



NORTH ORANGE COUNTY  
COMMUNITY COLLEGE DISTRICT

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**CONTRACTOR**  
PREQUALIFICATION QUESTIONNAIRE

Fullerton College  
Business 300 Modernization  
DSA Project No. A#-04-0121906

**SUBMITTAL DUE:**

June 20, 2023, at 2:00 pm

**TABLE OF CONTENTS**

**I. GENERAL .....4**

- A. PROJECT NAME AND LOCATION.....4
- B. OWNER.....4
- C. DISTRICTS PROJECT MANAGER .....4
- D. ARCHITECT .....4
- E. PROJECT BACKGROUND INFORMATION .....4
- F. PROJECT DESCRIPTION .....4
- G. PROJECT TIMING .....5
- H. PUBLIC WORKS COMPLIANCE MONITORING AND PREVAILING WAGES .....5
- I. PREQUALIFICATION PROCESS .....5
  - 1. Questionnaire.....5
  - 2. Submittal Procedures, Deadline and Timeline.....6
  - 3. Criteria for Evaluating Prospective Bidders Statement of Qualification.....6
- J. BID PREPARATION, BID EVALUATION AND CONTRACT AWARD PROCESS .....8
- K. JOINT VENTURES .....8

**II. PREQUALIFICATION QUESTIONNAIRE .....9**

- A. CONTRACTORS NAME AND ADDRESS .....9
- B. CONTRACTORS TEAM COMPOSITION .....9
- C. TYPE OF BUSINESS ORGANIZATION.....10
- D. YEAR COMPANY WAS ESTABLISHED.....10
- E. PARENT COMPANY INFORMATION (IF APPLICABLE).....11
- F. LIST OF ALL FORMER COMPANY NAMES .....11
- G. LICENCES .....11
- H. JOINT VENTURE .....13
- I. CONTRACTOR’S LICENSE BOARD DISCIPLINARY PROCEEDINGS .....14
- J. DEBARMENT.....14
- K. LABOR CODE VIOLATIONS .....14
- L. SURETY .....15
- M. FINANCIAL CAPABILITY .....16
- N. FINANCIAL DATA .....16
- O. INSURANCE .....17
- P. EXPERIENCE MODIFICATION RATE .....18
- Q. YEARS OF EXPERIENCE.....18
- R. PROJECT COMPLETION.....18
- S. SELF PERFORMANCE .....19
- T. LIQUIDATED DAMAGES .....19
- U. SUPPLEMENTAL COMPANY INFORMATION .....19
  - 1. Safety Program .....19
  - 2. Quality Control Processes.....20

**III. PROJECT EXPERIENCE .....21**

- A. CONTRACTOR CONSTRUCTION PROJECT EXPERIENCE (COMPARABLY SIZED PROJECTS .....21
- B. CONTRACTOR EXPERIENCE: RENOVATION ..... 22
- C. CONTRACTOR HISTORIC PRESERVATION EXPERIENCE .....30
- D. CONTRACTOR KEY PERSONNEL EXPERIENCE .....34

**IV. CLAIMS HISTORY ..... 38**

- A. OWNER AGAINST CONTRACTOR CLAIM ..... 39
- B. CONTRACTOR AGAINST OWNER CLAIM ..... 40

**V. REQUIRED COMPLETED ATTACHMENTS ..... 41**

**VI. DECLARATION ..... 42**

**I. GENERAL**

**A. PROJECT NAME AND LOCATION**

Fullerton College Business 300 Modernization (Renovate Building 300)  
Fullerton, California

**B. OWNER**

North Orange County Community College District

**C. DISTRICTS PROJECT MANAGER**

Oscar Saghie  
Fullerton College - Campus Capital Projects  
321 East Chapman Avenue  
Fullerton, CA 92832-2095

**D. ARCHITECT**

Westberg White Architecture  
7700 Irvine Center Drive,  
Suite 100  
Irvine, CA 92618

**E. PROJECT BACKGROUND INFORMATION**

Building 300 was constructed by the Works Progress Administration (WPA) in 1937.

**F. PROJECT DESCRIPTION**

Building 300 is located at Fullerton College, 321 East Chapman Avenue, Fullerton, California and is listed in the National Register of Historic Places as well as considered a contributing to the historic district of Fullerton College. All work done on Building 300 project must conform to the Bid Documents and is subject to review by the Division of State Architect (DSA), Fullerton College and North Orange County Community College District. The scope of work consists of a single contract for the modernization & restoration of Building 300 and includes General conditions, provision of temporary facilities and controls; selective demolition, seismic concrete foundation upgrade, extensive interior modernization, exterior concrete repair and painting, refurbishing of exterior building elements such as doors & windows, earthwork, subdrainage systems, repair & painting; rough carpentry, finish and carpentry and upgrades to all mechanical/electrical/controls/and tel/data systems.

The principal activities involved in this project include:

- Project Supervision and Administration of the modernization/restoration Project
- Seismic Upgrade
- Exterior Concrete & Interior Plaster Restoration of Historic Building
- Electrical and HVAC Upgrades
- Modernize interior spaces to support instructional methods.
- Abatement of hazardous materials
- Increase restrooms capacity.
- Extensive new landscaping/irrigation and hardscape

**Estimated Total Construction Cost: \$25,000,000**

**G. PROJECT TIMING**

The Division of State Architect is currently reviewing project documents. All prospective bidders are encouraged but not required to visit the project site.

The Project will proceed into construction immediately upon Contractor selection and award of the Contract. Estimated Contract Time: 20 months.

The Contract Time will include mobilization, construction, commissioning, and close-out of the project.

**H. PUBLIC WORKS COMPLIANCE MONITORING AND PREVAILING WAGES**

This project is subject to General Prevailing Wages predetermined by the Department of Industrial Relations (DIR) and is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

No contractor or subcontractor may be listed on a Bid for this project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5 [with limited exceptions from this requirement for bid purposes only under Labor Code section 1771.1(a)]. No contractor or subcontractor may be awarded any portion of this project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5.

**I. PREQUALIFICATION PROCESS**

The North Orange County Community College District (the District) requires that prospective bidders must submit a completed Qualifications Statement as set forth herein. A completed Bidder's Qualifications Statement must be submitted to the District's PlanetBids NOCCD vendors portal by **2:00 p.m. on June 20, 2023**. Failure to complete the Bidder's Qualifications Statement could result in the disqualification of the prospective bidder.

The qualifications of prospective bidders will be evaluated by representatives of the District, Fullerton College, and the Architect of Record in accordance with the Evaluation Criteria set forth herein. Prospective bidders whose Bidder's Qualifications Statements are determined to be acceptable will be identified as Qualified Bidders.

The District will notify in writing all the Prospective Bidders who have been determined to be Qualified Bidders. The District will issue bid proposal forms, plans and specifications only to Qualified Bidders. Only bids received from Qualified Bidders will be opened.

The successful Contractor will hold a current and active B – General Building Contractor license and be responsible for retaining subcontractors to perform the respective trade work as described and specified in the Contract Documents. Each member of the Contractor's team shall comply with the laws of the State of California and hold all required licenses to perform the work for which it is duly authorized.

To prequalify, the Contractor must meet all the requirements described in this questionnaire. The purpose of the Prequalification Questionnaire is to provide the District with sufficient information to determine if the Contractor is "responsible." The term "responsible" refers to trustworthiness, quality, fitness, capacity, experience, financial stability, and the ability to satisfactorily perform the work.

**The prequalification process is as follows:****1. Questionnaire**

Provide all requested information, as applicable, on the questionnaire. Any prospective Contractor failing to do so may be deemed non-responsive with respect to the prequalification process for this project. All information submitted for prequalification evaluation will be considered official information acquired in confidence, and the District will maintain its confidentiality to the extent permitted by law.

**2. Non-Mandatory Prequalification Conference**

Interested participants should attend a non-mandatory virtual pre-qualification conference at 9:00 AM on Tuesday May 23, 2023. Interested participants must contact Danny Tran at [dtran@noccd.edu](mailto:dtran@noccd.edu) by May 19 to request an invitation to the meeting. Attendees are advised to log in 5-10 minutes prior to the scheduled start time to ensure a smooth and uninterrupted session.

**3. Submittal Procedures, Deadline and Timeline**

Contractors interested in prequalifying to propose on this project must submit a completed Prequalification Questionnaire. The District is not responsible for any costs that Contractors may incur to complete the prequalification process. All applicable portions of the attached forms shall be completed with attachments if the space provided on the questionnaire is not sufficient.

- Provide one (1) electronic copy of the Prequalification Questionnaire at the NOCCCD Vendor Portal of PlanetBids. Submittals must be received no later than:

**Monday June 20, 2023 AT 2:00 PM**

- Submission of Prequalification Questionnaires must be electronically submitted to the PlanetBids NOCCCD Vendor Portal with all required documents included.

**Prequalification Process Timeline**

Upload Pre-Qualification Questionnaires	May 17, 2023
Non-Mandatory Prequalification Conference	May 23, 2023, at 9 A.M. via Zoom
Last day for Pre-Qualification Questions	June 08, 2023, at 5:00 P.M. to NOCCCD Vendor Portal of PlanetBids
Addendum	June 13, 2023
Pre-Qualifications Questionnaires Due	June 20, 2023, at 2:00 P.M.
Pre-Qualification Review	June 22, 2023 – July 10, 2023
Notice of Prequalification Results	July 13, 2023
Last Day for Prequalification Results Appeal	July 17, 2023, at 4:00 P.M. to Jenney Ho - <a href="mailto:jho@noccd.edu">jho@noccd.edu</a>

**The NOCCCD reserves the right to change the dates prescribed in the above timeline.**

**4. Criteria for Evaluating Prospective Bidders Statement of Qualification**

A. The following criteria will be used for evaluating the qualifications of prospective bidders. The evaluation will be based on information in the Statement of Qualifications provided by prospective bidders as well as information supplied by the bidders' references.

**1. CONSTRUCTION EXPERIENCE**

- a. The prospective bidder, acting as general contractor, will be required to demonstrate verifiable, successful experience in bidding, managing & supervising the construction, commissioning, and closeout of projects for higher education, municipalities, or high-end commercial clients. This experience shall include at least three (3) modernization projects with construction cost of at least \$15,000,000 within the past ten (10) years. At least two projects must have been reviewed and inspected by the Division of State Architect (DSA).

- b. The prospective bidder, acting as general contractor, will be required to demonstrate verifiable, successful experience in Project Supervision and Administration of Historic Preservation/Restoration Projects. This experience shall include at least one (1) project involving separate historic buildings or sites of similar activities and scope of work as the subject project, completed within the past twenty (20) years preceding the date of the execution of this Qualifications Statement. Each project must be at least \$5,000,000.
- c. The prospective bidder, acting as the general contractor, will be required to demonstrate verifiable, and successful experience working on an active campus.

**2. KEY PERSONNEL:**

The prospective bidder's proposed project manager and superintendent will be required to demonstrate verifiable, successful experience with projects of the type, size and budget as noted above in Section 1.a and Section 1.b.

**3. LICENSE:** Hold the proper license(s), current and active.

**4. SURETY:** Submit a notarized statement from the proposed surety(ies) that states:

- a. Contractor's current available bonding capacity meets or exceeds the minimum capacity described in the Questionnaire.
- b. Contractor's total bonding capacity.
- c. Surety(ies) proposed to be used on the project is an admitted surety insurer as defined in the California Code of Civil Procedure Section 995.120.
- d. Surety(ies) acknowledges its intent to provide bonding of the Project in the event Contractor is awarded the Project.

**1. INSURANCE:** Submit a written declaration from its insurance agent/broker/carrier stating that the Contractor is able to obtain insurance that meets or exceeds the limits and ratings required for this project. Submit a copy of Contractor's insurance certificate.

**2. ANNUAL REVENUE:** Have an annual 2022 revenue equal to or greater than **\$60,000,000**.

**3.** Submit all requested information that is current, accurate, and complete.

**B.** To be selected for the opportunity to submit a bid, a prospective Contractor, including any proposed joint venture partners, must not have:

- 1. EXPERIENCE MODIFIER RATE:** An Experience Modifier Rate (EMR: Workers' Comp) injury rating above 1.25 for 5 or more of the past ten years. If the Contractor does not have ten years of data, the rating shall not be greater than 1.25 for 50% or more of the years data is available.
- 2. SURETY:** A surety complete work on any contract within the past ten years.
- 3. CONTRACTOR LICENSE BOARD DISCIPLINARY PROCEEDINGS:** Contractors' State License Board disciplinary action in the past ten years.
- 4. LABOR CODE VIOLATIONS:** Willful Labor Code violations including, but not limited to, repeated or willful violations of applicable laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices during the past ten years.
- 5. CLAIMS HISTORY:** A claim that meets the parameters specified in the Claims History section.

**C.** Contractor will be evaluated on the following additional criteria:

- 1. FINANCIAL DATA:** A desired financial ratio of at least 1.0 for assets to liabilities (cash, accounts receivable net of allowance for uncollectible receivables) / (accounts payable, current portion of long-term debt), and has a debt to net worth ratio (long term debt) / (net worth), of less than 35%. The information submitted will receive points based on the average ratio computed. The District may deem Contractors with poor financial standing not qualified.

**THE DISTRICT MAY FIND A PROSPECTIVE CONTRACTOR NOT QUALIFIED  
IF THE DISTRICT RECEIVES POOR PERFORMANCE REFERENCES ON OTHER PROJECTS.**

Questionnaires failing to clearly present all the requested information, or that are not in the format requested may be considered nonresponsive and rejected on that basis. Submittal must be complete and fully responsive to the Prequalification Questionnaire requirements.

After reviewing the Prequalification Questionnaire, the District may request clarifying information. The Questionnaire must be complete and address all the stated requirements. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE" do not leave any spaces blank.

The District reserves the right to re-open the Contractor prequalification process if the District determines that there are insufficient prequalified Contractors to support the Proposal process.

Contractors will be notified in writing of their prequalification status after evaluation of the Prequalification Questionnaires.

### **Appeals**

Prospective Contractors that do not prequalify as a result of their response to the Questionnaire process will receive written notice from the District and may request an informal hearing to contest the District's decision. The request for a hearing must be received in writing within three business days of receipt of the District's notice and must state the basis of the appeal. The decision reached by THE DISTRICT as the result of any resulting hearing is final and may not be appealed.

The District reserves the right to reject any or all responses to Prequalification Questionnaires and any or all proposals and to waive any non-material irregularities in any response or proposal received.

### **PROPOSERS SHALL AVOID A CONFLICT OF INTEREST.**

Any consultant hired to develop the program plan or project proposal documents on behalf of The District shall be precluded from participating as a member of the Contractor team.

## **J. BID PREPARATION, BID EVALUATION AND CONTRACT AWARD PROCESS**

Contractors that successfully prequalify will be invited to submit a bid to construct the project. Additional information and details regarding bid preparation, submittal and the College's evaluation and award process will be provided to the prequalified Contractors in the Request for Proposals and mandatory pre-proposal conference.

## **K. JOINT VENTURES**

If two entities intend to form a Joint Venture for the purpose of executing the work on the Project, they must state their intentions on the Prequalification Questionnaire Form. Each entity of the proposed Joint Venture must submit a separate and independent set of the Prequalification Questionnaire forms. To be considered, each entity must meet the requirements in Item I.3, *Criteria for Evaluating Prospective Bidders Statement of Qualification*, except for Items I.3.A.1 or I.3.C.1 which will be scored on the basis of combined strength of the proposed Joint Venture. Item I.3.A.4, *Surety*, shall be submitted on one of the two applicants' forms completely documenting the stated requirements by a qualified Surety. Requests of Contractor Joint Ventures to prequalify for this project will not be considered after close of acceptance of prequalification questionnaires unless the District decides that it is in its best interest to reopen the prequalification process in a manner stated in the prequalification questionnaire.



**II. PREQUALIFICATION QUESTIONNAIRE**

ALL INFORMATION REQUESTED MUST BE FURNISHED ON THE FORMS PROVIDED BELOW  
AND MUST BE COMPLETED IN ORDER TO PREQUALIFY.

**A. CONTRACTORS NAME AND ADDRESS**

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

Telephone: \_\_\_\_\_ CA License No. \_\_\_\_\_

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

State & Zip Code: \_\_\_\_\_

Contact Person #1 \_\_\_\_\_ Title \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person #2 \_\_\_\_\_ Title \_\_\_\_\_ Email: \_\_\_\_\_

**B. CONTRATORS TEAM COMPOSITION**

1. Contractor: \_\_\_\_\_  
Company Name

Does Contractor specified in section II.A above intend to self-perform the Historic  
Preservation/Restoration trade work?

Yes  No

*If no, complete Section II.B.2 below **and** the Historic Preservation/Restoration Subcontractor  
Prequalification Questionnaire,*

2. Historic Preservation/Restoration Contractor:

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

Telephone No. \_\_\_\_\_ CSLB License Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

**C. TYPE OF BUSINESS ORGANIZATION**

<i>Provide the following information for the Contractor/Contractor:</i>	
Corporation: <input type="checkbox"/> State of Incorporation: _____ Partnership: <input type="checkbox"/> Joint Venture: <input type="checkbox"/> Sole Proprietorship: <input type="checkbox"/> Other: <input type="checkbox"/> _____ If a <b>partnership</b> , provide the following information: Date of Organization: _____ General: <input type="checkbox"/> Association: <input type="checkbox"/> Name and complete legal address of each general partner:	
Partner's Name	Legal Address
Partner's Name	Legal Address

Total number of employees on payroll in the corporation:	
Total number of employees on payroll in the local office submitting this prequalification:	

Principal Office (if different from above):	_____
	Street Address
	_____
	City, State & Zip Code

President's Name	Vice President's Name
Secretary's Name	Treasurer's Name

**D. YEAR COMPANY WAS ESTABLISHED**

Year established:	
-------------------	--

**E. PARENT COMPANY INFORMATION (IF APPLICABLE)**

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

Telephone: \_\_\_\_\_ Website \_\_\_\_\_

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

State & Zip Code: \_\_\_\_\_

Contact Person \_\_\_\_\_ Email: \_\_\_\_\_  
Name Title

**F. LIST OF ALL FORMER COMPANY NAMES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. LICENCES**

**Contractors** must have a current and active **General Building (B)** Contractor California Contractors State License(s) for this project.

**The entity submitting this Prequalification Questionnaire must be the holder of the requisite license(s).**

Does your firm have the required current and active California State Contractors license(s)? Yes  No

<b>Name of Licensee</b> as it appears on record with the California Contractors State License Board: _____		
License No. _____	Issue Date: _____	Expiration Date: _____
License Class/Classes _____	Certification(s) _____	

**Has the above contractor license been suspended or revoked by the California Contractors State License Board within the past ten years?** Yes  No

If yes, please explain:

**H. JOINT VENTURE**

List Joint Venture’s license information above and license information for all Joint Venture entities below:

<b>For Joint Venture Entity #1 of 2:</b>
<b>Name of Licensee</b> as it appears on record with the California Contractors State License Board:
License No. _____ Issue Date: _____ Expiration Date: _____
License Class/Classes: _____
Description of Classification(s): _____
Description of Certification(s): _____
<b>Has the above contractor license been suspended or revoked by the California Contractors State License Board within the past ten years?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain:

<b>For Joint Venture Entity #2 of 2:</b>
<b>Name of Licensee</b> as it appears on record with the California Contractors State License Board:
License No. _____ Issue Date: _____ Expiration Date: _____
License Class/Classes: _____
Description of Classification(s): _____
Description of Certification(s): _____
<b>Has the above contractor license been suspended or revoked by the California Contractors State License Board within the past ten years?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain:

**JOINT VENTURE APPLICANTS:** For Joint Venture applications by two or more licensees, the Joint Venture entities must submit a written commitment to obtain the proper California joint venture license by the Prequalification Questionnaire submittal deadline, and at least one entity of the joint venture must have a proper license that is current and active upon submission of the Contractor Prequalification Questionnaire. The letter of commitment must include:

1. Name, address, and phone number of the Joint Venture as it will appear on the records of the Contractors State License Board
2. Name, address, and telephone number of each entity comprising the Joint Venture as it appears on the records of the Contractors State License Board
3. Name of the Responsible Managing Officer of the Joint Venture
4. Organizational chart of the Joint Venture
5. Signatures of the Responsible Managing Officers for each entity comprising the Joint Venture

**ALL LICENSES MUST BE CURRENT AND ACTIVE THROUGHOUT THE PROJECT.**

**I. CONTRACTOR'S LICENSE BOARD DISCIPLINARY PROCEEDINGS**

Has your company, during the past ten years, received any disciplinary action from the California Contractors State License Board? Yes  No

If yes, give details including dates:

**J. DEBARMENT**

Is your company currently debarred by any Federal, State, or local agency? Yes  No

If yes, give details including dates:

**K. LABOR CODE VIOLATIONS**

Has your company, during the past ten years, received a determination by a court or an administrative agency of any Labor Code violations including, but not limited to laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices on public works projects?

Yes  No

Determinations by a court or an administrative agency of a violation of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices on public works projects due to the mistake, inadvertence or neglect of your organization may be grounds for disqualification if there are three or more such determinations during the past ten years.

If yes, give details including dates:

**L. SURETY**

List below all Surety companies used by your company **within the past ten years** and state whether the Surety had to complete any part of your work including, but not limited to warranty-related repairs or other defective workmanship on any contract within the past ten years:

SURETY COMPANY #1:			
Surety's Name	Telephone		
Address: _____	_____	_____	_____
	Street Address	City & State	Zip Code
_____ to _____	<b>Has listed Surety Company #1 completed work on a project your firm defaulted on?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
MM/YYYY	MM/YYYY		
<b>(Period Covered)</b>			
SURETY COMPANY #2:			
Surety's Name	Telephone		
Address: _____	_____	_____	_____
	Street Address	City & State	Zip Code
_____ to _____	<b>Has listed Surety Company #2 completed work on a project your firm defaulted on?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
MM/YYYY	MM/YYYY		
<b>(Period Covered)</b>			
SURETY COMPANY #3:			
Surety's Name	Telephone		
Address: _____	_____	_____	_____
	Street Address	City & State	Zip Code
_____ to _____	<b>Has listed Surety Company #3 completed work on a project your firm defaulted on?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
MM/YYYY	MM/YYYY		
<b>(Period Covered)</b>			
SURETY COMPANY #4:			
Surety's Name	Telephone		
Address: _____	_____	_____	_____
	Street Address	City & State	Zip Code
_____ to _____	<b>Has listed Surety Company #4 completed work on a project your firm defaulted on?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
MM/YYYY	MM/YYYY		
<b>(Period Covered)</b>			

**M. FINANCIAL CAPABILITY**

**Attach** a notarized statement from the surety (ies) that states the following:

1. Current available bonding capacity meets or exceeds the project Estimated Construction Cost;
2. Total bonding capacity;
3. Surety(ies) proposed to be used on the project is an admitted surety insurer as defined in the California Code of Civil Procedure Section 995.120; and
4. Surety(ies) acknowledges its intent to provide bonding of the Project in the event Contractor is awarded the Project.

**N. FINANCIAL DATA**

Provide your company's Total Revenue, Net Income, Current Assets, Current Liabilities, Total Debt, and Total Net Worth for the past three (3) fiscal years. Specify your company's total and current available bonding capacity.

**1. Total Revenue (past 3 fiscal years):**

Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_

**2. Net Income (past 3 fiscal years):**

Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_

**3. Current Assets (past 3 fiscal years):**

Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_

**4. Current Liabilities (past 3 fiscal years):**

Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_

**5. Total Debt (past 3 fiscal years):**

Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_

**6. Total Net Worth (past 3 fiscal years):**

Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_

**7. Total Bonding Capacity:**

\$ \_\_\_\_\_

**8. Total Available Bonding Capacity:**

\$ \_\_\_\_\_

***PROVIDE ONE (1) COPY OF ALL AUDITED PROFIT AND LOSS STATEMENTS FOR THE PAST THREE YEARS OF OPERATION WITH SUBMISSION.***



**O. INSURANCE**

The successful Contractor for this Project will be required to furnish certificates of insurance on College’s form evidencing that it shall furnish and maintain Commercial Form of General Liability, Excess Liability (if applicable), Contractor’s Professional Liability, Business Automobile Liability, Pollution Liability, and Workers’ Compensation insurance in the amounts below.

Please note that it is highly likely that this project will be covered by NOCCCD OCIP. However, provide information required below.

The insurance required for Commercial Form General Liability, Excess Liability, Contractor’s Professional Liability, Business Automobile Liability, and Pollution Liability Insurance shall be issued by companies with a Best rating of A- or better, and a financial classification of VIII or better (or an equivalent rating by Standard & Poor or Moody’s) written for not less than the following:

COMMERCIAL FORM GENERAL LIABILITY INSURANCE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
<i>Each Occurrence</i> - Combined Single Limit for Bodily Injury and Property Damage: _	\$3,000,000
Products-Completed Operations Aggregate: _	\$2,000,000
Personal and Advertising Injury: _	\$2,000,000
General Aggregate: _	\$4,000,000

CONTRACTOR’S PROFESSIONAL LIABILITY – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
Professional Liability _	\$2,000,000

BUSINESS AUTOMOBILE LIABILITY INSURANCE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
<i>Each Accident</i> - Combined Single Limit for Bodily Injury and Property Damage: _	\$2,000,000

POLLUTION LIABILITY INSURANCE – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
Each Occurrence: _	\$5,000,000
Products-Completed Operations Aggregate: _	\$5,000,000
General Aggregate: _	\$5,000,000

**WORKERS’ COMPENSATION** – As required by Federal and State of California law

EMPLOYER’S LIABILITY – LIMITS OF LIABILITY	MINIMUM REQUIREMENT
Each Employee: _	\$1,000,000
Each Accident: _	\$1,000,000
Policy Limit: _	\$1,000,000

Insurance required for Workers’ Compensation and Employer’s Liability Insurance shall be issued by companies that have a (i) Best rating of B+ or better, and a financial classification of VIII or better (or an equivalent rating by Standard & Poor or Moody’s) or (ii) that are acceptable to the College. Such insurance shall be written to be not less than (as required by Federal and State of California law).

1. Is your firm able to obtain the insurance in the required limits and ratings from companies that meet the criteria stated above? Yes  No
2. If “yes,” *provide declaration(s) from your insurance agent/broker/carrier* stating that your firm is able to obtain insurance coverage in the limits and ratings stated above from the insurance companies required for this Project.
3. **Provide a copy of your company’s insurance certificate.**

**P. EXPERIENCE MODIFICATION RATE**

---

List your company’s Workers’ Compensation Experience Modification Rate for the past ten years:

2013: \_\_\_\_ 2014: \_\_\_\_ 2015: \_\_\_\_ 2016: \_\_\_\_ 2017: \_\_\_\_  
2018: \_\_\_\_ 2019: \_\_\_\_ 2020: \_\_\_\_ 2021: \_\_\_\_ 2022: \_\_\_\_

If the Contractor does not have ten years of data, the rating shall not be greater than 1.25 for 50% or more of the years data is available.

If the Modification Rate has been above 1.25 for five or more of the past ten years, provide an explanation, including dates:

---

***Provide a letter from your Workers’ Compensation carrier***  
showing your Experience Modification rate for the past ten years.

**Q. YEARS OF EXPERIENCE**

---

Does your company have at least ten years of experience as a **General Building Contractor**?  
Yes  No

Does your company have at least 5 years of experience as a **Historic Preservation/Restoration Experience and Contracting**?  
Yes  No

**R. PROJECT COMPLETION**

---

Has your company failed to complete a Contract or been removed from a project within the past ten years? Yes  No

If yes, give details including dates:

**S. SELF PERFORMANCE**

---

Does your company have the ability to self-perform a minimum of 10% of the work of the construction contract? Yes  No

If yes, list trades your company self-performs:

_____	_____
_____	_____
_____	_____
_____	_____

**T. LIQUIDATED DAMAGES**

---

Has your company been assessed liquidated damages for failing to complete a contract within the time specified in the contract documents within the past ten years? Yes  No

If yes, give details including dates:

**U. SUPPLEMENTAL COMPANY INFORMATION**

---

**1. Safety Program**

- a. Does your company have a written Injury and Illness Prevention Program (IIPP) that complies with California Code of Regulations, Title 8 Sections 1509 and 3203? Yes  No
- b. Does your company have personnel permanently assigned to safety? Yes  No

*If yes, state the names of all personnel who are assigned and list their specific duties:*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Specific Duties:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Specific Duties:

**2. Quality Control Processes**

- a. Does your company have a written QA/QC program? Yes  No
- b. Does your firm have personnel permanently assigned to QA/QC? Yes  No

*If yes, state the names of all personnel who will be permanently assigned and list their specific duties:*

Name: _____	Title: _____
Specific Duties:	

Name: _____	Title: _____
Specific Duties:	

*(If more space is needed, provide the information on your company's letterhead with reference to the project name and number and attach it to this Questionnaire.)*

### III. PROJECT EXPERIENCE

#### A. CONTRACTOR CONSTRUCTION PROJECT EXPERIENCE (COMPARABLY SIZED PROJECTS)

*Only information, experience and Work performed by the Contractor's office that will bid, manage, construct, and staff the project will be considered for prequalification unless otherwise indicated below.*

1. Submit up **projects completed in the past 10 years or that are currently under construction and at least 75% complete** that meet the criteria listed below and demonstrate the Contractor's ability to successfully complete the project with respect to project size, scope, cost, use, complexity, etc.
  - At least four (3) renovation projects located in the **STATE OF CALIFORNIA** for which the construction cost was at least \$15 million each for higher education, municipalities, or high-end commercial clients. Need not be a Historic Preservation/Restoration, however, a \$15 million Historical Preservation/Restoration will satisfy both criteria items.
  - At least one (1) project involving **Historic Preservation/Restoration** for which the construction was at least \$5 million within the past twenty (20) years. This experience shall include projects involving separate historic buildings or sites of similar activities and scope of work as the subject project.
  - At least one (1) project that were constructed **ON AN ACTIVE CAMPUS IN AN AREA OF OCCUPIED FACILITY** for which the construction cost was at least \$15 million each.
2. Submit a list of all renovation projects completed in the past 10 years and historic preservation/renovations projects completed in the last 20 years that include some or all of the criteria listed above. Include the following details:
  - Project Name
  - Project Owner, include Contact Name, Title, Phone Number, and Email Address
  - Final Construction Amount
  - Completion Date
3. Projects presented for consideration must be submitted on the forms attached to this section. Additional information and photographs can be submitted with forms.

**B. CONTRACTOR EXPERIENCE: RENOVATION**

**CONTRACTOR PROJECT #1 (minimum \$15 Million Renovation)**

*Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."*

Project Name:	_____		
Project or Contract Number:	_____		
Project Location:	_____	_____	_____
	Street Address	City & State	Zip Code

Owner Information:	_____		
	Owner's Name		
Address:	_____	_____	_____
	Street Address	City & State	Zip Code
Contact Person:	_____		
	Name & Title		
	_____	_____	
	Telephone	Email	

Address of <b>Contractor's</b> Office that Performed the Work:			
_____			
	Street Address	City & State	Zip Code
Contact Person:	_____		
	Name & Title		
Email:	_____	Telephone:	_____
Name of Contractor's <b>Project Manager</b> for project: _____			
Was the Project Manager listed above assigned the job at the start of the project?			Yes ___ No ___
Did the Project Manager listed above complete the project?			Yes ___ No ___
Name of Contractor's <b>Superintendent</b> for project: _____			
Was the Superintendent listed above assigned the job at the start of the project?			Yes ___ No ___
Did the Superintendent listed above complete the project?			Yes ___ No ___

<b>Contract Time:</b>		
Start Date:	_____	Scheduled Completion Date: _____
	Month/Day/Year	Month/Day/Year
Actual Completion Date:	_____	Days Extended due to Unexcused Delays: _____
	Month/Day/Year	
If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)		
<b>Contract Amount:</b>		
\$ _____	\$ _____	\$ _____
Base Amount	Adjustment Due to Change Orders	Final Contract Amount

**Project Information:**

**Completed For:** Public Client  Private Client  Institution of Higher Learning Client   
Other  Specify: \_\_\_\_\_

**Type of Facility:** Classroom Office  Other  **Specify building gross square footage:** \_\_\_\_\_

**Historical Restoration:** Yes  No  (Optional)

- Did this project include the structural concrete/foundation rehabilitation?** Yes  No
- Did this project include the replacement of an electrical system?** Yes  No
- Did this project include the replacement of an HVAC/plumbing system?** Yes  No
- Did this project include upgrading/retrofitting an elevator?** Yes  No

**Project Description:** *(Provide a brief description and photographs)*

**CONTRACTOR PROJECT #2 (minimum \$15 Million Renovation)**

Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."

Project Name: \_\_\_\_\_  
Project or Contract Number: \_\_\_\_\_  
Project Location: \_\_\_\_\_ Street Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Owner Information: \_\_\_\_\_ Owner's Name \_\_\_\_\_  
Address: \_\_\_\_\_ Street Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Name & Title \_\_\_\_\_  
\_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address of **Contractor's** Office that Performed the Work:  
\_\_\_\_\_ Street Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Name & Title \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of Contractor's **Project Manager** for project: \_\_\_\_\_  
Was the Project Manager listed above assigned the job at the start of the project? Yes \_\_\_ No \_\_\_  
Did the Project Manager listed above complete the project? Yes \_\_\_ No \_\_\_  
Name of Contractor's **Superintendent** for project: \_\_\_\_\_  
Was the Superintendent listed above assigned the job at the start of the project? Yes \_\_\_ No \_\_\_  
Did the Superintendent listed above complete the project? Yes \_\_\_ No \_\_\_

**Contract Time:**

Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year  
Actual Completion Date: \_\_\_\_\_ Days Extended due to Unexcused Delays: \_\_\_\_\_  
Month/Day/Year  
If project is not complete, specify percentage of completion: \_\_\_\_\_ % (Total cost of work in place)

**Contract Amount:**

\$ \_\_\_\_\_ Base Amount  
\$ \_\_\_\_\_ Adjustment Due to Change Orders  
\$ \_\_\_\_\_ Final Contract Amount



**Project Information:**

**Completed For:** Public Client  Private Client  Institution of Higher Learning Client   
Other  Specify: \_\_\_\_\_

**Type of Facility:** Classroom Office  Other  **Specify building gross square footage:** \_\_\_\_\_

**Historical Restoration:** Yes  No  (Optional)

- Did this project include the structural concrete/foundation rehabilitation?** Yes  No
- Did this project include the replacement of an electrical system?** Yes  No
- Did this project include the replacement of an HVAC/plumbing system?** Yes  No
- Did this project include upgrading/retrofitting an elevator?** Yes  No

**Project Description:** *(Provide a brief description and photographs)*

**CONTRACTOR PROJECT #3 (minimum \$15 Million Renovation)**

*Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."*

Project Name: \_\_\_\_\_  
Project or Contract Number: \_\_\_\_\_  
Project Location: \_\_\_\_\_  
Street Address City & State Zip Code

Owner Information: \_\_\_\_\_  
Owner's Name  
Address: \_\_\_\_\_  
Street Address City & State Zip Code  
Contact Person: \_\_\_\_\_  
Name & Title  
Telephone Email

Address of **Contractor's** Office that Performed the Work:  
\_\_\_\_\_  
Street Address City & State Zip Code  
Contact Person: \_\_\_\_\_  
Name & Title  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of Contractor's **Project Manager** for project: \_\_\_\_\_  
Was the Project Manager listed above assigned the job at the start of the project? Yes \_\_\_ No \_\_\_  
Did the Project Manager listed above complete the project? Yes \_\_\_ No \_\_\_  
Name of Contractor's **Superintendent** for project: \_\_\_\_\_  
Was the Superintendent listed above assigned the job at the start of the project? Yes \_\_\_ No \_\_\_  
Did the Superintendent listed above complete the project? Yes \_\_\_ No \_\_\_

**Contract Time:**

Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year  
Actual Completion Date: \_\_\_\_\_ Days Extended due to Unexcused Delays: \_\_\_\_\_  
Month/Day/Year  
If project is not complete, specify percentage of completion: \_\_\_\_\_ % (Total cost of work in place)

**Contract Amount:**

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Base Amount Adjustment Due to Change Orders Final Contract Amount

**Project Information:**

**Completed For:** Public Client  Private Client  Institution of Higher Learning Client   
Other  Specify: \_\_\_\_\_

**Type of Facility:** Classroom Office  Other  **Specify building gross square footage:** \_\_\_\_\_

**Historical Restoration:** Yes  No  (Optional)

- Did this project include the structural concrete/foundation rehabilitation?** Yes  No
- Did this project include the replacement of an electrical system?** Yes  No
- Did this project include the replacement of an HVAC/plumbing system?** Yes  No
- Did this project include upgrading/retrofitting an elevator?** Yes  No

**Project Description:** *(Provide a brief description and photographs)*

**CONTRACTOR PROJECT #4 - OPTIONAL (minimum \$15 Million Renovation)**

*Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."*

Project Name: \_\_\_\_\_  
Project or Contract Number: \_\_\_\_\_  
Project Location: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street Address City & State Zip Code

Owner Information: \_\_\_\_\_  
Owner's Name  
Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street Address City & State Zip Code  
Contact Person: \_\_\_\_\_  
Name & Title  
Telephone Facsimile Email

Address of **Contractor's** Office that Performed the Work:  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street Address City & State Zip Code  
Contact Person: \_\_\_\_\_  
Name & Title  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of Contractor's **Project Manager** for project: \_\_\_\_\_  
Was the Project Manager listed above assigned the job at the start of the project? Yes \_\_\_ No \_\_\_  
Did the Project Manager listed above complete the project? Yes \_\_\_ No \_\_\_  
Name of Contractor's **Superintendent** for project: \_\_\_\_\_  
Was the Superintendent listed above assigned the job at the start of the project? Yes \_\_\_ No \_\_\_  
Did the Superintendent listed above complete the project? Yes \_\_\_ No \_\_\_

**Contract Time:**

Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year  
Actual Completion Date: \_\_\_\_\_ Days Extended due to Unexcused Delays: \_\_\_\_\_  
Month/Day/Year  
If project is not complete, specify percentage of completion: \_\_\_\_\_ % (Total cost of work in place)

**Contract Amount:**

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Base Amount Adjustment Due to Change Orders Final Contract Amount

**Project Information:**

**Completed For:** Public Client  Private Client  Institution of Higher Learning Client   
Other  Specify: \_\_\_\_\_

**Type of Facility:** Classroom Office  Other  **Specify building gross square footage:** \_\_\_\_\_

**Historical Restoration:** Yes  No  (Optional)

**Did this project include structural concrete/foundation rehabilitation?** Yes  No

**Did this project include the replacement of an electrical system?** Yes  No

**Did this project include the replacement of an HVAC/plumbing system?** Yes  No

**Did this project include upgrading/retrofitting an elevator?** Yes  No

**Project Description:** *(Provide a brief description and photographs)*

**C. CONTRACTOR HISTORIC PRESERVATION EXPERIENCE**

**CONTRACTOR PROJECT # 1 (minimum \$5 million Historic Preservation/Restoration)**

*Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE"*

Project Name: \_\_\_\_\_

Project or Contract Number: \_\_\_\_\_

Project Location: \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Owner Information: \_\_\_\_\_  
Owner's Name

Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Contact Person: \_\_\_\_\_  
Name & Title

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_ Email \_\_\_\_\_

Address of **Contractor's** Office that Performed the Work:  
 \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Contact Person: \_\_\_\_\_  
Name & Title

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

Name of Contractor's **Project Manager** for project: \_\_\_\_\_

Was the Project Manager listed above assigned the job at the start of the project? Yes  No

Did the Project Manager listed above complete the project? Yes  No

Name of Contractor's **Superintendent** for project: \_\_\_\_\_

Was the Superintendent listed above assigned the job at the start of the project? Yes  No

Did the Superintendent listed above complete the project? Yes  No

**Contract Time:**

Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Actual Completion Date: \_\_\_\_\_ Days Extended due to Unexcused Delays: \_\_\_\_\_  
Month/Day/Year

If project is not complete, specify percentage of completion: \_\_\_\_\_ % (Total cost of work in place)

**Contract Amount:**

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Base Amount Adjustment Due to Change Orders Final Contract Amount

**Project Information:**

**Completed For:** Public Client  Private Client  Institution of Higher Learning Client   
Other Specify: \_\_\_\_\_

**Type of Facility:** Classroom  Office  Other  **Specify building gross square footage:** \_\_\_\_\_

**Did this project include structural concrete /foundation rehabilitation?** Yes  No

**Did this project include the replacement of an HVAC/plumbing system?** Yes  No

Specify number & size of air handlers installed: \_\_\_\_\_

**Did this project include the replacement of a roofing system?** Yes  No

**Did this project include restoration of forged steel ornamental items?** Yes  No

**Did this project include decorative concrete and plaster surface restoration?** Yes  No

**Did this project include specialty roofing repair (ceramic barrel tiles)?** Yes  No

**Did this project include restoration or replication of historic windows & doors?** Yes  No

**Did this project include refinishing of historic wall & floor finishes?** Yes  No

**Project Description:** *(Provide a brief description with photographs)*

Blank area for project description and photographs.

**CONTRACTOR PROJECT # 2 (minimum \$5 million Historic Preservation/Restoration)**

*Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."*

Project Name: \_\_\_\_\_  
Project or Contract Number: \_\_\_\_\_  
Project Location: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street Address City & State Zip Code

Owner Information: \_\_\_\_\_  
Owner's Name  
Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street Address City & State Zip Code  
Contact Person: \_\_\_\_\_  
Name & Title  
\_\_\_\_\_  
Telephone Facsimile Email

Address of **Contractor's** Office that Performed the Work:  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street Address City & State Zip Code  
Contact Person: \_\_\_\_\_  
Name & Title  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of Contractor's **Project Manager** for project: \_\_\_\_\_  
Was the Project Manager listed above assigned the job at the start of the project? Yes  No   
Did the Project Manager listed above complete the project? Yes  No   
Name of Contractor's **Superintendent** for project: \_\_\_\_\_  
Was the Superintendent listed above assigned the job at the start of the project? Yes  No   
Did the Superintendent listed above complete the project? Yes  No

**Contract Time:**

Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year  
Actual Completion Date: \_\_\_\_\_ Days Extended due to Unexcused Delays: \_\_\_\_\_  
Month/Day/Year  
If project is not complete, specify percentage of completion: \_\_\_\_\_% (Total cost of work in place)

**Contract Amount:**

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Base Amount Adjustment Due to Change Orders Final Contract Amount



**Project Information:**

**Completed For:** Public Client  Private Client  Institution of Higher Learning Client   
Other Specify: \_\_\_\_\_

**Type of Facility:** Classroom  Office  Other  **Specify building gross square footage:** \_\_\_\_\_

**Did this project include structural concrete /foundation rehabilitation?** Yes  No

**Did this project include the replacement of an HVAC/plumbing system?** Yes  No

Specify number & size of air handlers installed: \_\_\_\_\_

**Did this project include the replacement of a roofing system?** Yes  No

**Did this project include restoration of forged steel ornamental items?** Yes  No

**Did this project include decorative concrete and plaster surface restoration?** Yes  No

**Did this project include specialty roofing repair (ceramic barrel tiles)?** Yes  No

**Did this project include restoration or replication of historic windows & doors?** Yes  No

**Did this project include refinishing of historic wall & floor finishes?** Yes  No

**Project Description:** *(Provide a brief description with photographs)*

Empty text area for project description and photographs.

**D. CONTRACTOR KEY PERSONNEL EXPERIENCE**

Complete all forms in their entirety AND attach resumes indicating Education, Experience, Licenses, and Organizations.

**1. Construction Project Manager Qualifications**

Name of Proposed Construction Project Manager: \_\_\_\_\_

Years of Experience in the Industry: \_\_\_\_\_

**Project Experience:**

**PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE**

**Begin with your most recent experience.** List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Business 300 Modernization project.

**Current Firm:** \_\_\_\_\_ **Years of Employment:** \_\_\_\_\_ **through** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Responsibilities:** \_\_\_\_\_

**Project No. 1**

**Project Name:** \_\_\_\_\_ **Contract Amount:** \$ \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

Completed For: Public Client  Private Client  Institution of Higher Learning Client  Other

Type of Facility: Classroom  Office  Other  Specify building gross square footage: \_\_\_\_\_

Did this project include structural concrete foundation/seismic upgrade? Yes  No

Was the project a restoration or renovation of a historic building? Yes  No

Did this project include the replacement of an HVAC/plumbing system? Yes  No

Specify size/number of air handling units installed: \_\_\_\_\_

Did this project include the replacement of an electrical system? Yes  No

Did this project include extensive site landscape/hardscape? Yes  No

Did this project include upgrading/retrofitting an elevator? Yes  No

**Project No. 2**

**Project Name:** \_\_\_\_\_ **Contract Amount:** \$ \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

Completed For: Public Client  Private Client  Institution of Higher Learning Client  Other

Type of Facility: Classroom  Office  Other  Specify building gross square footage: \_\_\_\_\_

Did this project include structural concrete foundation/seismic upgrade? Yes  No

Was the project a restoration or renovation of a historic building? Yes  No

Did this project include the replacement of an HVAC/plumbing system? Yes  No

Specify size/number of air handling units installed: \_\_\_\_\_

Did this project include the replacement of an electrical system? Yes  No

Did this project include extensive site landscape/hardscape? Yes  No

Did this project include upgrading/retrofitting an elevator? Yes  No

**Project No. 3**

**Project Name:** \_\_\_\_\_ **Contract Amount:** \$ \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

Completed For: Public Client  Private Client  Institution of Higher Learning Client  Other

Type of Facility: Classroom  Office  Other  Specify building gross square footage: \_\_\_\_\_

Did this project include structural concrete foundation/seismic upgrade? Yes  No

Was the project a restoration or renovation of a historic building? Yes  No

Did this project include the replacement of an HVAC/plumbing system? Yes  No

Specify size/number of air handling units installed: \_\_\_\_\_

Did this project include the replacement of an electrical system? Yes  No

Did this project include extensive site landscape/hardscape? Yes  No

Did this project include upgrading/retrofitting an elevator? Yes  No

**PROJECT EXPERIENCE WITH OTHER FIRM(S)**

**Other Firm:** \_\_\_\_\_ Years of Employment: \_\_\_\_\_ through \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

**Project No. 4**

Project Name: \_\_\_\_\_ Contract Amount: \$ \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Completed For: Public Client  Private Client  Institution of Higher Learning Client  Other

Type of Facility: Classroom  Office  Other  Specify building gross square footage: \_\_\_\_\_

Did this project include structural concrete foundation/seismic upgrade? Yes  No

Was the project a restoration or renovation of a historic building? Yes  No

Did this project include the replacement of an HVAC/plumbing system? Yes  No

Specify size/number of air handling units installed: \_\_\_\_\_

Did this project include the replacement of an electrical system? Yes  No

Did this project include extensive site landscape/hardscape? Yes  No

Did this project include upgrading/retrofitting an elevator? Yes  No

**Project No. 5**

Project Name: \_\_\_\_\_ Contract Amount: \$ \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Completed For: Public Client  Private Client  Institution of Higher Learning Client  Other

Type of Facility: Classroom  Office  Other  Specify building gross square footage: \_\_\_\_\_

Did this project include structural concrete foundation/seismic upgrade? Yes  No

Was the project a restoration or renovation of a historic building? Yes  No

Did this project include the replacement of an HVAC/plumbing system? Yes  No

Specify size/number of air handling units installed: \_\_\_\_\_

Did this project include the replacement of an electrical system? Yes  No

Did this project include extensive site landscape/hardscape? Yes  No

Did this project include upgrading/retrofitting an elevator? Yes  No

**Project No. 6**

Project Name: \_\_\_\_\_ Contract Amount: \$ \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Completed For: Public Client  Private Client  Institution of Higher Learning Client  Other

Type of Facility: Classroom  Office  Other  Specify building gross square footage: \_\_\_\_\_

Did this project include structural concrete foundation/seismic upgrade? Yes  No

Was the project a restoration or renovation of a historic building? Yes  No

Did this project include the replacement of an HVAC/plumbing system? Yes  No

Specify size/number of air handling units installed: \_\_\_\_\_

Did this project include the replacement of an electrical system? Yes  No

Did this project include extensive site landscape/hardscape? Yes  No

Did this project include upgrading/retrofitting an elevator? Yes  No

**2. Construction Superintendent Qualifications**

Name of Proposed Construction Project Manager: \_\_\_\_\_

Years of Experience in the Industry: \_\_\_\_\_

**Project Experience:**

**PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE**

**Begin with your most recent experience.** List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Business 300 Modernization project.

**Current Firm:** \_\_\_\_\_ **Years of Employment:** \_\_\_\_\_ **through** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Responsibilities:** \_\_\_\_\_

**Project No. 1**

**Project Name:** \_\_\_\_\_ **Contract Amount:** \$ \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

Completed For: Public Client  Private Client  Institution of Higher Learning Client  Other

Type of Facility: Classroom  Office  Other  Specify building gross square footage: \_\_\_\_\_

Did this project include structural concrete foundation/seismic upgrade? Yes  No

Was the project a restoration or renovation of a historic building? Yes  No

Did this project include the replacement of an HVAC/plumbing system? Yes  No

Specify size/number of air handling units installed: \_\_\_\_\_

Did this project include the replacement of an electrical system? Yes  No

Did this project include extensive site landscape/hardscape? Yes  No

Did this project include upgrading/retrofitting an elevator? Yes  No

**Project No. 2**

**Project Name:** \_\_\_\_\_ **Contract Amount:** \$ \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

Completed For: Public Client  Private Client  Institution of Higher Learning Client  Other

Type of Facility: Classroom  Office  Other  Specify building gross square footage: \_\_\_\_\_

Did this project include structural concrete foundation/seismic upgrade? Yes  No

Was the project a restoration or renovation of a historic building? Yes  No

Did this project include the replacement of an HVAC/plumbing system? Yes  No

Specify size/number of air handling units installed: \_\_\_\_\_

Did this project include the replacement of an electrical system? Yes  No

Did this project include extensive site landscape/hardscape? Yes  No

Did this project include upgrading/retrofitting an elevator? Yes  No

**Project No. 3**

**Project Name:** \_\_\_\_\_ **Contract Amount:** \$ \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

Completed For: Public Client  Private Client  Institution of Higher Learning Client  Other

Type of Facility: Classroom  Office  Other  Specify building gross square footage: \_\_\_\_\_

Did this project include structural concrete foundation/seismic upgrade? Yes  No

Was the project a restoration or renovation of a historic building? Yes  No

Did this project include the replacement of an HVAC/plumbing system? Yes  No

Specify size/number of air handling units installed: \_\_\_\_\_

Did this project include the replacement of an electrical system? Yes  No

Did this project include extensive site landscape/hardscape? Yes  No

Did this project include upgrading/retrofitting an elevator? Yes  No

**PROJECT EXPERIENCE WITH OTHER FIRM(S)**

**Other Firm:** \_\_\_\_\_ Years of Employment: \_\_\_\_\_ through \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

**Project No. 4**

Project Name: \_\_\_\_\_ Contract Amount: \$ \_\_\_\_\_  
Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Completed For: Public Client  Private Client  Institution of Higher Learning Client  Other

Type of Facility: Classroom  Office  Other  Specify building gross square footage: \_\_\_\_\_

Did this project include structural concrete foundation/seismic upgrade? Yes  No

Was the project a restoration or renovation of a historic building? Yes  No

Did this project include the replacement of an HVAC/plumbing system? Yes  No

Specify size/number of air handling units installed: \_\_\_\_\_

Did this project include the replacement of an electrical system? Yes  No

Did this project include extensive site landscape/hardscape? Yes  No

Did this project include upgrading/retrofitting an elevator? Yes  No

**Project No. 5**

Project Name: \_\_\_\_\_ Contract Amount: \$ \_\_\_\_\_  
Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Completed For: Public Client  Private Client  Institution of Higher Learning Client  Other

Type of Facility: Classroom  Office  Other  Specify building gross square footage: \_\_\_\_\_

Did this project include structural concrete foundation/seismic upgrade? Yes  No

Was the project a restoration or renovation of a historic building? Yes  No

Did this project include the replacement of an HVAC/plumbing system? Yes  No

Specify size/number of air handling units installed: \_\_\_\_\_

Did this project include the replacement of an electrical system? Yes  No

Did this project include extensive site landscape/hardscape? Yes  No

Did this project include upgrading/retrofitting an elevator? Yes  No

**Project No. 6**

Project Name: \_\_\_\_\_ Contract Amount: \$ \_\_\_\_\_  
Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Completed For: Public Client  Private Client  Institution of Higher Learning Client  Other

Type of Facility: Classroom  Office  Other  Specify building gross square footage: \_\_\_\_\_

Did this project include structural concrete foundation/seismic upgrade? Yes  No

Was the project a restoration or renovation of a historic building? Yes  No

Did this project include the replacement of an HVAC/plumbing system? Yes  No

Specify size/number of air handling units installed: \_\_\_\_\_

Did this project include the replacement of an electrical system? Yes  No

Did this project include extensive site landscape/hardscape? Yes  No

Did this project include upgrading/retrofitting an elevator? Yes  No

## IV. CLAIMS HISTORY

### A. OWNER AGAINST CONTRACTOR CLAIM

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Provide the information requested below for the entity listed in Section II.A.

Complete a separate Form A – Owner Against Contractor Claim tabulation sheet for all claims: a) in excess of \$30,000 for poor workmanship, incomplete performance, defective work, or b) in excess of \$30,000 for unexcused delays in completion, asserted by Owner and/or Performance/Payment Bond sureties against the Contractor within the past five (5) years which were resolved with the result that Contractor, its surety or insurer was required to pay to Owner, or was assessed a deduction in the contract price by Owner, an amount exceeding 40% of the highest amount claimed. Claims, as used in the preceding sentence, means all claims adjudicated by a final decision of mediation, arbitration or lawsuit or by negotiated settlement with Owner or third party.

***A signature by the Contractor's sole proprietor, general partner, or corporate officer is required on Form A. Attach original notarized power of attorney or corporate resolution if not signed by sole proprietor, a general partner, or corporate officer.***

### B. CONTRACTOR AGAINST OWNER CLAIM

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Provide the information requested below for the entity listed in Section II.A.

Complete a separate Form B – Contractor Against Owner Claim tabulation sheet for all claims (including false claims) in excess of \$30,000 for extra compensation or damages asserted by Contractor against Owners within the past five (5) years, which were resolved with the result that Contractor received less than 60% of the highest amount claimed. Claims, as used in the preceding sentence, includes claims for extra compensation or damages and includes subcontractor claims (“pass through” claims) even if the contractor had no interest in those claims. Claims, as used in the preceding sentence, means all claims adjudicated by a final decision of mediation, arbitration or lawsuit or by negotiated settlement with Owner or third party. Do not include stop notices or causes of action to enforce stop notices.

***A signature by the Contractor's sole proprietor, general partner, or corporate officer is required on Form B. Attach original notarized power of attorney or corporate resolution if not signed by sole proprietor, a general partner, or corporate officer.***

# FORM A

## OWNER AGAINST CONTRACTOR CLAIM

Use one Form per Lawsuit or Arbitration (Make Copies as Needed)

Are there claims that meet the criteria in Section IV.A of this statement?  
If yes, please complete the form below:

Yes  No

Case Name and Number including Name and Location of Court or Arbitration Service:

Date Arbitration or Litigation Commenced: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project or Contract Number: \_\_\_\_\_

Project Location: \_\_\_\_\_

Street Address

City & State

Zip Code

Name of Owner: \_\_\_\_\_

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

Name & Title

Highest Amount Sought for All Claims: \$ \_\_\_\_\_  
(Amount)

Amount Recovered: \$ \_\_\_\_\_  
(Amount)

Method of Resolution (Check One): Judgment:  Arbitration Award:  Litigation:

Settled by Contracting Parties without Litigation or Arbitration:

Other: List: \_\_\_\_\_

Date of Claim Resolution: \_\_\_\_\_

Basis for Claim:

If the lawsuit or arbitration was resolved for more than **40%** of the highest amount sought for all claims, state why the lawsuit or arbitration should be considered a meritorious lawsuit or arbitration filed by the Owner against the Contractor and/or persons or entities associated with Contractor:

My signature below signifies my declaration that the answers provided on this **Form A** are true and correct.

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

Authorized Signature: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

**If signed by other than the sole proprietor, a general partner or corporate officer, attach original notarized power of attorney or corporate resolution.**

# FORM B

## CONTRACTOR AGAINST OWNER CLAIM

Use one Form per Lawsuit or Arbitration (Make Copies as Needed)

<b>Are there claims that meet the criteria in Section IV.B of this statement?</b> <b>If yes, please complete the form below:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Case Name and Number including Name and Location of Court or Arbitration Service:

Date Arbitration or Litigation Commenced: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project or Contract Number: \_\_\_\_\_

Project Location: \_\_\_\_\_

Street Address City & State Zip Code

Name of Owner: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
Name & Title

Highest Amount Sought for All Claims: \$ \_\_\_\_\_  
(Amount)

Amount Recovered: \$ \_\_\_\_\_  
(Amount)

Method of Resolution (Check One): Judgment:  Arbitration Award:  Litigation:

Settled by Contracting Parties without Litigation or Arbitration:

Other: List: \_\_\_\_\_

Date of Claim Resolution: \_\_\_\_\_

Basis for Claim:

If the lawsuit or arbitration was resolved for less than **60%** of the highest amount sought for all claims, state why the lawsuit or arbitration should be considered a meritorious lawsuit or arbitration filed by the Contractor and/or persons or entities associated with Contractor against an Owner:

My signature below signifies my declaration that the answers provided on this **Form B** are true and correct.

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

Authorized Signature: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

**If signed by other than the sole proprietor, a general partner or corporate officer, attach original notarized power of attorney or corporate resolution.**



**V. REQUIRED COMPLETED ATTACHMENTS**

- Notarized Statement from Surety stating (reference Section II.M – Financial Capacity):
  1. Current available bonding exceeds the project Estimated Construction Cost.
  2. Total bonding capacity.
  3. Surety(ies) proposed to be used on the project is an admitted surety insurer as defined in the California Code of Civil Procedure Section 995.120.
  4. Surety(ies) acknowledges its intent to provide bonding of the Project in the event Contractor is awarded the Project.
- One (1) copy** of all Audited Profit and Loss Statements (reference Section II.N – Financial Data).
- Written declaration from your insurance agent/broker/carrier stating that your firm can obtain insurance coverage in the required limits and ratings for the project (reference Section II.O – Insurance).
- Insurance Certificate (reference Section II.O – Insurance).
- Letter from Workers' Compensation carrier evidencing your EMR for the past ten years (reference Section II.P – Experience Modifier Rate).
- Resumes of all proposed Key Personnel (reference Sections III.B and III.D).
- Signatures declaring the answers on Forms A, B, C are true and correct (reference Section IV – Claims History).

## VI. DECLARATION

I, \_\_\_\_\_ hereby declare that I am the \_\_\_\_\_  
Printed Name Title  
of \_\_\_\_\_ submitting this Prequalification Questionnaire;  
Company Name

that I am duly authorized to execute this Questionnaire on behalf of Contractor; and that all information set forth in this Questionnaire and all attachments hereto are, to the best of my knowledge, true, accurate, and complete as of its submission date.

I declare, under penalty of perjury, that the foregoing is true and correct, and that this declaration was executed

at \_\_\_\_\_ County of \_\_\_\_\_  
City County  
State of \_\_\_\_\_ on \_\_\_\_\_  
State Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**If signed by other than the sole proprietor, a general partner, or corporate officer, attach original notarized power of attorney or corporate resolution.**