



# Subcontractor Prequalification Statement

Return completed statement to the following location.

Mail: 34145 Pacific Coast Hwy, #310 Dana Point, CA 92629  
or Fax: 949.496.4832 or E-mail: info@farisconstruction.com

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

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

Mailing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Main Telephone: \_\_\_\_\_ Main Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Fed Employer ID #: \_\_\_\_\_ CA Contractor's Lic #: \_\_\_\_\_ Class(es): \_\_\_\_\_

**Legal Structure:**     Corporation     Partnership     Sole Proprietorship     JV

Years in Current Structure: \_\_\_\_\_ D&B #: \_\_\_\_\_ D&B Rating: \_\_\_\_\_

Officers: (If Corporation)

President \_\_\_\_\_ Years in Position: \_\_\_\_\_

Secretary \_\_\_\_\_ Years in Position: \_\_\_\_\_

Treasurer: \_\_\_\_\_ Years in Position: \_\_\_\_\_

Owner/General Partners: (If Partnership or Sole Proprietorship)

\_\_\_\_\_ Years in Position: \_\_\_\_\_

\_\_\_\_\_ Years in Position: \_\_\_\_\_

\_\_\_\_\_ Years in Position: \_\_\_\_\_

\_\_\_\_\_ Years in Position: \_\_\_\_\_

Ownership Status:

Minority Owned     Women Owned     Disabled Vetern Owned     Disadvantaged

Has There Been Any Recent Change in Ownership or Officers?     Yes    No     If Yes, Attach Description of Change

### Bonding Information:

Name of Surety Company: \_\_\_\_\_ Treasury Limit: \_\_\_\_\_

Name of Surety Agency: \_\_\_\_\_ Branch: \_\_\_\_\_

Name of Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Total Bonding Capacity: \_\_\_\_\_ Single Project Bond Limit: \_\_\_\_\_

Largest Bond to Date: \_\_\_\_\_ Largest Bond in Last Year: \_\_\_\_\_

Current Bond Premium Schedule: \_\_\_\_\_ % First \_\_\_\_\_, \_\_\_\_\_ % Next \_\_\_\_\_

\_\_\_\_\_ % Next \_\_\_\_\_, \_\_\_\_\_ % Next \_\_\_\_\_

By Submitting this Prequalification, I Certify That I Understand That Faris Construction Company Requires Subcontractors to Provide Payment & Performance Bonds From a T-listed Surety on All Subcontracts Over \$50,000 at Their Own Expense.

### Bank Reference:

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Sales History for Last 3 Years:

Year	\$ Sales	\$ Work in Place
-----	_____	_____
-----	_____	_____
-----	_____	_____

Has Your Firm or Its Parent Ever Filed for Bankruptcy? \_\_\_\_\_ Has Your Firm Ever Failed to Complete a Contract ? \_\_\_\_\_

If Yes to Either Question, Attach Detailed Description of Incident.

**Insurance:**

General Liability Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_  
 Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Excess Liability Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_  
 Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Auto Liability Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_  
 Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 WC Carrier: \_\_\_\_\_ Mod Rate Last 3 Years: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Labor:**

List Trades That You Perform With Your Own Forces and the Number of Craftsman in Each Trade:

\_\_\_\_\_  
 \_\_\_\_\_

Labor Affiliations:

Union Name	Geographic Areas Covered	Date Agreement Expires
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of Non-craft Employees: Office \_\_\_\_ Acct \_\_\_\_ Project Mgt \_\_\_\_ Superintendents \_\_\_\_

**Safety:**

Does Your Company Have a Written Safety Program?  Yes  No   
 Does Your Company Have a Fulltime Safety Director ?  Yes  No   
 Do You Perform Job Hazard Analyze Studies on all Your Work?  Yes  No  Note That JHAs are Required for All Activities  
 Does Your Company Have a Drug Testing Program?  Yes  No  Testing of Personnel on FCC Sites is Mandatory  
 Does Your Company Have Written Personnel Policies Concerning Harrasement? Yes  No   
 Has Your Company Been Cited by CalOSHA in the Last Year?  Yes  NO  If Yes, Attach Description of All Citations  
 Does Your Company Have a 100% Fall Protection policy?  Yes  NO   
 Does Your Company Provide Personnel Protective Equipment to Your Employees Free of Charge ?  Yes  No

**Legal:**

Claims:

Has your company ever filed a claim on a project that was subsequently found to be without merit?  Yes  No  
 If yes, attach detailed description. "Without merit" means that the claim did not result in a change order or settlement.

Litigation:

Has Your Firm Ever Filed a Lawsuit or Demand for Arbitration Against a General Contractor? Yes  No   
 If Yes, Who Many Times During the Last 3 Years? \_\_\_\_\_ Provide List With Details if More Than Twice.  
 Do You Have Any Current Litigation in Which You are The Defendant? \_\_\_\_\_ If Yes, Provide Details

**Past Projects:** Last at Least 3 Projects Completed in the Last 3 Years

1) Project Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 Description of Your Work or Systems: \_\_\_\_\_  
 Your Intial Subcontract Amount: \_\_\_\_\_ Your Final Contract Amount: \_\_\_\_\_  
 General Contractor (Owner, If Prime): \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 2) Project Name: \_\_\_\_\_ Location: \_\_\_\_\_

Description of Your Work or Systems: \_\_\_\_\_

Your Initial Subcontract Amount: \_\_\_\_\_ Your Final Contract Amount: \_\_\_\_\_

General Contractor (Owner, If Prime): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3) Project Name: \_\_\_\_\_ Location: \_\_\_\_\_

Description of Your Work or Systems: \_\_\_\_\_

Your Initial Subcontract Amount: \_\_\_\_\_ Your Final Contract Amount: \_\_\_\_\_

General Contractor (Owner, If Prime): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4) Project Name: \_\_\_\_\_ Location: \_\_\_\_\_

Description of Your Work or Systems: \_\_\_\_\_

Your Initial Subcontract Amount: \_\_\_\_\_ Your Final Contract Amount: \_\_\_\_\_

General Contractor (Owner, If Prime): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

5) Project Name: \_\_\_\_\_ Location: \_\_\_\_\_

Description of Your Work or Systems: \_\_\_\_\_

Your Initial Subcontract Amount: \_\_\_\_\_ Your Final Contract Amount: \_\_\_\_\_

General Contractor (Owner, If Prime): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

6) Project Name: \_\_\_\_\_ Location: \_\_\_\_\_

Description of Your Work or Systems: \_\_\_\_\_

Your Initial Subcontract Amount: \_\_\_\_\_ Your Final Contract Amount: \_\_\_\_\_

General Contractor (Owner, If Prime): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

7) Project Name: \_\_\_\_\_ Location: \_\_\_\_\_

Description of Your Work or Systems: \_\_\_\_\_

Your Initial Subcontract Amount: \_\_\_\_\_ Your Final Contract Amount: \_\_\_\_\_

General Contractor (Owner, If Prime): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

8) Project Name: \_\_\_\_\_ Location: \_\_\_\_\_

Description of Your Work or Systems: \_\_\_\_\_

Your Initial Subcontract Amount: \_\_\_\_\_ Your Final Contract Amount: \_\_\_\_\_

General Contractor (Owner, If Prime): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

By signing this statement, I, \_\_\_\_\_, duly authorized as \_\_\_\_\_ of \_\_\_\_\_

(NAME)

(TITLE of OFFICER)

\_\_\_\_\_, affirm and certify that the information contained herein is accurate and \_\_\_\_\_

(COMPANY)

hereby entitle FCC to verify the information contained in this statement and depend on my answers in awarding future subcontracts. I will notify FCC immediately if the information in this statement materially changes. I have read and understand FCC's Subcontractor Procedure Manual.

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

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