

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
Dave Orr - Estimator/Project Manager
dorr@orrbuilders.com
Adriana Apodaca - Estimator
aapodaca@orrbuilders.com