



CONSTRUCTION™

SUBCONTRACTOR PRE-QUALIFICATION FORM

- XL Construction's policy is to have our subcontractors' complete this pre-qualification form on an annual basis. This renewal is required to continue work with XL Construction.
- All potential subcontractors must submit this pre-qualification form and be approved, prior to bidding XL's work.

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

- 1) General Insurance Certificate**
- 2) Surety letter of bonding capacity**
- 3) List of recently completed projects, contract value, and reference contacts with phone number**

1. COMPANY INFORMATION

Company Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Fax Number: _____

Contractor's License # : _____

Company Website: _____

President's Name: _____

CFO / Controller's Name: _____

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

_____	_____
_____	_____
_____	_____
_____	_____

Number of Years in Business: _____

List any former names your organization operated under: _____

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

Service Area: South Bay Peninsula East Bay North Bay

check all that apply Vacaville Monterey Sacramento

 Los Angeles ALL Other: _____

Are you a Union or Non-Union shop? _____ If Union, Local #: _____

Which union labor agreements are you signatory to? _____



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1. COMPANY INFORMATION (continued)

MEP In House Design? Yes No

cGMP Experience? Yes No

OSHPD Experience? Yes No

Please attach a listing of completed projects, contract value, and Reference contact and phone number.

Primary Estimating Contact(s):

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

Safety Director's Name:

Name: _____ Email: _____ Mobile #: _____

2. FINANCIAL INFORMATION

Largest Job Completed? \$ _____ Ideal Job Size?: \$ _____

Please select project desired ranges that apply:

Up to \$250K to 500K to \$1 Million \$1 Million Plus to \$10 Million \$10 Million Plus

check all that apply

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

Year _____ \$ _____

Year _____ \$ _____

Year _____ \$ _____

Is your company a subsidiary or affiliate of another firm? If yes, what is the parent company name?

Federal Tax ID# _____

3. CLAIMS INFORMATION

Are there any judgements, claims, arbitration proceedings or suits pending or outstanding against your organization or officers within the last five years? If yes, please describe:

Has your organization filed any lawsuits or requested arbitration with regard to contracts within the last five years? If yes, please describe:



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4. SURETY (BONDING) INFORMATION

Name of Bonding/Surety Company: _____

Name of Broker Company: _____

Broker Contact Person: _____ Phone: _____

Bond Rate: _____

Bonding Capacity:

Per Project: \$ _____

Aggregate: \$ _____

Attach a letter from your Surety Company (not broker) of current bonding capacity. (This information is kept confidential)

5. 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 Experience and Incident Rate (OSHA Recordable Injury/Illness Rate) for the last three years. (This information is available through your Insurance Carrier)

Year: _____	EMR: _____	Incident Rate: _____
Year: _____	EMR: _____	Incident Rate: _____
Year: _____	EMR: _____	Incident Rate: _____

6. 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



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7. SIGNATURE

The undersigned certifies that the information provided in this prequalification form is true and sufficiently complete so as not to be misleading.

Firm Name: _____

Officer/Owner Name: _____

Title: _____

Signature: _____

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

XL OFFICE USE ONLY

XL Reviewer: _____

Has the Surety Letter been received? Yes No

Has the company license been verified? Yes No

Certificate of Insurance Received? Yes No

Reference List / Recent Projects Received? Yes No

Union Status Received? Yes No

Maximum Project Size / Aggregate? _____ / _____

Approved for Data Entry? Yes Date: _____

If not approved, list reason(s) below:

