



Subcontractor Prequalification Form

General Information Date: \_\_\_\_\_

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

Address: \_\_\_\_\_
Street City State Zip

Phone: \_\_\_(\_\_\_\_)\_\_\_\_\_ Parent Company: \_\_\_\_\_

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

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

President : \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_
Name Phone e-mail address

Contact: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_
Name Phone e-mail address

List current License and include any out of State: \_\_\_\_\_

Principal Office: Corporation Partnership Individual Joint Venture other: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Average Annual Volume (3Yrs): \_\_\_\_\_

Federal ID No: \_\_\_\_\_

Annual Sales:

Dunn & Bradstreet # \_\_\_\_\_ 2005: \_\_\_\_\_

Dunn & Bradstreet Rating: \_\_\_\_\_ 2004: \_\_\_\_\_

2003: \_\_\_\_\_

Union Affiliations: \_\_\_\_\_ if yes, please list affiliations: \_\_\_\_\_

MBE, WBE, SBE? \_\_\_\_\_

Counties and States that you are interested in working in: \_\_\_\_\_



**R. A. Burch**  
*Construction Co., Inc.*

P.O. Box 1590, Ramona, California 92065  
PH: (760) 788-0800, FAX: (760) 789-3549

\_\_\_\_\_

List work regularly performed by own forces: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***If yes to any of the questions listed below please attach details***

*Has this firm ever defaulted on a contract (Y or N)?* \_\_\_\_\_

*Has this firm experienced reorganization within the past year (Y or N)?* \_\_\_\_\_

*Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers (Y or N)?* \_\_\_\_\_

*Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years (Y or N)?* \_\_\_\_\_

*Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract (Y or N)?* \_\_\_\_\_

*Total number of employees:* \_\_\_\_\_

*Home Office*

\_\_\_\_\_

*Field Office*

**Staff Breakdown**

*Engineering:* \_\_\_\_\_ *Project Manager:* \_\_\_\_\_

*Shop:* \_\_\_\_\_ *Construction Supervision:* \_\_\_\_\_

*Administration:* \_\_\_\_\_ *Field Engineers:* \_\_\_\_\_

*Fabrication Shop:* \_\_\_\_\_ *Laborers:* \_\_\_\_\_



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**Safety Information**

Name of Safety Director/Officer: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

(\_\_\_\_\_) \_\_\_\_\_  
Phone e-mail address

Experience Modification Rate (EMR): \_\_\_\_\_

Does the firm have a written safety plan (Y or N)? \_\_\_\_\_

Has the firm been cited for any serious OSHA violations in the past five years (Y or N)? \_\_\_\_\_

OSHA recordable incident rate (current year): \_\_\_\_\_

OSHA lost day incident rate (current year) : \_\_\_\_\_

Does the firm have a drug testing policy (Y or N) \_\_\_\_\_

**Under a separate cover submit a sample certificate of insurance showing coverage and limits for general liability, automobile liability, and excess umbrella liability and workers compensation.**

**Under separate cover please submit a log and summary of occupational injuries and illnesses as required by the US Department of Labor (previous 12 months).**

**Experience List**

**List at least four major projects in the past 3 years; include the following information (attach separate sheet for additional information):**

_____		_____	
Name of project		Type of building	
_____		Contract Amount \$ _____	
City	State		
_____		(_____) _____	
Contractor /Client Contact		Phone	e-mail
_____		_____	



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Subcontractor Project Manager

Subcontractor foreman

Start Date

End Date

Comments: \_\_\_\_\_

Name of project

Type of building

City

State

Contract Amount \$ \_\_\_\_\_

Contractor /Client Contact

(\_\_\_\_)

Phone

e-mail

Subcontractor Project Manager

Subcontractor foreman

Start Date

End Date

Comments: \_\_\_\_\_

Name of project

Type of building

City

State

Contract Amount \$ \_\_\_\_\_

Contractor /Client Contact

(\_\_\_\_)

Phone

e-mail

Subcontractor Project Manager

Subcontractor foreman

Start Date

End Date

Comments: \_\_\_\_\_



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<i>Name of project</i>	<i>Type of building</i>
<i>City</i>	<i>State</i>
<i>Contract Amount \$</i>	
<i>Contractor /Client Contact</i>	<i>(_____) Phone</i>
	<i>e-mail</i>
<i>Subcontractor Project Manager</i>	<i>Subcontractor foreman</i>
<i>Start Date</i>	<i>End Date</i>
<i>Comments:</i>	

**Bonding and Banking Information**

*Bonding Company Name:* \_\_\_\_\_

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

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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*Phone:* (\_\_\_\_\_) \_\_\_\_\_

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

*Website:* \_\_\_\_\_

*President :* \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

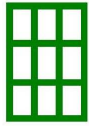
<i>Name</i>	<i>phone</i>	<i>e-mail address</i>
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**Contact:**

_____ (_____) _____	<i>Phone</i>	<i>e-mail address</i>
<i>Name</i>		

*Aggregate Bonding Capacity: \$* \_\_\_\_\_ *Single project Bonding Capacity: \$* \_\_\_\_\_

*Total Number of Projects Currently Bonded:* \_\_\_\_\_ *Total current Bonding: \$* \_\_\_\_\_



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*Bank:* \_\_\_\_\_

*Address:* \_\_\_\_\_  
*Street City State Zip*

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

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

*Website:* \_\_\_\_\_

*Account No.:* \_\_\_\_\_

*President:* \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Name Phone e-mail address*

*Contact:* \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Name Phone email address*

---

**DATE**

**SIGNATURE**

**PRINT NAME**