



**SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE**

**Print and fax or mail to the local office nearest you**

**Please check our website for office listings**

[www.panconinc.com](http://www.panconinc.com)

All information submitted for pre-qualification evaluation will be considered official information acquired in confidence.

NAME OF FIRM: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ TAX I.D. NO.: \_\_\_\_\_

WEB SITE ADDRESS: \_\_\_\_\_

**1. LICENSE**

A. Name of license holder exactly as on file with the State License Board.

\_\_\_\_\_

B. License Number \_\_\_\_\_

License Classification \_\_\_\_\_ Expiration Date \_\_\_\_\_

**2. COMPANY STRUCTURE**

**A. CORPORATION** \_\_\_\_\_

Date of Incorporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_

President \_\_\_\_\_ Vice President \_\_\_\_\_

Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

**PARTNERSHIP** \_\_\_\_\_

Date of Organization \_\_\_\_\_ General or Limited \_\_\_\_\_

Name and Address of Principals:

\_\_\_\_\_

\_\_\_\_\_

**SOLE PROPRIETORSHIP** \_\_\_\_\_

Address \_\_\_\_\_

B. How many years has your company been in business as a Contractor? \_\_\_\_\_

How many years has your company been in business under its present business name? \_\_\_\_\_

Under what other former names has your company operated?

Name \_\_\_\_\_ Years \_\_\_\_\_

Name \_\_\_\_\_ Years \_\_\_\_\_

List the scope / type of work normally performed with your own forces:

\_\_\_\_\_

\_\_\_\_\_

How much of your work is self-performed? \_\_\_\_ %      Subcontracted? \_\_\_\_ %

Average Total Number of Employees: \_\_\_\_\_

Administrative: \_\_\_\_\_      Craft: \_\_\_\_\_

Union Affiliation(s), if any: \_\_\_\_\_

**3. FINANCIAL**

A. Attach a copy of your latest profit and loss statement and balance sheet.

B. What was your company's revenue for the past three years?

2002 \_\_\_\_\_ 2003 \_\_\_\_\_ 2004 \_\_\_\_\_

What was your company's net income for each of the last three years?

2002 \_\_\_\_\_ 2003 \_\_\_\_\_ 2004 \_\_\_\_\_

C. Average Contract Size \$

Minimum: \$ \_\_\_\_\_      Maximum: \$ \_\_\_\_\_

Geographical Area of Work: \_\_\_\_\_

D. Company's Dunn & Bradstreet No.: \_\_\_\_\_

E. Has your company (either under current or previous name) ever filed for bankruptcy protection with the U.S. Bankruptcy Court? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Date of Filing \_\_\_\_\_ Classification of Filing \_\_\_\_\_

F. Have any principals of your company, either past or present, been affiliated with any type of bankruptcy?

No \_\_\_\_ Yes \_\_\_\_ If Yes, Explain and Provide Dates: \_\_\_\_\_

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

**4. LITIGATION**

A. Have you ever had a contract terminated for default within the past five years?

No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, Why? \_\_\_\_\_

When? \_\_\_\_\_

B. Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your company?

No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, Explain: \_\_\_\_\_

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

C. Has your company filed any lawsuits, submitted claims, or been involved in any litigation with regard to your contract activity within the last five years?

No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, Explain: \_\_\_\_\_

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

**5. INSURANCE**

A. Can you provide current evidence or evidence of ability to insure to minimum limits (“Acord” Form or other) of insurance coverage as listed in our Insurance Requirements posted on our Website? Attach a sample insurance certificate and additional insured endorsement with this completed application.

B. Yes \_\_\_\_\_ No \_\_\_\_\_  
At an additional cost? Yes \_\_\_\_\_ No \_\_\_\_\_

**6. BONDING**

Bonding company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Agent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
A.M. Best Rating: \_\_\_\_\_  
• Single Project Bonding Capacity \_\_\_\_\_  
• Aggregate Bonding Capacity \_\_\_\_\_

**7. REFERENCES**

A. Bank Reference

Bank Name and Branch: \_\_\_\_\_  
Account Manager: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Line of Credit: \_\_\_\_\_ Amount in Use: \_\_\_\_\_

B. Customer

Please identify four General Contractors for whom you have worked in the past two years:

Company Name	Contact Person	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Please identify three Subcontractor/Supplier references with whom you have worked in the past two years:

Company Name	Contact Person	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

