

SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE
Print and fax or mail to the local office nearest you
Please check our website for office listings
www.panconinc.com

All information submitted for pre-qualification evaluation will be considered official information acquired in confidence.

NAME OF FIRM: _____

CONTACT: _____

ADDRESS: _____

PHONE NUMBER: _____ **FAX:** _____

E-MAIL ADDRESS: _____ **TAX I.D. #:** _____

WEB SITE ADDRESS: _____

1. LICENSE

A. Name of license holder exactly as on file with the State License Board.

B. License Number _____
License Classification _____ Expiration Date _____

2. COMPANY STRUCTURE

A. **CORPORATION** _____

Date of Incorporation _____ State of Incorporation _____

President _____ Vice President _____

Secretary _____ Treasurer _____

B. **PARTNERSHIP** _____

Date of Organization _____ General or Limited _____

Name and Address of Principals:

C. **SOLE PROPRIETORSHIP** _____

Address _____

How many years has your company been in business as a Contractor? _____

How many years has your company been in business under its present business name? _____

Under what other former names has your company operated?

Name _____ Years _____

Name _____ Years _____

List the scope / type of work normally performed with your own forces:

How much of your work is self-performed? _____ % Subcontracted? _____ %

Average Total Number of Employees: _____

Administrative: _____ Craft: _____

Union Affiliation(s), if any: _____

D. MINORITY CERTIFICATIONS? (Check all that apply)

MBE _____ WBE _____ SBE _____ SDVB _____ DVBE _____

Are you qualified but not yet certified for any of the above? Yes _____ No _____

Please Explain: _____

Certification Status (If in Process): _____

E. GEOGRAPHIC AREAS : Please list all areas where your company is licensed.

3. FINANCIAL INFORMATION

- A. Attach copies of your most recent audited/reviewed annual and internal monthly financial statements.
- B. What was your company's revenue for the past three years?
 20 ____ \$ _____ 20 ____ \$ _____ 20 ____ \$ _____
 What was your company's net income for each of the last three years?
 20 ____ \$ _____ 20 ____ \$ _____ 20 ____ \$ _____
- C. Average Contract Size \$ _____ Current Backlog \$ _____
 Minimum: \$ _____ Maximum: \$ _____
 Geographical Area of Work: _____
- D. Company's Dunn & Bradstreet No.: _____
- E. Has your company (either under current or previous name) ever filed for bankruptcy protection with the U.S.
 Bankruptcy Court? Yes _____ No _____
 If Yes, Date of Filing: _____ Classification of Filing _____
- F. Have any principals of your company, either past or present, been affiliated with any type of bankruptcy?
 Yes _____ No _____ If Yes Please Explain: _____
- G. What is your expected revenue for the current year ? \$ _____

4. LITIGATION INFORMATION

- A. Have you had a contract terminated for default within the past five years?
 Yes _____ No _____ If Yes Please Explain: _____

 When? _____

B. Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your company?
 Yes _____ No _____ If Yes Please Explain: _____

C. Has your company filed any lawsuits, submitted claims, or been involved in any litigation with regard to your contract activity within the last five years?
 Yes _____ No _____ If Yes Please Explain: _____

D. Has your company had a Performance Bond called in the last 5 years?
 Yes _____ No _____ If Yes Please Explain: _____

5. INSURANCE

Can you provide current evidence or evidence of ability to insure to minimum limits (“Acord ” Form or other) of Insurance coverage as listed in our Insurance Requirements posted on our Website? (Attach a sample insurance certificate and additional insured endorsement with this completed application.) Yes _____ No _____
 At an additional cost? Yes _____ No _____ If yes, how much? \$ _____

6. BONDING

Bonding company name: _____

Address: _____

Agent Name: _____ Phone: _____

A.M. Best Rating: _____

- Single Project Bonding Capacity \$ _____
- Aggregate Bonding Capacity \$ _____
- Available Bonding Capacity \$ _____

7. REFERENCES

A. Bank Reference

Bank Name and Branch: _____

Account Manager: _____ Phone: _____

Address: _____

Line of Credit: \$ _____ Amount in Use: \$ _____

B. Customer

Please identify four General Contractors for whom you have worked in the past two years:

Company Name	Contact Person	Phone Number

C. Please identify three Subcontractor/Supplier references with whom you have worked in the past two years:

Company Name	Contact Person	Phone Number

8. SAFETY

A. List your company's experience modification rate (EMR) for the past three years. Provide a letter from your insurance carrier or state fund (on their letterhead) verifying the EMR data.

20 _____ 20 _____ 20 _____

B. Has your company been cited by Cal OSHA, OSHA, the EPA, (or similar jurisdiction or agency) in the past five years?
 Yes _____ No _____ How Often? _____ (Attach a sheet listing and describing each citation.)

C. Has your company ever been associated with or involved in a job site death(s)?
 Yes _____ No _____

If yes, please explain: _____

D. Do you require documented safety meetings be held for:

1. Employees Yes _____ No _____ Frequency _____

2. New Hires Yes _____ No _____ Frequency _____

Safety Director Name: _____ Phone No: _____

9. TRADES PERFORMED

C.S.I. CODE	DESCRIPTION

The above information is true and correct to the best of my knowledge.

 Signed

 Date

 Printed Name

 Title