



21800 Burbank Blvd Ste 210  
 Woodland Hills, CA 91367  
 Phone: 818-888-6548  
 www.pincon.com

## Subcontractor Prequalification Package

Please EMAIL completed form, W-9, COI, & Copy of Valid CSLB Contractor's License to:

[dallas@pincon.com](mailto:dallas@pincon.com)

Attach additional information on additional sheets if needed.

### Company Information

Company Name (Legal & DBA):			Date		
			Trade(s) / Service(s) Provided:		
Physical Address:			Mailing Address (if different from Physical):		
City:	St:	Zip:	City:	St:	Zip:
Company Website:		Years in Business (Current name):		# of Emp.	Fed Tax ID #
Telephone #		Fax #		Email:	

#### Type of Business

- Subcontractor  
 Supplier  
 GC

#### Business Type

- Corporation  
 Sole Proprietor  
 Partnership  
 LLC  
 Other \_\_\_\_\_

#### Labor Affiliation

- Union  
 Non-Union  
 Both

#### Design/Build Capabilities

- Yes  
 No

#### Are you Bonded

- Yes  
 No  
 Bonding Capacity: \_\_\_\_\_

Company Certifications, if appropriate  MBE  WBE  DBE  VOSB  SBE  JSEB  Other

List the corporate officers, Managing partners, or proprietors of your firm: *(if additional space is needed, use separate sheet & attach)*

Name	Title	% Ownership
Name	Title	% Ownership
Name	Title	% Ownership

Name	Title	% Ownership

**Contact Information**

PLEASE INCLUDE AT LEAST ONE ESTIMATOR/PROJECT MANAGER IN CONTACTS

Contact Name	Contact Title	Telephone Number	Cellular Phone Number	Email address
		- -	- -	
		- -	- -	
		- -	- -	

**Project Information Section**

List data for three substantial projects completed within the last 3 years.

Year	Project Name / Client	Contract Value at Completion \$	Start & Finish Dates
Year	Project Name / Client	Contract Value at Completion \$	Start & Finish Dates
Year	Project Name / Client	Contract Value at Completion \$	Start & Finish Dates
Average Size Project	\$		

List License Numbers of jurisdictions in which your company is legally qualified to work. (List additional numbers on separate sheet.)

State	License Number	Expiration

- Do you have a written Safety Program?  Yes  No
- Do your employees receive safety orientation prior to performing any work activities?  Yes  No
- Do you require at least 10 hours OSHA training for employees?  Yes  No

- Do you conduct and document post-accident investigations?  Yes  No
- Do you have a Safety Director or other safety professional(s) on your staff  Yes  No

Contact Name	Phone Number	Email Address

### Insurance and Bonding

Do you currently carry, or can you obtain the following insurance coverage? *(see attached sample certificate)*

- Worker's Compensation \$500,000 or Statutory Minimum per project location?  Yes  No
- General Liability Minimum \$2,000,000 aggregate  Yes  No
- Automobile Liability Minimum \$1,000,000  Yes  No
- Excess Umbrella Minimum \$3,000,000 aggregate  Yes  No

Insurance Company	Insurance Agent	Agent Telephone Number
Bonding Company	Bonding Company Contact	Bonding Contact Telephone #
AM Best Rating	Total Bonding Capacity \$	Current Available Bonding Capacity \$

Do you carry Errors & Omission insurance for design work?  Yes  No  N/A

### Reference Section

Project Name	Project Location (city, state)	Completion Date (MM/YY)
Your Firm's Approximate Contract Amount \$	Project General Contractor	Gen Contractor/Owner Name & Phone # - -
Project Name	Project Location (city, state)	Completion Date (MM/YY)
Briefly describe work performed by your firm:		
Your Firm's Approximate Contract Amount \$	Project General Contractor	Gen Contractor/Owner Name & Phone # - -
Briefly describe work performed by your firm:		
Project Name	Project Location (city, state)	Completion Date (MM/YY)
Your Firm's Approximate Contract Amount \$	Project General Contractor	Gen Contractor/Owner Name & Phone # - -
Briefly describe work performed by your firm:		

### Major Supplier References *(list three current supplier references)*

Company Name	Address
Contact	Phone - -
Company Name	Address

Contact	Phone - -
<b>Company Name</b>	Address
Contact	Phone - -

**Bank References/Information**

Financial Institution	Address ( <i>city, state, zip code</i> ) , ,	
Contact	Phone - -	Established line of credit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Institution	Address ( <i>city, state, zip code</i> ) , ,	
Contact	Phone - -	Established line of credit? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Bank References/Information**

## Acknowledgement of Prequalification information

- Your prequalification status cannot be determined until the Vendor Prequalification form is accurately completed. You will be notified of your Preliminary Prequalification status upon review of the above information.
- Prior to signing any Agreement of Services, insurance certificates per the Agreement, a letter from your surety company, any necessary financial statements shall be provided in order to obtain a final per project qualification status.
- Pinnacle Contracting Corporation reserves the right to request additional information prior to Agreement Execution.

### Completed by Authorized Representative:

**Confidentiality Note:** The information supplied by the undersigned in this document is intended only for the use of Pinnacle Contracting Corporation

*The undersigned certifies that the information provided herein is a clear and accurate representation of this organization.*

Information Supplied by:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

*Information provided is valid for one year. Please notify Pinnacle Contracting Corporation of any changes to the information submitted. You will be required to re-submit certain information annually to maintain your certification.*