



SUBCONTRACTOR/VENDOR PRE-QUALIFICATION QUESTIONNAIRE

Subcontractors shall complete this form and submit it to CCI's contract administrator. The information provided will be reviewed as part of the prequalification criteria. Provide the requested information as completely as possible. Please use additional pages as necessary.

GENERAL INFORMATION:

Please complete this form and submit the following attachments as requested:

Licenses or Certifications

Resumes of key people, i.e. officers, partners, owners, and managers with experience in type of work for which you seek qualification

Name: _____

Address: _____

Contact: _____

Phone: _____ Fax: _____ Email: _____

Federal Taxpayer ID No. _____

AZ Registrar of Contractors Nos: _____

Please include copies _____

North American Industry Classification System (NAICS) code: _____

List Owners, Officers, and Key Personnel (Include Resumes):

Name	Years in Position	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many years has your firm been in business? _____

Organized as a (Check One):

Corporation in the State of _____ Partnership Joint Venture Proprietorship Other _____

MBE: Yes / No M/WBE Certification

M/WBE Certification

WBE: Yes / No Agency: _____

Number: _____

Does your firm operate under any other name?

Yes / No (If yes, explain)

Name: _____

Address: _____

Comments: _____

Is your firm affiliated with any other firm?

Yes / No (If yes, explain)

Name: _____

Address: _____

Comments: _____

Has your firm or any affiliated firm or any of its principals ever positioned for bankruptcy, failed in business, closed a business, defaulted or failed to complete on a contract? Yes / No (If yes, explain)

Comments: _____

SURETY & INSURANCE INFORMATION

Insurance & Surety Agent:

Agency Name: _____ Address: _____
 Contact: _____ Phone: _____

Attach a sample copy of your firm's current insurance program including GL, AL Umbrella, Pollution and Workers Compensation limits.

List your company's Workers' Compensation (WC) experience modification rate (EMR).

	Year	Interstate	Intrastate
Current	_____	_____	_____

Surety Company:

Company Name: _____ Address: _____
 Bond Capacity: _____ Bond Rate: _____
 Contact: _____ Phone: _____

<u>Largest Project Bonded:</u>	<u>Title/Owner/General Contractor</u>	<u>Final Contract Price</u>	<u>Date Completed</u>

REFERENCE INFORMATION

Owner, General Contractor, Subcontractor and Supplier References: (minimum two (2) each)

<u>Name of Company</u>	<u>Contact</u>	<u>Phone Number</u>

List your three (3) largest jobs completed

<u>Project/Location</u>	<u>Contract Amount</u>	<u>Year Completed</u>	<u>Bonded (Yes/No)</u>	<u>Owner/General Contractor</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

COMPLETED BY:

Company: _____
 Printed Name: _____ Title: _____
 Signature: _____ Date: _____