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DOWLING CONSTRUCTION

License #756809

www.dowlingconst.com

10960 Wheatlands Ave., Ste. 105

Santee, CA 92071

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:

- | | |
|--|--|
| <input type="checkbox"/> Disadvantaged Business Enterprise (DBE) | <input type="checkbox"/> Women Business Enterprise (WBE) |
| <input type="checkbox"/> Minority Business Enterprise (MBE) | <input type="checkbox"/> Disabled Veteran Business Enterprise (DVBE) |
| <input type="checkbox"/> Emerging Small Business (ESB) | <input type="checkbox"/> 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**. If your insurance company does not allow all operations, then we will need a **job specific** insurance certificate. (If your insurance only issues job specific certs and if you have not been awarded a job , you may send proof of insurance)
- ☐ Insurance Limits for Comprehensive General Liability Insurance:

-General Aggregate	<u>\$2,000,000</u>
-Products and completed operations	<u>\$2,000,000</u>
-Personal and advertising injury	<u>\$1,000,000</u>
-Each Occurrence	<u>\$1,000,000</u>
-Fire damage, any one fire	<u>\$50,000</u>
-Medical Expense, any one person	<u>\$2,500</u>
- ☐ 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 – 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 and Dowling Construction will be named as additional insured.
- ☐ 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 _____ Date _____
James Dowling, President

CSI Category# _____ Referred by: _____