



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: Ken Yang
Email: Ken.Yang@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: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

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 a 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:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Los Angeles Basin | <input type="checkbox"/> Orange County | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> San Fernando Valley | <input type="checkbox"/> Riverside County | |
| <input type="checkbox"/> Lancaster / Palmdale | <input type="checkbox"/> Ventura County | |
| <input type="checkbox"/> San Bernardino County | <input type="checkbox"/> Newhall / Valencia | |

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 _____

Subcontractor Prequalification Continued

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 / _____

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. 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 (attach 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: _____

Subcontractor Prequalification Continued

SUBCONTRACTOR Prequalification Form Safety Prequalification Form

For any onsite work, **every question must be answered.** 'Supply only' Companies may ignore the safety form.

1. Please list your Company's Workers Compensation Interstate/Intrastate Experience Modification Rate (Experience Factor) for the most recent three years. (Attach a copy of your insurance carrier or state fund (on their letterhead)) verifying the EMR data.

Interstate (Year/Rate)

Year/Rate _____/____ Year/Rate _____/____ Year/Rate _____/____

2. Please use the three most recent year's OSHA No. 300/200 Log to fill in the number of cases for each of the following categories: (attach a copy of your last three years of OSHA 300/200 logs).

Does your company employ more than ten (10) persons? Yes No If 'Yes' you must fill out this section.

Year	20__	20__	20__
A. Number of fatalities (Total Columns 1 & 8)	_____	_____	_____
B. Number of lost and restricted workday cases (Total Columns 2 & 9)	_____	_____	_____
C. Number of medical treatment cases (Total Columns 6 & 13)	_____	_____	_____
D. Number of lost workday cases (Total Columns 3 & 10)	_____	_____	_____
Employee Hours Worked	_____	_____	_____
OSHA Recordable Incidence Rate (See formula below)	_____	_____	_____
OSHA Lost Workday Incidence Rate (See formula below)	_____	_____	_____

- Note:
- Items in parenthesis come from your OSHA 200 Log
 - Recordable Incidence Rate = $[(A+B+C) \times 200,000 / \text{Employee Hours Worked}]$
 - Lost Workday Incidence Rate = $[(D) \times 200,000 / \text{Employee Hours Worked}]$
 - Employee Hours Worked = total number of hours worked during the year by all employees

3. How many OSHA violation(s) has your Company received in the last three years?
(Year / # of violations)

Year/Violations 20__/___ Year/Violations 20__/___ Year/Violations 20__/___

Any willful OSHA violations: Yes No

Please give a brief description of the violation(s): _____

Any employee deaths in the past 3 years Yes No

If yes, please give a brief description of the circumstances: _____

4. Do you have a qualified person responsible for safety within your Company: Yes No

Please describe his/her qualifications: _____

Subcontractor 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

Subcontractor Prequalification Continued

16. Does your Company review the safety management systems of your sub-subcontractors?

Yes No

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: _____

Subcontractor Prequalification Continued

SUBCONTRACTOR Prequalification Form
Insurance Questionnaire

Please attach current General Liability endorsements with the completed questionnaire:

Additional Insured – Ongoing Operations AND Completed Operations
Primary Non Contributory
Waiver of Subrogation

Please note, Dreyfuss Construction is not requiring to be named at this time.

Please insert 'n/a' on any item that does not apply.

Agent/Broker: _____

Contact: _____

Phone: _____

A. Commercial General Liability

Insurance Carrier: _____

- 1. Policy Form Occurrence: _____ Tail Coverage: _____
Claims Made: _____ Tail Coverage: _____ years
2. Any exclusion(s) from Standard CGL Policy [] Yes [] No
3. Limits: Current Max Obtainable
General Aggregate \$ _____ \$ _____
Products-Comp/Op Agg. \$ _____ \$ _____
Personal/Adv. Injury \$ _____ \$ _____
Each Occurrence \$ _____ \$ _____
Fire Damage (any one fire) \$ _____ \$ _____
Med. Exp (any one person) \$ _____ \$ _____
4. Deductible: _____

B. Excess Liability

Insurance Carrier: _____

- 1. Policy Form Umbrella [] Yes [] No
2. If no, explain form: _____
3. Limits: Current Max Obtainable
Each Occurrence \$ _____ \$ _____
Aggregate \$ _____ \$ _____

Subcontractor Prequalification Continued

C. Worker's Compensation and Employer's Liability

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

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: _____