



## SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE

Dome Construction Corporation's Risk Management Policy requires that we pre-qualify subcontractors annually, prior to accepting quotes and/or issuing subcontracts. Your answers to the following questions will establish the size and type of work that you will qualify to bid to Dome Construction. Please answer each question and submit all information requested within 10 days of receipt of this questionnaire. Thank you in advance for your cooperation. *Questions should be directed to the Dome Sponsor who gave you this form.*

### GENERAL INFORMATION

Please complete this form and submit the following attachments as requested:

- **FINANCIAL STATEMENTS:** copies of your three most recent annual financial statements.
- **CURRENT BACKLOG REPORT** (work to complete).
- **LICENSES:** (copies of your current license or certification, if you are an electrician, plumber, asbestos handler, or in any other trade that requires a license or certification to perform work).
- **RESUMES:** copies of the resumes of all your key people – that is, officers, partners, owners, and managers with experience in the type of work for which you seek qualification).

Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contractor's License No. \_\_\_\_\_ Federal Taxpayer ID No. \_\_\_\_\_ California Sales & Use Tax Permit No. \_\_\_\_\_

**List Owners, Officers, and Key Personnel (Include Resumes):**

<u>Name</u>	<u>Years in Position</u>	<u>Position</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**How Many Years Has Your Firm Been In Business?** \_\_\_\_\_

**Organized As A (Check One):**

Corporation in the State of \_\_\_\_\_ Partnership  Joint Venture  Proprietorship  Other \_\_\_\_\_

MBE: Yes  No  M/WBE Certification Agency: \_\_\_\_\_ M/WBE Certification Number: \_\_\_\_\_

WBE: Yes  No

**Work Experience (Check all that apply):**

Hotel  Hospital  Biotech Mfg.  Semi-Conductor  Core & Shell  Interiors

Retail  Multi-Family  Industrial  Laboratory  Seismic Rehab  Design/Build



Does Your Firm Operate Under Any Other Name?

Yes No (If yes, explain)

Is Your Firm Affiliated With Any Other Firm?

Yes No (If yes, explain)

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

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

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

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

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

Comments \_\_\_\_\_

**Union Affiliations:**

Signatory to the following Union labor agreements:

Trust Fund

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_

**FINANCIAL INFORMATION**

Contact Name (financial): \_\_\_\_\_ Telephone: \_\_\_\_\_

**Bank References:**

<u>Name of Bank</u>	<u>Bank Officer</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Line of Credit: \_\_\_\_\_ Unused Line of Credit: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Provide letter of reference from bank officer (line of credit, basis extended, how much unsecured and secured, what security required, overall banking relationship, and years of relationship).

**Dun & Bradstreet:**

D & B Number: \_\_\_\_\_ D & B Financial Rating: \_\_\_\_\_

**Financial Statement:**

Must provide copies of the past three (3) year-end financial statements (audited if available), and if statement is more than nine (9) months old, provide a current interim financial statement.

**Are you part of a Consolidated Group? Yes No**

(If yes, provide Consolidated Group financial statements for the past three (3) years. ~ audited if available)

Company Name: \_\_\_\_\_ Years In Business: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_



Has your firm or any affiliated firm or any of its principals ever positioned for bankruptcy, failed in business, closed a business, defaulted or failed to complete on a contract? Yes No (if yes, explain)

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

**Owner, General Contractor, Subcontractor and Supplier References: (minimum two (2) each)**

<u>Name of Company</u>	<u>Contact</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Current Backlog:**

(If needed, please provide an additional sheet continuing your current backlog)

<u>Project/Location</u>	<u>Contract Amount</u>	<u>Percent Completed</u>	<u>Cost to Complete</u>	<u>Completion Date</u>	<u>Bonded (yes/no)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Provide your annual revenue volume over the past three years and estimate the percent of volume bonded:

Year _____	Year _____	Year _____
\$ _____	\$ _____	\$ _____
_____ % bonded	_____ % bonded	_____ % bonded

**List your three (3) largest jobs completed:**

	<u>Project/Location</u>	<u>Contract Amount</u>	<u>Year Completed</u>	<u>Bonded (yes/no)</u>	<u>Owner/General Contractor</u>
1.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____



## SURETY & INSURANCE INFORMATION

### Insurance & Surety Agent:

Agency Name: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Attach a specimen copy of your firm's current insurance program including GL. AL Umbrella, Pollution and Workers Compensation limits.

### Surety Company:

Company Name: \_\_\_\_\_  
Bond Capacity: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Largest Project Bonded      Title/Owner/General Contractor      Final Contract Price      Date Completed

\_\_\_\_\_

## SAFETY AND HEALTH INFORMATION

Contact Name (safety) \_\_\_\_\_ Telephone \_\_\_\_\_

Provide your Total Recordable Incident Rate (TRIR) and Experience Modification Rate (EMR) for the last 3 years:

<u>Year</u>	<u>TRIR</u>	<u>EMR</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**If work-related fatalities have occurred among your workforce within the last three (3) years, provide the following information for each fatality: (Use extra sheets if necessary):**

Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Citation Issued: Yes No Agency issuing citation: \_\_\_\_\_  
Status of citation, e.g., contested, withdrawn, etc. \_\_\_\_\_  
Are any lawsuits filed relating to the same event? Yes No  
If so, please give status. \_\_\_\_\_

**Has your company received an OSHA citation within the past three (3) years for items other than those listed above?** Yes No Number of citations: \_\_\_\_\_

Type and severity of citations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Pending citations(s)    Yes                      No                      Number of pending citations: \_\_\_\_\_

Location(s) \_\_\_\_\_

Type and severity of citations:  
\_\_\_\_\_  
\_\_\_\_\_

**Has your company received an environmental citation or notice of violation within the last three (3) years?**  
Yes                      No                      (If yes, provide the following information):

Issuing Agency (s): \_\_\_\_\_

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Status: \_\_\_\_\_                      Contested: \_\_\_\_\_  
\_\_\_\_\_

**CONTRACTUAL TERMS**

**We have reviewed Dome’s Standard Subcontract Agreement and take no exception to the terms of the contract unless otherwise noted on a separate attachment to this Pre-Qualification Questionnaire**

Agreed by: \_\_\_\_\_                      Date \_\_\_\_\_

**I understand all of the questions above and have answered truthfully and to the best of my knowledge.**

Name \_\_\_\_\_                      Title \_\_\_\_\_  
*Type or Print*

Signature \_\_\_\_\_                      Date \_\_\_\_\_

**SPONSORSHIP**

List Dome sponsor, if applicable: \_\_\_\_\_