



**GONSALVES & STRONCK CONSTRUCTION CO., INC.
SUBCONTRACTOR PRE-QUALIFICATION FORM**

Please complete all questions.

Company INFORMATION

Company Name: _____
(as it appears on license)

Number of Years In Business: _____

Contact Person: _____ Title: _____

Address: _____

Phone: _____ Fax: _____

License(s) Held: _____

Maximum Contract Amount your Firm Can Handle Per Project: \$ _____

Check One: Corporation Partnership Sole Proprietor

If firm is a Corporation:

Date of Incorporation: _____ State of Incorporation: _____

President's Name: _____

Vice President's Name: _____

Secretary's Name: _____

Treasurer's Name: _____

If firm is a sole proprietor or partnership:

Date of Organization: _____

Owner(s) of Company _____

Please Check Appropriate Boxes:

1. Contractor possesses a valid and current California Contractor's license for the project or projects for which it intends to submit a bid.

Yes No

2. Contractor has a liability insurance policy with a policy limit of at least \$2,000,000 per occurrence and \$2,000,000 aggregate.

Yes No

3. Contractor has current workers' compensation insurance policy as required by the Labor Code or is legally self-insured pursuant to Labor Code section 3700 et. seq.

Yes No Contractor is exempt from this requirement, because it has no employees

4. Has your contractor's license been revoked at any time in the last five years?

Yes No

5. At any time during the last five years, has your firm, or any of its owners or officers been convicted of a crime involving the awarding of a contract of a government construction project, or the bidding or performance of a government contract?

Yes No

6. In the last five years has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm?

Yes No

7. Has CAL OSHA cited and assessed penalties against your firm for any "serious," "willful" or "repeat" violations of its safety or health regulations in the past five years?

NOTE: *If you have filed an appeal of a citation, and the Occupational Safety and Health Appeals Board has not yet ruled on your appeal, you need not include information about it.*

Yes No

8. List your firm's current Experience Modification Rate (EMR) (California workers' compensation insurance) **NOTE:** *An EMR is issued to your firm annually by your workers' compensation insurance carrier.*

Current year: _____

9. Can your firm provide payment and performance bonds if requested?

Yes No

If yes, please provide Bonding Capacity: \$ _____

RECENT PROJECTS COMPLETED

Contractor shall provide information about three (3) projects completed in the last five (5) years, that are similar in scope to the project(s) Contractor currently wishes to bid. Names and references must be current and verifiable. Use separate sheets of paper that contain all of the following information:

Project Name: _____

Location: _____

General Contractor: _____

GC Project Manager (name and current phone number):

Owner: _____

Architect or Engineer: _____

Description of Project, Scope of Work Performed:

Total Value of Work (including change orders): _____

Date of Completion: _____

Trade information:

Trade Affiliation: Union: _____ Non-Union: _____

Trade(s) Performed: _____

Corresponding CSI Division & Spec No(s): _____

List of Trade References:

1. _____

2. _____

3. _____

I, the undersigned, certify and declare that I have read all the foregoing answers to this pre-qualification questionnaire and know their contents. The matters stated in the questionnaire answers are true of my own knowledge and belief, except as to those matters stated on information and belief, and as to those matters I believe them to be true. I declare under penalty of perjury under the laws of the State of California, that the foregoing is correct.

Date: _____

(Signature)

(Print Name & Title)