



s3 builders

GENERAL COMMERCIAL BUILDERS

Po Box 11478 Burbank CA 91510 CSL 928330 T 661.252.7550 F 661.252.7554

BOMA
MEMBERS ULI
USGBC

Rev 04/04/09

SUBCONTRACTOR PREQUALIFICATION BACKGROUND DATA

Mail, Email or Fax this form and supporting documentation to:

Carol Monroy
Operations Manager
S3 Builders, Inc.
Po Box 11478
Burbank, CA 91510
Office 661.252.7550 Fax 661.252.7554
carol@s3builders.com

Company Information

Company Name (DBA)	
Legal Company Name	
Corporate/Main Office Address Line 1	
Address Line 2	
City	
State	
Zip	
Country	
County	
Company Type (Corporation, Partnership & etc.)	
Website	
Year Established	
Dun and Bradstreet Number	
Federal Tax ID #	
# Employees	
Fax Number	
Has ownership changed in the last three years?	
If yes, explain.	
Percentage of Work Self Performed	

Contacts

Principal Contact	
Name	
Title	
Phone #	
E-mail	

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Parent/Affiliate Information

Parent/Affiliate Company Name(s)	
Describe Relationship	

Union Affiliation

Union Affiliated?	
If yes, list name(s) of union(s)	

Minority Certifications

Certification Type (MBE/WBE & etc)	
Certifying Agency Certification # Expiration	

Licenses

Issuing Authority Class License # Expiration	
Issuing Authority Class License # Expiration	
Issuing Authority Class License # Expiration	

CSI/Geographic Range

Primary Scopes/CSI Spec Sections	
Service States	

Product/Service Segments: *List % of work performed last 3 years in the following:*

Hospital/OSHPD	
Residential	
Higher Education	
K- 12 Schools	
Hospitality	
Tenant Improvement	
Research/Bio Tech	
Commercial Office Building	
Other	



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References

TRADE/SUPPLIER

Company	
Contact /Title	
Phone	
Fax	
Email	

Company	
Contact /Title	
Phone	
Fax	
Email	

Company	
Contact /Title	
Phone	
Fax	
Email	
Company	

GENERAL CONTRACTOR

Company	
Contact /Title	
Phone	
Fax	
Email	

Company	
Contact /Title	
Phone	
Fax	
Email	

Company	
Contact /Title	
Phone	
Fax	
Email	



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Insurance Information

Insurance Carrier(s) for General and Excess	
Liability coverage	
Contact(s)	
Title/Position	
Phone #	
Fax #	
E-mail	
Combined Coverage Limit of General Liability Ins	
Combined Coverage Limit of Excess Liability Ins	

Bonding

Bondable?	
Bonding Company	
Agent name/Phone #	
Can your Broker furnish a letter of Bondability?	
Bonding Rate	
Single project limit	
Aggregate limit	
Available Capacity	

Litigation

Has your company ever defaulted, failed to complete or been terminated on a contract?	
If yes, describe	
Has your company ever gone through a bankruptcy or reorganization	
If yes, describe	



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Safety

Experience Mod Rate (EMR-Workers Comp)	
2007	
2006	
2005	
Does your company have a written drug test program?	
Does your company have a written safety program?	
# OF SERIOUS OSHA VIOLATIONS	
2007	
2006	
2005	
# OF GENERAL OSHA VIOLATIONS	
2007	
2006	
2005	

Attachments: *(Check All That Apply)*

Minority/Disadvantaged Status Certification	
Letter of Bondability - Required	
Submitted by:	
Name Date	
Title	

Thank you for taking the time to complete this sub contractor application. If there is any information or questions that you are not sure of please contact our office: 661.252.7550 x103