



# OCC CONSTRUCTION, INC.

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*where vision becomes reality*

## SUBCONTRACTOR PRE-QUALIFICATION FORM

Name of Company:

FEIN/SSN #:

Physical Address:

Mailing Address:

Office #:  Fax #:

Website:  Years in Business:

Contact Name:

Position:

Mobile #:

Email:

Company Business License Information (provide where applicable). **Please attach copies of licenses.**

State License #:  State licensed in:

County License #:  County licensed in:

City License #:  City licensed in:

Are you bonded?  Yes  No

If yes, please provide the following information:

Bonding Agent:

Contact Name:  Phone #:

Bonding Company:

Policy #:

Aggregate:  Bond Rate:

Can you obtain the following as needed?    Performing Bond    Completion Bond    Payment Bond

List all trades that your company performs:

Insurance Agent:

Contact Name:  Phone #:

Insurance Company:

Policy #:

Aggregate:

Occurrence:

Workers' Comp Company:

Contact Name:  Phone #:

Policy #:

Automobile:

Policy #:

Are you EPA certified?  Yes  No                      If yes, EPA #:

Warranty Policy:

**Please attach a copy of your company's certificate of insurance.**

Is your company Minority Business Enterprise (MBE), Women's Business Enterprise (WBE), Disadvantaged Business Enterprise (DBE), Small Business Enterprise (SBE), SBA 8(A)? Yes or No

List all that applies:

Certifying Agency:

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Preparer's Name:

Date:

Thank you for your interest.

All information provided in this form will be kept confidential.

Please submit your completed form via email to [admin@occonstructioninc.com](mailto:admin@occonstructioninc.com) or fax to 800.610.7213 or mail to:

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