



ICON WEST

CONTRACTORS / ENGINEERS

SUBCONTRACTOR PREQUALIFICATION FORM

(LONG FORM)

Date: _____

Company Name (if DBA, name must match Federal Tax ID form): _____

Company Address: _____

Company Phone: _____ Company Website: _____

Contact Person: _____ Contact Title: _____

Contact Phone: _____ Contact Email: _____

Contractor's License Number: _____ State: _____ Expiration: _____

Trade(s) or Scope of Work: _____

NAICS Code(s): _____

I. BUSINESS CLASSIFICATION

Disabled Veteran Business Enterprise (DVBE) Exp. Date: _____

Disadvantaged Business Enterprise (DBE) Exp. Date: _____

Woman-Owned Small Business (WOSB) Exp. Date: _____

Small Business (SBE) Exp. Date: _____

Other: _____ Exp. Date: _____

None

II. OUTREACH/LABOR COMPLIANCE

Is your firm a Union Shop? Yes No

Local #: _____ Union Name: _____

Has your Firm ever received a penalty for not paying the prevailing wage rate to an employee?

Yes No

520 S. La Fayette Park Place, Suite 503, Los Angeles, CA 90057-5422

Phone: (213) 385-0027 | Web: www.icon-west.com

III. BONDING

Does your company currently have a surety line of credit established with a surety company?

Yes

No

If yes, what is the name of your current Surety Company (not your agent)? _____

How long have you been with your current Surety Company? _____

What is your current single project bond limit? _____

What is your current aggregate bond limit? _____

What is your contract bond rate? _____

At any time during the past ten years, has any surety company made any payments on your firm's behalf to satisfy any claims made against a performance or payment bond issued on your firm's behalf?

Yes

No

If yes, please provide additional information: _____

IV. CLAIMS & LITIGATION

Have you had any claims or litigation within the last 5 years from or against:

General Contractor Yes No If yes, how many? _____ Amount (\$) _____

Owner Yes No If yes, how many? _____ Amount (\$) _____

V. SAFETY AND RISK MANAGEMENT

Subcontractors must provide their Workers Compensation Experience Modification Rate (EMR) for the past three years.

Year: _____ EMR Rate: _____

Year: _____ EMR Rate: _____

Year: _____ EMR Rate: _____

Does your company have a written Company Safety Policy & Program? Yes No
(Copies to be provided upon request)

Does your company provide safety training for all employees? Yes No

Does your company offer a return to work/light duty program? Yes No

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VI. QUALITY CONTROL & QUALITY ASSURANCE

Does your firm have a designated tradesperson who is responsible for Quality Assurance and that will be present during construction activity? Yes No

Does your company conduct a pre-installation meeting with the goal to focus quality control efforts?

Yes No

Does your company use a Quality Assurance (QA) / Quality Control (QC) Checklist to ensure that the work conforms to the project quality requirements? Yes No

VII. REFERENCES

Please list at least two major suppliers and/or two contractors who you have recently worked for.

Reference #1:

Company Name: _____

Contact Person: _____ Contact Title: _____

Contact Phone: _____ Contact Email: _____

Project Name: _____

Contract Amount: _____ Project Location: _____

Scope of Work Performed: _____

Project Completed Date: _____

Reference #2:

Company Name: _____

Contact Person: _____ Contact Title: _____

Contact Phone: _____ Contact Email: _____

Project Name: _____

Contract Amount: _____ Project Location: _____

Scope of Work Performed: _____

Project Completed Date: _____