

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 entirety 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 INFORMATION

Company Name:

Address, City, State, Zip Code:

Phone Number:

Fax Number:

Website:

Legal Structure:

Years in business:

Parent company:

Names of Owners / Organizational Titles:

Primary person to contact 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 performed by your company and include CSI reference numbers:

CSI #

Type of Work

Are you Union or Non-Union? If Union, Local #:

Which Union labor agreements are you signatory to?

What is your service area(s)? Entire SF Bay Area South Bay-Peninsula Santa Cruz-Monterey Bay Area

My company is a (check all that apply):

MBE WBE SBE WBE DVBE Other:

2. INDUSTRY EXPERIENCE

What industry experience does your company have? Biotech Corporate Office Data Center
Cleanroom/Semiconductor Aerospace Hospital /OSHPD K-12 University/College
Design-Build MEP Federal LEED Other:

Name five repeat clients with whom you've had at least five projects with:

List five recently completed projects including the following information for each project.

1) **Project Name/Location:** Year completed:

General contractor reference/contact information:

Owner reference/contact information:

Contract value of your work: Total construction value:

2) **Project Name/Location:** Year completed:

General contractor reference/contact information:

Owner reference/contact information:

Contract value of your work: Total construction value:

3) **Project Name/Location:** Year completed:

General contractor reference/contact information:

Owner reference/contact information:

Contract value of your work: Total construction value:

4) Project Name/Location:

Year completed:

General contractor reference/contact information:

Owner reference/contact information:

Contract value of your work:

Total construction value:

5) Project Name/Location:

Year completed:

General contractor reference/contact information:

Owner reference/contact information:

Contract value of your work:

Total construction value:

3. FINANCIAL INFORMATION

Revenue for the past three years:

Year: Revenue: Value of largest job:

Year: Revenue: Range of majority of work:

Year: Revenue: Range of preferred work:

Bank, location and reference with current contact information:

Do you have a line of credit? If so, what is amount? Current available balance?

DUNS #:

Have you ever declared bankruptcy with this company or under another name?

If so, when? Please explain:

4. BONDING INFORMATION

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?

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

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