



**SUBCONTRACTOR AND SUPPLIER PREQUALIFICATION FORM**

Date: \_\_\_\_\_ Business name: \_\_\_\_\_  
Previous name of business, if applicable: \_\_\_\_\_  
Contractors license number(s) and classification(s): \_\_\_\_\_  
State issued: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
Address: \_\_\_\_\_

\*We must have a physical address to deliver plans. Please list P.O. Boxes as additional address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact for new bids: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Additional addresses / locations: \_\_\_\_\_

How long have you been in business? \_\_\_\_\_  
Trade(s): \_\_\_\_\_  
Annual dollar volume: 2007 \_\_\_\_\_ 2006 \_\_\_\_\_ 2005 \_\_\_\_\_

Geographical area covered: \_\_\_\_\_  
Does your company travel over 500 miles? \_\_\_\_\_  
How many employees: Field: \_\_\_\_\_ Office: \_\_\_\_\_  
Number of separate crews: \_\_\_\_\_

Please check one:  
Union: \_\_\_\_\_ Non-Union: \_\_\_\_\_ Both: \_\_\_\_\_ Affiliation: \_\_\_\_\_  
Prevailing wage: YES NO  
DVBE: YES NO

Please check all that apply (only if more than 5% of yearly volume or if completed in the last 3 years):

Retail \_\_\_\_\_ Big Box Retail \_\_\_\_\_ Restaurant \_\_\_\_\_ Office \_\_\_\_\_ T I \_\_\_\_\_  
Hospitality \_\_\_\_\_ Medical \_\_\_\_\_ Industrial \_\_\_\_\_ Sitework \_\_\_\_\_ Multi-Family \_\_\_\_\_  
Residential Tract \_\_\_\_\_ Custom Residential \_\_\_\_\_ Storage \_\_\_\_\_ Schools \_\_\_\_\_  
Other \_\_\_\_\_

Have you completed 2 or more of the same retail store(s)? \_\_\_\_\_

Name of Principal(s) / Partner(s) / Owner(s):  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Circle one: Corporation Partnership Sole-Proprietorship Individual

**Heil Construction, Inc.**

Corporate Office  
(626) 303-7141  
(626) 301-9885 fax  
701 South Myrtle Avenue  
Monrovia, CA. 91016

List of projects in progress:

Scheduled completion date:

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**Project References:**

Name of project: \_\_\_\_\_ Contract \$: \_\_\_\_\_  
Location of project: \_\_\_\_\_  
Owner or general contractor: \_\_\_\_\_  
Dates of project: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of project: \_\_\_\_\_ Contract \$: \_\_\_\_\_  
Location of project: \_\_\_\_\_  
Owner or general contractor: \_\_\_\_\_  
Dates of Project: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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Location of project: \_\_\_\_\_  
Owner or general contractor: \_\_\_\_\_  
Dates of project: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Trade References:**

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**Bank Reference:**

Name of bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
Bank: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Dun & Bradstreet #: \_\_\_\_\_

**Bonding:**

Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Surety company: \_\_\_\_\_ Bonding capacity: \_\_\_\_\_  
Bonding rate % \_\_\_\_\_

**Insurance Information:**

Carrier name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Agent: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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Address: \_\_\_\_\_  
Agent: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Check areas of insurance coverage you have in force:  
Auto liability: \_\_\_\_\_ General liability: \_\_\_\_\_ Workman's comp: \_\_\_\_\_  
Copy of insurance certificate attached YES NO  
Has your company been cited by OSHA in the past 5 years? YES NO 2007 Mod Rate: \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**AUTHORIZATION TO RELEASE INFORMATION**

In connection with this pre-qualification application from Heil Construction, Inc., the undersigned authorizes the release of credit information, bonding information and reference verification.

It is also understood that all information is to be kept confidential and is for the exclusive use of Heil Construction, Inc. Qualification will be determined after review of information and approval of application.

Immediate processing of this application will expedite approval.

Company: \_\_\_\_\_

By: \_\_\_\_\_  
**Signature of Corporate Officer or Owner**

Title: \_\_\_\_\_

Note: If corporation, a corporate officer must sign both authorization and application

Heil Approval:

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**(Signature, Title, & Date)**

**PLEASE FAX TO: (626) 305-9147 OR E-MAIL TO: [kylec@heilconstruction.com](mailto:kylec@heilconstruction.com)**

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