



Please complete all sections and return this form with required supporting documentation to:

JLC Associates, Inc. • 3198-A Airport Loop Drive, Costa Mesa, CA 92626 • info@jlcassoc.com

Questions? Contact us before submitting.

1. COMPANY INFORMATION

Company Name (DBA)

Legal Company Name

Main Address (Street)

Suite / Address Line 2

City

State

Zip Code

County

Country

Website

Year Established

Company Type (Corporation, LLC, Partnership, etc.)

Federal Tax ID #

Primary Phone Number

Total Number of Employees

Number of Field Employees

CSI Division(s) / Primary Trades / Scopes of Work

% of Work Self-Performed (based on annual review)

Approximate Annual Revenue (most recent year)

Has ownership changed in the last three (3) years?

Yes

No

If yes, please explain:

If yes, please explain:

2. LICENSES

Issuing Authority	Class / Type	License Number	Expiration Date



3. UNION AFFILIATION

Is your company union affiliated? Yes No

If yes, list name(s) of Union(s):

List three (3) current or recent general contractors or owners who can attest to your company's performance:

#	Company Name	Trade / Relationship	Contact Name	Phone Number
1				
2				
3				

5. INSURANCE INFORMATION

★ Please attach a copy of your current Certificate of Insurance with this submission.

Insurance Carrier(s) — General & Excess Liability

Agent / Broker Name

Contact Name

Title / Position

Phone #

Email

	Carrier / Policy #	Each Occurrence Limit	Aggregate Limit
General Liability		\$	\$



Excess / Umbrella Liability — <i>Minimum \$5M required*</i>		\$	\$
Auto Liability (Combined Single Limit)		\$	\$

* Minimum \$5 million Excess/Umbrella liability coverage required.

Workers' Compensation / Employers' Liability:

WC Statutory Limit

EL Each Accident Limit

EL Disease — Each Employee

EL Disease — Policy Limit

Has your company ever defaulted, failed to complete, or been terminated on a contract? Yes No

If yes, please explain:

If yes, please explain:

Has your company ever filed for bankruptcy or undergone a financial reorganization? Yes No

If yes, please explain:

If yes, please explain:

7. SAFETY RECORD

EMR (Experience Modification Rate) — Most Recent Year

EMR — Prior Year

of General OSHA Violations (past 3 years)

of Serious / Willful OSHA Violations (past 3 years)

If any violations, please explain (attach documentation if needed):

Does your company maintain a written Safety Program? Yes No

Does your company maintain a written Drug & Alcohol Testing Program? Yes No



8. REQUIRED ATTACHMENTS

Check all items included with this submission:

- Checkboxes for Certificate of Insurance, Business License, Contractor's License, Letter of Bondability, References (Section 4), Written Safety Program, EMR Worksheet / Documentation, and Other.

9. CERTIFICATION & SIGNATURE

The undersigned certifies that all information provided in this Subcontractor Prequalification Form is true, complete, and accurate to the best of their knowledge. The undersigned authorizes JLC Associates, Inc. to verify any and all information submitted herein.

Authorized Signature _____ Date _____

Printed Name _____ Title / Position _____

Company Name _____

FOR JLC ASSOCIATES USE ONLY

Table with 4 columns: Date Received, Reviewed By, Status, Date of Approval / Denial

Notes:
