



**Sacramento Office**  
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**SUBCONTRACTOR'S QUALIFICATION FORM**

Trade(s): \_\_\_\_\_ Date: \_\_\_\_\_

Legal Name of Company: \_\_\_\_\_

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

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip code*

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

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip code*

Point of Contact: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Fax #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website address: \_\_\_\_\_

Principal Name or Names: \_\_\_\_\_

Type of Entity: Corporation  Sole Proprietorship  Partnership  Sub S Corp  LLC

Federal ID # or Social Security # \_\_\_\_\_ Number of Full time employees: \_\_\_\_\_

How long have you been in business? \_\_\_\_\_

Fill in your contractor license info for all states you are licensed to conduct business:

Contractor License #: \_\_\_\_\_ State: \_\_\_\_\_ Classification \_\_\_\_\_ Exp. Date \_\_\_\_\_

Contractor License #: \_\_\_\_\_ State: \_\_\_\_\_ Classification \_\_\_\_\_ Exp. Date \_\_\_\_\_

Contractor License #: \_\_\_\_\_ State: \_\_\_\_\_ Classification \_\_\_\_\_ Exp. Date \_\_\_\_\_

List any other states in which you are qualified to perform work: \_\_\_\_\_

**SUBCONTRACTOR DIVERSITY**

Does your company qualify as a: Small Business Enterprise  Woman Owned  Small Dis-advantaged  8a  Veteran Owned  Service Disabled Veteran Owned  HUB Zone

**Subcontractor Diversity (for EMJ use only)**

**LEED Accreditation**

Number of LEED Certified buildings that your company has worked on: \_\_\_\_\_

Number of LEED Accredited Professionals in your company: \_\_\_\_\_

Number of individuals who have been formally trained to work on "sustainable" projects: \_\_\_\_\_

LEED Accreditation (for EMJ use only)

**Safety**

List last three years Experience  
Modification Ratio (EMR)

20\_\_\_\_

20\_\_\_\_

20\_\_\_\_

If EMR ratio is greater than 1, attach explanation. \_\_\_\_\_

Safety – EMR Ratio (for EMJ use only)

Do you have a written safety program? Yes  No

Who is responsible for the company Safety program? \_\_\_\_\_

Any OSHA violations in the last 3 years? \_\_\_\_\_

If yes, how many and explain them in more detail. \_\_\_\_\_

Do you have a "competent" Safety person to assign to each project? \_\_\_\_\_

Please describe the training, experience, education, etc. that makes this person competent: \_\_\_\_\_

**Insurance**

Do you carry General Liability Insurance? Yes  No

Do you carry Automobile Insurance? Yes  No

Do you carry Employer's Liability Insurance (Worker's Compensation)? Yes  No

Do you carry Umbrella Insurance? Yes  No

**Note:** Must return a current copy of Certificate with each insurance required listed and its limit with these forms.

Name of Insurance Company / Carrier: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Insurance (for EMJ use only)

Insurance Certificates received (for EMJ use only)

**Payment & Performance Bonding**

Can you provide a Payment & Performance bond for this project? Yes  No

What is the largest project that you have done:

Unbonded? \$ \_\_\_\_\_ Location/Name/Completion Date: \_\_\_\_\_

Bonded? \$ \_\_\_\_\_ Location/Name/Completion Date: \_\_\_\_\_

What is your company's current bonding capacity? Aggregate \$ \_\_\_\_\_ Single Project \$ \_\_\_\_\_

Bond Rate (per thousand) \$ \_\_\_\_\_

Name of Bonding Company: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**P&P Bonding (for EMJ use only)**

**Legal**

Have any lawsuits been filed by or against the company in the last three years? Yes  No

If "YES,"

Please explain \_\_\_\_\_

Has the company: Ever operated under another name? Yes  No  Ever failed to complete a project? Yes  No  Ever filed bankruptcy or receivership proceedings? Yes  No

If "YES," please explain \_\_\_\_\_

Does the company have any uncollected judgments against it? Yes  No

If "YES," please explain \_\_\_\_\_

**Legal (for EMJ use only)**

**Financials**

**Note:** Please attach a copy of your current financial statement (Minimum of Current Balance Sheet) and previous year end financial statement.

Was your Financial Statement prepared by a Certified Public Accountant? Yes  No

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Account #: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank Information: Total amount of line(s) of credit \$ \_\_\_\_\_ Unused portion of lines of credit \$ \_\_\_\_\_

**Financials (for EMJ use only)**

Other Lender's Name: \_\_\_\_\_

Other Lender's Address: \_\_\_\_\_

Other Lender's Contact Name: \_\_\_\_\_

Other Lender's Phone Number: \_\_\_\_\_

**Financial Statements received (for EMJ use only)**

**Suppliers**

- 1. Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Account#: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Date of Account Opening: \_\_\_\_\_ Payment Terms: \_\_\_\_\_ Pay Per Terms: \_\_\_\_\_  
 Twelve Month High: \_\_\_\_\_ Current Balance: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Account#: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Date of Account Opening: \_\_\_\_\_ Payment Terms: \_\_\_\_\_ Pay Per Terms: \_\_\_\_\_  
 Twelve Month High: \_\_\_\_\_ Current Balance: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Account#: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Date of Account Opening: \_\_\_\_\_ Payment Terms: \_\_\_\_\_ Pay Per Terms: \_\_\_\_\_  
 Twelve Month High: \_\_\_\_\_ Current Balance: \_\_\_\_\_

**Suppliers (for EMJ use only)**

**Project Experience**

What type of jobs do you normally do?      Retail       Commercial       Industrial       Residential   
    Education       Government       Healthcare       Hospitality

What is the average dollar size job your company performs? \$ \_\_\_\_\_

Average number of projects annually? \_\_\_\_\_

Average dollar size of current project in progress? \$ \_\_\_\_\_

How many current projects in progress? \_\_\_\_\_

**Project Experience (for EMJ use only)**

What was your company's annual volume for the past three years?

20\_\_\_\_ \$ \_\_\_\_\_      20\_\_\_\_ \$ \_\_\_\_\_      20\_\_\_\_ \$ \_\_\_\_\_

Current Value of Work on Hand: \$ \_\_\_\_\_

**Work on Hand (for EMJ use only)**

**Please list below six (6) SIMILAR projects completed by your firm within the last two (2) years:**

- **Projects should be of similar size and scope**
- **Please list multiple General Contractors**

1. Name of Project: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
Approximate amount of your contract: \_\_\_\_\_ Bonded? \_\_\_\_\_  
General Contractor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
GC Representative: \_\_\_\_\_ Fax: \_\_\_\_\_  
Number of jobs completed for this contractor: \_\_\_\_\_

2. Name of Project: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
Approximate amount of your contract: \_\_\_\_\_ Bonded? \_\_\_\_\_  
General Contractor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
GC Representative: \_\_\_\_\_ Fax: \_\_\_\_\_  
Number of jobs completed for this contractor: \_\_\_\_\_

3. Name of Project: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
Approximate amount of your contract: \_\_\_\_\_ Bonded? \_\_\_\_\_  
General Contractor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
GC Representative: \_\_\_\_\_ Fax: \_\_\_\_\_  
Number of jobs completed for this contractor: \_\_\_\_\_

4. Name of Project: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
Approximate amount of your contract: \_\_\_\_\_ Bonded? \_\_\_\_\_  
General Contractor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
GC Representative: \_\_\_\_\_ Fax: \_\_\_\_\_  
Number of jobs completed for this contractor: \_\_\_\_\_

5. Name of Project: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
Approximate amount of your contract: \_\_\_\_\_ Bonded? \_\_\_\_\_  
General Contractor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
GC Representative: \_\_\_\_\_ Fax: \_\_\_\_\_  
Number of jobs completed for this contractor: \_\_\_\_\_

6. Name of Project: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
Approximate amount of your contract: \_\_\_\_\_ Bonded? \_\_\_\_\_  
General Contractor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
GC Representative: \_\_\_\_\_ Fax: \_\_\_\_\_  
Number of jobs completed for this contractor: \_\_\_\_\_

**Project References (for EMJ use only)**

End of form