



Site Work Solutions

American Indian Owned Certified 8(a)

GENERAL ENGINEERING CONTRACTOR

CSLB License # 874552, A & B,
Haz-Mat SBA 8(a) Certified,
HUBZone DOT - UDBE

CALIFORNIA HEADQUARTERS:

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Subcontractor Prequalification Form

Gathering information on potential subcontractors

Introduction

Site Work Solutions conducts a rigorous qualification process for selecting our certified contractors. To enable us to gain a more complete knowledge of your company and better match future opportunities to your company's capabilities, please complete and return this prequalification packet.

Document Contents

1. General Information
2. Company Information
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6. Business Class
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9. Insurance information
10. Health and Safety/Quality
11. Financial, Contracts, Judgment & Litigation
12. Signature

Form Submission

This document can be uploaded on our website (preferred) via the Contractor Qualification page of located in the Contact Us Section. Alternatively, it can be emailed, mailed or faxed to:

Site Work Solutions

P.O. Box 492247 | Redding, CA 96049

Fax: 530.222.3337 | Email: Inquiries@swsgc.com

Questions

If you have any questions, please email us at inquiries@swsgc.com or call 530.222.2229

1. General Information

Company name		
Person completing this form		
Sam Registered	Yes _____ or No _____	
DUNS # & Cage		

2. Company Information

Tax ID #			
Street			
City, State Zip			
Is this address the:	<input type="checkbox"/> Main Office	<input type="checkbox"/> Regional office	<input type="checkbox"/> Branch office
Phone #			
Fax #			
Website			
Year Company started			
Regions worked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State of incorporation			
Date of incorporation			
State Cert/License#			

3. Contact Information

Name	
Title	
Phone #	
Cell #	
Email	

4. Company Ownership

List the corporate officers, partners, proprietors, members and shareholders of your company:

Name	Position	% Owned

5. Main Construction divisions

- | | |
|---------------------------------|-------------------------|
| 2- Site work | 9-Finishes |
| 3-Concrete | 10-Specialties |
| 4-Masonry | 11-Equipment |
| 5- Metals | 12-Furnishings |
| 6-Wood& Plastics | 13-Special Construction |
| 7-Thermal & Moisture Protection | 14-Conveying |
| 8-Doors/Windows/Hardware | 15-Mechanical |
| | 16-Electrical |

6. Business Class

Small business (Indicate type(s) below, as applicable)

- 8 (a) Certified __ Expiration Date
 Small Disabled/ Veteran Owned
 Small Disadvantaged
 Native American
 Hub Zone (SBA Cert.)
 Woman Owned
 Indian Tribe/ANC
 Minority

7. Work History

- % Work as GC
 % Average Annual work Value
 % Work as a Subcontractor
 %Work Subcontracted Out
 Max time under Contract
 Max Contract Value

Project Reference 1

Project:			
Contract #:			
Client:			
Contract Amount:		Award Date:	
Contact Name:		Contact Title:	
Contact Email:		Phone:	
Scope of Work:			

Project Reference 2

Project:			
Contract #:			
Client:			
Contract Amount:		Award Date:	
Contact Name:		Contact Title:	
Contact Email:		Phone:	
Scope of Work:			

Project Reference 3

Project:			
Contract #:			
Client:			
Contract Amount:		Award Date:	
Contact Name:		Contact Title:	
Contact Email:		Phone:	
Scope of Work:			

8. Bonding

Surety Co:	
Broker Agent Name:	
Phone #:	
Per job:	Aggregate:
Last Bond Date:	Amount: \$
Bond Rate %	
Available Capacity:	

9. Insurance Information

a. Agent/Broker

Company

Contact

Tel.

10. Health and Safety/Quality

Does your company have a written Safety & Health Program Manual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company have any serious State/Federal Safety & Health Violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has OSHA (Fed/State) issued any citations on any projects managed by your Company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has there been a period when your firm had employees without Worker's Compensation or State approved Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your company experienced a work related accident that resulted in a fatality or hospitalization of 4 or more employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any past or pending environmental enforcement actions on any projects managed by your company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, to any above answers, please explain below. Attach a copy of the violation or citation and description of the company actions taken to resolve the issue and prevent future recurrence.

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Does your company have a substance abuse prevention program including pre-employment and post accident drug and alcohol testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company have a program in place that complies with the Federal Drug-Free Workplace Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11. Financial, Contracts, Judgments and Litigation

Has your company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your company ever failed to honor a bid or failed to sign a contract due to an improper bid submission, or withdraw a bid prior to award?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company have any outstanding judgments or claims against it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your company had any litigation brought against it in the past five (5) years asserting that you failed to make payments to anyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes to any of the above questions, please explain below.

12. Signature of Consent

The above information is true and correct to the best of my knowledge.

PLEASE SIGN

DATE

PLEASE PRINT

DATE