

Developing *Visions*  
into Landmarks



**Estimating PreQualification Form**

**COMPANY INFORMATION**

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ CSLB License #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Federal ID: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Principal Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Estimating Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

What scope of work does your company perform? \_\_\_\_\_

California Geographic Area Served:  So CA  No CA  Central CA  Palm Springs/Coachella Valley

**Project Types:**

- |  |   |                                      |   |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> Commercial Office | <input type="checkbox"/> Medical Office | <input type="checkbox"/> Health Care | <input type="checkbox"/> Religious Facilities |
| <input type="checkbox"/> Industrial/Mfg.   | <input type="checkbox"/> School         | <input type="checkbox"/> Retail      | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Residential       | <input type="checkbox"/> Senior Living  | <input type="checkbox"/> Hospitality |   |

**Project Information:**

Public Works \_\_\_\_\_%  Private \_\_\_\_\_%

**Labor Affiliation:**

Union  Open Shop  Prevailing Wage (if required)

Is Firm:  Individual  Partnership  S Corporation  Corporation  Joint Venture  LLC

Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Present Management Since: \_\_\_\_\_

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### GENERAL INFORMATION

Company's Insurance Limits: **(Please provide sample insurance certificate)**

General Liability: \_\_\_\_\_ Occurance: \_\_\_\_\_ Aggregate: \_\_\_\_\_

Professional Liability: \_\_\_\_\_ Occurance: \_\_\_\_\_ Aggregate: \_\_\_\_\_

Auto Liability: \_\_\_\_\_ Occurance: \_\_\_\_\_ Aggregate: \_\_\_\_\_

Excess Liability: \_\_\_\_\_ Occurance: \_\_\_\_\_ Aggregate: \_\_\_\_\_

Workmen's Compensation  Yes  No

Has company done business under another name? If yes, please state that name:

Company Name: \_\_\_\_\_

Is company affiliated with any other company?  Yes  No If YES, please complete the following:

Affiliated Company Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### REFERENCES / CURRENT PROJECTS

List three references with phone numbers, complete mailing addresses and **email** addresses:

Trade: \_\_\_\_\_

Trade: \_\_\_\_\_

Trade: \_\_\_\_\_

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List at least five construction projects your company has recently completed:

**Project Name and Start Date:      Owner / General Contractor:      Architect:      Contract \$**

1.
2.
3.

### **CERTIFICATION**

I, \_\_\_\_\_, a representative of \_\_\_\_\_, hereby certify that all information provided in this document is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return Estimating PreQualification Form to ORR Builders**  
**Adriana Apodaca – Estimating Coordinator**  
[estimating@orrbuilders.com](mailto:estimating@orrbuilders.com)