

**Perera Construction & Design, Inc.**

2890 Inland Empire Boulevard, Suite 102

Ontario, CA 91764

P | 909.484.6350

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SUBCONTRACTOR PREQUALIFICATION FORM**Company Information**

Company Name:			
Previous Company Name (If Any):			
Type of Company:		Years in Business:	
Address:			
City:		State:	ZIP Code:
Type of Work:			DIR #:
License #:	Class:	License Expiration Date:	
Principal Contact:		Title:	
Phone:	Fax:	Mobile:	
Email:	<input type="checkbox"/> Union		<input type="checkbox"/> Non-Union
# of Employees:	Office Personnel: _____ Field Personnel: _____	Office Managers: _____ Field Supervisor: _____	
DBE Classification:		DBE Expiration Date:	
Company Officers			
Name & Title		Years with Company	% Ownership

Safety

List your Company's # of Injuries / Illnesses from your OSHA Logs as follows:	2019	2018	2017
Experience Modification Rate (EMR):			
DART Incident Rate (Days away, restricted, or transferred):			
Incident Rate - OSHA Recordables:			
History of any regulatory agency Citation / Notice of Violation: Provide citation documentation if any. Provide explanation of such citation(s) as well as the corrective action(s) taken to prevent future re-occurrences.	2019	2018	2017
OSHA:			
EPA:			
Others:			
Total # of Fatalities:			
Total # of OSHA Recordable Incidents:			
Total # of Lost Work Day Incidents:			
Total # of other Recordable Cases:			
Total # of Annual Man-Hours Worked:			
Please check if your Company implements the following safety controls:	Yes	No	
Has a Written Safety Program (Injury & Illness Prevention Program - IIPP)	<input type="checkbox"/>	<input type="checkbox"/>	
Has an Implemented Drug Screening Policy for all Employees.	<input type="checkbox"/>	<input type="checkbox"/>	
Performs Safety Orientation & Training for all Employees.	<input type="checkbox"/>	<input type="checkbox"/>	
Performs Continuing Safety Education for all Employees	<input type="checkbox"/>	<input type="checkbox"/>	

Performance References

Current Jobs in Progress

1	Job Name:	
	Project Owner Name:	
	Location:	Contract Value:
	General Contractor:	
	Contact Name:	Title:
	Phone:	Email:

2	Job Name:	
	Project Owner Name:	
	Location:	Contract Value:
	General Contractor:	
	Contact Name:	Title:
	Phone:	Email:

3	Job Name:	
	Project Owner Name:	
	Location:	Contract Value:
	General Contractor:	
	Contact Name:	Title:
	Phone:	Email:

Jobs Recently Completed (Last 2 Years)

1	Job Name:	
	Project Owner Name:	
	Location:	Contract Value:
	General Contractor:	
	Contact Name:	Title:
	Phone:	Email:

2	Job Name:	
	Project Owner Name:	
	Location:	Contract Value:
	General Contractor:	
	Contact Name:	Title:
	Phone:	Email:

3	Job Name:	
	Project Owner Name:	
	Location:	Contract Value:
	General Contractor:	
	Contact Name:	Title:
	Phone:	Email:

Financial Summary			
	2019	2018	2017
Annual Revenue			
Financial Statement: Please provide your latest copy of reviewed or audited financial statement with accompanying notes and supplemental information.			
D&B (Dun & Bradstreet) #:			
Bonding Reference			
Bonding Company:		Agent Name:	
Length of Business Relationship:		Phone:	Fax:
Bond Rate:	Capacity:	Available:	
1. At any time during the past five years, has any surety company made any payments on your firm's behalf as a result of a default, to satisfy any claims made against a performance or payment bond issued on your firm's behalf, in connection with a construction project, either public or private? <input type="checkbox"/> Yes (If "yes," explain on a separate signed page.) <input type="checkbox"/> No			
Banking Reference			
Bank Name:		Contact Name:	
Phone:		Fax:	
Credit References			
1	Vendor:		Contact Name:
	Phone:	Fax:	Email:
	High Credit:		Current Credit:
	Pay Schedule:		Length of Business Relationship:
2	Vendor:		Contact Name:
	Phone:	Fax:	Email:
	High Credit:		Current Credit:
	Pay Schedule:		Length of Business Relationship:
2	Vendor:		Contact Name:
	Phone:	Fax:	Email:
	High Credit:		Current Credit:
	Pay Schedule:		Length of Business Relationship:
Insurance			
1. Does your organization meet Perera Construction & Design, Inc. insurance requirements? (Refer to pages 5 & 6 for insurance requirements) <input type="checkbox"/> Yes <input type="checkbox"/> No (If not, provide a sample copy of your current insurance certificate)			
2. In the last five years, has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm? <input type="checkbox"/> Yes (If "yes," explain on a separate signed page.) <input type="checkbox"/> No			

Claims History

1. Has any claim been filed in court or arbitration against your organization concerning your work on a construction project?

☐ Yes (If "yes," explain on a separate signed page.)

☐ No

2. Has any claim been filed in court or arbitration by your organization against a contractor?

☐ Yes (If "yes," explain on a separate signed page.)

☐ No

Software Information

What collaborative project management / cost management / contract management software do you have experience in using with General Contractors? Please list.

PLEASE HAVE AN AUTHORIZED COMPANY REPRESENTATIVE SIGN BELOW.

The undersign 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: _____

PLEASE MAKE SURE YOU HAVE COMPLETED AND ATTACHED THE FOLLOWING DOCUMENTS:

☐ Safety Section

☐ Financial Statement (Reviewed or Audited)

Submission

Please return this completed form along with any and all applicable attachments via fax or email to:

Roberta Arteaga

- Fax: 909-484-3439
- Email: robertaa@pererainc.com

Notice of Insurance Requirements

The Subcontractor and its subcontractors shall each, **at their own expense**, purchase and maintain during the life of the Subcontract, insurance of the type and in an amount **not less** than listed in the Subcontract, Architect/Engineer's General Conditions, Supplementary General Conditions, Special and Other Conditions, or required by law and or as listed below:

1. Commercial General Liability

For: Mechanical, Electrical, Plumbing, Elevator, Structural Steel, Metal Deck, Miscellaneous Metals, Plaster/Drywall/Fireproofing, Aluminum/Glass, Fire Protection and Roofing Subcontractors:

- | | |
|------------------------------------|-----------------------------|
| a. Bodily Injury & Property Damage | \$2,000,000 Each Occurrence |
| b. Products/Completed Operations | \$2,000,000 Each Occurrence |
| c. General Aggregate | \$2,000,000 |

1. Coverage must be written on an Occurrence form (ISO CG 00 01 or equivalent).
2. Contractor must be named as an Additional Insured (ISO CG 20 10 11 85 or equivalent including **Completed Operations coverage**).
3. The General Aggregate limit shall apply separately to **each project**.
4. Coverage must be endorsed to be primary and noncontributing as respects the Additional Insured.
5. Coverage must be endorsed to include a Waiver of Subrogation as respects to the Contractor.
6. Binders are not acceptable.
7. 30 day notice of cancellation must be attached.
8. All endorsements must accompany the Certificate of Insurance (2, 3, 4, 5, and 7).
9. The policy number **MUST** appear on all endorsements.

For: All other Subcontractors not listed above:

- | | |
|------------------------------------|-----------------------------|
| a. Bodily Injury & Property Damage | \$1,000,000 Each Occurrence |
| b. Products/Completed Operations | \$1,000,000 Each Occurrence |
| c. General Aggregate | \$1,000,000 |

1. Coverage must be written on an Occurrence form (ISO CG 00 01 or equivalent).
2. Contractor must be named as an Additional Insured (ISO CG 20 10 11 85 or equivalent including **Completed Operations coverage**).
3. The General Aggregate limit shall apply separately to **each project**.
4. Coverage must be endorsed to be primary and noncontributing as respects the Additional Insured.
5. Coverage must be endorsed to include a Waiver of Subrogation as respects to the Contractor.
6. Binders are not acceptable.
7. 30 day notice of cancellation must be attached.
8. All endorsements must accompany the Certificate of Insurance (#2, 3, 4, 5 and 7).
9. The policy number **MUST** appear on the endorsements

2. Commercial Automobile Liability

For: All Subcontractors

- a. Combined Single Limit \$1,000,000 Each Accident, or
- b. Bodily Injury \$1,000,000 Each Person
 \$1,000,000 Each Occurrence
- c. Property Damage \$1,000,000 Each Occurrence
 - 1. Coverage must include owned, non-owned and hired automobiles.
 - 2. Contractor must be named as an additional insured.
 - 3. An additional insured endorsement must accompany the certificate.
 - 4. The policy number **MUST** appear on the endorsements.
 - 5. Binders are not acceptable.
 - 6. 30 day notice of cancellation must be attached.

3. Workers Compensation

For: All Subcontractors

- a. Workers Compensation Statutory
- b. Employers Liability \$1,000,000
 - 1. Coverage must include a Waiver of Subrogation as respects Contractor.
 - 2. The policy number **MUST** appear on the endorsements.
 - 3. Binders are not acceptable.
 - 4. 30 day notice of cancellation must be attached.

4. Cancellation Paragraph

Your certificate must state that Perera Construction & Design Inc. will be given **AT LEAST 30 DAYS WRITTEN NOTICE OF CANCELLATION. Please strike out (XXXXXX) the words: "Endeavor to" and "But failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives."**

Certificates must be completed properly. All Coverage blocks must be checked. The Subcontractor shall submit Certificates of Insurance and the required endorsements no later than ten (10) days prior to commencement of his work on site. **No Subcontractor will be allowed to continue on site after the expiration of full insurance coverage.** Subcontractor partial payments shall be **withheld** until current Certificates of Insurance and the required endorsements are submitted to Perera Construction & Design Inc.

Insurance must be in effect and current through retention. The Contractor **must be** named as additional insured as where noted above.

5. Indemnity

To the fullest extent permitted by law, Subcontractor shall indemnify, defend and hold harmless Owner and Contractor and their agents and employees from any and all claims, demands, losses, damages, causes of actions and liability of every kind and nature whatsoever arising out of or in connection with Subcontractor's operations performed under this Subcontract Agreement. This indemnification shall extend to claims occurring after this Subcontract Agreement is terminated as well as when work is being performed. The indemnity shall apply regardless of any passive negligent act or omission of Owner or Contractor, or their agents or employees, but Subcontractor shall not be obligated to indemnify any party for claims arising from the active negligence or willful misconduct of Owner or Contractor or their agents or employees or caused solely by the designs provided by such parties. The indemnity set forth in this Section shall not be limited by insurance requirements or by any other provision of this Subcontract Agreement. All work covered by this Subcontract Agreement done at the site or in preparing or delivering materials or equipment to the site shall be at the sole risk of Subcontractor until the completed work is accepted by Contractor.