 

**Prequalification Form**

**COMPANY INFORMATION**

Company Name: Date:

Mailing Address: License Number:

City: State: Zip Code:

Federal ID: Phone #: Fax #:

Principal Contact: Phone #: Cell #:

Email Address: Website:

Estimating Contact: Phone #: Fax #:

Email Address: Cell #:

What scope of work does your company perform or what materials does your company supply?

Califormia Geographic Area Served: □ So CA □ No CA □ Central CA □ Palm Springs/Coachella Valley

Southern California Counties Served: □ LA □ OC □ Inland Empire □ Ventura □ Santa Barbara □ Palm Springs/Coachella Valley

Northern California Counties Served: □ SF □ Peninsula □ South Bay □ East Bay □ North Bay □ Sacramento □ Central Valley

Project Types:

□ Commercial Office % □ Medical Office % □ Health Care %

□ Industrial/Mfg. % □ School % □ Retail %

□ Residential % □ Senior Living % □ Hospitality %

□ Religious Facilities % □ Other %

Project Information:

□ Piblic Works % □ Private %

LEED Experience? □ Yes □ No CAD Capability? □ Yes □ No BIM Capability □ Yes □ No

Labor Affiliation:

□ Union □ Open Shop □ Prevailing Wage (if required)

39-301 Badger Street, Suite 300 Palm Desert, California 92211

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Is Firm: □ Individual □ Partnership □ S Corporation □ Corporation □ Joint Venture □ LLC

Years in Business: Number of Employees: Present Management Since:

Current Annual Sales: Largest Project: Average Project Size of Field Forces

 12 Months (# of employees)

$ $ $

**GENERAL INFORMATION**

□ Bondable? □ Yes □ No Bond Rate:

Bonding Capacity for a Single Job: Aggregate Bonding Capacity:

Bonding Agency:

Bonding Agent Contact Name: Phone #:

Name of Surty Company:

Company’s Insurance Limits: **(Please provide sample insurance certificate)**

General Liability: Occurance: Aggregate:

Professional Liability: Occurance: Aggregate:

Auto Liability: Occurance: Aggregate:

Excess Liability: Occurance: Aggregate:

Workmen’s Compensation □ Yes □ No

If company has done business under another name? If yes, please state that name:

Company Name:

Company Addres:

Has company ever failed to complete or defaulted on a contract? □ Yes □ No

Is company affiliated with any other company? □ Yes □ No If YES, please complete the following:

Affiliated Company Name:

Phone #:

Address: City: State: Zip:

**REFERENCES / CURRENT PROJECTS**

List three references with phone numbers, complete mailing addresses and **email** addresses:

Trade:

Trade:

Trade:

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List at least five construction projects your company has recently completed:

**Project Name and Start Date: Owner / General Contractor: Architect: Contract $**

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**SAFETY**

Does your company have an OSHA Compliant Written Safety Progam? □ Yes □ No

List your company’s Experiencc Modification Rate (EMR) for the past three years:

EMR: Year: EMR: Year: EMR: Year:

Are jobsite safety meetings held regularly? □ Yes □ No

Does your company have a full-time Safety officer: □ Yes □ No

Does your company have a Drug Testing Policy? □ Yes □ No

**CERTIFICATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, herby certify that all information provided in this document is true and correct to the best of my knowledge.

Signature: Title:

Printed Name: Date:

**Please return this form to ORR Builders**

**Delilah Venegas – Estimating Assistant**

**dvenegas@orrbuilders.com**

**Carlos G. Gomez – Senior Estimator**

**cgomez@orrbuilders.com**

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