



**SUBCONTRACTOR – PREQUALIFICATION QUESTIONNAIRE**

Each prospective subcontractor must have a current and active California Contractors License at the time of bidding and throughout the entire duration of any project awarded. The Prequalification Questionnaire **must** be completed, including all attachments.

Each prospective subcontractor must answer all of the following questions and provide all requested information; failing to do so may be deemed not responsive. All information submitted for prequalification evaluation will be held in confidence. Perera Construction & Design Inc. will maintain all information in confidence to the extent permitted by law.

<b>COMPANY</b>	_____	<b>TRADE(S)</b>	_____
<b>ADDRESS</b>	_____	<b>PHONE</b>	_____
<b>CITY/ZIP</b>	_____	<b>FAX</b>	_____
<b>CONTACT</b>	_____	<b>LICENSE</b>	_____ <b>CLASS</b> _____
<b>MOBILE</b>	_____	<b>LICENSE EXPIRATION</b>	_____
<b>E-MAIL</b>	_____		

**UNION (PLEASE SPECIFY)** \_\_\_\_\_

<input type="checkbox"/> <b>MBE Certificate</b>	<input type="checkbox"/> <b>WBE Certificate</b>	<input type="checkbox"/> <b>DVBE Certificate</b>
---	---	--

**IMPORTANT: PLEASE ATTACH COPIES OF YOUR CALIFORNIA CONTRACTORS LICENSE CARD & (IF APPLICABLE), YOUR MBE/WBE/DVBE CERTIFICATION DOCUMENTATION.**

Your diligence in preparing this form will greatly speed up the subcontract approval and award process.

**1. PERFORMANCE REFERENCE** (Provide a reference list of other general contractors who can attest to the quality of your work.)

**A. Current Jobs in Progress:**

<u>JOB NAME &amp; LOCATION</u>	<u>GENERAL CONTRACTOR</u>	<u>CONTACT</u>	<u>PHONE / FAX</u>	<u>CONTRACT VALUE</u>
NAME: _____	_____	_____	P _____	_____
LOCATION: _____	_____	_____	F _____	_____
NAME: _____	_____	_____	P _____	_____
LOCATION: _____	_____	_____	F _____	_____
NAME: _____	_____	_____	P _____	_____
LOCATION: _____	_____	_____	F _____	_____

**B. Jobs Recently Completed in the last 12 months:**

<u>JOB NAME &amp; LOCATION</u>	<u>GENERAL CONTRACTOR</u>	<u>CONTACT</u>	<u>PHONE / FAX</u>	<u>CONTRACT VALUE</u>
NAME: _____			P _____	
LOCATION: _____			F _____	
NAME: _____			P _____	
LOCATION: _____			F _____	
NAME: _____			P _____	
LOCATION: _____			F _____	

**2. BANKING REFERENCE**

<u>BANK NAME</u>	<u>CONTACT PERSON</u>	<u>PHONE NUMBER</u>	<u>FAX NUMBER</u>
_____	_____	_____	_____
_____	_____	_____	_____

**3. CREDIT REFERENCE** (Provide information about your major suppliers, especially those you are likely to utilize on most projects.)

<u>VENDOR</u>	<u>CONTACT PERSON</u>	<u>PHONE NUMBER</u>	<u>FAX NUMBER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**4. BONDING REFERENCE**

<u>BONDING COMPANY</u>	<u>AGENT NAME</u>	<u>PHONE</u>	<u>FAX</u>	<u>CAPACITY</u>	<u>UNUSED</u>
_____	_____	_____	_____	_____	_____

**5. LIST NAMES AND TITLES OF COMPANY PRINCIPALS:**

_____	_____
_____	_____

**6. LIST THE NAMES AND TITLES OF THOSE AUTHORIZED TO SIGN CONTRACTS ON BEHALF OF YOUR COMPANY:**

_____	_____
_____	_____

**7. WORKER'S COMPENSATION EXPERIENCE MODIFICATION FACTOR: \_\_\_\_\_ %**  
 Please provide your insurance Rate & Declaration page as confirmation of your current ex-mod factor

8. COMPANY STRUCTURE: \_\_\_CORPORATION      \_\_\_SOLE PROPRIETOR      \_\_\_PARTNERSHIP

9. FINANCIAL INFORMATION: Does your firm have the necessary credit available to perform the work required under the construction contract? \_\_\_Yes      \_\_\_No

10. Claims History:

a. Provide the following information on successful claims against your firm or by your firm. Include claims resolved by arbitration or litigation. (Provide additional sheets for each claim if necessary).

1. Project name and location: \_\_\_\_\_
2. Name & telephone number of Owner: \_\_\_\_\_
3. Contract Amount: \$ \_\_\_\_\_ Contract Duration: \_\_\_\_\_ days
4. Nature of Claims: \_\_\_\_\_
5. Amount of Claim: \_\_\_\_\_ Time allotted for payment: \_\_\_\_\_

## PLEASE READ CAREFULLY

10. Insurance: Is your firm able to obtain the following insurance limits and certificates that will actually be required in the subcontract documents?

1. General Liability: \$1 million Each Occurrence ( ) \$1 million General Aggregate ( ) \$1 million Products ( )

- **Note: For the following critical trades (Mechanical, Electrical, Plumbing, Elevator, Structural Steel, Metal Decking, Miscellaneous Metals, Plaster/Drywall/Fireproofing, Aluminum/Glass, Fire Protection and Roofing Subcontractors)**  
The Limits will be increased to \$2 million each for Occurrence, Aggregate, Bodily Injury & Property, and Products.

Note: Perera Construction and Design Inc. requires **ALL** Subcontractors to provide the Additional Insured Endorsement Attachment **GC2010/1185 or Equal**.

- Please see attached example of Insurance

11. TYPES OF PROJECTS (Please check any of the following that matches your company.)

**TYPE OF WORK COMPLETED OR INTERESTED IN:**

**LOCATION OF WORK:**

- SCHOOLS / EDUCATION FACILITIES
- PREVAILING WAGE
- TELECOMMUNICATION
- HOSPITALS/MEDICAL CENTER
- CHURCHES/PLACES OF WORSHIP
- UNION(PLEASE SPECIFY)** \_\_\_\_\_
- OTHER (PLEASE SPECIFY) \_\_\_\_\_
- OTHER (PLEASE SPECIFY) \_\_\_\_\_

- WILL WORK IN LA COUNTY
- WILL WORK IN SAN BERNARDINO COUNTY
- WILL WORK IN SAN DIEGO COUNTY
- WILL WORK IN RIVERSIDE COUNTY
- WILL WORK IN ORANGE COUNTY
- WILL WORK IN VENTURA COUNTY
- WILL WORK IN NEVADA
- OTHER (PLEASE SPECIFY) \_\_\_\_\_

**12. ADDITIONAL QUESTIONS:**

- A. How many years has your company been in business? \_\_\_\_\_
- B. Have you ever failed to complete a project? \_\_\_\_\_  
(If yes, please provide additional information)
- C. Has your contractor's License ever been revoked or suspended? \_\_\_\_\_  
(If yes, please provide additional information)
- D. Size of projects you normally bid on (per your portion of work)? Minimum \_\_\_\_\_ Maximum \_\_\_\_\_
- E. How many employees does your company have? \_\_\_\_\_

**13. PLEASE HAVE AN AUTHORIZED COMPANY REPRESENTATIVE SIGN BELOW.**

The undersigned declares under penalty of perjury that all the information submitted with this form is true and correct.

**SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

\_\_\_\_\_  
*Please print or type name*

**DATE:** \_\_\_\_\_

**14. PLEASE MAKE SURE YOU HAVE COMPLETED AND ATTACHED THE FOLLOWING DOCUMENTS.**

- Confidential Subcontractor –Prequalification Worksheet
- Copy of Insurance (Similar to samples attached)

- Copy of California Contractor's License Card
- Copy of MBE/WBE/DVBE Certificate**

**15. PLEASE RETURN ALL DOCUMENTS AND/OR ADDRESS ALL QUESTIONS TO:**

**PERERA CONSTRUCTION AND DESIGN INC.  
2890 INLAND EMPIRE BLVD, SUITE 102  
ONTARIO, CA 91764  
PHONE (909) 484-6350 / FAX (909) 484-3439**