

## SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE



Subcontractor prequalification questionnaire is a critical part of our company's Risk Management Program. Please complete the enclosed documents in full. This questionnaire helps our firm understand your companies' best capabilities to apply to the projects that will best suit our firms together for future success.

**DO NOT** leave any blanks unless the specific item is not applicable to your firm.

**Please complete this form and return with the following documentation:**

- ✚ **W-9** – Current year signed and dated.
- ✚ **LICENSES** – Copies of your current contractor's license(s) and/or necessary licensing and certifications in reference to your trade.
- ✚ **CERTIFICATE of INSURANCE** – Sample certificate or general certificate outlining the basic coverage your firm provides. See the "*MSA Minimum Insurance Requirements*" document for details. Should you be awarded a project with our firm, you will be required to provide project specific certificates based on your contract documents.
- ✚ **OSHA FORM 300 and 300A LOGS** – Provide copies for the last three (3) years.
- ✚ **SAFETY POLICIES & MANUALS** – Provide copies of your company's safety manuals, policies, substance abuse programs and recurring safety meeting plans.
- ✚ **FINANCIALS** – Not required. Depending on your projects contract size, your firm may be required to provide reviewed financials.

Once you have completed this prequalification questionnaire and have ready all the requested supporting documents, please return to [prequal@jg-companies.com](mailto:prequal@jg-companies.com).

**JG Companies**  
**15632 El Prado Road**  
**Chino, CA 91710**



## SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE

All subcontractors seeking to perform work on JG Companies projects, are required to complete this questionnaire **IN FULL**. The contents of this questionnaire will remain confidential and solely to determine your company's qualifications.

### GENERAL INFORMATION:

- ❖ Name of Company: \_\_\_\_\_
- ❖ Website Address: \_\_\_\_\_
- ❖ Physical Address: \_\_\_\_\_
- ❖ Mailing Address: \_\_\_\_\_
- ❖ Union / Non-Union: \_\_\_\_\_
- ❖ Office Number: \_\_\_\_\_

### ORGANIZATION:

❖ **Type of Ownership (select only one):**

Corporation:  State of Incorporation: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_  
 Sole Proprietor:  Partnership:  Limited Liability Company: \_\_\_\_\_

Joint Venture (explain): \_\_\_\_\_

Other (explain): \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

**\*\*Please attach signed W-9**

- ❖ How many years has the company been in business?: \_\_\_\_\_
- ❖ Under the same Name? \_\_\_\_\_ If not, please list all other names under which the company has conducted operations: \_\_\_\_\_

❖ **How many full-time employees does the company have?**

Job Position	Number of People
Principals & Executives:	
Project Management or Equivalent:	
Site Foreman's/Superintendents/Site Leaders:	
Field Staff:	
Accounting/Clerical/Office:	
Estimating:	
Total Full Time Staff:	

**SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE**



**❖ Financial Information:**

Average annual volume over the last 3 years? \_\_\_\_\_  
Last Year                      Prev. Year                      Prev. Year

Line of Credit Amount: \_\_\_\_\_ Line of Credit Available: \_\_\_\_\_

Dun & Bradstreet Number: \_\_\_\_\_

**❖ Bonding Information:**

Bonding Company: \_\_\_\_\_

Bonding Capacity: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Phone: \_\_\_\_\_

Agent Email: \_\_\_\_\_

**❖ Has your company ever filed for Bankruptcy? If yes, please explain and provide backup:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**❖ Are there any Judgements, claims arbitration proceedings, or suite pending or outstanding against your company? If yes, please explain in detail:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**❖ Indicate if the company qualifies as one or more of the following and check all that apply:**

<input type="checkbox"/>	Woman Owned WBE (Woman Owned Business)
<input type="checkbox"/>	MBE (Certified Minority Owned Business Enterprise)
<input type="checkbox"/>	DBE (Disadvantaged Owned Business Enterprise)
<input type="checkbox"/>	VOSB (Veteran Owned Small Business)
<input type="checkbox"/>	DVBE (Disabled Veteran Owned Business Enterprise)
<input type="checkbox"/>	SDVOSB (Service-Disabled Veteran Owned Business Enterprise)
<input type="checkbox"/>	Other (explain): _____

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❖ Is the company affiliated with any other companies; does it own an interest in other companies; do any other companies own an interest in it? \_\_\_\_\_ If yes, please explain with percentages of Ownership: \_\_\_\_\_

❖ **If the company is a subsidiary of another company:**

What is the parent companies name?: \_\_\_\_\_

Approximate gross receipts of the parent company: \_\_\_\_\_

What type of businesses does it engage in?: \_\_\_\_\_

❖ **Information About Key officers, Managers & Principals:**

Full Name	Title	Yrs. in Position	Total Yrs. Experience

❖ **Estimating Contact Person:** \_\_\_\_\_

Phone & Ext. #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate #: \_\_\_\_\_

❖ **Accounting Contact Person:** \_\_\_\_\_

Phone & Ext. #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate #: \_\_\_\_\_

**LICENSING INFORMATION:**

❖ Please Provide all Trade Contractor’s Licenses: **(Attach copies of pocket licenses)**

State	License #	Expiration Date	Classification	Names of Licensees

**SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE**



❖ Has Any License Ever Been Denied or Revoked? \_\_\_\_\_ If Yes, Please Describe:  
\_\_\_\_\_

❖ Has a Complaint Ever Been Filed with a Contractors State Licensing Agency?  
If Yes, Please Describe: \_\_\_\_\_

❖ Please List Trade Affiliations & Working Agreements: \_\_\_\_\_  
\_\_\_\_\_

**WORK EXPERIENCE:**

❖ Has the Company or Any Other Organization with Which Your Officers or Owners Were Involved During the Past Five (5) Years, Ever Failed to Complete Any Work Awarded or Been Terminated for Cause? If Yes, Please Provide a Complete Explanation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

❖ Provide at least 3 General Contractor References (Required):

GC Name	Contact Name	Contact #	Email

❖ Provide your 5 largest jobs performed in the past 3 years:

GC Name	Project Name & Type	Project Value (\$)

**SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE**



- ❖ What is your average project value (\$): \_\_\_\_\_
- ❖ What is your sweet spot project size?: \_\_\_\_\_

**SAFETY & QUALITY CONTROL:**

- ❖ Do you have a written safety program? If yes, please attach a copy: \_\_\_\_\_
- ❖ Do you have a substance abuse program? If yes, please attach a copy: \_\_\_\_\_
- ❖ Do you conduct & document weekly safety meetings? \_\_\_\_\_
- ❖ Do you have a program for progressive discipline for safety violations? \_\_\_\_\_
- ❖ Have your site supervisors received formal training? If yes, List types & Certs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- ❖ **Does your company have a full-time safety director?** \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

- ❖ **Please list your company's Experience Modification Rate (EMR) records for the last four years in the categories below:**

Category	Current Year	Previous Year	Previous Year	Previous Year	Average
EMR Rate					

- ❖ Name of Workers Comp Carrier: \_\_\_\_\_
- ❖ Contact Number of Workers Comp Carrier: \_\_\_\_\_
- ❖ Has your company had any OSHA fines or jobsite fatalities within the last five (5) years? \_\_\_\_\_  
If yes, please describe in detail on an attached sheet.

***The undersigned hereby acknowledges and agrees that the information provided herein is accurate, correct and true as of the signature date below.***

\_\_\_\_\_  
Completed By (Print Name) Title

\_\_\_\_\_  
Signature Date

