



10960 Wheatlands Ave., Ste. 105  
Santee, CA 92071  
Ph: 858-277-7988 Fax: 858-277-6768  
License # 756809  
www.dowlingconst.com

## SUBCONTRACTOR PREQUALIFICATION FORM

Please complete and forward to the address or fax # above or email to [cynthiab@dowlingconst.com](mailto:cynthiab@dowlingconst.com)

### I. General Information

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

Physical Address: \_\_\_\_\_

City/State/Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address (if different from physical): \_\_\_\_\_

California Contractors License: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

### II. Office Contact Information

Estimating/Project Contact/Title: \_\_\_\_\_ Email: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Office Phone Number (with ext.): \_\_\_\_\_

Accounting/Office Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Office Phone Number (with ext.): \_\_\_\_\_

### III. Organization Information

Dun & Bradstreet No.: \_\_\_\_\_ Dun & Bradstreet Rating: \_\_\_\_\_

This company is a  Corporation  LLC  Partnership or Joint Venture  Sole Proprietorship

Date Established: \_\_\_\_\_ How many years in business under current name? \_\_\_\_\_

Have you even conducted business under another name?  No  Yes, If Yes, list names below:

Owner Name: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

What was your company's average yearly volume of work for the past 3 years?

Last Year: \_\_\_\_\_ Previous Year: \_\_\_\_\_ Year Previous: \_\_\_\_\_



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- Has your company or any of its officers failed to complete a project awarded to them?  No  Yes
- Has your company ever been involved in bankruptcy or re-organization proceedings?  No  Yes
- Has your company ever filed any lawsuits or requested mediation for a project in the last 5 years?  No  Yes
- Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your company?  
 No  Yes

\*\*\* If yes, to any of these questions, please briefly explain on a separate document and attach.

Does your company have a written safety program?  No  Yes

If yes, list Safety Manager/Director Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your firm signatory to any labor union agreements?  No  Yes, please indicate below.

If yes, who with: \_\_\_\_\_ Expiration Date \_\_\_\_\_

List trades normally performed by your own forces and/or furnish by your forces and any trades or work you specialize in:

\_\_\_\_\_

List type of work, if any usually subcontracted to others: \_\_\_\_\_

**IV. Insurance** (All subcontractors must meet minimum Dowling Const., Inc. insurance requirements, listed at the end of this form)

**Insurance (can also attach documentation/proof of insurance)**

General Liability Policy # & EXP. Date:	
Limits:	
General Aggregate: \$ _____	Products & Completed Operations: \$ _____
Personal & Adverstising Injury \$ _____	Each Occurence: \$ _____
Fire damage, any one fire: \$ _____	Medical Expenses, any one person \$ _____
Ins. Company: _____	
Worker's Comp # & Exp. Date:	
Limits:	
Each Accident: \$ _____	Disease – Each Employee: \$ _____
Disease – Policy Limit \$ _____	
Ins. Company: _____	
Automotive Policy # & EXP. Date:	
Limits:	
Combined Single Limit: \$ _____	Products & Completed Operations: \$ _____
Ins. Company: _____	



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**V: References**

**Banking Reference**

Name of Bank: \_\_\_\_\_  
Contact & Phone #: \_\_\_\_\_

**Credit References-** (May attach references)

Company #1: \_\_\_\_\_  
Contact & Phone#: \_\_\_\_\_  
Company #2: \_\_\_\_\_  
Contact & Phone#: \_\_\_\_\_  
Company #3: \_\_\_\_\_  
Contact & Phone#: \_\_\_\_\_

**General Contractor References:**

Company #1: \_\_\_\_\_  
Contact & Phone#: \_\_\_\_\_  
Name of Largest Project: \_\_\_\_\_  
Value of Largest Project: \_\_\_\_\_  
Company #2: \_\_\_\_\_  
Contact & Phone#: \_\_\_\_\_  
Name of Largest Project: \_\_\_\_\_  
Value of Largest Project: \_\_\_\_\_  
Company #3: \_\_\_\_\_  
Contact & Phone#: \_\_\_\_\_  
Name of Largest Project: \_\_\_\_\_  
Value of Largest Project: \_\_\_\_\_



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**Please attach the following:**

**\*If your insurance requires a contract, in place, please provide proof of all requirements until job is awarded\***

- A general liability insurance certificate naming Dowling Construction, Inc. as additional insured for **ALL OPERATIONS** or if your insurance company does not allow all operations, then we will need a **job specific insurance** certificate. Please provide Additional Insured endorsements for **BOTH** ongoing and completed operations by combining the CG 2010 07/04 edition with the CG 2037 07/04 edition (or equivalents). The limit of liability shall not be less than the limits specified on than below. Comprehensive general liability policy shall include:
  - A broad form comprehensive liability endorsement which includes coverage for liability assumed under any oral or written contract relating to the conduct of Subcontractor’s business
  - Broad form property damage liability coverage
  - Premises-operations coverage
  - Explosion and collapse hazard coverage
  - Underground hazard coverage
  - **Products and completed operations hazard coverage**
  - Independent contractor coverage.
- A worker’s compensation insurance certificate naming Dowling Construction, Inc. as a certificate holder. If you do not have employees, we will need a letter on company letterhead, signed by a company official stating as such.
- Automobile Liability Insurance Certificate Commercial Automobile liability policy in comprehensive form affording coverage for owned, hired and non-owned automobiles. The limit of liability shall not be less than the limits above.
- Insurance Limits:

Comprehensive General Liability Insurance:	\$1,000,000
Damage to Rented Premis(Each Occurrence)	\$50,000
Med Exp(Any one person)	\$2,500
Personal & Advertising Injury	\$1,000,000
General Aggregate	\$2,000,000
Products-Completed Operations	\$2,000,000
- A completed W-9.
- A copy of your current contractor’s license wallet card.
- Copy of a Safety Handbook and Injury Illness Prevention Program. If your copy is longer than 20 pages, please email me the table of contents. [cynthiab@dowlingconst.com](mailto:cynthiab@dowlingconst.com)

Completed by (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Title: \_\_\_\_\_

**FOR DOWLING CONSTRUCTION USE ONLY- DO NOT COMPLETE**

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
                   James Dowling, President

CSI Category # \_\_\_\_\_ Referred By \_\_\_\_\_