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SUBCONTRACTOR PRE-QUALIFICATION FORM

Company Name: _____ License # _____

Contact Person for Bid Requests: _____

Address: _____

Telephone: _____ Email: _____

Web Site: _____

Type of work qualified to perform: _____

Specific Geographical Area You Work In: _____

Year Business Started: _____ Union Affiliation _____

Jobs Run @ Time: _____ Average Subcontract Amount \$ _____

Do you have a Service Department? [] YES [] NO Do you have 24 hr coverage? [] YES [] NO

Have you ever failed to complete a project: [] YES (explain details below) [] NO

Details: _____

Are there any judgments, claims, arbitration proceedings, OSHA citations or suits pending/out-standing against your firm or filed by your firm? [] YES [] NO

If yes, please provide a complete explanation on a separate sheet.

Insurance

General Liability Carrier _____ Since? _____

Contact Person _____ Telephone _____

What is your limit to Liability insurance? _____

Suppliers

Supplier Name & Location _____

Contact Person _____ Telephone _____

Supplier Name & Location _____

Contact Person _____ Telephone _____

References (Owner, Architects, and General Contractors for work completed within the last 2 years):

Project: _____ Company: _____

Telephone: _____ Email: _____ Your Contract \$ _____

Project: _____ Company: _____

Telephone: _____ Email: _____ Your Contract \$ _____

Project: _____ Company: _____

Telephone: _____ Email: _____ Your Contract \$ _____

Experience: Has your company had experience with LEED projects [] YES [] NO

Safety: Does your firm have a written safety plan? [] YES [] NO

Additional Information

Please list any additional information you feel will help us determine your company's qualifications and expertise _____

I hereby certify that the above information is accurate, correct and true.

Completed By: _____ **Date:** _____