

Company Name		Address	
City/State/Zip		Telephone	Fax
Primary Contact/Title		Telephone	Fax
E-Mail		Other Contact Information	
Type of Company		Years in Business	
Date Established	Previous Company Name		Date Established
Employer Identification Number (EIN)		Labor Affiliation <input type="checkbox"/> Union <input type="checkbox"/> Non-Union	Design Build Experience <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture			

Services

List the Categories or CSI sections of work your company performs
Geographic Area and Limitations
Typical Project Size: <input type="checkbox"/> \$100,000 or below <input type="checkbox"/> \$101,000 - \$250,000 <input type="checkbox"/> \$251,000 - \$500,000 <input type="checkbox"/> \$501,000 - \$999,000 <input type="checkbox"/> \$1,000,000 or more
Types of Projects: <input type="checkbox"/> Commercial Remodel <input type="checkbox"/> New Construction <input type="checkbox"/> Other
State(s) Licensed In:

Financial Information

Bank	Address		
City/State/Zip	Telephone Number	Fax Number	
Contact	Amount of Credit Line		
Company Dunn and Bradstreet Number			

Bonding Information

Bonding Company		Address	
City/State/Zip		Telephone Number	Fax Number
Contact		Telephone Number	Fax Number
Bonding Capacity	Largest Bonded Project	Current Volume of Bonded Work	

Legal Information

Is your company or any of its owners or officers currently involved in any litigation, mediation, arbitration or prosecution or defense of formal claims in connection with any contract, or been asked to post collateral against a loss? Yes No

If Yes, please provide a detailed explanation below:

Has your company or any affiliated company or any of its principals ever petitioned for bankruptcy, failed business, closed a business, defaulted or failed to complete on a contract, or been asked to post collateral against a loss? Yes No

If Yes, please provide a detailed explanation below:

Safety

Has your company received an OSHA Citation within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the number of citations in the last three years and describe below:
Does your company have a written Safety Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company comply with the Drug Free Work Act? <input type="checkbox"/> Yes <input type="checkbox"/> No

Project References — Please provide three (3)

Project Name	Location	Client/Owner
Architect/Engineer	Contract Amount	Completion Date
General Contractor	GC Contact Person	Telephone Number
Please describe work performed:		

Project Name	Location	Client/Owner
Architect/Engineer	Contract Amount	Completion Date
General Contractor	GC Contact Person	Telephone Number
Please describe work performed:		

Project Name	Location	Client/Owner
Architect/Engineer	Contract Amount	Completion Date
General Contractor	GC Contact Person	Telephone Number
Please describe work performed:		

Subcontractor/Supplier References — Please list 3 of your major sub-contractors/suppliers.

Name of Sub-contractor/supplier	Contact	Telephone Number
Name of Sub-contractor/supplier	Contact	Telephone Number
Name of Sub-contractor/supplier	Contact	Telephone Number

Additional Information — Please provide us with any additional information that would help us prequalify you as a subcontractor.

I certify that the information submitted herewith, including any attachment is true. I authorize that Souza and Souza Construction, Inc. to contact my references for the purpose of verifying the information listed and to confirm past performance. I further understand that completion of this application does not constitute an agreement to contract services, it is merely a form to verify past performance of a possible subcontractor, vendor or supplier. I understand that before contracting services, I will be required to submit additional documents such as insurance certificates, workers compensation insurance and possible bonding information.

Completed By: _____ Signature: _____
 Title: _____ Date: _____

Please fax the completed application to **(858) 560-1649**, Attention: Subcontractor Prequal Department.
 Or you can mail the completed form to: **Souza and Souza Construction, Inc.**, 9222 Chesapeake Drive, San Diego, CA 92123
 Attention: Subcontractor Prequal Department.