

SUBCONTRACTOR PREQUALIFICATION FORM

COMPANY INFORMATION

| | |
|---|---|
| Company Name: _____ _____ Legal Company Name: _____ _____ Company Address: _____ _____ _____ County: _____ Phone Number: _____ Fax Number: _____ Has ownership changed in the last three years? YES: <input type="checkbox"/> NO: <input type="checkbox"/> <small>(If yes, please explain.)</small> _____ _____ _____ | Company Type/ Ownership Structure: _____ _____ Website Address: _____ Year Established: _____ Dun & Bradstreet #: _____ Federal Tax ID #: _____ Total # of Employees: _____ # of Field Employees: _____ Percent of Work Self Performed: % _____ <small>(based on annual review)</small> |
|---|---|

| | | |
|--|--|--|
| Total Annual Revenue | Largest Project Completed to Date | Minimum Project |
| <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |

COMPANY CONTACTS

| | |
|---|--|
| <u>Contact for Invitations to Bid:</u> Contact Name: _____ Title: _____ Phone Number: _____ E-mail Address: _____ | <u>Contact for General Information:</u> Contact Name: _____ Title: _____ Phone Number: _____ E-mail Address: _____ |
|---|--|

PARENT/AFFILIATE INFORMATION

| | |
|--------------|-------------------------------|
| <u>Name:</u> | <u>Describe Relationship:</u> |
| 1: _____ | _____ |
| 2: _____ | _____ |
| 3: _____ | _____ |

UNION AFFILIATION

| | |
|--|---|
| Union Affiliated YES: <input type="checkbox"/> NO: <input type="checkbox"/> <small>(If yes, list name[s] of Union[s])</small> | <u>Check All That Apply:</u> <input type="checkbox"/> Union Affiliation of Field Personnel <input type="checkbox"/> Union Affiliation of Shop Personnel |
| 1: _____ | |
| 2: _____ | |
| 3: _____ | |
| 4: _____ | |

LICENSES

| Issuing Authority: | Class: | License Number: | Expiration Date: |
|--------------------|--------|-----------------|------------------|
| 1: _____ | _____ | _____ | _____ |
| 2: _____ | _____ | _____ | _____ |
| 3: _____ | _____ | _____ | _____ |
| 4: _____ | _____ | _____ | _____ |

CSI/GEOGRAPHIC RANGE

Primary Trades/Scopes/CSI Spec Solutions Typically Performed:

Service States:

Geographic Regions Where You Perform Work:

PRODUCT/SERVICE SEGMENTS

List percentage of work performed in the last [3] years (total must equal 100%):

| | | | |
|------------------|---------|---|---------|
| Hospital/OSHPD | _____ % | Tenant Improvements | _____ % |
| Residential | _____ % | Commercial Office Building | _____ % |
| Higher Education | _____ % | Research/BioTech/Laboratory | _____ % |
| K-12 Schools | _____ % | Restaurant/Cafeterias | _____ % |
| Hospitality | _____ % | Other <small>(Please explain below)</small> | _____ % |

REFERENCES

Trade/Supplier (please provide [3] references):

| | | |
|----------------|----------------|----------------|
| Company: _____ | Company: _____ | Company: _____ |
| Contact: _____ | Contact: _____ | Contact: _____ |
| Title: _____ | Title: _____ | Title: _____ |
| Phone: _____ | Phone: _____ | Phone: _____ |
| E-Mail: _____ | E-Mail: _____ | E-Mail: _____ |

General Contractor/ Client (please provide [3] references):

| | | |
|----------------|----------------|----------------|
| Company: _____ | Company: _____ | Company: _____ |
| Contact: _____ | Contact: _____ | Contact: _____ |
| Title: _____ | Title: _____ | Title: _____ |
| Phone: _____ | Phone: _____ | Phone: _____ |
| E-Mail: _____ | E-Mail: _____ | E-Mail: _____ |

INSURANCE

**please attach a copy of your insurance certificate for any project on which you are performing your typical scope of work – Insurance must comply with Golden Construction Terms of Subcontract*

Broker Name: _____ Phone Number: _____
 Contact Name: _____ Fax Number: _____
 Title: _____ Email Address: _____

Limits of General Liability Insurance:

Each Occurrence: _____ Aggregate: _____

Limits of Excess/Umbrella Liability Insurance:

Each Occurrence: _____ Aggregate: _____
*Refer to Insurance Tiers for Excess/Umbrella Requirements

Auto Liability Insurance:

Combined Single Limit: _____

Workers Compensation/Employers Liability:

WC Statutory Limit:
 EL Each Accident: _____
 EL Disease Each Employee: _____
 EL Disease Policy Limit: _____

BONDING

**please attach a letter of bondability from your bonding agent or bonding company, to serve as a written record confirming your bondability and the bonding information you provided*

Bondable? YES: NO: (Payment and Performance Bond)

Company: _____ Bonding Rate: _____
 Contact Name: _____ Single Project Limit: _____
 Title: _____ Aggregate Limit: _____
 Phone Number: _____ Available Capacity: _____
 Email Address: _____

LITIGATION

Has your company ever defaulted, failed to complete or been terminated on a contract? YES: NO:
(If yes, please explain.)

Has your company ever gone through a bankruptcy or reorganization? YES: NO:
(If yes, please explain.)

FINANCIAL

Financial statements may be required to qualify for certain projects. If requested, will you comply?

YES: NO:

SAFETY

EMR (Experience Modification Rate)

**This relates to your Work Compensation insurance and you can acquire this information from your insurance provider.*

Year

2 Years Ago

Last Year

Current Year

Does your company have a drug test policy?

YES: NO:

Does your company have a written safety program?

YES: NO:

Number of Serious OSHA Violations:

Number of General OSHA Violations:

MINORITY CERTIFICATIONS

**please complete Vendor Questionnaire*

Certification Type:
(MBE, WBE, Etc)

Certifying Agency:

Certification Number

Expiration Date:

1: _____

2: _____

3: _____

4: _____

ATTACHMENTS

(check all that apply)

Sample of Insurance Certificate (REQUIRED)

Minority/Disadvantaged Status Certification

Contractor's License (REQUIRED)

Written Safety Program

Letter of Bondability

By submitting this Pre-Qualification form, you agree to Golden Construction's Terms and Conditions of Subcontract. Any contract issued by Golden Construction will include these terms. A copy is available upon request.

Submitted By:

Name (signature): _____

Title: _____

Date: _____

**Please return this completed form and supporting documents by e-mail to the address below:
info@goldenconst.com**



VENDOR QUESTIONNAIRE

(Only requires completion by disadvantaged/underutilized vendors)

If you are a Minority-Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), Small Business Enterprise (SBE), Persons with Disabilities-Owned Business Enterprise (PDBE), or a Veteran-Owned Small Business (VOSB), or other disadvantaged/underutilized business (Section A), OR if you work with sub-tier suppliers who fit any of these categories (Section B), please complete and return the below form, along with supporting certificates to info@goldenconst.com

Completion of this questionnaire allows Golden Construction to continue its efforts to increase opportunities for diverse vendors.

Company Name: _____
Address _____
City/State/Zip _____
Contact & Title _____
Email _____
Phone _____

Section A. Disadvantaged Business Classification (please check as applicable and attach certification)

- MBE (Minority-Owned Business Enterprise)
Certifying Agency _____ Cert # _____ Exp _____
- WBE (Women-Owned Business Enterprise)
Certifying Agency _____ Cert # _____ Exp _____
- VBE or SDV (Veteran-Owned or Service-Disabled Veteran-Owned Business)
Certifying Agency _____ Cert # _____ Exp _____
- SBE (Small Business Enterprise)
Certifying Agency _____ Cert # _____ Exp _____
- Other Disadvantaged Business Enterprise not listed above (identify): _____
Certifying Agency _____ Cert # _____ Exp _____
- Other Disadvantaged Business Enterprise not listed above (identify): _____
Certifying Agency _____ Cert # _____ Exp _____
- Other Business Enterprise (ESOP, B-Corp, etc - identify) _____
Certifying Agency (as applicable) _____ Cert # _____ Exp _____



Section B. Supplier (Tier 3+) Disadvantaged Business Classification (please check as applicable and attach certification. Copy this page if necessary for additional suppliers)

Supplier/Sub-tier Vendor #1

Company Name _____
 Address _____
 City/State/Zip _____
 Contact & Title _____
 Email _____
 Phone _____

- MBE (Minority-Owned Business Enterprise)
 Certifying Agency _____ Cert # _____ Exp _____
- WBE (Women-Owned Business Enterprise)
 Certifying Agency _____ Cert # _____ Exp _____
- VBE or SDV (Veteran-Owned or Service-Disabled Veteran-Owned Business)
 Certifying Agency _____ Cert # _____ Exp _____
- SBE (Small Business Enterprise)
 Certifying Agency _____ Cert # _____ Exp _____
- Other Disadvantaged Business Enterprise not listed above (identify): _____
 Certifying Agency _____ Cert # _____ Exp _____
- Other Disadvantaged Business Enterprise not listed above (identify): _____
 Certifying Agency _____ Cert # _____ Exp _____

Supplier/Sub-tier Vendor #2

Company Name _____
 Address _____
 City/State/Zip _____
 Contact & Title _____
 Email _____
 Phone _____

- MBE (Minority-Owned Business Enterprise)
 Certifying Agency _____ Cert # _____ Exp _____
- WBE (Women-Owned Business Enterprise)
 Certifying Agency _____ Cert # _____ Exp _____
- VBE or SDV (Veteran-Owned or Service-Disabled Veteran-Owned Business)
 Certifying Agency _____ Cert # _____ Exp _____
- SBE (Small Business Enterprise)
 Certifying Agency _____ Cert # _____ Exp _____
- Other Disadvantaged Business Enterprise not listed above (identify): _____
 Certifying Agency _____ Cert # _____ Exp _____
- Other Disadvantaged Business Enterprise not listed above (identify): _____
 Certifying Agency _____ Cert # _____ Exp _____



Section C. Authorization

I, _____ (name), am the _____ (Title) of
_____ (company) and am qualified to make this Certification on behalf of the
Company. I certify, based upon my knowledge and belief, that the information supplied in this form is complete and
correct. I authorize Golden Construction to verify this information as needed.

Signature _____ Title _____

Printed Name _____ Date _____

Please return this completed form, along with supporting certificates to info@goldenconst.com