

BRASCIA BUILDERS, INC. VENDOR PRE-QUALIFICATION FORM

(Answering "No" to any of the questions will not disqualify a vendor from doing business with BBI. Incomplete or blank boxes will result in unnecessary delays and the form may be rejected. Please be as thorough as possible.)

Business Information

1.	Business Name			
2.	Business Address			
3.	License Number		Classification	
4.	Website			
5.	Phone Number		Fax Number	
6.	Payee Identification (List only one) **Include W-9 Form**	Federal Tax ID #:		
		Social Security #:		

7. Type of Organizational Structure	Corporation						
	Partnership						
	Sole Proprietor						
	Type	C	S	LLC			

8. Type of Organization (Please check all that apply)							
Service Provider		Estimating Contact					
Subcontractor		Contact Number					
Supplier		Contact Email					
Consultant		Cc Email					

9. Describe the nature of products/services provided

10. Number of Employees in Company	Current Year		
11. Average Time Needed to Bid a Project	Minimum	Maximum	OSHPD Experience (Y/N)
12. Typical Project Size			
13. Years in Business			
14. Company Size (Per Small Business Administration standards, Federal Regulation, Title 13, Part 121)			
Small Business		Large Business	
15. Diversification (The business is owned at least 51% by a minority, woman or disabled veteran)			
Minority-Owned		Women-Owned	
		Disabled Veteran-Owned	

Attach Sample Cert		Yes	No *
16. General Commercial Liability	\$1m/Occurrence \$2m Aggregate		
Automobile Liability	\$1,000,000 per accident Minimum		
Employer's Liability	\$1,000,000 per accident Minimum		
Workers' Compensation	Statutory Limits Minimum		

17. Can your firm obtain waiver of subrogation for GL & Workers Compensation	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have General Liability with Additional Insured	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
19. Union Shop (Yes/No)	<input style="width: 150px;" type="text"/>	

20. References:

	Company Name	Main Contact	Phone Number
1.			
2.			
3.			

21. Recently Completed Projects:

	Project Name	General Contractor/Owner	Location
1.			
2.			
3.			

22. Additional Information:

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Vendor Authorized Representative's Acknowledgement & Signature

By signing below, you acknowledge that the information provided on this form is correct.			
Signature Required*		Date	
Print Name		Title	
Phone		Cell	
E-Mail		Fax	

You may submit this form via email or fax to (562) 438-7016 With returned form please attach a sample insurance cert as well as a completed W-9