



ELEVEN WESTERN BUILDERS, INC. SUBCONTRACTOR PREQUALIFICATION FORM

GENERAL INFORMATION

- 1) Company Name: _____
- 2) Location of Principal Office*: _____
*Please list any additional offices by attaching a separate sheet of paper.
- 3) City, State, and Zip Code: _____
- 4) Phone Number: _____ Fax Number: _____
- 5) Website: _____
- 6) Name of Person Completing Form: _____
- 7) E-mail Address of Person Completing Form: _____
- 8) Name of Estimating Contact: _____
- 9) E-mail Address of Estimating Contact: _____
- 10) List all other names under which your firm has conducted operations: _____

- 11) Is your firm owned or controlled by a parent company or any other organization? If so, please describe: _____

- 12) Type of Company: Subcontractor (Install Only) Subcontractor (Furnish & Install)
 Supplier (Materials Only)
- 13) General Description of Trade(s): _____

- 14) How many people does your firm presently employ?
Office: _____ Field Supervisory: _____
Trades People: _____ Other: _____
- 15) Last Year's % Residential: _____ % Non-Residential: _____
- 16) Union affiliated? Yes* No
*If yes, please list all affiliations.
- 17) Do you perform prevailing wage work? Yes No

CONTRACTOR LICENSE INFORMATION

18) Please check box for states you are authorized to work within and provide license information:

<input checked="" type="checkbox"/>	State	License #
<input type="checkbox"/>	Arizona	
<input type="checkbox"/>	California	
<input type="checkbox"/>	Colorado	
<input type="checkbox"/>	Idaho	
<input type="checkbox"/>	Montana	
<input type="checkbox"/>	Nevada	
<input type="checkbox"/>	New Mexico	

<input checked="" type="checkbox"/>	State	License #
<input type="checkbox"/>	Oklahoma	
<input type="checkbox"/>	Oregon	
<input type="checkbox"/>	Texas	
<input type="checkbox"/>	Utah	
<input type="checkbox"/>	Washington	
<input type="checkbox"/>	Wyoming	

19) Briefly describe the geographic areas that you work: _____

20) Certifications: Check all that apply and include copy of certification.

- None
- DBE (Disabled Business Enterprise) Expires On: _____
- DVBE (Disabled Veteran Business Enterprise) Expires On: _____
- LGBTBE (Lesbian, Gay, Bisexual, Transgender Business Enterprise) Expires On: _____
- MBE (Minority Owned Business Enterprise) Expires On: _____
- SBE (Small Business Enterprise) Expires On: _____
- WBE (Women Owned Business Enterprise) Expires On: _____

BONDING, CONTRACT, AND INSURANCE INFORMATION

21) Are you able to provide a Payment and Performance Bond? Yes* No
 *if yes, please provide a letter from your bonding agency.

22) Please review Eleven Western Builders standard Subcontract Agreement, as provided in Attachment A, and confirm that your company takes no exceptions to the provisions or attach a separate sheet listing exceptions. Please note that revisions to the contract will be considered for your inclusion on future bid lists and no future proposed modifications or clarifications will be considered.

- We have no exceptions
- We have attached a list of exceptions

23) Please review the insurance requirements, as provided in Attachment B, and confirm that your company is able to comply. Please include a General Liability Insurance Certificate (including additional insured attachments), Automobile Liability Insurance Certificate, and Workers' Compensation (including Waiver of Subrogation)

- Yes, we can comply.
- No, we cannot comply.

SAFETY

- 24) Please review the safety requirements, as provided in Attachment C, and confirm that your company is able to comply. Yes, we will comply. No, we will not comply.
- 25) Provide a letter stating your Workers' Compensation EMR (experience modification rate) for the previous three (3) years from your insurance carrier (on their letterhead). If for any reason you do not have an EMR rating, please provide a letter from your insurance stating this.
- 26) Provide a copy of your most recent OSHA Form 300A. If you do not complete an annual OSHA Form 300A, provide a letter explaining why this does not apply.
- 27) Have there been any employee deaths at your company in the past three (3) years? Yes* No
*If yes, please provide a brief description of the circumstances.
- 28) Do you have a qualified person or company who is responsible for Safety at your company? Yes* No
*If yes, please provide a brief description of their qualifications.
- 29) Does this person do safety inspections on all of your projects? Yes No
- 30) Does your company provide safety training for all employees? Yes* No
*If yes, please provide a list of training provided.

EXPERIENCE AND REFERENCES

- 31) Type of Projects: *Check all that apply.*
- | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Industrial | <input type="checkbox"/> Lodging |
| <input type="checkbox"/> Office | <input type="checkbox"/> Public Works | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Retail/Big Box |
| <input type="checkbox"/> Ground-Up | <input type="checkbox"/> Remodel | <input type="checkbox"/> Renovation | <input type="checkbox"/> Tenant Improvement |
- 32) Attach a list of the major projects (6-21) your firm has completed in the last three (3) years including: project name, location, owner, architect or engineer, contract amount, completion date, scope of work, general contractor, and contact person with telephone number and email address.
- 33) Attach a list of the major projects (3-12) your firm currently has underway including: project name, location, owner, architect or engineer, contract amount, scheduled completion date, percentage complete, scope of work, general contractor, and contact person with telephone number and email address.
- 34) What is your average job size (contract value)? \$ _____
- 35) Largest job ever completed (name, value, & year completed)? _____
- 36) Has your firm or any other organization with which your officers or owners were involved during the past three (3) years, ever failed to complete any work awarded or been terminated for cause? Yes* No
- 37) Are there any judgments, claims, arbitration proceedings, or suits pending/outstanding against your firm and/or its officers or principals? Yes* No

38) Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years? Yes* No

39) Has your firm or any other organization with which your officers or owners were involved during the past three (3) years ever been in bankruptcy or engaged in a voluntary or involuntary reorganization? Yes* No

40) Has your surety ever finished one of your construction projects? Yes* No

41) Has your firm ever been suspended or debarred from work with the federal government, or any other entity? Yes* No

42) Has your firm ever been subject to any false claims act investigations? Yes* No

*If you answered "yes" on Items #36-42, please provide complete explanation on separate sheet.

43) Provide three (3) trade and/or vendor references with whom you have worked with in the last year. Include company name, address, contact person, phone number, and email address.

44) Provide three (3) general contractors with whom you have worked with in the last year. Include company name, address, contact person, phone number, and email address.

The submitter of this prequalification form authorizes any of the references given on this form and further authorizes each of those representatives to disclose any and all information the reference may have regarding the submitter. In addition, the submitter certifies that the information provided herein is true and sufficiently complete as not to be misleading.

Signature of Officer*: _____
 *If signed by any individual other than an officer, provide Letter of Authorization.

Name and Title of Officer: _____

Company: _____

Date: _____ Phone Number: _____

REQUIRED DOCUMENTS
****MUST BE SUBMITTED TO BE APPROVED****

- A) Completed and Signed "Subcontractor Prequalification Form"
- B) Copies of certifications (as applicable) - Ref. Item #20
- C) Bonding Letter (if applicable) - Ref. Item #21
- D) Subcontract Exceptions (if applicable) - Ref. Item #22
- E) General Liability Insurance Certificate (including additional insured attachments), Automobile Liability Insurance Certificate, and Workers Compensation (including Waiver of Subrogation). – Ref. Item #23
- F) Letter from insurance carrier verifying EMR data - Ref. Item #25
- G) Copy of your most recent OSHA Form 300A - Ref. Item #26
- H) List of projects completed in the last three (3) years - Ref. Item #32
- I) List of projects currently underway - Ref. Item #33
- J) Trade References - Ref. Item #42
- K) General Contractor References - Ref. Item #43
- L) Any additional sheets needed to provide complete responses and/or explanations.

For EWBI Use Only		
Rcd.	N/A	Apv.
Signature		
License		

E-mail Completed Form with All Attachments to estimating@ewbinc.com or Fax to 760.796.6358.