



**Policy:** Gordon Prill's Policy is to prequalify potential subcontractors with whom we have not worked previously. All potential subcontractors must obtain prior approval before they may bid to Gordon Prill.

**Instructions:** Please complete this form in its entirely and submit to Paul Otis, Construction Operations Manager, via email at potis@gordonprill.com.

Also, please attach the following three documents along with you prequalification form.

- Certificate of Insurance
- Surety letter of bonding capacity
- Copy of contractor's license

1. COMPANY INF	ORMATION						
Company Name:							
Address, City, State, Zip Co	ode:						
Phone Number:	Fax Number:	Website:					
Legal Structure:	Years in business:	Parent company:					
Names of Owners / Organ	izational Titles:						
Primary person to contac	t to obtain a bid (name, title, phone & email):						
Number of Admin. staff:	Number of field staff/craftspersons:						
Federal ID #:	Contractor's License #:	Please submit a copy of license.					
List any former names your company has operated under:							
List the type of work perfo	rmed by your company and include CSI refere Type of Work	ence numbers:					
Are you Union or	Non-Union? If Union, Local #:						

Which Union labor agreements are you signatory to?





Wh	at is your servi	your service area(s)? Entire SF Ba			ay Area	Ç	South Bay-F	Santa Cruz-Monterey Bay Area	
Му	company is a (	check all that a	apply):						
	MBE	WBE	SBE	WBE	D\	/BE	Other:		
2.	INDUST	RY EXPERIE	NCE						
Wh	at industry exp	erience does y	ou con	npany have?	Bio	otech	Corpo	rate Office	Data Center
	Cleanroom/S	Semiconductor		Aerospace	H	ospital ,	OSHPD	K-12	University/College
	Design-Build	MEP	Fede	eral	LEED		Other:		
Nar	ne five repeat	clients with wh	om yo	u've had at le	ast five p	rojects	with:		
List	five <u>recently co</u>	ompleted proje	ects inc	cluding the fo	llowing in	ıformat	ion for eacl	h project.	
1) !	1) Project Name/Location: Year completed:								
Ger	neral contracto	r reference/co	ntact ii	nformation:					
Ow	ner reference/	contact inform	ation:						
Con	tract value of	your work:			Total cor	nstructi	on value:		
2) !	Project Name/	Location:						Year comple	eted:
Ger	neral contracto	r reference/co	ntact ii	nformation:					
Ow	ner reference/	contact inform	ation:						
Con	tract value of y	your work:			Total cor	nstructi	on value:		
3) <u>I</u>	Project Name/	Location:						Year comple	eted:
Ger	neral contracto	r reference/co	ntact ii	nformation:					
Ow	ner reference/	contact inform	ation:						
Con	tract value of	your work:			Total cor	nstructi	on value:		





4) <u>Pro</u> j	ject Name/Location:		Year completed:
Genera	al contractor reference/	contact information:	
Owner	reference/contact info	rmation:	
Contra	ct value of your work:	Total cor	struction value:
5) <u>Proj</u>	ject Name/Location:		Year completed:
Genera	al contractor reference/	contact information:	
Owner	reference/contact info	rmation:	
Contra	ct value of your work:	Total cor	struction value:
3.	FINANCIAL INFOR	RMATION	
Revenu	ue for the past three ye	ars:	
Year:	Revenue:	Value	of largest job:
Year:	Revenue:	Range of	majority of work:
Year:	Revenue:	Range of	preferred work:
Bank, lo	ocation and reference v	with current contact information	:
Do you DUNS #	have a line of credit?	If so, what is amount?	Current available balance?
Have y	ou ever declared bankr	uptcy with this company or unde	er another name?
If so, w	/hen?	Please explain:	





4.	В	0	N	D	11	١G	i I	N	FO	R	M	Α	TI	0	N	J
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What is your bonding capacity per project? Aggregate? Bond Rate: Name of Surety, location and current representative's contact information: Name of broker, location and current representative's contact information: Have you ever defaulted on a project where the surety had to complete the job? Yes No If yes, please explain:

Please attach a letter from your surety (not broker) regarding current bonding capacity.

## 5. INSURANCE INFORMATION

Do you meet Gordon Prill's insurance requirements (attached) for its subcontractors? Yes No

Name of insurance broker, location and current representative's contact information:

Please submit a Certificate of Insurance showing Commercial General Liability, Professional Liability, Automobile Liability and Workers Compensation and Employer's Liability.

## 6. SAFETY INFORMATION

What is your Workers Comp Experience Mod Rate (EMR) and the Incident Rate(OSHA Recordable Injury/Illness Rate) for the past three years?

Incident Rate: Year: EMR: Year: EMR: Incident Rate: EMR: Incident Rate: Year:

Do you have in-house safety training? Name of in-house safety manager:

Please list any OSHA safety training courses your employees have had:





## 7. **SIGNATURE**

This form must be signed by someone authorized to do so. The undersigned certifies that the information provided is true and sufficiently complete as to not be misleading.

Signature:	Title:
Printed Name:	Date:

For Gordon Prill internal use only. Maximum project size: Surety Letter been received? Yes No Company license been received? Yes No Certificate of Insurance received? Yes No Union Status verified? Yes No References checked? Yes No If not approved, state reasons: Form reviewed by: Date: Entered into database Yes Date: No