



Subcontractor Pre-Qualification Questionnaire

Please mail completed package to:
5780 Fleet St., Suite 130, Carlsbad, CA 92008
Phone (760) 431-3366 Fax (760) 431-3377

Company Name _____ Date _____

Website Address _____

	Street	City, State, Zip	Phone	Fax
Main				
2 nd				
3rd				
4th				

Contact Names	Title	Phone	Fax	Email
	Estimator			
	Insurance			
	A/R			

CA License Number _____ Expiration Date _____ Fed Tax ID # _____
(Please submit copy of pocket license)

Spec Section _____ Trade (List all that apply) _____

Type of Work (please check all that apply)

Open Shop Union Prevailing Wage Other _____

Union Information _____

- Design-Build Capacity Mid-Rise Buildings Schools Shells Hotels
- Commercial Parking Structures Shopping / Retail Centers Apartments
- Multi-Family over Parking Condominiums Single Family



Bonding Company _____

Agent Name _____

Address _____

Bonding Capacity _____

Type of Business

Corporation

Sole Proprietorship

Partnership

Years in Business _____ # of Employees _____ % WBE _____ % MBE _____

Dun & Bradstreet No. _____ Dun & Bradstreet Rating _____

Principals	Owners	Subsidiaries

Bank Name and Branch _____

Line of Credit Amount \$ _____ Line of Credit Available \$ _____

1. Please attach a copy of your latest income statement and balance sheet.
2. Does your company do audited or reviewed financial statements?
3. What was your company's average yearly volume of work for the past three years?
 Last Year _____ Previous Year _____ Year Previous _____
4. What was your company's net income for each of the last three years?
 Last Year _____ Previous Year _____ Year Previous _____
5. Has your company ever filed for bankruptcy protection in the U.S. Bankruptcy Court? If yes, please give date filed.

6. Have you ever had a contract terminated for default within the past five years? If yes, please indicate reason.

7. Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your company? If so, please explain. _____
8. 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? _____



Project References

Project Name	Project Description	\$ Amount of Project	Contact Name/Phone

Dollar Range of Projects You Would Be Interested in:

From \$ _____ To \$ _____

Insurance

Subcontractors must be able to meet GLJ Builders' insurance requirements in order to bid on our projects. A list of our insurance requirements as outlined in our Subcontract Agreement is included in this package, as well, as a Sample Certificate of Insurance and Additional Insured Endorsement. You **MUST** be able to meet these requirements to work on our projects.

Please note: **ONLY** complete packages will be reviewed and considered. Upon acceptance, your company will be placed on our Subcontractor Master Bid List.

Please attach the following:

- X Copy of Contractor's License
- X Latest Financial Statement
- X Copy of Insurance Certificates
- X Completed Safety Questionnaire

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

Signed

Printed Name

Date