



Subcontractor Prequalification

Thank you for your interest in Dreyfuss Construction. In order to develop a more complete knowledge of your Company and better match future Company opportunities to your Company's capabilities please complete this form and return it to our office.

Please send completed form to:

Attn: Sam Haythorn, Bid Coordinator
 Email: sam.haythorn@dreyfussconstruction.com
 Phone: (310)645-9565x111
 Fax: (310)645-9581

- Please do not leave blanks on any item except lists, use 'n/a' if a field does not apply
- You may submit electronically (fax/email)
- You may handwrite the information

Date of Response: _____

Legal Name of Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Is this address the: Main Office Regional Office Branch Office Other _____

Local Contact Employees: Contracts, Estimating, Accounting (Billing), Project Management, Safety, Etc.

Contact:	Position:	Phone/Ext:	Cell Phone:	Email:
_____	/	/	/	/
_____	/	/	/	/
_____	/	/	/	/
_____	/	/	/	/

Website: _____

Is your Company? MBE WBE DBE MBE/WBE/DBE Certified by: _____

Subcontractor Prequalification Continued

Please fill-in the trade(s) that your Company is interested in bidding and is currently licensed to perform.

CSI #	Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Year Company Started: _____

Type of Company: Corporation Partnership Proprietorship LLC Other _____

State of Incorporation: _____ Date of Incorporation: _____

Contractor's License Number: _____ Expiration: _____

Under what other names has your Company operated? _____

How many people does your Company presently employ in your local region?
Home Office _____ Field Supervisory _____ Trades People _____

How many people did your Company employ on average for the last 3 years in your local region?
Home Office _____ Field Supervisory _____ Trades People _____

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? Yes No

If yes, please explain: _____

Have any of the Owners, officers or major stockholders of your Company ever been indicted or convicted of an felony or other criminal conduct? Yes No

If yes, please explain: _____

Has your Company ever been disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency? Yes No

If yes, please explain: _____

Subcontractor Prequalification Continued

Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? Yes No

If yes, please explain: _____

Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation? Yes No

If yes, please explain: _____

Does your Company have any outstanding judgments or claims against it? Yes No

If yes, please explain: _____

Please list any litigation brought against your Company in the past five (5) years asserting that you failed to make payments to anyone.

Check the geographical areas in which you are willing to work:

- Los Angeles Basin
- San Fernando Valley
- Lancaster / Palmdale
- San Bernardino County
- Orange County
- Riverside County
- Ventura County
- Newhall / Valencia
- Other _____

List Unions, with which you have agreements:

Local Number: _____ Union Name: _____ Agreement Expiration: _____
Local Number: _____ Union Name: _____ Agreement Expiration: _____
Local Number: _____ Union Name: _____ Agreement Expiration: _____
Local Number: _____ Union Name: _____ Agreement Expiration: _____

Indicate the size of project scope you are most competitive in performing (enter 1). Show preference order (2, 3,...) other size projects you are capable of performing: (Dollar value equals your scope)

Under \$100,000	_____	\$3,000,000 - \$6,000,000	_____
\$100,000 - \$200,000	_____	\$6,000,000 - \$9,000,000	_____
\$200,000 - \$500,000	_____	\$10,000,000 - \$15,000,000	_____
\$500,000 - \$1,000,000	_____	Over \$15,000,000	_____
\$1,000,000 - \$3,000,000	_____		

Subcontractor Prequalification Continued

Check all building types on which your Company has worked:

- | | | | |
|---------------------------|--------------------------|----------------------------|--------------------------|
| High rise office building | <input type="checkbox"/> | Sports/Entertainment | <input type="checkbox"/> |
| Mid rise office building | <input type="checkbox"/> | Industrial Building | <input type="checkbox"/> |
| Hotels/Motels | <input type="checkbox"/> | High Tech/Laboratories | <input type="checkbox"/> |
| Hospital | <input type="checkbox"/> | Correctional Facilities | <input type="checkbox"/> |
| Residential | <input type="checkbox"/> | Design Build/Design Assist | <input type="checkbox"/> |

Check all project types you have insurance for:

New Construction

- Residential
- Commercial
- Apartments
- Assisted Living Facilities
- Condos
- Hotels
- Planned Unit Developments
- Townhouses

Rehab

- Residential
- Commercial
- Apartments
- Assisted Living Facilities
- Condos
- Hotels
- Planned Unit Developments
- Townhouses

List the trades you normally perform with your own forces:

CSI #	Description
_____	_____
_____	_____
_____	_____
_____	_____

What trades do you normally subcontract?

CSI #	Description
_____	_____
_____	_____
_____	_____
_____	_____

What percentage of your Company's work is normally subcontracted? _____

What is the largest contract your Company has completed?

Amount: _____ Year: _____ Project name and scope: _____

What is the largest dollar volume job you expect to do during this year?

Amount: _____ Project name and scope: _____

What is your expected annual volume this year: \$ _____ # of Projects _____

What was the average annual volume of work performed over the past 5 years?

Year/Volume: 20 / _____ Year/Volume: 20 / _____ Year/Volume: 20 / _____

Year/Volume: 20 / _____ Year/Volume: 20 / _____

Subcontractor Prequalification Continued

MBE/WBE Participation in work which you subcontract (avg. participation for last 3 years) MBE __% WBE __%

Minority/Female workforce participation (avg. participation utilization for last 3 years) MIN __% FEM __%

- Attach a list of **current** major projects giving name of project, address, owner, architect, general contractor, contract amount, scope of work and scheduled completion. (Include contact people and phone numbers)
- Attach a list of **completed** major projects giving name of project, address, owner, architect, general contractor, contract amount and scope of work. (Include contact people and phone numbers)
- Provide a copy of your latest audited financial statement will be required. All financial information is for Dreyfuss Construction use only and will be treated with strict confidentiality.

Banking

Name of your Bank: _____

Address: _____

Contact Person: _____ Phone: _____

Amount of line of credit: _____ Amount Available: _____

Expiration Date: _____

UCC Filing? Yes No How is credit secured: _____

Working Capital: \$ _____

Bonding

Bond Company/Surety: _____ Key Contact Person: _____ Phone: _____

Bonding Capacity: _____ Per Job Capacity: _____

Bond Rate: _____%

Date of last bond amount: _____ Amount: _____

Please list the persons or entities that provide the indemnification to your Surety:

_____	_____
_____	_____
_____	_____
_____	_____

List three of your major suppliers:

Name: _____ Telephone: _____

Address: _____

Contact: _____

Name: _____ Telephone: _____

Address: _____

Contact: _____

Subcontractor Prequalification Continued

Name: _____ Telephone: _____
Address: _____
Contact: _____

List three contractors with which you do business:

Name: _____ Telephone: _____
Address: _____
Contact: _____

Name: _____ Telephone: _____
Address: _____
Contact: _____

Name: _____ Telephone: _____
Address: _____
Contact: _____

Trade Association Memberships:

_____	_____
_____	_____
_____	_____
_____	_____

List local or national accredited training programs in which you participate (craft or management training):

_____	_____
_____	_____
_____	_____
_____	_____

List key office personnel and field supervisors (attached resumes):

Names: _____	Position: _____	Years Experience: _____
Names: _____	Position: _____	Years Experience: _____
Names: _____	Position: _____	Years Experience: _____
Names: _____	Position: _____	Years Experience: _____
Names: _____	Position: _____	Years Experience: _____

List any subsidiaries and affiliates of your Company:

Company Name: _____	Ownership: _____	Type of Company: _____
Company Name: _____	Ownership: _____	Type of Company: _____
Company Name: _____	Ownership: _____	Type of Company: _____
Company Name: _____	Ownership: _____	Type of Company: _____

Subcontractor Prequalification Continued

General Remarks: _____

We have attempted to answer all questions in a full and complete manner to assume that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Dreyfuss Construction will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Dated _____

Legal Name of Company: _____

Completed by: _____

Title: _____

Signature: _____

Subcontractor Safety Prequalification Continued

5. Does this person do safety inspections on all of your projects: Yes No Frequency _____
6. Do you have a written Company Safety Policy and Program will you provide copies if requested: Yes No
7. Does your Company have a substance abuse policy: Yes No
If 'Yes', please check which are included in the policy:
- | | | | |
|-----------------------------|--------------------------|--------|--------------------------|
| Pre-hire/Initial Employment | <input type="checkbox"/> | Cause | <input type="checkbox"/> |
| Post Accident/Incident | <input type="checkbox"/> | Random | <input type="checkbox"/> |
| Periodic | <input type="checkbox"/> | | |
8. Do you have a return to work/light duty program? Yes No
If yes, please describe: _____

9. Have you ever implemented 100% fall protection Yes No

If requested can you provide us with a site-specific program addressing the fall hazards in your work? Yes No
10. Do you require documented safety meetings for your employees? Indicate which, and how often.
- | | | |
|------------------------|--|-----------------|
| Field Supervisors: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Frequency _____ |
| New Hires: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Frequency _____ |
| Employees: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Frequency _____ |
| SUBCONTRACTORS/VENDORS | <input type="checkbox"/> Yes <input type="checkbox"/> No | Frequency _____ |
11. Does your Company provide safety training for all employees Yes No
If yes, please list training provided: _____

Dreyfuss Construction will require that at least one full time on-site person must have completed the 30-hour OSHA training.

12. Do you have home office representatives (not directly involved in the project) who will visit and audit the project for safety? Yes No Frequency _____
13. Does your Company set annual safety goals? Yes No
If yes, please list training provided: _____

14. Does your Company have a program recognizing your employees for safety performance excellence? Yes No
15. Does your Company have a disciplinary program in place for safety violations? Yes No
16. Does your Company review the safety management systems of your sub-subcontractors? Yes No

Subcontractor Safety Prequalification Continued

17. Does your Company conduct accident/incident investigations?

Yes No

18. List all supervisory employees who have completed an OSHA 30 Hour Training Program.

Employee Name: _____	OSHA 30 Hour Date of Certification: _____
Employee Name: _____	OSHA 30 Hour Date of Certification: _____
Employee Name: _____	OSHA 30 Hour Date of Certification: _____
Employee Name: _____	OSHA 30 Hour Date of Certification: _____
Employee Name: _____	OSHA 30 Hour Date of Certification: _____
Employee Name: _____	OSHA 30 Hour Date of Certification: _____

The undersigned warrants and represents the data provided is accurate in all respects.

Name of Company: _____

Prepared By: _____

Title: _____

Date: _____

Signatures: _____

Subcontractor Insurance Prequalification Continued

Insurance Carrier: _____

- 1. Limits _____
- 2. E.L. Each Accident _____
- 3. E.L. Disease-Policy Limit _____
- 4. E.L. Disease-Each Employee _____

D. Automobile Liability

Insurance Carrier: _____

	Current	Max Obtainable
1. General Aggregate	\$ _____	\$ _____
2. Products-Comp/Op Agg.	\$ _____	\$ _____
3. Personal/Adv. Injury	\$ _____	\$ _____
4. Each Occurrence	\$ _____	\$ _____

E. Professional Liability Insurance

Insurance Carrier: _____

- 1. Office Policy Limit: \$ _____ Deductible: \$ _____
- 2. Project Specific Limit Available \$ _____

Extended Reporting Period (tail): _____ years Prior Acts: Yes No