Watkins Landmark Construction SUBCONTRACTOR PRE-QUALIFICATION FORM

Thank you for your interest in working with Watkins Landmark Construction. Please complete this form and return it by e-mail to info@watkinslandmark.com.

Date Completed:

CONTACT INFORMATION

Company Name	
Street Address	
Mailing Address	
City, State, Zip	
Telephone	
Fax	
Contact Name	
Contact E-Mail	
Contact Cell Phone	

COMPANY INFORMATION

Year Established Under Pre	sent Name		
Former Company Name(s)	(if any)		
Type of Company	\Box Corporation \Box Pa	artnership 🗆 Sole Prop	prietorship
Number of Employees	Hourly	Salaried	
Location of Offices Other T	Than Noted Above		
Annual Volume of Work During Last Three Years		\$	in year
		\$	in year
		\$	in year

Largest Project Completed to Date \$_____



MINORITY BUSINESS CERTIFICATIONS

State \Box MBE \Box WBE \Box SBE \Box DBEDVBEFederal \Box MBE \Box WBE \Box SBE \Box DBEDVBE

LABOR

Is your company signatory to any union labor agreements? \Box yes \Box no If yes, please list

SCOPE OF WORK

Type of trade(s) your company performs and/or supplies:

Public Works Projects:	□ yes □ no	
Private Projects:	□ yes □ no	
Size of project your compa	ny is capable of performing (range) \$to \$	
Areas you are willing to w	ork:	
□ San Diego County (spe	cify if area is limited):	
□ Riverside County (spec	fy if area is limited):	
\Box Other (specify areas):		
What percentage of your C	ompany's work is generally subcontracted%	
Has your company particip	ated in a LEED Certified Project?	
If ves. project names & loc	ations:	

SAFETY

Experience Modification Rate (EMR) for the most recent 5 years – must be provided on the Policy Summary Report or related format from your Worker's Comp company.



Has your company been cited for any serious (as defined by OSHA) OSHA violations within the past 5 years? \Box yes \Box no

If yes, provide dates, locations and describe incidents:

	nave a written safety program?	-	
Does your company f	nave a written drug testing program?	⊥ yes ⊥ no	
INSURANCE			
Excess Liab Automobile I Pollution Liab	carry the following insurance in addi ility? yes no Liability? yes no bility? yes no mits on insurance company letterhea		rkers Comp
	to provide payment and performance	ce bonds? □ yes □ no	
If yes, provide the fol			
Single Project Limit	-		
Aggregate Limit			
•	Address		
	e & Phone		
-			

Has your company ever initiated a contract claim or litigation against an owner, designer, or general contractor? \Box yes \Box no If yes, provide a brief explanation:



Has your company ever failed to complete a contract, or had one terminated within the past 5 years? \Box yes \Box no

If yes, provide a brief explanation:

Are there any pending legal judgments If yes, provide a brief explanation:	s against your company? □ yes □ no
PERFORMANCE AND REFEREN	CES
Current Projects- list your company's	three largest current projects:
Project Name	
	Phone #
Contract Value \$	
Project Name	
General Contractor	
	Phone #
Contract Value \$	% Complete%
Project Name	
General Contractor	
Contact Name	Phone #
Contract Value \$	% Complete%
Completed Projects- list three projects	completed within the last 3 years:
Project Name	
General Contractor	
Contact Name	Phone #
Contract Value \$	
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Project Name	
General Contractor	
Contact Name	Phone #
Contract Value \$	Completion Date
Project Name	
General Contractor	
Contact Name	Phone #
Contract Value \$	Completion Date

Trade References- List your company's primary subcontractors or suppliers:

	Company Name	Contact Person	Phone #
1.			
2.			
3.			

ATTACHMENTS

Attached the following documents to this Form before returning to Watkins Landmark Construction:

• Experience modification rates (EMRs) for the most recent 5 years on insurance company letterhead □ yes □ no

•	Written safety program	□ yes □ no
•	Written drug testing program	□ yes □ no

• Insurance limits on insurance company letterhead \Box yes \Box no

