



## SUBCONTRACTOR PREQUALIFICATION FORM

To be placed on our regular bid list, we request all subcontractors to complete this prequalification form. All information submitted will be treated confidentially, per our published privacy policy available on our website at <http://www.gnrgc.com/privacy>. For assistance or questions regarding this form please contact our Estimating department at:

Estimating@gnrgc.com  
 800.350.7614

*Please complete this section as it appears on your State Contractors' License:*

Legal Name: \_\_\_\_\_  
 DBA (if applicable): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_ Contractors' License No. \_\_\_\_\_

Check One

Corporation  
 Partnership  
 Sole Proprietor

**Company Contacts:**

|                  |                  |
|------------------|------------------|
| <b>Principal</b> | <b>Principal</b> |
| Name: _____      | Name: _____      |
| Title: _____     | Title: _____     |
| Email: _____     | Email: _____     |

|                   |                   |
|-------------------|-------------------|
| <b>Estimating</b> | <b>Estimating</b> |
| Name: _____       | Name: _____       |
| Title: _____      | Title: _____      |
| Email: _____      | Email: _____      |

**Financial, Bonding & Safety Information:**

Federal Tax ID: \_\_\_\_\_ Dunn & Bradstreet Number: \_\_\_\_\_  
 Bond Company: \_\_\_\_\_  
 Bonding Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Maximum Bondable Amount: \_\_\_\_\_  
 Has your company ever not honored a bid? (If yes, please explain below)  
 Yes \_\_\_\_\_  
 No \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount of Credit Line: \_\_\_\_\_ Unused Amount: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Annual Company Revenues**

|                   |                                |                   |
|-------------------|--------------------------------|-------------------|
| Last Year: _____  | Largest Single Contract: _____ | Contractor: _____ |
| Prior Year: _____ | Largest Single Contract: _____ | Contractor: _____ |
| Prior Year: _____ | Largest Single Contract: _____ | Contractor: _____ |



# SUBCONTRACTOR PREQUALIFICATION

Experience Modification Rate (EMR): (for the last 3 years)

Last year: \_\_\_\_\_ Prior Year \_\_\_\_\_ Prior Year \_\_\_\_\_

### References

### Vendor / Material Suppliers (Please provide three)

|              |         |                |  |
|--------------|---------|----------------|--|
| Company Name | Address | Contact Person |  |
|--------------|---------|----------------|--|

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

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

|              |         |                |  |
|--------------|---------|----------------|--|
| Company Name | Address | Contact Person |  |
|--------------|---------|----------------|--|

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

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

|              |         |                |  |
|--------------|---------|----------------|--|
| Company Name | Address | Contact Person |  |
|--------------|---------|----------------|--|

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

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

### General Contractors (Please provide three)

|              |         |                |  |
|--------------|---------|----------------|--|
| Company Name | Address | Contact Person |  |
|--------------|---------|----------------|--|

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

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

|              |         |                |  |
|--------------|---------|----------------|--|
| Company Name | Address | Contact Person |  |
|--------------|---------|----------------|--|

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

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

|              |         |                |  |
|--------------|---------|----------------|--|
| Company Name | Address | Contact Person |  |
|--------------|---------|----------------|--|

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

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

### Insurance Requirements

To be awarded a subcontract, Good & Roberts, LLC requires all subcontractors to maintain a minimum level of General Liability, Workers' Compensation and Automobile insurance. If a project requires additional insurance beyond our minimum requirements, those requirements will be posted with the Bid Invitation. Our insurance requirements are reviewed annually in November and updates are posted to our website. Please review our minimum requirements and confirm your company can comply with these requirements.

Does your company meet our Minimum Insurance Requirements?

Yes

No

### Bid Preferences

Please list the Trade(s) by CSI Division that your company is licensed to perform and interested in bidding:

|       |             |       |             |       |             |
|-------|-------------|-------|-------------|-------|-------------|
| CSI # | Description | CSI # | Description | CSI # | Description |
|-------|-------------|-------|-------------|-------|-------------|

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |



# SUBCONTRACTOR PREQUALIFICATION

Does your company participate in any hourly-based contributions to employee pension or benefit fund?  Yes  No

Please indicate if your company qualifies for any of the following classifications:

- | County / State Classifications |  | Federal Contracts DoD / Small Business Administration |  |
|--------------------------------|--|---|--|
| <input type="checkbox"/>       | DBE Disadvantaged Business Enterprise                              | <input type="checkbox"/>                              | HUBZone Historically Underutilized Business Zone |
| <input type="checkbox"/>       | MBE Minority Business Enterprise                                   | <input type="checkbox"/>                              | LB Large Business                                |
| <input type="checkbox"/>       | WBE Women-owned Business Enterprise                                | <input type="checkbox"/>                              | LOSB Locally Owned Small Business                |
| <input type="checkbox"/>       | SBE Small Business Enterprise                                      | <input type="checkbox"/>                              | SB Small Business                                |
| <input type="checkbox"/>       |  | <input type="checkbox"/>                              | SBA 8(a) Small Business Administration 8(a)      |
| <input type="checkbox"/>       | Black American   | <input type="checkbox"/>                              | SDB Small Disadvantaged Business                 |
| <input type="checkbox"/>       | Hispanic American  | <input type="checkbox"/>                              | SD-VOSB Service-Disabled Veteran Owned SB        |
| <input type="checkbox"/>       | Native American (American Indian, Eskimo, Aleut & Native Hawaiian) | <input type="checkbox"/>                              | VOSB Veteran Owned Small Business                |
| <input type="checkbox"/>       | Asian/Indian American (India, Pakistan, Bangladesh)                | <input type="checkbox"/>                              | WOSB Women Owned Small Business                  |
|                                |  | <input type="checkbox"/>                              | Other _____<br><small>Please specify</small>     |

### Project types interested in bidding

- |  |   |
|--|---|
| <input type="checkbox"/> Public Sector / Non-Prevailing Wage | <input type="checkbox"/> New Construction   |
| <input type="checkbox"/> Public Sector / Prevailing Wage     | <input type="checkbox"/> Renovations        |
| <input type="checkbox"/> Private Sector                      | <input type="checkbox"/> Tenant Improvement |

### Project size interested in bidding (values based on the size of the subcontract issued.)

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Any        | <input type="checkbox"/> Under 1 Million     |
| <input type="checkbox"/> Under 100K | <input type="checkbox"/> 1- 3 Million        |
| <input type="checkbox"/> Under 500K | <input type="checkbox"/> 3 Million and above |

I certify the above information is true and correct to the best of my knowledge. I have reviewed Good & Roberts, LLC Minimum Insurance Requirements and confirm that our company can and will comply with those requirements when awarded a subcontract agreement.

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

By: \_\_\_\_\_

Date: \_\_\_\_\_

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

Please specify the best way to reach you if we have questions about how this form was completed.

Title: \_\_\_\_\_

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

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

Please fax your completed form to our estimating department at: 760.893.8878