



**International Line Builders**

3955 Temescal Canyon Road

Corona, CA 92883

P | 951.682.2982

**SUBCONTRACTOR PREQUALIFICATION FORM**  
**Company Information**

<b>Company Name:</b>		<b>Federal Tax ID Number:</b>	
<b>Previous Company Name (If Any):</b>			
<b>Type of Company:</b>		<b>Years in Business:</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>ZIP Code:</b>
<b>Type of Work:</b>			<b>DIR #:</b>
<b>Contractor's License #:</b>	<b>Class:</b>	<b>Contractor's License Expiration Date:</b>	
<b>Principal Contact:</b>		<b>Title:</b>	
<b>Phone:</b>	<b>Fax:</b>	<b>Mobile:</b>	
<b>Email:</b>	<input type="checkbox"/> <b>Union</b>		<input type="checkbox"/> <b>Non-Union</b>
<b># of Employees:</b>	Office Personnel: _____	Office Managers: _____	
	Field Personnel: _____	Field Supervisor: _____	
<b>DBE Classification:</b>		<b>DBE Expiration Date:</b>	

Company Officers		
Name & Title	Years with Company	% Ownership

**Safety**

List your Company's # of Injuries / Illnesses from your OSHA Logs as follows:	2022	2021	2020
<b>Experience Modification Rate (EMR):</b>			
<b>DART Incident Rate (Days away, restricted, or transferred):</b>			
<b>Incident Rate - OSHA Recordables:</b>			
<b>History of any regulatory agency Citation / Notice of Violation:</b>	2022	2021	2020
Provide citation documentation if any. Provide explanation of such citation(s) as well as the corrective action(s) taken to prevent future re-occurrences.			
OSHA:			
EPA:			
Others:			
<b>Total # of Fatalities:</b>			
<b>Total # of OSHA Recordable Incidents:</b>			
<b>Total # of Lost Work Day Incidents:</b>			
<b>Total # of other Recordable Cases:</b>			
<b>Total # of Annual Man-Hours Worked:</b>			
<b>Please check if your Company implements the following safety controls:</b>	Yes	No	
Has a Written Safety Program (Injury & Illness Prevention Program - IIPP).	<input type="checkbox"/>	<input type="checkbox"/>	
Has an Implemented Drug Screening Policy for all Employees.	<input type="checkbox"/>	<input type="checkbox"/>	
Performs Safety Orientation & Training for all Employees.	<input type="checkbox"/>	<input type="checkbox"/>	
Performs Continuing Safety Education for all Employees.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>ISNET Member ID:</b>			
<b>ISNET Point of Contact:</b>			

## Performance References

### Current Jobs in Progress

<b>1</b>	Job Name:	
	Project Owner Name:	
	Location:	Contract Value:
	General Contractor:	
	Contact Name:	Title:
	Phone:	Email:

<b>2</b>	Job Name:	
	Project Owner Name:	
	Location:	Contract Value:
	General Contractor:	
	Contact Name:	Title:
	Phone:	Email:

<b>3</b>	Job Name:	
	Project Owner Name:	
	Location:	Contract Value:
	General Contractor:	
	Contact Name:	Title:
	Phone:	Email:

### Jobs Recently Completed (Last 2 Years)

<b>1</b>	Job Name:	
	Project Owner Name:	
	Location:	Contract Value:
	General Contractor:	
	Contact Name:	Title:
	Phone:	Email:

<b>2</b>	Job Name:	
	Project Owner Name:	
	Location:	Contract Value:
	General Contractor:	
	Contact Name:	Title:
	Phone:	Email:

<b>3</b>	Job Name:	
	Project Owner Name:	
	Location:	Contract Value:
	General Contractor:	
	Contact Name:	Title:
	Phone	Email:

## Financial Summary

	2022	2021	2020
<b>Annual Revenue</b>			

**Financial Statement:**  
Please provide your latest copy of reviewed or audited financial statement with accompanying notes and supplemental information.

**D&B (Dunn & Bradstreet) #:**

### Bonding Reference

<b>Bonding Company:</b>	<b>Agent Name:</b>	
<b>Length of Business Relationship:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>Bond Rate:</b>	<b>Capacity:</b>	<b>Available:</b>

1. 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?

Yes (If "yes," explain on a separate signed page.)
  No

### Banking Reference

<b>Bank Name:</b>	<b>Contact Name:</b>
<b>Phone:</b>	<b>Fax:</b>

### Credit References

<b>1</b>	<b>Vendor:</b>	<b>Contact Name:</b>	
	<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>
	<b>High Credit:</b>	<b>Current Credit:</b>	
	<b>Pay Schedule:</b>	<b>Length of Business Relationship:</b>	

<b>2</b>	<b>Vendor:</b>	<b>Contact Name:</b>	
	<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>
	<b>High Credit:</b>	<b>Current Credit:</b>	
	<b>Pay Schedule:</b>	<b>Length of Business Relationship:</b>	

<b>2</b>	<b>Vendor:</b>	<b>Contact Name:</b>	
	<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>
	<b>High Credit:</b>	<b>Current Credit:</b>	
	<b>Pay Schedule:</b>	<b>Length of Business Relationship:</b>	

## Insurance

1. Does your organization meet International Line Builders minimum insurance requirements? (Refer to pages 5 & 6 for insurance requirements)

Yes
  No (If not, provide a sample copy of your current insurance certificate)

2. In the last five years, has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm?

Yes (If "yes," explain on a separate signed page.)
  No

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### Claims History

1. Has any claim been filed in court or arbitration against your organization concerning your work on a construction project?

Yes (If "yes," explain on a separate signed page.)

No

2. Has any claim been filed in court or arbitration by your organization against a contractor?

Yes (If "yes," explain on a separate signed page.)

No

### Software Information

What collaborative project management, cost management, contract management, software, do you have experience in using with General Contractors? Please List.

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PLEASE HAVE AN AUTHORIZED COMPANY REPRESENTATIVE SIGN BELOW.

The undersign declares under penalty of perjury that all the information submitted with this form is true and correct.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Please Print or Type Name: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE MAKE SURE YOU HAVE COMPLETED AND ATTACHED THE FOLLOWING DOCUMENTS:

Safety Section

Financial Statement (Reviewed or Audited)

### Submission

Please return this completed form along with any and all applicable attachments via fax or email to:

Name: \_\_\_\_\_

• Fax: \_\_\_\_\_

• Email: \_\_\_\_\_

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## Notice of Insurance Requirements

The Subcontractor and its subcontractors shall each, **at their own expense**, purchase and maintain during the life of the Subcontract, insurance of the type and in an amount **not less** 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:**

- |                                    |             |                 |
|------------------------------------|-------------|-----------------|
| a. Bodily Injury & Property Damage | \$2,000,000 | Each Occurrence |
| 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**.
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