

Subcontractor Prequalification Form (PDF)

www.souzaandsouzaconstructioninc.com

Company Name		Address				
City/State/Zip				Telephone		ax
Primary Contact/Title				Telephone	F	ax
E-Mail			Other Contact Info	ormation		
Type of Company				Years in Business		
Date Established	Previous Company Na	me		Date Established		Pate Established
Employer Identification Number (EIN)			Labor Affiliation	Union Non-Union Design Build Experien		Build Experience
Business Type: Sole Proprietor Con	rporation LLC Pa	ırtnership	☐ Joint Venture			
Services						
List the Categories or CSI sections of work	your company performs					
Geographic Area and Limitations						
Typical Project Size: \$100,000 or below	v = \$101,000 - \$250,000	0 🗌 \$251	,000 -\$500,000 [\$501,000 - \$999,000 🗌 \$	1,000,000) or more
Types of Projects: Commercial Remode	el New Construction	Other				
State(s) Licensed In:						
Financial Information						
Bank		Address				
City/State/Zip				Telephone Number Fax		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 Volu	ime of Bonded Work		
Legal Information						
Is your company or any of its owners or offic contract, or been asked to post collateral ag If Yes, please provide a detailed explanation	gainst a loss?		on, mediation, arbiti	ration or prosecution or defe	ense of form	mal claims in connection with any
Has your company or any affiliated company contract, or been asked to post collateral ag	gainst a loss?		ned for bankruptcy,	failed business, closed a bu	usiness, de	efaulted or failed to complete on a
If Yes, please provide a detailed explanation	below:					

Safety						
Has your company received an OSHA Citation within the past 3 years and If yes, please list the number of citations in the last three years and)				
Does your company have a written Safety Plan? ☐ Yes ☐ No						
Does your company comply with the Drug Free Work Act?	□No					
Project References — Please provide three (3)						
Project Name	Location		Client/Owner			
Architect/Engineer	Contract Amour	nt	Completion Date			
General Contractor	GC Contact Per	rson	Telephone Number			
Please describe work performed:						
Project Name	Location		Client/Owner			
Architect/Engineer	Contract Amour	nt	Completion Date			
General Contractor	GC Contact Per	rson	Telephone Number			
Please describe work performed:						
Project Name	Location		Client/Owner			
Architect/Engineer	Contract Amour	nt	Completion Date			
General Contractor	GC Contact Per	rson	Telephone Number			
Please describe work performed:						
Subcontractor/Supplier References — Please list 3 of y	your major sub-con	tractors/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 — Please provide us with any additional I certify that the information submitted herewith, including any attact purpose of verifying the information listed and to confirm past performance of a cequired to submit additional documents such as insurance certification.	nment is true. I auth rmance. I further ur possible subcontra	norize that Souza and Souza Const iderstand that completion of this a ctor, vendor or supplier. I understa	ruction, Inc. to contact my references for the oplication does not constitute an agreement to not that before contracting services, I will be			
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.