

# BBI Construction

## Subcontractor Pre-Qualification Questionnaire

Please fax or mail the returned form to:

BBI Construction, 1155 Third Street, Suite 230, Oakland, CA 94607, P: 510.286.8200, F: 510.286.8210

All information submitted for pre-qualification evaluation will be considered official information acquired in confidence.

NAME OF FIRM: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ TAX I.D. NO: \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_

### I. LICENSE

Contractor must be licensed in the State of California. Submit the following:

A. Name of license holder exactly as on file with the California State License Board.

\_\_\_\_\_

B. License Number \_\_\_\_\_

License Classification \_\_\_\_\_ Expiration Date \_\_\_\_\_

### 2. COMPANY STRUCTURE

A. CORPORATION \_\_\_\_\_

Date of Incorporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_

President \_\_\_\_\_ Vice President \_\_\_\_\_

Secretary \_\_\_\_\_ Treasury \_\_\_\_\_

PARTNERSHIP \_\_\_\_\_

Date of Organization \_\_\_\_\_ General or Limited \_\_\_\_\_

Name and Address of Principals:

\_\_\_\_\_

\_\_\_\_\_

SOLE PROPRIETORSHIP \_\_\_\_\_

Address \_\_\_\_\_

B. How many years has your company been in business as a Contractor? \_\_\_\_\_

How many years has your company been in business under its present business name? \_\_\_\_\_

Under what other former names has your company operated?

Name \_\_\_\_\_ Years \_\_\_\_\_

Name \_\_\_\_\_ Years \_\_\_\_\_

List the scope/type of work normally performed with your own forces:

\_\_\_\_\_  
\_\_\_\_\_

How much of your work is self-performed? \_\_\_\_\_% Subcontracted? \_\_\_\_\_%

Average Total Number of Employees: \_\_\_\_\_

Exempt: \_\_\_\_\_ Non-Exempt: \_\_\_\_\_ Craft: \_\_\_\_\_

Union Affiliation(s), if any: \_\_\_\_\_

### 3. FINANCIAL

A. Attach a copy of your latest profit and loss statement and balance sheet.

B. List your company's revenues from the past three years

Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_ Year 3 \_\_\_\_\_

List your company's net income for each of the last three years.

Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_ Year 3 \_\_\_\_\_

C. Average contract size \$ \_\_\_\_\_

Minimum: \$ \_\_\_\_\_ Maximum: \$ \_\_\_\_\_

Geographical Area of Work (please circle counties in which you conduct business):

Alameda Contra Costa San Francisco Marin San Mateo Santa Clara

Sonoma Napa Solano Other: \_\_\_\_\_

D. Company's Dunn & Bradstreet No: \_\_\_\_\_

E. Has your company (either under current or previous name) ever filed for bankruptcy protection with the U.S. Bankruptcy Court? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Date of Filing \_\_\_\_\_ Classification of Filing \_\_\_\_\_

F. Have any principals of your company, either past or present, been affiliated with any type of bankruptcy?

No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, Explain and Provide Dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**4. LITIGATION**

- A. Have you ever had a contract terminated for default within the past five years?  
No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, Why? \_\_\_\_\_  
When? \_\_\_\_\_
- B. Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your company?  
No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C. 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?  
No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. INSURANCE** (see Subcontractor Insurance Requirements Form)

- A. Can you provide current evidence or evidence of ability to insure to minimum limits ("Acord" Form or other) of General Liability Insurance coverage as listed below (BBI Construction will not pay for special endorsements or waivers)? Yes \_\_\_\_\_ No \_\_\_\_\_
- Commercial General Liability - \$1 million each occurrence/\$2 million per project aggregate
  - Additional Insured Endorsement listing owner, general contractor, and lender and construction management firm (if applicable) and their officers, directors, and employees – all in primary working
  - Workers Compensation & Employers' Liability Insurance - \$1 million
  - Waiver of Subrogation Endorsement
  - Automobile Liability (Owned, Hired, Non-Owned) - \$1 million
  - Excess Liability (Umbrella) – only required if General Liability is under \$2 million
  - Admitted in California; minimum A.M. Best Rated A-VII or better

**6. BONDING**

If you anticipate a contract of over \$100,000, please provide and complete the following:

- A. Provide a certified letter from your bonding company identifying the bonding rate per \$1,000, the aggregate and single project bonding capacity of the Company.
- B. Bonding company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Agent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
A.M. Best Rating: \_\_\_\_\_



**7. REFERENCES**

**A. Bank Reference**

Bank Name and Branch: \_\_\_\_\_

Account Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Line of Credit: \_\_\_\_\_ Amount in Use: \_\_\_\_\_

**B. Customer**

Please identify four General Contractors for whom you have worked in the past two years:

Company name	Contact Person	Phone Number

**8. SAFETY**

A. List your company's experience modification rate (EMR) for the past three years. Provide a letter from your insurance carrier or state fund (on their letterhead verifying the EMR data)

Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_ Year 3 \_\_\_\_\_

B. Has your company been cited by Cal OSHA, the EPA, the Bay Area Air Quality Management District, or any other Air Quality Management District (or similar jurisdiction or agency) in the past five years?

Yes \_\_\_\_\_ No \_\_\_\_\_ How often? \_\_\_\_\_ (Attach a sheet listing and describing each citation.)

C. Has your company ever been associated with or involved in a job site death(s)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

D. Do you require documented safety meeting be held for:

1. Field Supervisor Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency \_\_\_\_\_

2. Employees Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency \_\_\_\_\_

3. New Hires Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency \_\_\_\_\_

Safety Director Name: \_\_\_\_\_

Safety Director Phone No.: \_\_\_\_\_

\* \* \* \* \*

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

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

