



# Bullseye Builders, Inc.

## Subcontractor Prequalification Form

<b>Company Name:</b>
<b>Website Address:</b>
<b>Physical Address:</b>
<b>Billing Address:</b>

Contact Name	Title	Phone	Email

**CA License Number:**

**Expiration Date:**

**Fed Tax ID #:**

(Please include copy of pocket license)

**Trades (list all that apply):**

**Regions of Work:** (please check all that apply)

- Orange County     San Diego     Inland Empire     Los Angeles     Central California  
 Northern California

**Type of Work:**

- Design-Build Capacity     Commercial Remodel     Apartments     Commercial  
T.I.     Hotels     Shopping Malls

**Type of Business**

- Corporation     Sole Proprietorship     Partnership

**Years in Business:**

**Dun & Bradstreet Number:**

**Line of Credit Amount \$**

**Line of Credit Available \$**

**What was your companies average yearly volume last year?**

**Does your company have a written safety program?**

**Does your company hold weekly safety meetings?**

**Bonding Company Name:**

**Agent Name:**

**Address:**

**Bonding Capacity:**

<u>Owner / Partner Names</u>	<u>Phone Numbers</u>

**Has your company ever filed for bankruptcy protection in the U.S. Bankruptcy Court? If yes, please give date filed:**

**Are there any judgements, claims, arbitration proceedings, or suits pending or outstanding against your company? If so, please explain:**

**Dollar range of project you would be interested in:**

**From:**

**To:**

<b>Project Name</b>	<b>Project Type</b>	<b>Project Amt \$</b>	<b>Contractor Name</b>	<b>Contact Name/Phone</b>

**Please attach the following:**

- Copy of Contractor's License
- Copy of Safety Program
- Copy of Insurance Certificates

**THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE**

X \_\_\_\_\_ **Name & Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_