



VINCOR CONSTRUCTION, INC.
Subcontractor Pre-Qualification Questionnaire

Vincor Construction, Inc. will use this document as part of its subcontractor pre-qualification and rating process. Please note that this is a preliminary prequalification form and includes only our minimum requirements. Additional information may be requested by the job owner or due to the type of work to be performed.

SECTION A: Firm Profile																														
Company Legal Name:				Year Established:		Number of Years in Business:																								
Street Address:				Department of Industrial Relations (DIR) No.:																										
City:		State:	Zip Code:	County:		DUNS Number:		CAGE Code:																						
Country:				<u>Business Activity(s)</u> <input type="checkbox"/> Construction <input type="checkbox"/> Consulting <input type="checkbox"/> Architectural <input type="checkbox"/> Engineering <input type="checkbox"/> General Contracting <input type="checkbox"/> Professional Services			Primary NAICS Code: • _____																							
<u>Primary Contact Information</u> Name/Title:							Other NAICS code(s) • _____ • _____ • _____ • _____ • _____																							
Telephone:		FAX:					Preferred Project Size (\$ Value) \$ _____ to \$ _____																							
E-Mail Address:							Reference: http://www.census.gov/eos/www/naics																							
Website:				<u>Company Type</u> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____			<u>Contractor State License Information</u> <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: center;">Class</th><th style="text-align: center;">Number</th><th style="text-align: center;">State</th></tr></thead><tbody><tr><td>• _____</td><td>• _____</td><td>• _____</td></tr><tr><td>• _____</td><td>• _____</td><td>• _____</td></tr><tr><td>• _____</td><td>• _____</td><td>• _____</td></tr><tr><td>• _____</td><td>• _____</td><td>• _____</td></tr><tr><td>• _____</td><td>• _____</td><td>• _____</td></tr><tr><td>• _____</td><td>• _____</td><td>• _____</td></tr></tbody></table> * Please attach copies of all license certificates listed.			Class	Number	State	• _____	• _____	• _____	• _____	• _____	• _____	• _____	• _____	• _____	• _____	• _____	• _____	• _____	• _____	• _____	• _____	• _____	• _____
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<u>Business Class</u> <input type="checkbox"/> Large Business <input type="checkbox"/> Non Profit/Educational <input type="checkbox"/> Small Business (indicate type(s) below, as applicable) * <input type="checkbox"/> 8(a) Certified – Expiration Date: _____ * <input type="checkbox"/> Small Disadvantaged (SBA Cert.) * <input type="checkbox"/> Women-Owned * <input type="checkbox"/> HUB Zone (SBA Cert.) * <input type="checkbox"/> Minority-Owned * <input type="checkbox"/> Veteran-Owned * <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Ability One <input type="checkbox"/> Indian Tribe/ANC <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Hawaiian Native Org. <input type="checkbox"/> HBCUMI (Historically Black Colleges/Universities or Minority Institutions) * Please attach copy of certification.				Does your company maintain its Reps & Certs on the government's System for Award Management (SAM) website? <input type="checkbox"/> Yes <input type="checkbox"/> No Reference: https://www.sam.gov																										
				<u>Geographical Areas of Performance</u> States: _____																										
				<u>Does your company have a Drug Free Workplace Program?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No																										
<u>Number of Employees for the Past 12 months</u> <input type="checkbox"/> 50 or fewer <input type="checkbox"/> 51 - 100 <input type="checkbox"/> 101 - 250 <input type="checkbox"/> 251 - 500 <input type="checkbox"/> 501 - 750 <input type="checkbox"/> 751 - 1,000 <input type="checkbox"/> over 1,000				<u>Average Annual Gross Revenue for the last 3 Fiscal Years</u> <input type="checkbox"/> \$1,000,000 or less <input type="checkbox"/> \$1,000,001 - \$2,000,000 <input type="checkbox"/> \$2,000,001 - \$3,500,000 <input type="checkbox"/> \$3,500,001 - \$5,000,000 <input type="checkbox"/> \$5,000,001 - \$10,000,000 <input type="checkbox"/> \$10,000,001 - \$17,000,000 <input type="checkbox"/> over \$17,000,000																										



SECTION B: Health and Safety/Quality

Experience Modification Rate (EMR)

Is your firm subject to the EMR?

☐ Yes ☐ No

(applicable to firms whose workers' compensation premium is \$10,000 or more and have been in business for at least 2 years)

Year	EMR
20__	_____
20__	_____
20__	_____

OSHA Recordable Incident Rate

Is your firm exempt from OSHA record keeping because of size (10 or less employees) and/or industry type?

☐ Yes ☐ No

If no, list your firm's OSHA Recordable Rate for each of the past 3 years.

Year	Rate
20__	_____
20__	_____
20__	_____

Safety Program / OSHA Training

Does your firm have a Safety Program in place?

☐ Yes ☐ No

If yes, please attach a copy of your firm's Accident Prevention Plan and list the number of personnel under each OSHA training certification.

	10 Hrs	30 Hrs	30+ Hrs
Field	_____	_____	_____
Foreman	_____	_____	_____
Supervisor	_____	_____	_____

SECTION C: Bonding and Insurance (General Liability)

◊ What is your Bond Rate _____ ◊ What is Your Bond Rate per Project _____ ◊ What is your Bond Limit (Aggregate) _____

Does your company comply with the following insurance requirements:

Sub-contract Value

☐ Yes ☐ No \$1 to \$100,000
☐ Yes ☐ No \$100,001 to \$1,000,000
☐ Yes ☐ No \$1,000,001 to \$4,000,000

Insurance Requirements

\$1,000,000 Min.
 \$1,000,000 Aggregate and \$1,000,000 Umbrella OR \$2,000,000 Aggregate Min.
 \$2,000,000 Aggregate and \$3,000,000 Umbrella Min.

SECTION D: Major Services Provided

Have you worked on Government projects and completed your own compliance submittals? ☐ Yes ☐ No

Does your company comply with Prevailing Wage provisions? ☐ Yes ☐ No

Check the type(s) of services your company performs (Do not include services your company subcontracts to other companies)

☐ Existing Conditions
☐ Concrete
☐ Masonry
☐ Metals
☐ Woods & Plastics
☐ Thermal & Moisture Protection
☐ Openings
☐ Finishes
☐ Specialties
☐ Equipment
☐ Furnishings
☐ Special Construction
☐ Conveying Equipment
☐ Fire Suppression

☐ Plumbing
☐ HVAC
☐ Electrical
☐ Communications
☐ Electronic Safety & Security
☐ Earthwork
☐ Exterior Improvements
☐ Utilities
☐ Transportation
☐ Waterway & Marine Construction
☐ Process Integration
☐ Material Processing & Handling
☐ Process Heating/Cooling/Drying
☐ Process Gas & Liquid Handling



SECTION E: Major Projects Completed

Please list five (5) major projects completed within the last five (5) years.

Year Completed	Contract Value (\$)	Description of Work
	\$	
	\$	
	\$	
	\$	
	\$	

Vincor will use this document as part of its subcontractor pre-qualification and rating process. By submitting this form, signer (sender) represents the information provided is complete and accurate as of the date of this submission.

Authorized Company Representative:

Please Print Name

Title

Date

Signature (if mailed)

Return Completed Form to:

Vincor Construction, Inc.

2651 Saturn Street
Brea, California 92821
(Tel) 714.528.2900
(Fax) 714.528.2901
www.vincorinc.com

Attn: Estimating Department
E-mail: bidding@vincorinc.com