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Subcontractor Pre- Qualification Form

All prospective subcontractors/ suppliers interested in working on our projects are required to complete this questionnaire. The contents of this questionnaire will be considered confidential, used solely to determine your firm's qualifications and will not be disclosed to others. Please direct any questions and return the completed form by mail, email, or fax.

General Company Information	
Company's Legal Name	
Mailing Address	
Street Address	
Phone	Fax
Website	
Contact	Contact's Title
Contact Email	
Estimating Contact	Email
Applicable SIC Code(s)	
Description of the trade/ work/ supplies you perform or provide:	
Federal ID Number/ Social Security	

Union Non-Union Both

Geographic Area of Work Performed SF East Bay South Bay North Bay Peninsula

Organization

Business Type: Corporation Partnership Limited Liability Company Sole Proprietor Other _____

Date Founded _____ State of Formation _____

Please indicate the following information about all officers, managers, and principles on a separate sheet:
 Full Name, Title, and Length of time in this position.

Does your business qualify as a small, local, minority or other certified business enterprise (e.g., SBE, LBE, MBE, WBE)?

Certification Type _____ Agency _____ Certification # _____
 Certification Type _____ Agency _____ Certification # _____

List all other names under which your firm has conducted operations: _____

Licensing Information

Please provide all trade and professional licenses, if any, required for you to perform your services.

License number/ Classification

State

Has any license ever been denied or revoked? No Yes (*If yes, Please explain on a separate sheet*)

Has a complaint ever been filed with a Contractor's State License Board against your firm? No Yes (*If yes, Please explain on a separate sheet*)

Work Experience

Please attach a list of the major projects your firm **has completed in the last three (3) years** and provide the project name, location, owner, architect/engineer, general contractor, contract amount, completion date and contact information for the general contractor.

What is your average job size? _____

What was your largest job completed? In what year? _____

What is your backlog?

As of today? _____

As of last financial statement? _____

As of 12 months ago? _____

Has your firm or any other organization with which your officers or owners were involved **during the past three (3) years**, ever failed to complete any work awarded or has been terminated for a certain cause? No Yes (*If yes, Please explain on a separate sheet*)

Are there any judgments, claims, arbitration proceedings, or suits pending/ outstanding against your firm or its officers or principals? No Yes (*If yes, Please explain on a separate sheet*)

Has your firm or any other organization with which your officers or owner's were involved **during the past three (3) years**, ever been in bankruptcy or a voluntary or involuntary reorganization? No Yes (*If yes, Please explain on a separate sheet*)

Has your surety ever finish one of your construction projects? No Yes (*If yes, Please explain on a separate sheet*)

Financial Information (To be provided upon request)

*Note: Subcontractor Prequalification Questionnaires will not be processed without attached financial statements.

Please attach the most recent financial statement (audited, if available) for the entity that will be signing the subcontract.

Please indicate this year's **estimated** annual sales volume. \$ _____

Please provide your firm's annual sales volume for the **last three (3) years.** \$ _____ \$ _____ \$ _____

Please provide the following financial information from the above financial statement:

Working Capital \$ _____

Net Worth \$ _____

Current Ratio = current assets divided by current liabilities \$ _____

If relevant, please attach letters from your union trust funds verifying that you are current in paying your fringe contributions.

Safety and Health

Name of your general liability insurance carrier: _____

Your maximum amount of coverage: _____

Including excess umbrella liability: _____

Can you provide insurance coverage per project? No Yes (If yes, Please provide on a separate sheet)

Please list your firm's workers compensation interstate experience modification rating (EMR) for the most recent three (3) years. (If available, please attach a copy of your insurance agent's verification number.)

Year _____ EMR _____

Year _____ EMR _____

Year _____ EMR _____

Do you have a full time safety representative? No Yes

Has your firm had any OSHA fines or jobsite fatalities **within the last three (3) years?** No Yes (If yes, Please explain on a separate sheet)

Please attach copies of your OSHA No. 300 Log (s) for **the most recent three (3) years.**

Is your firm currently a holder of "Golden Gate" safety certificate or VPP form Cal/OSHA? No Yes (If yes, Please explain on a separate sheet)

Safety Representative Name _____

Safety Representative Contact Number _____

References

Banking Reference

Company Name _____ Contact Person _____ Phone _____

Bonding Reference

Bonding Agent _____ Bonding Company _____

Bonding Capacity: Single Limit \$ _____ Total Program Bonding \$ _____

General Reference

Company Name _____ Contact Person _____ Phone _____

Company Name _____ Contact Person _____ Phone _____

Additional Information

Please attach any additional information you feel will help us determine your firm's qualifications and expertise, including owner or general contractor references, etc.

I hereby certify that the above information is accurate, correct and true.

Completed By:

Name _____

Title _____

Signature _____

Date _____