# **International Line Builders**

3955 Temescal Canyon Road

Corona, CA 92883 P | 951.682.2982



SUBCONTRACTOR PREQUALIFICATION FORM Company Information						
Company Name:			Federal Ta	x ID Number:		
Previous Company Nam	e (If Any):					
Type of Company:		Years in Bu	usiness:			
Address:						
City:		State:		ZIP Code:		
Type of Work:		I		DIR #:		
Contractor's License #:	Class:	Contractor	r's License I	Expiration Date:		
Principal Contact:		Title:		•		
Phone:	Fax:			Mobile:		
Email:		🗌 Union			on-Union	
# of Employees:	Office Personnel:		Offic	e Managers:		
	Field Personnel:			Supervisor:		
DBE Classification:		DBE Expira	ition Date:			
	Con	npany Officers				
	Name & Title		Years wit	h Company	% Ow	nership
		Safety				
List your Company's # of	Injuries / Illnesses from your OSH/	-		2022	2021	2020
Experience Modification		A LOGS US IOIIOWS.		2022	2021	2020
	s away, restricted, or transferred):					
Incident Rate - OSHA Re						
	agency Citation / Notice of Viola entation if any. Provide explanatic		(c) ac	2022	2021	2020
	ction(s) taken to prevent future re-		(3) US	2022	2021	2020
OSHA:						
EPA:						
Others:						
Total # of Fatalities:						
Total # of OSHA Records	blo Incidents:					
Total # of Lost Work Day						
Total # of other Recorda						
Total # of Annual Man-H						
	mpany implements the following s	afety controls:			Yes	No
	gram (Injury & Illness Prevention Pr					
		-				
Has an Implemented Drug Screening Policy for all Employees. Performs Safety Orientation & Training for all Employees						
Performs Safety Orientation & Training for all Employees.						
Performs Continuing Safety Education for all Employees.						
ISNET Member ID:						
ISNET Point of Contact:						

	Performance I Current Jobs i	
	Job Name:	
F	Project Owner Name:	
I	Location:	Contract Value:
(	General Contractor:	
(	Contact Name:	Title:
F	Phone:	Email:

	Job Name:		
	Project Owner Name:		
2	Location:	Contract Value:	
2	General Contractor:		
	Contact Name:	Title:	
	Phone:	Email:	

	Job Name:	
	Project Owner Name:	
2	Location:	Contract Value:
3	General Contractor:	
	Contact Name:	Title:
	Phone:	Email:

	Jobs Recently Completed (Last 2 Years)			
	Job Name:			
	Project Owner Name:			
1	Location:	Contract Value:		
	General Contractor:			
	Contact Name:	Title:		
	Phone:	Email:		

	Job Name:	
	Project Owner Name:	
2	Location:	Contract Value:
2	General Contractor:	
	Contact Name:	Title:
	Phone:	Email:

	Job Name:	
	Project Owner Name:	
2	Location:	Contract Value:
3	General Contractor:	
	Contact Name:	Title:
	Phone	Email:

Financial Summary						
2022		2021	2020			
Annual Revenue						
Financial Statement: Please provide your latest copy of revie supplemental information.	wed or audited financ	ial statement with acco	ompanying notes and			
D&B (Dunn & Bradstreet) #:						
	Bonding	Reference				
Bonding Company:		Agent Name:				
Length of Business Relationship:		Phone:	Fax:			
Bond Rate:	Capacity:		Available:			
a result of a default, to satisfy a behalf, in connection with a cons	<ol> <li>At any time during the past five years, has any surety company made any payments on your firm's behalf as a result of a default, to satisfy any claims made against a performance or payment bond issued on your firm's behalf, in connection with a construction project, either public or private?</li> <li>Yes (If "yes," explain on a separate signed page.)</li> </ol>					
	Banking	Reference				
Bank Name:		Contact Name:				
Phone:		Fax:				
Verder	Credif R	eferences				
Vendor: Phone:	Fax:	Contact Name:	Emgil:			
1 High Credit:	rux.	Current Credit:	Email.			
Pay Schedule:		Current Credit: Length of Business Relationship:				
		Lengin of Dosiness				
Vendor:		Contact Name:				
Phone:	Fax:		Email:			
High Credit:	1	Current Credit:	1			
Pay Schedule:		Length of Business	Relationship:			
Vendor:		Contact Name:	-			
2 Phone:	Fax:		Email:			
High Credit:		Current Credit:				
Pay Schedule:		Length of Business	Relationship:			
	Insur	ance				
<ol> <li>Does your organization meet Inte for insurance requirements)</li> </ol>	rnational Line Builders	minimum insurance re	equirements? (Refer to pages 5 & 6			
Yes No (	f not, provide a sample	e copy of your current i	nsurance certificate)			
<ol><li>In the last five years, has any insut for your firm?</li></ol>						
<b>Yes</b> (If "yes," explain on a separate signed page.)						

<ol> <li>Has any claim been filed in court or arbitration against y project?</li> </ol>	
	our organization concerning your work on a constructio
<b>Yes</b> (If "yes," explain on a separate signed pag	e.) 🔲 No
2. Has any claim been filed in court or arbitration by your o	rganization against acontractor?
Yes (If "yes," explain on a separate signed pag	e.) 🔲 No
Software Inf	ormation
What collaborative project management, cost management, co	ntract management, software, do you have experience
in using with General Contractors? Please List.	
LEASE HAVE AN AUTHORIZED COMPANY REPRESENTATIVE SIGN BEI	OW.
LEASE HAVE AN AUTHORIZED COMPANY REPRESENTATIVE SIGN BEL	ow.
ne undersign declares under penalty of perjury that all the inform	ation submitted with this form is true and correct.
he undersign declares under penalty of perjury that all the inform	ation submitted with this form is true and correct.
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he undersign declares under penalty of perjury that all the inform ignature: Please Print or Type Name: LEASE MAKE SURE YOU HAVE COMPLETED AND ATTACHED THE FOL	ation submitted with this form is true and correct. Title: Date:
PLEASE HAVE AN AUTHORIZED COMPANY REPRESENTATIVE SIGN BEL he undersign declares under penalty of perjury that all the inform Signature: Please Print or Type Name: PLEASE MAKE SURE YOU HAVE COMPLETED AND ATTACHED THE FOL Safety Section	ation submitted with this form is true and correct. Title: Date:
he undersign declares under penalty of perjury that all the inform	ation submitted with this form is true and correct. Title: Date:
he undersign declares under penalty of perjury that all the inform	ation submitted with this form is true and correct. Title: Date:
he undersign declares under penalty of perjury that all the inform	ation submitted with this form is true and correct.  Title: Date: LOWING DOCUMENTS:

# Notice of Insurance Requirements

The Subcontractor and its subcontractors shall each, <u>at their own expense</u>, purchase and maintain during the life of the Subcontract, insurance of the type and in an amount <u>not less</u> than listed in the Subcontract, Architect/Engineer's General Conditions, Supplementary General Conditions, Special and Other Conditions, or required by law and or as listed below:

### 1. Commercial General Liability

For: Mechanical, Electrical, Plumbing, Elevator, Structural Steel, Metal Deck, Miscellaneous Metals, Plaster/Drywall/ Fireproofing, Aluminum/Glass, Fire Protection and Roofing Subcontractors:

	. Bodily Injury & Property D	Damage \$2,00	0,000 Each Occurrence
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b. Products/Completed Operations \$2,000,000 Each Occurrence

- c. General Aggregate
- \$2,000,000
- 1. Coverage must be written on an Occurrence form (ISO CG 00 01 or equivalent).
- 2. Contractor must be named as an Additional Insured (ISO CG 20 10 11 85 or equivalent including **Completed Operations coverage**).
- 3. The General Aggregate limit shall apply separately to each project.
- 4. Coverage must be endorsed to be primary and noncontributing as respects the Additional Insured.
- 5. Coverage must be endorsed to include a Waiver of Subrogation as respects to the Contractor.
- 6. Binders are not acceptable.
- 7. 30 day notice of cancellation must be attached.
- 8. All endorsements must accompany the Certificate of Insurance (2, 3, 4, 5, and 7).
- 9. The policy number **MUST** appear on all endorsements.

#### For: All other Subcontractors not listed above:

a.	Bodily Injury & Property Damage	\$1,000,000	Each Occurrence
b.	Products/Completed Operations	\$1,000,000	Each Occurrence
C.	General Aggregate	\$1,000,000	

- 1. Coverage must be written on an Occurrence form (ISO CG 00 01 or equivalent).
- 2. Contractor must be named as an Additional Insured (ISO CG 20 10 11 85 or equivalent including **Completed Operations coverage**).
- 3. The General Aggregate limit shall apply separately to each project.
- 4. Coverage must be endorsed to be primary and noncontributing as respects the Additional Insured.
- 5. Coverage must be endorsed to include a Waiver of Subrogation as respects to the Contractor.
- 6. Binders are not acceptable.
- 7. 30 day notice of cancellation must be attached.
- 8. All endorsements must accompany the Certificate of Insurance (#2, 3, 4, 5 and 7).
- 9. The policy number MUST appear on the endorsements

# 2. Commercial Automobile Liability

#### For: All Subcontractors

b.	Bodily Injury	\$1,000,000 Each Person	
		\$1,000,000 Each Occurrence	Э

- c. Property Damage \$1,000,000 Each Occurrence
  - 1. Coverage must include owned, non-owned and hired automobiles.
  - 2. Contractor must be named as an additional insured.
  - 3. An additional insured endorsement must accompany the certificate.
  - 4. The policy number **<u>MUST</u>** appear on the endorsements.
  - 5. Binders are not acceptable.
  - 6. 30 day notice of cancellation must be attached.

### 3. Workers Compensation

#### For: All Subcontractors

- a. Workers Compensation Statutory
- b. Employers Liability \$1,000,000
  - 1. Coverage must include a Waiver of Subrogation as respects Contractor.
  - 2. The policy number MUST appear on the endorsements.
  - 3. Binders are not acceptable.
  - 4. 30 day notice of cancellation must be attached.

### 4. Cancellation Paragraph

Your certificate must state that International Line Builders will be given AT LEAST 30 DAYS WRITTEN NOTICE OF CANCELLATION. Please strike out (XXXXXX) the words: "Endeavor to" and "But failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives."

Certificates must be completed properly. All Coverage blocks must be checked. The Subcontractor shall submit Certificates of Insurance and the required endorsements no later than ten (10) days prior to commencement of his work on site. No Subcontractor will be allowed to continue on site after the expiration of full insurance coverage. Subcontractor partial payments shall be <u>withheld</u> until current Certificates of Insurance and the required endorsements are submitted to International Line Builders.

Insurance must be in effect and current through retention. The Contractor <u>must be</u> named as additional insured as where noted above.

### 5. Indemnity

To the fullest extent permitted by law, Subcontractor shall indemnify, defend and hold harmless Owner and Contractor and their agents and employees from any and all claims, demands, losses, damages, causes of actions and liability of every kind and nature whatsoever arising out of or in connection with Subcontractor's operations performed under this Subcontract Agreement. This indemnification shall extend to claims occurring after this Subcontract Agreement is terminated as well as when work is being performed. The indemnity shall apply regardless of any passive negligent act or omission of Owner or Contractor, or their agents or employees, but Subcontractor shall not be obligated to indemnify any party for claims arising from the active negligence or willful misconduct of Owner or Contractor or their agents or employees or caused solely by the designs provided by such parties. The indemnity set forth in this Section shall not be limited by insurance requirements or by any other provision of this Subcontract Agreement. All work covered by this Subcontract Agreement done at the site or in preparing or delivering materials or equipment to the site shall be at the sole risk of Subcontractor until the completed work is accepted by Contractor.