



## 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 database for any future work.

Thank you in advance for your cooperation.

### INSTRUCTIONS

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

1. W-9 - IRS version 2024, current signed and dated.
2. LICENSES - copies of your current CSLB license(s) or certification(s).
3. CERTIFICATE OF INSURANCE - valid insurance certificate.
4. OSHA FORM 300 & 300A LOGS - copies for the last three (3) years.
5. BUSINESS DIVERSITY CERTIFICATES - copies if applicable.

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

# 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 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)**

▶ Number of years the company been in business under the current name: \_\_\_\_\_

▶ Please list all other names under which the company has conducted operations: \_\_\_\_\_

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▶ Indicate if the company is certified as one or more of the following (Check all that apply) or select NONE. **Please Attach Certificates if applicable.**

Minority Owned Business – MOB

Women Business Enterprise - WBE Disadvantaged Business Enterprises -DBE

Veteran-Owned Small Business – VOSB

Service-Disabled Veteran-Owned Small Business – SDVOSB

Small Business Enterprise – SBE

African American Business Enterprise - AABE

Hispanic Business Enterprise - HBE

Historically Underutilized Business - HUB

Asian American Business Enterprise - ABE

Native American Business Enterprise - NABE

Other (explain): \_\_\_\_\_

None

▶ 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: \_\_\_\_\_

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▶ 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

▶ 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:

#### 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 occurrence and in the aggregate for Bodily Injury & Property Damage, including Products/	\$2,000,000
b. Excess liability umbrella each occurrence and aggregate:	\$5,000,000

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: \_\_\_\_\_

## VI. SAFETY

- ▶ Does The Company Have A Written Safety Program? \_\_\_\_\_
- ▶ Does The Company Have A Full-Time Safety Representative? \_\_\_\_\_  
 Safety Representative Name & Phone Number: \_\_\_\_\_
- ▶ 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 - 2025 \_\_\_\_\_  
                   1 year ago - 2024 \_\_\_\_\_  
                   2 years ago - 2023 \_\_\_\_\_  
                   3 years ago - 2022 \_\_\_\_\_
- ▶ **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				
Journeyman Workers				
Apprentices				
Engineers				
CAD 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.

▶ 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 in performing work.

Orange County

Greater Los Angeles Area Greater San Diego Area Inland Empire

Central Coast Central Valley

Greater San Francisco Area

Other \_\_\_\_\_



- ▶ 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 project value.
  
- ▶ 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 project value.
  
- ▶ 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