SIMILE CONSTRUCTION

Subcontractor Pre-qual questionnaire

Send completed form to estimating@similebuilt.com

1. Company Information
    a. Company Name _____
    b. Address _____
    c. Phone Number _____
2. CSLB # _____
3. DIR # _____
4. Project references (up to 3)

    _____

    _____

    _____
5. Client references (up to 3)

    _____

    _____

    _____
6. Copy of your Workers Comp Certificate _____
7. Service Area (ie. All of California, Northern California, etc.)

    _____
8. Prevailing or non-prevailing projects _____
9. Typical Project value _____
10. Years in business _____
11. Estimator Contact information

    Contact Name _____

    Email _____

    Cell _____

    Phone / ext. _____

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