

NPD Resources, Inc. ®

SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE **Print and fax or mail to the local office nearest you** **Please check our website for office listings** www.npdresources.com

All information submitted for pre-qualification evaluation will be considered official information acquired in confidence.

NAME OF FIRM: _____

CONTACT: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX: _____

E-MAIL ADDRESS: _____ TAX I.D. NO.: _____

WEB SITE ADDRESS: _____

1. LICENSE

A. Name of license holder exactly as on file with the State License Board.

B. License Number _____

License Classification _____ Expiration Date _____

2. COMPANY STRUCTURE

A. **CORPORATION** _____

Date of Incorporation _____ State of Incorporation _____

President _____ Vice President _____

Secretary _____ Treasurer _____

PARTNERSHIP _____

Date of Organization _____ General or Limited _____

Name and Address of Principals: _____

SOLE PROPRIETORSHIP _____

Address _____

B. How many years has your company been in business as a Contractor? _____

How many years has your company been in business under its present business name?

Under what other former names has your company operated? _____

Name _____ Years _____

Name _____ Years _____

List the scope / type of work normally performed with your own forces: _____

How much of your work is self-performed? _____% Subcontracted? _____%

Average Total Number of Employees: _____

Administrative: _____ Technical: _____ Craft: _____

Union Affiliation(s), if any: _____

3. FINANCIAL

- A. Attach a copy of your latest profit and loss statement and balance sheet.
- B. What was your company's revenue for the past three years?
2004 _____ 2005 _____ 2007 _____
What was your company's net income for each of the last three years?
2004 _____ 2005 _____ 2007 _____
- C. Average Contract Size \$ _____
Minimum: \$ _____ Maximum: \$ _____
Geographical Area of Work: _____
- D. Company's Dunn & Bradstreet No.: _____
- E. Has your company (either under current or previous name) ever filed for bankruptcy protection with the U.S. Bankruptcy Court? Yes _____ No _____
If Yes, Date of Filing _____ Classification of Filing _____
- F. Have any principals of your company, either past or present, been affiliated with any type of bankruptcy?
No _____ Yes _____ If Yes, Explain and Provide Dates: _____

4. LITIGATION

- A. Have you ever had a contract terminated for default within the past five years?
No _____ Yes _____ If Yes, When? _____
Why? _____
- B. Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your company?
No _____ Yes _____ If Yes, Explain: _____

- C. Has your company filed any lawsuits, submitted claims, or been involved in any litigation with regard to your contract activity within the last five years?
No _____ Yes _____ If Yes, Explain: _____

5. INSURANCE

- A. Can you provide current evidence or evidence of ability to insure (“Acord” Form or other) of insurance coverage? Attach a sample insurance certificate and additional insured endorsement with this completed application.
- B. Yes _____ No _____

6. BONDING

Bonding company name: _____
Address: _____
Agent Name: _____ Phone Number: _____
A.M. Best Rating: _____
• Single Project Bonding Capacity _____
• Aggregate Bonding Capacity _____

7. REFERENCES

- A. Bank Reference
Bank Name and Branch: _____
Account Manager: Phone: _____
Address: _____
Line of Credit: _____ Amount in Use: _____

- B. Customer
Please identify four General Contractors for whom you have worked in the past two years:

Company Name	Contact Person	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- C. Please identify three Subcontractor/Supplier references with whom you have worked in the past two years:

Company Name	Contact Person	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. SAFETY

- A. List your company's experience modification rate (EMR) for the past three years. Provide a letter from your insurance carrier or state fund (on their letterhead) verifying the EMR data.
- 2005 _____ 2006 _____ 2007 _____
- B. Has your company been cited by Cal OSHA, OSHA, the EPA, (or similar jurisdiction or agency) in the past five years?
Yes _____ No _____ How Often? _____ (Attach a sheet listing and describing each citation.)
- C. Has your company ever been associated with or involved in a job site death(s)?
Yes _____ No _____ If yes, please explain: _____

- D. Do you require documented safety meetings be held for:
1. Employees _____ Yes _____ No _____ Frequency _____
2. New Hires _____ Yes _____ No _____ Frequency _____
- Safety Director Name: _____
Safety Director Phone No.: _____

The above information is true and correct to the best of my knowledge.

Signed

Printed Name **Date**

Title