

Prequalification Form

COMPANY INFORMATION			
Company Name:		Date:	
Mailing Address:		License Number:	
City:	State:	Zip Code:	
Federal ID #:	Phone #:	Fax #:	
Principal Contact:	Phone #:	Cell #:	
Email Address:	Website Address:		
Estimating Contact:	Phone #:	Fax #:	
Email Address:			Cell #:
What scope of work does your company perform or what materials does your company supply?			
California Geographic Area Served: <input type="checkbox"/> So CA <input type="checkbox"/> No CA <input type="checkbox"/> Central CA <input type="checkbox"/> All CA Southern California Counties Served: <input type="checkbox"/> LA <input type="checkbox"/> OC <input type="checkbox"/> Inland Empire <input type="checkbox"/> Ventura <input type="checkbox"/> Santa Barbara <input type="checkbox"/> Other Northern California Counties Served: <input type="checkbox"/> SF <input type="checkbox"/> Peninsula <input type="checkbox"/> South Bay <input type="checkbox"/> East Bay <input type="checkbox"/> North Bay <input type="checkbox"/> Sacramento <input type="checkbox"/> Central Valley			
Project Types: <input type="checkbox"/> Commercial Office _____% <input type="checkbox"/> Medical Office _____% <input type="checkbox"/> Health Care _____% <input type="checkbox"/> Industrial / Mfg. _____% <input type="checkbox"/> School _____% <input type="checkbox"/> Retail _____% <input type="checkbox"/> Residential _____% <input type="checkbox"/> Hospitality _____% <input type="checkbox"/> Senior Living _____% <input type="checkbox"/> Religious Facilities _____% <input type="checkbox"/> Other _____%			
Project Information: <input type="checkbox"/> Public Works _____% <input type="checkbox"/> Private _____%			
LEED Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No CAD Capability? <input type="checkbox"/> Yes <input type="checkbox"/> No BIM Capability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Labor Affiliation: <input type="checkbox"/> Union <input type="checkbox"/> Open Shop <input type="checkbox"/> Prevailing Wage (if required)			
Is Firm: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> L.L.C.			
Years in Business:		Number of Employees:	
Present Management Since:			
Current Annual Sales:	Largest Project:	Average Project Over Last 12 Months	Size of Field Forces (number of employees)
\$	\$	\$	
Please attach a copy of your most recent financial statement. Attach a list of all arbitration/litigation involving your firm over the last 5 years. Provide details.			
GENERAL INFORMATION			
Bondable? <input type="checkbox"/> Yes <input type="checkbox"/> No Bond Rate: _____ Bonding Capacity for a Single Job: _____ Aggregate Bonding Capacity: _____ Bonding Agency: _____ Bonding Contact Name: _____ Phone #: _____ Name of Surety Company: _____			
Company's Insurance Limits: (Please provide sample insurance certificate)			
General Liability: _____ Occurrence _____ Aggregate _____ Professional Liability: _____ Occurrence _____ Aggregate _____ Auto Liability: _____ Occurrence _____ Aggregate _____ Excess Liability: _____ Occurrence _____ Aggregate _____			
Workmen's Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No			

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If company has done business under another name, please state that name:			
Company Name:			
Company Address:			
Has your company ever failed to complete or defaulted on a contract? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your company affiliated with any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please complete the following:			
Affiliated Company Name:			
Phone #:			
Address:		City:	State: Zip:
REFERENCES/CURRENT PROJECTS			
List three references with phone numbers, mailing addresses and zip codes:			
Trade:			
Trade:			
Trade:			
List at least five construction projects your firm has recently completed:			
Project Name and Start Date:	Owner / General Contractor:	Architect:	Contract Amount:
SAFETY			
Does your company have an OSHA Compliant Written Safety Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List your company's Experience Modification Rate (EMR) for the past three years:			
EMR: _____ Year: _____ EMR: _____ Year: _____ EMR: _____ Year: _____			
Are jobsite safety meetings held regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your firm have a full time Safety Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your firm have a Drug Testing Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please attach a copy of your IIPP, HIPP, and OSHA Annual Permits (trench and excavation, scaffolding, and demolition for work over 36')			
If you do not possess an OSHA permit, please note it here:			
MINORITY CERTIFICATIONS			
Is your company a certified minority contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please check and list certification numbers and agencies to any that apply:			
<input type="checkbox"/> MBE	Certification #:	Agency:	
<input type="checkbox"/> WBE	Certification #:	Agency:	
<input type="checkbox"/> DVBE	Certification #:	Agency:	
<input type="checkbox"/> SBE	Certification #:	Agency:	



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CERTIFICATION

I, _____, a representative of _____, hereby certify that all information provided in this document is true and correct to the best of my knowledge.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Please return this form to Millie and Severson Incorporated at:
P.O. Box 3601, Los Alamitos, CA 90720. Phone: 562/493-3611 Fax: 562/598-6871
Or email to: prequal@mandsinc.com