



1206 PRICE ST., POMONA, CALIFORNIA 91767

### Sub Contractor Pre-Qualification Form

All Information Must Be Completed For Consideration  
Send completed form to:  
Fax# (909) 469-6241 or e-mail to [sales@toddconstructionservices.com](mailto:sales@toddconstructionservices.com)

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

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Website (If Applicable) \_\_\_\_\_

Email: \_\_\_\_\_

President / Owner: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Form of Business:   \_\_\_ Sole Owner           \_\_\_ Partnership           \_\_\_ Corporation

State of Registration: \_\_\_\_\_                      Date of Registration \_\_\_\_\_

California State Contractors License No(s):  
\_\_\_\_\_

Type: \_\_\_\_\_                      Expiration Date: \_\_\_\_\_

Years In Business: \_\_\_\_\_                      Current Company Management Since: \_\_\_\_\_

Parent Company Name (If Applicable) \_\_\_\_\_

Total Number of Current Employees: \_\_\_\_\_

Annual Dollar Volume Average For The Past Three Years \$ \_\_\_\_\_

Worker Compensation Carrier: \_\_\_\_\_ Policy: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Automotive Insurance Carrier: \_\_\_\_\_ Policy: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Comprehensive Insurance Carrier: \_\_\_\_\_ Policy: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

**Bank References:**

1) Bank Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Amount of Bank Line Of Credit: \$ \_\_\_\_\_

2) Bank Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Amount of Bank Line Of Credit: \$ \_\_\_\_\_

**Vendor References:**

1) Vendor Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Amount of Line Of Credit: \$ \_\_\_\_\_

2) Vendor Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Amount of Line Of Credit: \$ \_\_\_\_\_

3) Vendor Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Amount of Line Of Credit: \$ \_\_\_\_\_

**Project References**

1) Project Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Brief Description Of Project \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Amount of Project: \$ \_\_\_\_\_ Date Completed: \_\_\_\_\_

2) Project Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Brief Description Of Project \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Amount of Project: \$ \_\_\_\_\_ Date Completed: \_\_\_\_\_

3) Project Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Brief Description Of Project \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Amount of Project: \$ \_\_\_\_\_ Date Completed: \_\_\_\_\_