



Subcontractor Prequalification form

Return completed form to estimating@level3construction.com

COMPANY NAME			
FEDERAL ID NO.			
ADDRESS			
CITY		STATE	ZIP
WEBSITE			
PHONE		FAX	
COMPANY TYPE	<input type="checkbox"/> CORPORATION <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC		
OWNERSHIP TYPE	<input type="checkbox"/> MINORITY OWNED BUSINESS ENTERPRISE <input type="checkbox"/> WOMAN OWNED BUSINESS ENTERPRISE <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> SMALL DISADVANTAGE BUSINESS		<input type="checkbox"/> SMALL WOMAN OWNED BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> VETERAN SMALL BUSINESS <input type="checkbox"/> DISABLED VETERAN OWNED SMALL BUSINESS
YEAR ESTABLISHED			
COMPANY OFFICERS	PRESIDENT		
	VICE PRESIDENT(S)		
	SECRETARY		
	TREASURER		
ESTIMATING CONTACT	NAME		
	EMAIL		
	PHONE		
PM CONTACT	NAME		
	EMAIL		
	PHONE		
OTHER CONTACT	NAME		
	EMAIL		
	PHONE		
LIST TRADE WORK PERFORMED			
AREAS OF WORK	<input type="checkbox"/> SAN DIEGO COUNTY <input type="checkbox"/> CENTRAL CALIFORNIA <input type="checkbox"/> SACRAMENTO <input type="checkbox"/> SAN JOSE <input type="checkbox"/> PALM SPRINGS/PALM DESERT		<input type="checkbox"/> LA COUNTY <input type="checkbox"/> RIVERSIDE COUNTY <input type="checkbox"/> ORANGE COUNTY <input type="checkbox"/> SAN FRANCISCO
ANNUAL REVENUE	2013		
	2012		
	2011		
BANKING	BANK NAME		
	ADDRESS		
	CITY, STATE, ZIP		

	CONTACT				
	PHONE NUMBER				
	DOES YOUR COMPANY HAVE A LINE OF CREDIT	<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED <input type="checkbox"/> NONE			
	IF YES, WHAT IS THE AMOUNT OF THE LINE OF CREDIT				
BONDING					
	IS YOUR COMPANY BONDABLE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	IF YES BONDING COMPANY NAME				
	BONDING COMPANY AM BEST RATING				
	BONDING RATE				
	CONTACT				
	PHONE NUMBER				
LEGAL					
	HAS YOUR ORGANIZATION EVER FAILED TO COMPLETE ANY WORK AWARDED TO?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	ARE THERE ANY JUDGEMENTS, CLAIMS OR ARBITRATION PROCEEDINGS PENDING AGAINST YOUR ORGANIZATION OR ITS OFFICERS?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	HAS YOUR ORGANIZATION FILED ANY SUITS OR REQUESTED ARBITRATION WITH REGARD TO CONSTRUCTION CONTRACTS WITHIN THE LAST FIVE (5) YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	HAS YOUR ORGANIZATION OF ITS PRINCIPALS EVER FILED FOR BANKRUPTCY?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
SAFETY					
	2013 EMR				
	2012 EMR				
	2011 EMR				
	HOW MANY OSHA VIOLATIONS WERE RECORDED FOR 2013?				
RECENT COMPLETED PROJECTS					
	PROJECT	CITY,STATE,ZIP	CONTRACT AMOUNT	START DATE	COMPLETION DATE
TRADE REFERENCES					
	COMPANY				
	CONTACT		PHONE		
	PROJECT		CONTRACT AMOUNT		
	COMPANY				
	CONTACT		PHONE		
	PROJECT		CONTRACT AMOUNT		
	COMPANY				
	CONTACT		PHONE		
	PROJECT		CONTRACT AMOUNT		
REQUIRED ATTACHMENTS					
	A. FINANCIAL STATEMENTS FOR LAST TWO YEARS B. OSHA FORM 300A (MOST RECENT YEAR) C. BLANKET INSURANCE CERTIFICATE (MINIMUM REQUIREMENTS ATTACHED) D. EXPLANATIONS TO LEGAL SECTION				
THE UNDERSIGNED CERTIFIES UNDER OATH THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND SUFFICIENTLY COMPLETE SO AS NOT TO BE MISLEADING.					
COMPLETED BY			SIGNATURE		
TITLE		DATE			