

**DAY CONSTRUCTION COMPANY**  
**PHONE: 714-885-8950 FAX: 714-885-8965**

**SUBCONTRACTOR QUALIFICATION FORM**

**GENERAL**

Firm Name: \_\_\_\_\_

License #: \_\_\_\_\_

Corporation (List State) or Sole Proprietor: \_\_\_\_\_

Number of Years in Business under this License: \_\_\_\_\_

Business Classification, if any (DVBE, SBE, WOSB, Etc): \_\_\_\_\_

**INSURANCE & BONDING**

Minimum requirements are A rated company, \$1 million General Liability naming Day Construction as additional insured and in force workman's compensation. Please provide evidence of ability to comply with insurance requirements and bonding capacity, if any.

**REFERENCES**

List 3 major supplier references with Company name, Contact name, and phone number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List 3 major General Contractor references with which you have completed projects in the past 3 years. Include Company name, Contact name, and phone number.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Attach any company literature or certifications applicable.