



## CONSTRUCTION INC.

### SUBCONTRACTOR QUALIFICATION PACKAGE

Thank you for your interest in becoming a subcontractor of CDM Construction Inc.

Please complete and return to us this brief qualification package. Please do not leave any answers blank. If the question does not apply to you, please mark your answer N/A.

#### Basic Info:

- Name of Organization: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone number: (\_\_\_\_) \_\_\_\_\_
- Fax number: (\_\_\_\_) \_\_\_\_\_
- Web site: \_\_\_\_\_
  - Main Contacts:
    - President: Name \_\_\_\_\_
    - Cell Number: \_\_\_\_\_
    - Email Address: \_\_\_\_\_
    - Vice President:
      - Name: \_\_\_\_\_
      - Cell Number: \_\_\_\_\_
      - Email Address: \_\_\_\_\_
    - Secretary/Treasurer:
      - Name: \_\_\_\_\_
      - Cell Number: \_\_\_\_\_
      - Email address: \_\_\_\_\_

#### Organization Info:

- Type of Organization (**attach** proof) [www.cslb.ca.gov/](http://www.cslb.ca.gov/)
  - \_\_\_\_\_
  - Year Business Started: \_\_\_\_\_
  - Number of total full time employees: \_\_\_\_\_
    - Office: \_\_\_\_\_
    - Shop: \_\_\_\_\_
    - Field: \_\_\_\_\_
  - **Attach** Copy of State Contractor's License
  - Qualifying Agent's Name, Address, and Phone Number
    - Name: \_\_\_\_\_
    - Address: \_\_\_\_\_
    - Phone Number: \_\_\_\_\_

- Attach** copies of any City Licenses (Not required if State licensed)
- Name of Bonding Company: \_\_\_\_\_
  - Bonding Capacity: \_\_\_\_\_
- Attach** Proof of Insurance (Certificates) with the following types and limits:
  - A. Workman's Compensation:
    - Statutory
  - B. General liability:
    - \$ 1,000,000.00 per occurrence
    - \$ 1,000,000.00 Personal & Advertising Injury
    - \$ 2,000,000.00 Complete Operations Aggregate
    - \$ 2,000,000.00 General Aggregate
    - \$ 50,000.00 Fire Damage
    - \$ 5,000.00 Medical Payments
  - C. Vehicles:
    - \$ 1,000,000.00 Combined – Single Limit
    - \$ 1,000,000.00 Hired & Non-Owned Liability
- Attach** a Completed **W-9**
- Attach** an original executed "**Project Safety Plan (Condensed Version)**" receipt acknowledgement
- Attach** Experience Modification Rate (EMR) \_\_\_\_\_
- Attach** OSHA 300 Log \_\_\_\_\_

**Work Experience:**

- All Work Classifications (CSI) you would like to bid and you are properly licensed to perform:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- Preferred CSI classifications (if any): \_\_\_\_\_
- Counties you will work in: Los Angeles, County
- (circle all that apply) Orange County
  - Other: \_\_\_\_\_
- Preferred Job Size Range (average bid size in dollars): \_\_\_\_\_
- 3 Contractor References:
  - Business name: \_\_\_\_\_
  - Contact name: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Phone number: \_\_\_\_\_
  - Fax number: \_\_\_\_\_
  - Description of work: \_\_\_\_\_
  - \_\_\_\_\_
  - Bid amount(s) and date(s): \_\_\_\_\_
  - Bid amount(s) and date(s): \_\_\_\_\_
  - Bid amount(s) and date(s): \_\_\_\_\_

Contractor References Continued:

- Business name: \_\_\_\_\_
- Contact name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone number: \_\_\_\_\_
- Fax number: \_\_\_\_\_
- Description of work: \_\_\_\_\_
- \_\_\_\_\_
- Bid amount(s) and date(s): \_\_\_\_\_
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- Business name: \_\_\_\_\_
- Contact name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone number: \_\_\_\_\_
- Fax number: \_\_\_\_\_
- Description of work: \_\_\_\_\_
- \_\_\_\_\_
- Bid amount(s) and date(s): \_\_\_\_\_
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- Bid amount(s) and date(s): \_\_\_\_\_

□ Banking reference:

- Name of Institution: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Contact Name: \_\_\_\_\_
- Type of Relationship:      Business Checking
- (circle all that apply)      Loans
- Line of Credits

**Submitting this form and required documents DOES NOT automatically make you a qualified subcontractor for CDM Construction. C D M Construction reserves the right to disapprove any submission for any reason and at any time.**