



W. L. Butler Construction, Inc.
 Subcontractor Pre-Qualification Questionnaire
 Please mail completed package to Estimating Department
 (See Pre-Qualification Letter for address)

Company Name _____ Date _____

Website Address _____

	Street	City, State, Zip	Phone	Fax
Main				
2 nd				
3 rd				
4 th				

Contact Names	Title	Phone	Fax	Email
	Estimator			
	Insurance			
	A/R			

CA License Number _____ Expiration Date _____ Fed Tax ID # _____
 (Please submit copy of pocket license)

Spec Section _____ Trade (List all that apply) _____

Regions of Work (please check all that apply)

- SF Bay Area
- Silicon Valley
- Central Coast
- Sacramento Area
- Central Valley
- East Bay
- North Bay
- Southern California
- Other _____

Type of Work (please check all that apply)

- Open Shop
- Union
- Prevailing Wage
- Other _____

Union Information _____

- Design-Build Capacity
- Comm. Remodel
- Multi-Family over Parking
- Mid-Rise Buildings
- Parking Structures
- T.I. Commercial
- Schools
- Shopping Malls/Retail Centers
- Shells
- T. I. Retail
- Hotels
- Apartments



Bonding Company Name _____

Agent Name _____

Address _____

Bonding Capacity _____

Type of Business

Corporation Sole Proprietorship Partnership

Years in Business _____ # of Employees _____ % WBE _____ % MBE _____

Dun & Bradstreet No _____ Dun & Bradstreet Rating _____

Principals	Owners	Subsidiaries

Bank Name and Branch _____

Line of Credit Amount \$ _____ Line of Credit Available \$ _____

- Please attach a copy of your latest income statement and balance sheet.
- Does your company do audited or reviewed financial statements?
- What was your company's average yearly volume of work for the past three years?
Last Year _____ Previous Year _____ Year Previous _____
- What was your company's net income for each of the last three years?
Last Year \$ _____ Previous Year \$ _____ Year Previous \$ _____
- Has your company ever filed for bankruptcy protection in the U.S. Bankruptcy Court? If Yes, please give date filed. _____
- Have you ever had a contract terminated for default within the past five years? If Yes, please indicate reason. _____
- Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your company? If so, please explain. _____
- 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? _____



Project Name	Project Description	\$ Amount of Project	Contact Name/Phone

Dollar Range of Projects You Would Be Interested in:

From \$ _____ To \$ _____

Safety

Please fill out attached Safety Questionnaire.

Insurance

Subcontractors must be able to meet W. L. Butler Construction, Inc's insurance requirements in order to bid on our projects. A list of our insurance requirements as outlined in our Subcontract Agreement is included in this package, as well, as a Sample Certificate of Insurance and Additional Insured Endorsement. You **MUST** be able to meet these requirements to work on our projects.

Please note: **ONLY** complete packages will be reviewed and considered. Upon acceptance, your company will be placed on our Subcontractor Master Bid List.

Please attach the following:

- Copy of Contractor's License
- Latest Financial Statement
- Copy of Insurance Certificates
- Completed Safety Questionnaire

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

Signed

Printed Name

Date