



SUBCONTRACTOR QUALIFICATION PACKAGE

Thank you for your interest in becoming a subcontractor for AGI General Contracting.

Please complete this qualification package and do not leave any answers blank. AGI General Contracting is always looking for quality oriented and professionally managed subcontractors.

Company: _____

Address: _____
Street City State Zip Code

Contact Name: _____

Contact Phone: _____
Office Phone Mobile Phone

Contact Email: _____

Company Info: _____
Contractor License # Year Company was Founded Union (Y/N)

1) Organization

C-Corporation S-Corporation Partnership Limited Liability Co. Sole Proprietor

Date of Organization/Incorporation: _____ State of Incorporation: _____

Federal Employer I.D. Number: _____ Number of employees: _____

Currently MBE, WBE, DVBE Certified? YES NO. If yes, list certification: _____

2) Have you performed any work on Medical/Office projects?

YES NO

Have you performed any work on Grocery/Retail projects?

YES NO

- 3) Please provide a list of up to (10) Medical/Office projects that you have completed in the past (2) years. Include the Project Name, Location, General Contractor and Contract Amount:

| <u>Project Name</u> | <u>Location (City, State)</u> | <u>General Contractor</u> | <u>Contract Amount</u> |
|---------------------|-------------------------------|---------------------------|------------------------|
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- 4) Please provide a list of up to (10) Grocery/Retail projects that you have completed in the past (2) years. Include the Project Name, Location, General Contractor and Contract Amount:

| <u>Project Name</u> | <u>Location (City, State)</u> | <u>General Contractor</u> | <u>Contract Amount</u> |
|---------------------|-------------------------------|---------------------------|------------------------|
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- 5) Are you interested in Night Work?

YES NO

If so, is there a difference in labor cost for Day, Swing Shift or Night Work?

YES NO

- 6) Are you interested in Remodel Work (work involving modifications to an open store/office, where construction must be performed during off hours and left clean and ready for business the following morning)?

YES NO

- 7) Please list the minimum and maximum cost of projects that you are willing to bid:

| <u>Minimum</u> | <u>Maximum</u> |
|----------------|----------------|
| | |

8) Please identify the regions where you are interested in bidding:

| <u>Region</u> | <u>Yes</u> | <u>No</u> | <u>Maybe</u> |
|-------------------|--------------------------|--------------------------|--------------------------|
| a. San Diego | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Inland Empire | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Orange County | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Los Angeles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Ventura County | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Central Coast | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Central Valley | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Bay Area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Sacramento | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9) Please provide (3) General Contractor references that AGI may speak with:

a)

| | |
|------------------------|-----------------------------|
| <u>Contractor Name</u> | |
| | |
| <u>Contact Name</u> | <u>Contact Phone Number</u> |
| | |

b)

| | |
|------------------------|-----------------------------|
| <u>Contractor Name</u> | |
| | |
| <u>Contact Name</u> | <u>Contact Phone Number</u> |
| | |

c)

| | |
|------------------------|-----------------------------|
| <u>Contractor Name</u> | |
| | |
| <u>Contact Name</u> | <u>Contact Phone Number</u> |
| | |

10) List Officers or Principles Below:

| <u>Name</u> | <u>Title</u> | <u>Years with Company</u> | <u>Percent Ownership</u> |
|-------------|--------------|---------------------------|--------------------------|
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11) List classification, license number, expiration date and jurisdiction in which your organization is legally qualified to do business:

| <u>Classification</u> | <u>License Number</u> | <u>Expiration Date</u> | <u>State</u> |
|-----------------------|-----------------------|------------------------|--------------|
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15) State your average annual amount of construction work performed during the past three years.

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16) Claims & Suits:

If the answer to any of the questions below is yes, please attach details.

- a) Has your organization ever failed to complete any work awarded to it?
- b) Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?
- c) Has your organization filed any lawsuits or requested arbitration regarding construction contracts within the last five years?
- d) Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract?

17) Please provide the following information:

a) List of Suppliers:

| <u>Name</u> | <u>Company</u> | <u>Address</u> | <u>Phone #</u> |
|-------------|----------------|----------------|----------------|
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b) Bank(s):

| <u>Name</u> | <u>Company</u> | <u>Address</u> | <u>Phone #</u> |
|-------------|----------------|----------------|----------------|
| | | | |
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18) AGI's Minimum Insurance Requirements are as follows:

| <u>Coverage</u> | <u>Standard Limits</u> |
|--|------------------------|
| General Liability | \$1,000,000 |
| Completed Operations | \$2,000,000 |
| General Aggregate | \$2,000,000 |
| Personal & Adv. Injury | \$1,000,000 |
| Auto Liability | \$1,000,000 |
| Workers Comp | \$1,000,000 |
| Professional Liability (Only required if Design/Engineering is part of Contract) | \$2,000,000 |

Compliance with AGI General Contracting's Insurance Requirements is mandatory and will be verified prior to issuance of any contracts/work orders.

19) Financial:

Provide a complete copy of your Firm's latest audited or reviewed Year-End Financial Statements (Balance Sheet, Income Statement, Cash Flow Statement, etc.) with Accountant's Report.

Pre-qualification and/or evaluation of your firm cannot be completed without this information. Access to your firm's financial information will be restricted solely to AGI General Contracting personnel who are directly involved with the pre-qualification/evaluation of your firm.

The undersigned warrants and represents that the information provided herein is complete and accurate in all respects. The undersigned also authorizes the references and contacts identified herein to provide AGI General Contracting any additional information required to complete the pre-qualification/evaluation process

Prepared by: _____

Title (must be an officer or principal of the company): _____

Signature: _____

Date: _____

20) Please download the completed form and email along with the below documents to subcontractor@agigc.com

- a) W-9 Tax Form
- b) Year-End Financial Statements (as indicated above)
- c) Cal-Osha Form 300A Summary of Work-Related Injuries and Illnesses for the last (3) years
- d) Current Insurance Certificate
- e) Copies of Pocket Licenses (if applicable)
- f) Attachments pertaining to Question 16 (if applicable)