



16441 Scientific Way, Suite #200  
Irvine, CA 92618

949.428.7600 | Phone  
949.428.7601 | Fax

## SUBCONTRACTOR'S QUALIFICATION STATEMENT

Submitted to: Estimating Department

Address: Alton Builders, Inc.  
16441 Scientific Way, Suite #200  
Irvine, CA 92618  
949.428.7600 | Phone  
949.428.7601 | Fax

Submitted By: \_\_\_\_\_

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

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax ( \_\_\_\_\_ ) \_\_\_\_\_

e-mail: \_\_\_\_\_

1. Please list below the trades that your company performs.

\_\_\_\_\_

2. License Type / Number (provide a copy of CA license card):

\_\_\_\_\_

3. Workman's Compensation Experience Modification Rate: \_\_\_\_\_

4. DUNS# \_\_\_\_\_

5. TAX ID # \_\_\_\_\_

6. M/W/D/DV/S/BE STATUS: \_\_\_\_\_

7. How many years has your organization been in business as a contractor?

\_\_\_\_\_

8. How many years has your organization been in business under its present business name?

\_\_\_\_\_

9. Under what other or former names has your organization operated?

\_\_\_\_\_

10. If a corporation answer the following:

5.1 Date of incorporation: \_\_\_\_\_

5.2 State of incorporation: \_\_\_\_\_

5.3 President's name: \_\_\_\_\_

5.4 Vice-president's name: \_\_\_\_\_

5.5 Secretary's name: \_\_\_\_\_

5.6 Treasurer's name: \_\_\_\_\_

11. If an individual or a partnership answer the following:

6a. Date of Organization:  
\_\_\_\_\_

6b. Name and address of all partners (State whether general or limited partnership):

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

12. If other than a partnership, describe organization and name principals:

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13. Have you ever failed to complete any work awarded to you? If so, note when, where and why:

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14. Within the last five years, has any officer or partner of your organization ever been an officer or partner of another organization when it failed to complete a construction contract? If so, attach a separate sheet of explanation.

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15. Has your firm been involved in any mediation, arbitration or litigation in the past five years for the following reasons? If yes, provide details on a separate sheet.

A. Construction defects	YES	NO
B. Bodily injury	YES	NO
C. Failure to complete contract work	YES	NO
D. Cal / OSHA safety violations	YES	NO
E. Mechanics liens or stop notices	YES	NO
F. Surety action	YES	NO
G. Contractors License board claims	YES	NO
H. Warranty issues	YES	NO

16. On a separate sheet, list major construction projects your organization has in process, giving the name of project, architect and contract amount.

(Attach information)

17. On a separate sheet, list the major projects your organization has completed in the past five years, giving the name of project, architect, contract amount and date of completion.

(Attach information)

18. On a separate sheet, list the construction experience of the key individuals of your organization.

(Attach information)

19. Union Affiliation: \_\_\_\_\_

20. Is your organization bondable: \_\_\_\_\_

21. Please provide a copy of your general liability insurance certificate. Below is the Insurance Requirements. *(Please note: Underwriter licensed to do business in CA and rated A- or better by AM Best Company).*

COMMERCIAL GENERAL LIABILITY:

- Coverage: with limits of \$1,000,000 per occurrence Bodily Injury and Property Damage; \$1,000,000 personal injury; \$2,000,000 general aggregate; \$2,000,000 products and completed operations aggregate.
- Additional Insured: Alton Builders, Inc are to be named as Additional Insured using an ISO 2010 11/85 or equivalent. Note, the form must accompany the accord certificate of insurance. The form must also indicate that coverage is primary and non-contributing.
- Waiver of Subrogation: in favor of Alton Builders, Inc. Note, the form must accompany the accord certificate of insurance.

WORKER'S COMPENSATION:

- Benefits: as provided by statute; with Employers Liability at a limit of 1,000,000 each accident/disease.
- Waiver of Subrogation: in favor of Contractor. Note: the form must accompany the certificate of insurance. If the Workers Compensation Carrier is the CA State Fund, we will require a State Fund certificate form.

AUTOMOBILE LIABILITY:

- Coverage: with \$1,000,000.00 per accident for Bodily injury and Property Damage. Coverage must extend to non-owned and hired auto's. If owned auto's are used, coverage must be extended to cover owned, non-owned and hired auto's.
- Additional Insured: Alton Builders, Inc are to be named as Additional Insured. Note, the form must accompany the accord certificate of insurance.

OTHER:

- The Cancellation Clause (on Acord Form 25) must "X" out the words "endeavor to" and "but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representative". If marked out with pen, agent must initial change.
- Certificate Holder for:  
Alton Builders, Inc.  
16441 Scientific Way, Suite #200  
Irvine, Ca 92618

22. Trade References:

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

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

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Contact: \_\_\_\_\_

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

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

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

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Contact: \_\_\_\_\_

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

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

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

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Contact: \_\_\_\_\_

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

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

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

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Contact: \_\_\_\_\_

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

23. General Contractor References:

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

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

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Contact: \_\_\_\_\_

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

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

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

\_\_\_\_\_

Contact: \_\_\_\_\_

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

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

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

\_\_\_\_\_

Contact: \_\_\_\_\_

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

**24. SUBCONTRACT TERMS AND CONDITIONS**

Subcontractor agrees to the terms and conditions of Alton Builders, Inc. Standard Form Contract Agreement. (Copy available in Alton Builders, Inc. office)

The undersigned is an officer, principal or authorized by power of attorney to enter into legal, binding transactions for Subcontractor and as such accepts the above requirements, and certifies that all answers are complete and accurate.

Signed: \_\_\_\_\_

Name / Title: \_\_\_\_\_

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

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