

Subcontractor Prequalification Form



Primary CSI Code:

Trade:

Please complete this form, print and email to Stina Bullock @ sbullock@davisreedinc.com

TRADE CONTRACTOR GENERAL INFORMATION

Company Name:		Date Submitted:	
Address:		Federal ID #:	
City/State/Zip:		Contractor Lic #	
Phone:		Fax:	
Email Address:		Percentage of:	
President:		Public Work	
Chief Estimator:		Private Work	

Other Estimators:

My company will _____ or will not _____ bid on any projects with a Project Stabilization Agreement.

My company will _____ or will not _____ bid on any projects with a Project Labor Agreement.

Primary Trades Performed:	Region of Work (Geographical): Please check which apply to you.	S.D - SAN DIEGO
		C.V - COACHELLA/ DESERT
		O.C. - ORANGE COUNTY
		L.A. - LOS ANGES
		R.C. - RIVERSIDE COUNTY
		SAC - SACRAMENTO
		S.F. - SAN FRANCISCO/ BAY AREA/ SAN JOSE
		C.C. - VENTURA/SALINAS
		A.Z. - ARIZONA
		L.V. LAS VEGAS/ RENO

Are you 100% P&P Bondable? (Please check one): Yes No Bonding Capacity: \$

Bonding Company (Name of Surety):

Insurance Contact (Local) and Phone #

Bank Name:

Bank Reference Contact and Phone #:

Years in Business: Number of Employees: Office: Field:

Current Work Backlog: \$ Classification (if applicable): WBE MBE DBE

Type of Business: (Corporation, Partnership, Sole Proprietor, Other): *Attach SBA Certification SBE DVBE

Annual Volume of Work: Average Size of Project: Other

Largest Job Ever Completed -- \$\$, Name, City:

Largest Job Completed Last 3 Years -- \$\$, Name, City:

RECENT PROJECTS COMPLETED

	Name, City, State	Contract Amount	Start Date	Completion Date
1.		\$		
2.		\$		
3.		\$		
4.		\$		

Provide History of Termination and/or Default and/or Bankruptcy of Company and/or it's Officers:

	Name, City, State of Project	Contract Amount	Category	Date Occurred
1.		\$		
2.		\$		
3.		\$		
4.		\$		
5.		\$		

RECENT PROJECTS COMPLETED WITH DAVISREED

	Name, City, State	Contract Amount	Start Date	Completion Date
1.		\$		
2.		\$		
3.		\$		
4.		\$		
5.		\$		

Provide any Military or Design Build experience if any:

CSI Codes to List Under (Filled out by DavisReed Estimator):
 Estimator Initials:

TRADE CONTRACTOR SAFETY INFORMATION

Written Safety Program (Including Hazard Communications)? If 'Yes', briefly describe scope:	Yes	No
Do employees complete OSHA 10 hour, 30 hour or other OSHA training? If other please explain.	10 Hr	30Hr Other
What other type of safety training is given to your employees?		
Do you document certifications given to your employees?	Yes	No
What is you EMR (Experience modification rate) for the last 3 years?	2015	2014 2013
What is your frequency rate (lost-time injuries per 200,000 man-hours) for the last 3 years?	2015	2014 2013
Has there been any employee deaths in the last 3 years? If so, details:	Yes	No
Are safety inspections and enforcement in-house or by insurance company? If in-house, by whom and how often?		
Are incident/accident reports distributed to upper management?	Yes	No
Any drug testing program? If so, briefly describe:	Yes	No

Company safety director or other safety contact:
 Name:
 Title:
 Phone:
 Email:

Company insurance representative:
 Name:
 Title:
 Phone:
 Email:

Specific citation and corresponding monetary penalty
 OSHA Non-Compliance Citations

Year	# of Citations	Year	# of Citations Upheld
2015		2015	
2014		2014	
2013		2013	

TRADE CONTRACTOR INFORMATION SHEET

Union or Open Shop: Union Open Shop
 Participate in PLA's or PSA's Yes No
 Signatory to any collective bargaining agreements? If so:
 Name of local union:
 Phone number of local union:
 Date your current collective bargaining agreement expires:
 Have you ever received a Civil Wage Penalty Assessment from industrial relations: Yes No

PRE-CONSTRUCTION SERVICES OFFERED

Rate your firm on a scale of 1 to 10 your over-all Pre-Construction abilities Rating:
1 = low ability, 10 = excellent ability
 Rate the following: Rating:
 Conceptual Estimates Rating:
 Schematic Estimates Rating:
 Design Development Rating:
 50% Construction Documents Rating:
 Design Build Turnkey Rating:
 At what level of documentation are you comfortable providing a GMP: Level:
 Do you provide errors and omissions insurance for design build contracts? Yes No N/A
 Please describe your approach to pre-construction services:

SUPPORTING DOCUMENTATION

Please provide DavisReed with the following attachments A-F:

- A. Most recent OSHA 300 log
- B. Insurance carrier's certified letter of experience modification rating for each of the previous three years and sample insurance certificate with coverage's
 Note: We may require the name Davis/Reed as an additional insured on liability policies
 Please check box if this is acceptable Yes No
- C. References from other General Contractors, Suppliers, Architects/Designers, etc.
- D. LEED experience (if any)
- E. SBA disadvantage or small business certificate.
- F. Financials: Provide your most recent audited financial statement