

**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](http://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