



CONSTRUCTION

SUBCONTRACTOR QUALIFICATION FORM

XL Construction's policy is to ask subcontractors to complete this qualification form, before we include subcontractors to our company wide database. XL can then categorize subcontractors by their different trades and the capacity of projects they can handle.

Please complete this form and submit the following attachments with it:

- 1) General Insurance Certificate
- 2) Company Information package

1. COMPANY INFORMATION

Company Name: _____

Address (City, State, Zip Code): _____

Phone Number _____ Fax Number _____

Contractor's License # : _____

List the type of work performed by your company & include CSI reference #'s

Number of Years in Business: _____

Number of crafts person(s) in the field: _____

Service Area: South Bay Peninsula East Bay North Bay
circle all that apply Vacaville Monterey Other: _____

Are you a Union or Merit shop? _____

Which union labor agreements are you signatory to?



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COMPANY INFORMATION-Continued

MEP In House Design? Yes _____ No _____

cGMP Experience? Yes _____ No _____

If yes, please list the projects below:

- 1) _____
- 2) _____
- 3) _____

Primary Estimating Contact(s):

	Name/Title	Phone Number	E-mail Address
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

2. VOLUME HISTORY

Ideal Job Size : \$ _____

Smallest Job Capable: \$ _____

Largest Job Capable: \$ _____

Please list your company volume history for the past (3) years.

- 1) Year _____ \$ _____
- 2) Year _____ \$ _____
- 3) Year _____ \$ _____



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3. REFERENCES

List other General Contractor's typically work for:

Name of Company	Phone Number	Contact
_____	_____	_____

Name of Company	Phone Number	Contact
_____	_____	_____

Name of Company	Phone Number	Contact
_____	_____	_____

List Clients typically work for:

Name of Company	Phone Number	Contact
_____	_____	_____

Name of Company	Phone Number	Contact
_____	_____	_____

Name of Company	Phone Number	Contact
_____	_____	_____



4. INSURANCE & SAFETY

* See XL's Exhibit D, dated 8/22/07 for Insurance Requirements (located on XL's website)

Does your company meet all XL's general insurance requirements?

Yes _____ No _____

Have you included your company's general insurance certificate?

Yes _____ No _____

Please show your Worker's Comp Modifier Rate, also known as (E.M.R.) for the last three years. (This information is available through your Insurance Carrier)

Worker's Comp Modifier/Year _____

Worker's Comp Modifier/Year _____

Worker's Comp Modifier/Year _____

5. MBE/WBE/SBE/DVBE CERTIFICATION

Is your company a certified Minority Business Enterprise (MBE)?	Yes	No
Is your company a certified Women's Business Enterprise (WBE)?	Yes	No
Is your company a certified Small Business Enterprise (SBE)?	Yes	No
Is your company a certified Disabled Veteran Business Enterprise (DVBE)?	Yes	No
Does your company do Public Work projects?	Yes	No



The key contacts for the Preconstruction Department at XL Construction are:

Jim Murphy, Preconstruction Manager (408) 240 - 6401 or via e-mail at: jmurphy@xlconstruction.com
Phill Guymmer, Estimator (408) 240 - 6402 or via e-mail at: pguymmer@xlconstruction.com
Jenny Mata, Preconstruction Coordinator (408) 240 - 6403 or via email at: jmata@xlconstruction.com

Bid Results can be requested via e-mail at: bidresults@xlconstruction.com

XL thanks you in advance and looks forward to working with your company!

XL OFFICE USE ONLY			
Cost Codes that subcontractor is to be listed under in the XL database.			
XL Contact (person qualifying subcontractor)			
Subcontractor was referred by: _____			
Has the company license been verified?	Yes	_____	No
		_____	_____
Approved for Database entry	Yes	_____	No
		_____	_____
Date Entered into Database: _____			
If not approved, list reason(s) below:			