



SUBCONTRACTORS PRE-QUALIFICATION FORM

C & J's Policy is to have our subcontractors complete this pre-qualification form before any new vendors/subcontractors are awarded.

Please complete this form and submit the following attachments with it:

1: General Insurance Certificate (see Master Subcontract Agreement & Insurance Requirements).

2: List of recently completed projects, contract value, and reference contacts with phone number.

COMPANY INFORMATION

Company Name: _____

Address: _____

City, State, and Zip Code: _____

Phone Number: _____

FAX Number: _____

Company Website: _____

Email: _____

Contractor's License #: _____

President's Name: _____

Vice President: _____

CFO/Controller's Name: _____

List the type of work performed by your company & include CSI references numbers

Number Of Years In Business: _____

List any former names your organization operated under: _____

Service Area: South Bay Peninsula East Bay North Bay Vacaville Monterey ALL Other

Are you a Union or Non-Union shop? _____ If Union, Local # _____

Which union labor agreements are you signatory to?

MEP In House Design? Yes No



SUBCONTRACTORS PRE-QUALIFICATION FORM

COMPANY INFORMATION (continued)

Please attach a listing of completed projects, contract value, and reference contact and phone number.

Primary Estimating Contact(s):

	Name/Title	Phone Number	Email Address
1:	_____	_____	_____
2:	_____	_____	_____

FINANCIAL INFORMATION

Largest Job Completed? \$ _____ Ideal Job Size? \$ _____

Please select project-desired ranges that apply (check all that apply):

- Up to \$250K
 to 500K
 to \$1 Million
 \$1 Million Plus
 to \$10 Million
 \$10 Million Plus

Please list your company volume history for the past (3) years.

Year	_____	\$ _____
Year	_____	\$ _____
Year	_____	\$ _____

Is your company a subsidiary or affiliate of another firm? If yes, what is the parent company name?

Federal Tax ID # _____

CLAIMS INFORMATION

Are there any judgements, claims, arbitration proceedings or suits pending or outstanding against your organization or officers within the last five years? If yes, please describe:

Has your organization filed any lawsuits or requested arbitration with regard to contracts within the last five years? If yes, please describe:



SUBCONTRACTORS PRE-QUALIFICATION FORM

INSURANCE & SAFETY

Does your company meet all C & J's general insurance requirements?

❖ See C & J's Master Subcontract Agreement for Insurance Requirements (located on C & J's website)

Yes

No

Have you included your company's general insurance certificate?

Yes

No

Please show your Workers Comp Experience and Incident Rate (OSHA Recordable Injury/Illness Rate) for the last three years. (This information is available through your Insurance Carrier).

Year: _____

EMR: _____

Incident Rate: _____

Year: _____

EMR: _____

Incident Rate: _____

Year: _____

EMR: _____

Incident Rate: _____

SIGNATURE

The undersigned certifies that the information provided in this prequalification form is true and sufficiently complete so as not to be misleading.

Firm Name: _____

Officer/Owner Name: _____

Title: _____

Signature _____

C & J thanks you in advance and looks forward to working with your company!

C & J OFFICE USE ONLY

C & J Reviewer: _____

Has the company license been verified? Yes No

Certificate of Insurance Received? Yes No

Reference List/Recent Projects Received? Yes No

Union Status Received? Yes No

Maximum Project Size? _____

Entered into CMIS? Yes Date: _____

If not approved, list reason(s) below:

