



## SUBCONTRACTOR PRE-QUALIFICATION SUBMISSION

Date Submitted: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

I/We have included ALL of the following items:

- \_\_\_ Completed Subcontractor Prequalification From
- \_\_\_ List of Current & Recently Completed Projects
- \_\_\_ Copy of Current Insurance Certificate (WC and GL)

I/We have answered the attached questions fully and completely to assure that our answers are not in any respect misleading, either express or implied or by omitting information. We recognize that Proforma Construction, Inc. will rely on the accuracy of the information provided in this submission in making its decision on accepting bids and awarding work from our company.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



## SUBCONTRACTOR PRE-QUALIFICATION SUBMISSION

Thank you for your interest in Proforma Construction. In order to develop a more complete knowledge of your company and to better match upcoming opportunities to your capabilities, please complete the attached pages and return to:

**Proforma Construction, Inc.**

**4439 Stoneridge Dr. #220**

**Pleasanton, CA 94588**

**FAX: 925-426-2444**

**Attention: Insurance Department**

### COMPANY / CONTACT INFORMATION

**Scan / email to: [contact.us@proformaco.com](mailto:contact.us@proformaco.com)**

Company Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Company Website: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Level of Decisions: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_: Direct Line: \_\_\_\_\_

Year Company Started: \_\_\_\_\_

Type of Company: \_\_\_INC \_\_\_LLC \_\_\_ Partnership \_\_\_ Sole Proprietor \_\_\_Other

CA Contractors License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Classification(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

[www.proformaco.com](http://www.proformaco.com)

**4439 STONERIDGE DRIVE \* SUITE 220 \* PLEASANTON \* CA 94588**

**PHONE: 925-426-1317 \* FAX: 925-426-2444**



## SUBCONTRACTOR PRE-QUALIFICATION SUBMISSION

### Trades:

(List the trades your company are interested in bidding)

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

### Geographical Areas:

(List the cities/areas/States which you are willing to work and can perform)

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

### Project Size:

(Check the project size your company is most competitive in performing)

\_\_\_\_\_ Under \$5,000-\$25,000      \_\_\_\_\_ \$25,000 to \$50,000  
\_\_\_\_\_ \$50,000 to \$75,000      \_\_\_\_\_ \$75,000 to \$100,000  
\_\_\_\_\_ \$100,000 to \$250,000      \_\_\_\_\_ Over\$250,000

- **ATTACH A LIST OF at Least FIVE (5) CURRENT & RECENTLY COMPLETED PROJECTS WITH THE SCOPE OF WORK, SIZE, TYPE, and DURATION OF PROJECT.**
- **BRIEFLY DESCRIBE THE TYPE OF PROJECTS YOU EXCEL AT:**

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



## SUBCONTRACTOR PRE-QUALIFICATION SUBMISSION

### REFERENCES:

List 3 of your major suppliers:

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

List 3 contractors you do business with:

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

List any trade associations memberships you belong to:

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List your company's warranty program: \_\_\_\_\_

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**SUBCONTRACTOR PRE-QUALIFICATION SUBMISSION**

**SAFETY:**

**Attach a copy of a current Certificate of Insurance for General Liability and Workers' Compensation, naming Proforma Construction, Inc. as a named insured.**

List your company's Workers' Compensation Interstate/Intrastate Experience Modification Rate (Ex-MOD) for the 3 most recent years.

\_\_\_\_\_/\_\_\_\_\_  
Year      Rate                  Year      Rate                  Year      Rate

Name any OSHA violations has your company received in the last 3 years?

\_\_\_\_\_/\_\_\_\_\_  
Year      Rate                  Year      Rate                  Year      Rate

Provide a brief description of the violations (if any):

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Do you have a qualified person responsible for safety within your company? **Y / N**

Name:\_\_\_\_\_

Does this person do safety inspections on all your projects? **Yes / No**

What is the frequency of inspections: \_\_\_\_\_

Do you have a written company safety program manual (I.I.P.P.) & will you provide a copy if requested? **Yes / No**

Do you require documented safety meetings for your employees? **Yes / No**

Does your company have a program recognizing employees for safety performance excellence? **Yes / No**