



SUBCONTRACTOR QUALIFICATION

Email completed form to subcontractors@bsmconst.com or fax to (925) 688-1100

Company Name: _____ Contact: _____
Address: _____
Phone: _____ Fax: _____
Geographic locations served: _____
Divisions of work performed: _____

Corporation Partnership Sole Proprietor (please select one by double clicking box) Year Business Started: _____
MBE: Yes No WBE: Yes No Length of time under present ownership: _____
Do you have a Written Safety Program: Yes No Do you have a Drug Testing Program: Yes No

BID REQUESTS

Contact for Bid Requests: _____ Phone: _____
E-mail Address: _____ Fax: _____

COMPANY PRINCIPALS / OFFICERS

Name: _____ Name: _____
Title: _____ Title: _____
Home Phone: _____ Home Phone: _____
Home Address: _____ Home Address: _____

LICENSES

Contractor's License #: _____ Tax ID #: _____
Additional Classifications _____
Additional Classifications _____

BANKING, BONDING & INSURANCE

Bank: _____ Branch: _____ Phone: _____
Address: _____ Fax: _____
Line of Credit: Yes No Amount: \$ _____
Bonding Company (License): _____
Bonding Company (Performance): _____
Bonding Agent: _____ Phone: _____ Fax: _____
Insurance Agent: _____ Phone: _____ Fax: _____

UNION AFFILIATIONS

Name: _____ Chapter: _____ Phone: _____
Name: _____ Chapter: _____ Phone: _____

REFERENCES (Current & Includes two general contractors)

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

SUPPLIERS (Three Largest Suppliers)

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

Largest contract in past year? \$ _____ For Whom: _____
Are you currently involved in a claim dispute with any of your general contractors? Yes No
(If yes, please explain in a separate document and include with this form.)
Are you currently involved in any lawsuits? Yes No
(If yes, please explain in a separate document and include with this form.)
Have you ever filed bankruptcy? Yes No

I certify that the above information is true and correct and authorize you to contact the above references regarding our credit standing or past performance.

Signature: _____ Title: _____
Print Name: _____ Date: _____