



SUBCONTRACTOR QUESTIONNAIRE

All information submitted for pre-qualification evaluation will be considered official information acquired in confidence.

NAME OF FIRM: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX: _____

E-MAIL ADDRESS: _____ TAX I.D. NO: _____

WEBSITE ADDRESS: _____

TRADE: _____

OTHER SPECIALTIES YOU PERFORM: _____

CA STATE LICENSE NO.: _____ EXPIRATION DATE: _____

LICENSE CLASSIFICATION: _____

SPECIFY UNION OR NON-UNION: _____

NAME OF UNION AFFILIATION, IF ANY: _____

DEFINE YOUR AREA OF OPERATION: _____

COMPANY SIZE (# OF EMPLOYEES): _____

YEAR ESTABLISHED: _____

Provide a certified letter from your bonding company identifying the bonding rate per \$1,000, the aggregate and single project bonding capacity of the Company.

BONDING COMPANY NAME: _____

AGENT NAME/PHONE NO.: _____

CONFIDENTIAL

A.M. BEST RATING: _____

Provide Insurance Limits: (Our insurance requirements are on our website at www.gardencityconstruction.com)

General Liability: _____ Automotive Liability: _____

Workman's Comp: _____ Excess Liability: _____

Please identify four General Contractors and/or Owners for whom you have worked in the past two years:

Company Name:	Contact Person:	Phone Number:

Please identify four Subcontractor/Supplier references with whom you have worked in the past two years:

Company Name:	Contact Person:	Phone Number:

List your company's experience modification rate (EMR) for the past three years and current year.

2010: _____ 2009: _____ 2008: _____ 2007: _____

Has your company ever been cited by Cal OSHA, the EPA, the Bay Area Air Quality Management District or any other in the past five years? (attach a sheet listing and describing each citation)

Yes: _____ No: _____ How Often? _____

Has your company ever been associated with or involved in a jobsite death(s)?

Yes: _____ No: _____

If yes, please explain: _____

CONFIDENTIAL

Do you require documented safety meetings be held for:

Field Supervisor: Yes: _____ No: _____ Frequency: _____

Employees: Yes: _____ No: _____ Frequency: _____

Safety Director Name: _____

Safety Director Phone No: _____

By signing below I state the above information is true and correct to the best of my knowledge.

(Signature)

(Date)

(Printed Name/Title)