



SUBCONTRACTOR QUALIFICATION FORM

Company Name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____ Website: _____

Counties where work is performed: _____

Divisions of work performed: _____

Corporation Partnership Sole Proprietor

Year Business Started: _____ Union Non-union

Do you have a Written Safety Program? _____ Do you have a Drug Testing Program? _____

Do you have a written COVID-10 Protocol? _____

BID REQUESTS

Contact for Bid Requests: _____ E-mail Address: _____

Phone: _____ Cell: _____

LICENSES

Contractor's License #: _____ Tax ID #: _____

Additional Classifications: _____

Additional Classifications: _____

BANKING, BONDING & INSURANCE

Bank: Branch: _____

Address: _____ Phone: _____

Bonding Company (License): _____ Bonding Company (Performance): _____

Bonding Agent: _____ Phone: Fax: _____

Insurance Agent: _____ Phone: Fax: _____

Are you willing to provide financial information if requested? yes no

Email completed form to accounting@CVG-builders.com or fax to 650.640.1903.