



SUBCONTRACTOR/SUPPLIER PRE-QUALIFICATION QUESTIONNAIRE

Subcontractor/Supplier prequalification is an integral part of our Company's Risk Management Program. Please complete the enclosed subcontractor/supplier prequalification questionnaire to help us better understand your operational capabilities, safety record, and liquidity. It will also help us keep you in our data base for any future work.

Thank you in advance for your cooperation.

Instructions

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

- ❖ **W-9 - current signed and dated.**
- ❖ **LICENSES - copies of your current license(s) or certification(s).**
- ❖ **CERTIFICATE OF INSURANCE - sample insurance certificate.**
- ❖ **OSHA FORM 300 and 300A LOGS - copies for the last three (3) years.**

Once you have completed the questionnaire and signed the last page, please return completed form and attachments by email to: Accounting@CascoContractors.com

CASCO Contractors
9850 Irvine Center Drive
Irvine, CA 92618

CASCO CONTRACTORS PRE-QUALIFICATION QUESTIONNAIRE

All subcontractors/suppliers are required to complete this questionnaire. The contents of this questionnaire will be considered confidential and used solely to determine your firm's qualifications.

Please answer in the spaces available and, if necessary, add additional pages.

I. GENERAL INFORMATION

- ❖ Name of Company: _____
(As it appears on Contractor's License)
- ❖ Consultant: Subcontractor: Supplier:
- ❖ Trade or Scope of Work: _____

- ❖ Website Address: _____
- ❖ Address of Permanent Office Locations:
Principal Office: _____
Location #2: _____
- ❖ Union / Non-Union Subcontractor: _____

II. ORGANIZATION

- ❖ Type of Ownership (select only one):
Corporation: State of Incorporation: _____ Date Incorporated: _____
Sole Proprietor: Partnership: Limited Liability Company:
Joint Venture (explain): _____
Other (explain): _____
- ❖ Federal Tax ID Number or Social Security Number: _____
(Please Attach Signed W-9)
- ❖ How many years has the company been in business?: _____
Under the same name?: _____ If not, please list all other names under which the
company has conducted operations: _____

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❖ Indicate if the company qualifies as one or more of the following
(Check all that apply):

- Male Owned (51% or more owned operated and controlled by a male of United States citizenship)
- Female Owned (51% or more owned operated and controlled by a female of United States citizenship) – WBE (Women Owed Businesses)
- Caucasian Owned, not of Hispanic origin
- Asian or Pacific Islander Owned– MBE (Certified Minority Business Enterprise)
- Black Owned, not of Hispanic origin – MBE (Certified Minority Business Enterprise)
- Hispanic Owned, including Central & South American – MBE (Certified Minority Business Enterprise)
- Native American Owned – MBE (Certified Minority Business Enterprise)
- Disadvantaged Business Enterprises (DBE)
- Veteran-Owned Small Business - VOSB
- Disabled Veteran Business Enterprise – DVBE (California State Certified? _____)
- Service-Disabled Veteran-Owned Small Business – SDVOSB
- Other (explain): _____

❖ Is the company affiliated with any other companies; does it own an interest in other companies; do any other companies own an interest in it? _____ if Yes, please explain and include percentages of ownership: _____

❖ If the company is a subsidiary of another company:
 What is the parent company’s name: _____
 Approximate annual gross receipts of parent company: _____
 And in what types of businesses does it engage? _____

❖ Information About Key Officers, Managers, and Principals:

Full Name	Title	Years In This Position	Total Years Experience
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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❖ Estimating Contact Person: _____
Telephone Number: _____ Cell Number: _____
E-Mail Address: _____ Fax Number: _____

❖ Accounting Contact Person: _____
Telephone Number: _____ Cell Number: _____
E-Mail Address: _____ Fax Number: _____

III. LICENSING INFORMATION

❖ Please Provide all Trade And Professional Contractor's License(s): **(Attach Copy)**

	State	Number	Expiration Date	Classification	Names Of Licensees
1.	___	_____	_____	_____	_____
2.	___	_____	_____	_____	_____
3.	___	_____	_____	_____	_____

❖ Has Any License Ever Been Denied Or Revoked? _____ If Yes, Please Describe:

❖ Has A Complaint Ever Been Filed With A Contractors' State License Board Against The Company? _____ If Yes, Please Describe: _____

❖ Please List Trade Affiliations And Working Agreements: _____

IV. WORK EXPERIENCE

❖ Has The Company Or Any Other Organization With Which Your Officers Or Owners Were Involved **During The Past Five (5) Years**, Ever Failed To Complete Any Work Awarded Or Been Terminated For Cause? _____ If Yes, Please Provide A Complete Explanation:

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V. REFERENCES AND INSURANCE

- ❖ Bank Name: _____
Bank Contact: _____ Telephone
Number: _____ Current Lines Of Credit: _____

- ❖ Bonding Surety: _____
Bonding Capacity: Per Job _____ Aggregate _____

- ❖ Insurance Broker: _____
Insurance Contact: _____ Telephone
Number: _____

- ❖ MINIMUM LIMITS OF LIABILITY – The Following Are The Typical Types, Amounts And Forms of Insurance Required. Subcontractor Will Obtain Insurance With Limits As Specified Below, Or Such **Higher Limits** If Imposed By Owner Or By The Prime Contract Documents. All of Subcontractors' Insurance Carriers Must Have a Minimum A.M. Best's Rating Of A- or Above.
 - A. WORKER'S COMPENSATION INSURANCE AND EMPLOYER'S LIABILITY:
 - 1. Coverage A. Workers' Compensation - Statutory Policy Form
Coverage B. Employer's Liability
 - a. each accident **\$1,000,000**
 - b. disease-policy limit **\$1,000,000**
 - c. disease - each employee **\$1,000,000**

 - B. COMMERCIAL GENERAL LIABILITY INSURANCE:
 - 2. Minimum limits of liability:
 - a. Combined single limits per **\$2,000,000**
occurrence and in the aggregate
for Bodily Injury & Property
Damage, including Products/

 - b. Excess liability umbrella **\$3,000,000**
each occurrence and aggregate:

 - C. AUTOMOBILE LIABILITY: ISO Business Auto Coverage form including symbol 1 (any auto), or the exact equivalent. Limits shall be no less than **\$1,000,000** each occurrence, combined single limit for bodily injury and property damage, including coverage for (1) owned automobiles; (2) hired or borrowed automobiles, and (3) non-owned automobiles.

- ❖ Can the company comply with the Insurance requirements? ____ If No, please specify your insurance limits: _____

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VI. SAFETY

- ❖ Does The Company Have A Written Safety Program? _____
- ❖ Does The Company Have A Full-Time Safety Representative? _____
- ❖ Has The Company Had Any OSHA Fines Or Jobsite Fatalities Within The Last Five (5) Years? _____ If Yes, Please Describe In Detail On An Attached Sheet.
- ❖ Please List The Company's Experience Modification Rating (EMR) For The Most Recent Three (3) Years:
 - Current EMR - 2019 _____
 - 1 year ago - 2018 _____
 - 2 years ago - 2017 _____
 - 3 years ago - 2016 _____
- ❖ **Please Attach Copies Of OSHA Form 300 and 300A Log(s) For The Most Recent Three (3) Years Along With Your Most Current Log To Date Of This Submission.**

VII. STAFF / TEAM STRUCTURE

- ❖ How Many Full Time, Permanent Employees Does The Company Have At Each Location?

- Number Of Full-Time Employees At Each Location -

JOB TITLE	Principal Office	Location #2		
Principals				
Estimators				
Project Managers				
Project Engineers				
Superintendents				
Purchasing Agents				
Journeymen Workers				
Apprentices				
Engineers				
CADD Operators				
Clerical/Accounting				
Total Full-Time Staff:				

- ❖ What Has The Company's Staff Turnover Rate Been During The Past Three (3) Years?
 - Principal Office: _____ People Left Company, _____ People Joined Company.
 - Location #2: _____ People Left Company, _____ People Joined Company. .

CASCO CONTRACTORS PRE-QUALIFICATION QUESTIONNAIRE

- ❖ On-Call Contracts With Other Clients. Include Client Name, Contact Person And Telephone Number. Include A Brief Description Of Project Types. Indicate Contract Starting Date And Ending Date. Include Only Client Relationships With Formalized On-Call Contracts:

- ❖ Describe Any Significant In-House Computer Software And The Possible Application To CASCO's Projects. (Note: CASCO CONTRACTORS Requires All Record Drawings For Construction Projects To Be Documented On The Most Current Edition Of AutoCAD.) Indicate If The Company Has In-House AutoCAD Capability, And If Not, Indicate The Subcontractor(s) That The Company Proposes To Use To Meet This Requirement:

- ❖ Does The Company Have BIM (Building Information Modeling) Or 3-D drawing Capability?

- ❖ Please indicate which area(s) your organization is interested performing work.

Orange County

Greater Los Angeles Area

Greater San Diego Area

Inland Empire

Central Coast

Central Valley

Greater San Francisco Area

Other _____

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❖ List any major Tenant Improvement projects your organization has in progress. Include Client Name, Contact Person and Telephone Number. Include a brief description of project, location, scope of work, and cost.

❖ List any major Tenant Improvement projects your organization has completed in the past twenty-four (24) months. Include Client Name, Contact Person and Telephone Number. Include a brief description of project, location, scope of work, and cost.

Please Attach Any Additional Information You Feel Will Help Us Determine The Company's Qualifications And Expertise, Including Owner Or General Contractor References, Etc.

The Undersigned Hereby Acknowledges And Agrees That The Information Provided Herein Is Accurate, Correct and True As Of The Signature Date Below.

Completed By (Print Name)

Title

Signature

Date