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SUBCONTRACTOR PRE-QUALIFICATION FORM

Please complete and forward to the address or fax # above or email to cynthiab@dowlingconst.com

Company: _____

Mailing Address: _____

City/State/Zip _____

Telephone: _____ Fax: _____

Estimating/Project Contact/Title: _____ Email: _____

How do you prefer bid invites: email fax both

Cell phone # _____

Accounting/Office Contact: _____ Email: _____

Website: _____

Organization Information

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

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

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

Owner Name: _____ No. Of Employees: _____

Dun & Bradstreet No.: _____ Dun & Bradstreet Rating: _____

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

Last Year: _____ Previous Year: _____ Year Previous: _____

Which, if any, of the following, is firm currently certified as:

- Disadvantaged Business Enterprise (DBE)
- Women Business Enterprise (WBE)
- Minority Business Enterprise (MBE)
- Disabled Veteran Business Enterprise (DVBE)
- Emerging Small Business (ESB)
- N/A- Firm not certified in any of the above

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, briefly explain on a separate sheet of paper 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.

Union Agreement 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: _____

Licensing Information

California Contractors License: _____ Exp. Date: _____

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

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: _____	
Excess/Umbrella Liability Policy # & Exp. Date:	
Limits:	
Each Occurance: \$ _____	Aggregate: \$ _____
Ins. Company: _____	

Banking Reference

Name of Bank: _____
 Contact & Phone #: _____

Credit References- List 3 Credit References

Company #1: _____
 Contact & Phone#: _____
 Company #2: _____
 Contact & Phone#: _____
 Company #3: _____
 Contact & Phone#: _____

General Contractor References (List Three)

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: _____

Please attach the following:

- 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 Premises(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, which clearly shows the expiration date, faxed to our office. It is imperative that we have the expiration date. If you are not a trade that requires a contractor's license please send a brief letter which states this for our files.
- 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

Thank you for your interest. We will notify you when approved.

FOR DOWLING CONSTRUCTION USE ONLY-DO NOT COMPLETE	
Approved by _____ James Dowling, President	Date _____
CSI Category# _____	Referred by: _____