacity, single Project Amt: _____
- Bonding Capacity, Aggregate Amount (attach letter from your bonding agent verifying bonding capacity and bond rate): _____

- Bank Name / Contact: _____
- Trade References: _____

E) SAFETY / INSURANCE:

- Does your company have a formal safety program? Yes No
- Does your company have an Injury and Illness Prevention Program (IIPP)? Yes No
Date Initialed: _____
- List EMR (Experience Modification Rate) for the past 3 years:
20 ____ : ____ 20 ____ : ____ 20 ____ : ____
- State the amount of insurance coverage carried by your firm:
General Liability: _____
Umbrella: _____
Automotive: _____
- Can you furnish Worker's Comp with Waiver of Subrogation endorsement: Yes No
- Can you furnish additional insured endorsements (CG2010 1185 or equivalent): Yes No

F) MINORITY DESIGNATIONS, if any (please attach a copy of certificate):

Designation	Agency Issuing Certificate	Expiration Date
MBE Yes <input type="checkbox"/> ; No <input type="checkbox"/>	_____	_____
WBE Yes <input type="checkbox"/> ; No <input type="checkbox"/>	_____	_____
DBE Yes <input type="checkbox"/> ; No <input type="checkbox"/>	_____	_____
DVBE Yes <input type="checkbox"/> ; No <input type="checkbox"/>	_____	_____
OBE Yes <input type="checkbox"/> ; No <input type="checkbox"/>	_____	_____

G) PROJECT REFERENCES (3):

Project Name	General Contractor/ Contact	Phone#	Contact Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

H) MATERIAL SUPPLIER REFERENCES (3):

Supplier	Contact	Phone#
_____	_____	_____
_____	_____	_____
_____	_____	_____

I) MARKET SEGMENTS:

- Please approximate the Percentage of work your company does in each market segment.
Retail ____ % Education ____ % Office Buildings ____ % T.I. ____ %
Healthcare / Hosp ____ % Lt.Industrial ____ % Apartment ____ % Residential ____ %

J) Largest Jobs and year completed:

K) Please approximate the Percentage of work performed for Public and Private Owners:

Public ____ % Private ____ %

- Does your company work on Prevailing Wage projects? Yes No
- Has your company ever been debarred from bidding, being awarded or performing work on any Public Works project? Yes No

L) Is your company capable of performing under a Design/Build delivery system? Yes No

M) Please list Trade Organizations of which your company is a member:

N) GEOGRAPHIC AREAS:

- Please list all counties in which your company works:

- San Diego County San Bernadino County
- Imperial County Other
- Riverside County
- Orange County
- Los Angeles County

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