



SUBCONTRACTOR PRE-QUALIFICATION PACKAGE

Date: _____

COMPANY INFORMATION

Firm Name: _____

Address: _____
Street Address Suite No.

_____ City State ZIP Code

Phone: _____ Fax: _____

Prim. POC: _____ Position: _____

Cell Phone: _____ Email: _____

Contractor's License No.: _____ Tax ID No.: _____ Dun & Bradstreet: _____

Bonding Capacity: _____ PWCR NO. _____

Primary License: _____

Specialty Licenses: _____

List Primary Types of Work Performed: _____

TYPE OF BUSINESS STRUCTURE

By checking the applicable box below, the Contractor asserts that it operates as:

- A Corporation incorporated under the laws of the State of _____
- Sole Proprietor
- A Partnership
- General or Limited
- A Joint Venture
- LLC

BUSINESS CLASSIFICATION

Please check all that apply:

- | | | |
|------------------------------|------------------------------|---|
| MBE <input type="checkbox"/> | SBE <input type="checkbox"/> | HUBZone <input type="checkbox"/> |
| WBE <input type="checkbox"/> | DBE <input type="checkbox"/> | GSA/
Government <input type="checkbox"/> |
| | | Other <input type="checkbox"/> _____ |



TYPES OF PROJECTS

Please check all that apply:

- Hospitals
- Healthcare
- Retail
- Lodging
- Industrial
- Residential
- Schools
- Office
- T.I.
- Government
- Restaurant
- Other _____
(give example)

AVERAGE PROJECT SIZE

Dollar Value: \$ _____

PROJECT EXPERIENCE

- | | | |
|---------------------------|---------------------------------|--------------------------------|
| Prevailing Wage Projects: | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| Design-Build Experience: | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| Apprenticeship Programs: | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |

PRINCIPAL PLACE OF PERFORMANCE

For any future contract(s) issued, the Contractor's principal place of performance will be located at:

Street Address: _____
 City, State, Zip: _____

YEARS IN BUSINESS

Date Established: _____ State Established: _____

INSURANCE INFORMATION

Insurance requirements for Sub-Contractors are as follows (If awarded a project, additional insurance may be required):

- General Liability; Minimum Limits: Minimum limits - \$1,000,000 single/\$2,000,000 aggregate.
- Automobile Liability: \$1,000,000 combined single limit each accident (minimum) including coverages for all owner(s), employees, hired and non-owned automobiles
- Workers Compensation: \$1,000,000 Each Occurrence /Each Employee /Policy Limit (minimum) (Must be on form approved by the State in which the work is being conducted)

NOTICE: Subcontractor shall name Jacob Construction & Design, Inc. as additional insured and reflect contract number, project title/location on all certificates prepared for submission.



Is your Company able to furnish a current Certificate of Insurance (COI) with all minimum coverage requirements addressed above?

Yes No

ADDITIONAL ENTITIES

List below any subsidiaries and/or affiliates of your Company.

	<u>Company Name</u>	<u>Ownership</u>	<u>Type of Company</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____

SUBCONTRACTOR/SUPPLIER AFFILIATION

List three (3) of your key sub-tier subcontractors/suppliers.

Sub-Tier/Supplier Name: _____

Contact Name: _____ Phone/Email: _____

Sub-Tier/Supplier Name: _____

Contact Name: _____ Phone/Email: _____

Sub-Tier/Supplier Name: _____

Contact Name: _____ Phone/Email: _____

TESTING/LABORATORY/TRAINING

List testing procedures generally required or associated with your Company's area of work specialization.

	<u>Testing Type</u>	<u>Inhouse or Outsourced</u>	<u>In field or at Accredited Laboratory</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____



List associated testing agency/laboratory information below:

Testing Type: _____

Testing Agency/ Laboratory Name: _____

Time Duration from Sample to Report: _____

Testing Type: _____

Testing Agency/ Laboratory Name: _____

Time Duration from Sample to Report: _____

Do you provide end-user/customer training of equipment/programming/systems installed by your Company?

Yes No If yes, please explain: _____

EMPLOYEE INFORMATION

How many people does your Company currently employ?

Home Office: _____ Field Supervisory: _____ Trades People: _____

COMPANY HISTORY

Has your company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you?

Yes No If yes, please explain: _____

Have any of the Owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct?

Yes No If yes, please explain: _____

Has your Company or any Owners, officers or major stockholders ever been suspended, disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by public agency?

Yes No If yes, please explain: _____

Does your Company have any outstanding judgments or claims against it?



Yes No If yes, please explain: _____

Has your Company or any of its Owners, officers or major stockholders been investigated for or charged with alleged labor law violations of the Immigration Control and Reform Act; state or local laws regarding employment or immigrants; prevailing wage laws; wage and hour laws or other federal, state or local labor laws?

Yes No If yes, please explain: _____

Please list any litigation(s) brought against your Company in the past 5 years asserting that you failed to make payments to anyone.

List Unions which your Company maintains agreements with.

	<u>Local Number</u>	<u>Union Name</u>	<u>Agreement Expiration</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

COMPANY SAFETY

Does your Company have a qualified person responsible for maintaining/managing a safety program?

Yes No Please describe his/her qualifications: _____

Does this person do routine safety inspections of all your projects/equipment?

Yes No Frequency: _____

Do you have a written Company Safety Policy and Program and will you provide copies, if requested?

Yes No

Does your Company provide safety training for all employees?



Yes No If yes, please elaborate: _____

Following issuance of a contract and prior to performing work, can your Company provide EM385-1-1 compliant Activity Hazard Analysis (AHA) for work activities you would be responsible for?

Yes No

Has your Company had any OSHA violations in past?

Yes No If yes, please explain: _____

Any work-related employee fatalities in the past 3 years?

Yes No If yes, please explain: _____

EMR/DART Rate:

EMR Rate: _____ DART Rate: _____

PROJECT REFERENCES

Please provide three (3) past performance projects as references.

Project Name: _____ Project Location: _____
Contract Amount: _____ Tentative or Actual Completion Date: _____
General Contractor: _____
Phone Number: _____ G.C. Contact Person: _____

Please describe work performed:

Project Name: _____ Project Location: _____
Contract Amount: _____ Tentative or Actual Completion Date: _____
General Contractor: _____
Phone Number: _____ G.C. Contact Person: _____



Please describe work performed:

Project Name: _____ Project Location: _____
Contract Amount: _____ Tentative or Actual Completion Date: _____
General Contractor: _____
Phone Number: _____ G.C. Contact Person: _____

Please describe work performed:

ACKNOWLEDGEMENT

Completed by: _____
Position: _____
Phone Number: _____

***PLEASE SUBMIT COMPLETED FORM TO INFO@JACOBBCD.COM OR FAX TO [\(805\) 548-1995](tel:8055481995).
CALL JCD OFFICE AT (805) 460-6940 IF YOU HAVE ANY QUESTIONS.**