



PLEASE READ FIRST BEFORE  
COMPLETING THE FORM!

- 1. PLEASE FILL OUT THE FORM  
ELECTRONICALLY.**
- 2. PRINT OUT THE LAST PAGE  
AND SIGN/DATE.**
- 3. SCAN LAST PAGE AND ATTACH  
TO COMPLETED ELECTRONIC  
FORM.**



## PRE-QUALIFICATION FORM (State of California)

PLEASE FILL OUT THE FORM ELECTRONICALLY. PRINT OUT THE LAST PAGE AND SIGN/DATE, ATTACH TO COMPLETED FORM.

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

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

SENIOR MANAGER: \_\_\_\_\_

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

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

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

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

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

SENIOR ESTIMATOR(S) Email : \_\_\_\_\_

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

### 1. LICENSE

Contractor must be licensed in the State of California. Submit the following:

A. Name of license holder exactly as on file with the California 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

Name and Address of Owner(s): \_\_\_\_\_

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: \_\_\_\_\_

Exempt: \_\_\_\_\_ Non-Exempt: \_\_\_\_\_ Craft: \_\_\_\_\_

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

Has your company preformed work on Prevailing Wage Job(s)? Yes / No

If so list project name & location(s) \_\_\_\_\_

Has your company been a party to an alleged or real prevailing wage violation in the last 10 years? Yes / No

Please check all applicable project types your company has worked on

- Affordable Multi-Family Housing
- Affordable Senior Housing
- Market Rate Condos/Townhomes
- Market Rate Single Family Attached

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## FINANCIAL

A. What was your company's average yearly volume of work for the past three years in terms of revenue received?

Year/\$: \_\_\_\_\_ Year/\$: \_\_\_\_\_ Year/\$: \_\_\_\_\_

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

Year/\$: \_\_\_\_\_ Year/\$: \_\_\_\_\_ Year/\$: \_\_\_\_\_

B. Average Contract Size \$ \_\_\_\_\_

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

Geographical Area of Work (please check counties in which you conduct business): Los Angeles San Diego Fresno  
Santa Clara San Mateo San Francisco Marin Alameda Contra Costa Santa Cruz Monterey San Benito  
Other: \_\_\_\_\_

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

D. 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 \_\_\_\_\_

E. 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: \_\_\_\_\_

## 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 out standing against your company?

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

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

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

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#### 4. INSURANCE (see subcontractor Insurance Requirements Form) ROEM will provide an OCIP for all market rate projects

A. Can you provide current evidence or evidence of ability to insure to minimum limits ("Acord" Form or other of General Liability Insurance coverage as listed below (ROEM will not pay any special endorsements or waivers)?

Yes \_\_\_\_\_ No \_\_\_\_\_

- Commercial General Liability- \$1 million each occurrence / \$2 million per project aggregate
- Additional Insured Endorsement Listed owner, general contractor, lender and construction management firm
- Worker's Compensation & Employers' Liability Insurance- \$1 million
- Waiver of Subrogation Endorsement
- Automobile Liability (Owner, hired, Non-Owned) - \$1 million
- Excess Liability (Umbrella) – only required if General Liability is under \$2 million
- Admitted in California; minimum A.M. Best Rated A- VII or better

#### 5. BONDING

If you anticipate a contract of over \$200,000, please provide and complete the following:

A. Are you a bondable company? Yes / No

If so, what is your company's bond rate? \_\_\_\_\_ % Capacity? \$ \_\_\_\_\_

What percentage of your company's capacity is available? \_\_\_\_\_ %

B. Bonding company name: \_\_\_\_\_

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

Agent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

A.M. Best Rating: \_\_\_\_\_

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## 6. REFERENCES

### A. Bank Reference

Bank Name and Branch: \_\_\_\_\_

Account Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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	Contact Person	Phone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

## 7. SAFETY

### A. List your company's experience modification rate (EMR) for the past three years.

Year/\$: \_\_\_\_\_ Year/\$: \_\_\_\_\_ Year/\$: \_\_\_\_\_

### B. Has your company been cited by Cal OSHA, the EPA, the Bay Area Air Quality Management District, or any other Air quality Management District (or similar jurisdiction or agency) in the past five years?

Yes \_\_\_\_\_ No \_\_\_\_\_ How Often? \_\_\_\_\_ (attach a sheet listing and describing each citation.)

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C. Has your company ever been associated with or involved in a job site death(s)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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D. Do you require documented safety meetings be held for :

1. Field Supervisor Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency \_\_\_\_\_

Employees Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency \_\_\_\_\_

New Hires Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency \_\_\_\_\_

Safety Director Name: \_\_\_\_\_

Safety Director Phone No: \_\_\_\_\_



8. Acknowledgment

We have read and agree to the terms and conditions of the ROEM Builders standard agreement \_\_\_\_\_ (initial)

The above information is true and correct to the best of my knowledge

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Signature	Print Name	Date
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Thank you for providing the above information. What concerns, comments or questions do you have of Roem Builders, Inc. at this time? Also, please feel free to use this space to recommend any other companies you feel may be interested in working with ROEM Builders, Inc. in the future.

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