



NORTH ORANGE COUNTY
COMMUNITY COLLEGE DISTRICT

CONTRACTOR
PREQUALIFICATION QUESTIONNAIRE

Fullerton College
Wilshire Chiller Relocation Project
Bid #2324-03

SUBMITTAL DUE:

July 17, 2023 at 2 PM

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I. GENERAL**A. PROJECT NAME AND LOCATION**

Fullerton College Wilshire Chiller Relocation Project
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

Pfeiffer, a Perkins Eastman Studio
700 South Flower Street
Suite 1150
Los Angeles, CA 90017

E. PROJECT DESCRIPTION

Wilshire Chiller Relocation Project is located at Fullerton College, 321 East Chapman Avenue, Fullerton, California and is a replacement for the existing Wilshire Chiller which is within the footprint of the new Music/Drama Complex. All work done on the Wilshire Chiller Replacement 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 demolition of the existing chiller yard and the construction of a new chiller yard with no interruption of services to adjacent existing buildings. The single contract also includes General conditions, provision of temporary facilities and controls and the following major items:

- Project Supervision and Administration of the Project
- Demolition of the Existing Chiller Yard and Sculpture Yard
- Site Grading and Erosion Control Measures
- Exterior Installation of Two Cooling Towers, Pad Mounted Transformer & PME Switch
- Construction of a Fully Enclosed CMU Mechanical Room for Water Cooled Chillers, Chilled Water Pumps and Associated Equipment & Piping
- Electrical Service to Mechanical Equipment and Theater Storage Space
- Installation of Site Utilities
- Construction of Fully Enclosed Theater Storage Space

Estimated Total Construction Cost: \$3,700,000

F. 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: 8 months.

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

G. 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.

H. 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 July 17, 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 June 21, 2023. Interested participants must contact Danny Tran at ntran@noccd.edu by June 15 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:

July 17, 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	June 12, 2023
Non-Mandatory Prequalification Conference	June 21, 2023, at 9 A.M. via Zoom
Last day for Pre-Qualification Questions	July 03, 2023 at 5:00 P.M. to NOCCCD Vendor Portal of PlanetBids
Addendum	July 10, 2023
Pre-Qualifications Questionnaires Due	July 17, 2023, at 2:00 P.M.
Pre-Qualification Review	July 19, 2023 – July 31, 2023
Notice of Prequalification Results	August 02, 2023
Last Day for Prequalification Results Appeal	August 07, 2023, at 4:00 P.M. to Jenney Ho - jho@nocccd.edu

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

- 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) similar chiller/mechanical yard projects with construction cost of at least \$ 4,000,000 within the past ten (10) years. At least two projects must have been reviewed and inspected by the Division of State Architect (DSA).
- 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.

I. 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.

J. 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: _____ CSLB License Number(s) _____

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 Mechanical and Plumbing trade work?

Yes No

*If no, complete Section II.B.2 below **and** the Mechanical/Plumbing Prequalification Questionnaire,*

2. Mechanical/Plumbing Contractor:

Company Name: _____

Telephone No. _____ CSLB License Number(s) _____

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 partnership , 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

Name of Licensee 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:

For Joint Venture Entity #1 of 2:
Name of Licensee 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): _____
Has the above contractor license been suspended or revoked by the California Contractors State License Board within the past ten years? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain:

For Joint Venture Entity #2 of 2:
Name of Licensee 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): _____
Has the above contractor license been suspended or revoked by the California Contractors State License Board within the past ten years? 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 _____			Has listed Surety Company #1 completed work on a project your firm defaulted on?
MM/YYYY	MM/YYYY		Yes <input type="checkbox"/> No <input type="checkbox"/>
(Period Covered)			
SURETY COMPANY #2:			
Surety's Name		Telephone	
Address: _____			
Street Address		City & State	Zip Code
_____ to _____			Has listed Surety Company #2 completed work on a project your firm defaulted on?
MM/YYYY	MM/YYYY		Yes <input type="checkbox"/> No <input type="checkbox"/>
(Period Covered)			
SURETY COMPANY #3:			
Surety's Name		Telephone	
Address: _____			
Street Address		City & State	Zip Code
_____ to _____			Has listed Surety Company #3 completed work on a project your firm defaulted on?
MM/YYYY	MM/YYYY		Yes <input type="checkbox"/> No <input type="checkbox"/>
(Period Covered)			
SURETY COMPANY #4:			
Surety's Name		Telephone	
Address: _____			
Street Address		City & State	Zip Code
_____ to _____			Has listed Surety Company #4 completed work on a project your firm defaulted on?
MM/YYYY	MM/YYYY		Yes <input type="checkbox"/> No <input type="checkbox"/>
(Period Covered)			

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):		2. Net Income (past 3 fiscal years):	
Year Ending _____	\$ _____	Year Ending _____	\$ _____
Year Ending _____	\$ _____	Year Ending _____	\$ _____
Year Ending _____	\$ _____	Year Ending _____	\$ _____

3. Current Assets (past 3 fiscal years):		4. Current Liabilities (past 3 fiscal years):	
Year Ending _____	\$ _____	Year Ending _____	\$ _____
Year Ending _____	\$ _____	Year Ending _____	\$ _____
Year Ending _____	\$ _____	Year Ending _____	\$ _____

5. Total Debt (past 3 fiscal years):		6. Total Net Worth (past 3 fiscal years):	
Year Ending _____	\$ _____	Year Ending _____	\$ _____
Year Ending _____	\$ _____	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
<u>WORKERS’ COMPENSATION</u> – 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 10 years of experience as a **Mechanical/plumbing Contractor**?
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 **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) Chiller/Mechanical Yard projects located in the **STATE OF CALIFORNIA** for which the construction cost was at least \$4 million each for higher education, municipalities, or high-end commercial clients.
 - 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 \$4 million each.
2. Submit a list of Chiller/Mechanical Yard projects completed in the past 10 years that include some or all of the criteria listed above and similar to the Project Description in Section 1.E. 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: CHILLER/MECHANICAL YARD

CONTRACTOR PROJECT #1 (minimum \$4 Million)

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: _____
<div style="display: flex; justify-content: space-between;"> Street Address City & State Zip Code </div>

Owner Information: _____
Owner's Name
Address: _____
<div style="display: flex; justify-content: space-between;"> Street Address City & State Zip Code </div>
Contact Person: _____
Name & Title
<div style="display: flex; justify-content: space-between;"> Telephone Email </div>

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: Chiller Mechanical Other **Specify Yard gross square footage:** _____

- Did this project include a cooling tower or multiple cooling towers? Yes No
- Did this project include water cooled chillers and associated pumps? Yes No
- Did this project include pad mounted transformers and PME switch? Yes No
- Did this project include the installation of site utilities to existing or new structures? Yes No
- Was the Yard enclosed with walls of permanent construction (CMU or concrete)? Yes No

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

Blank area for project description and photographs.

Project Information:

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

Type of Facility: Chiller Mechanical Other **Specify Yard gross square footage:** _____

- Did this project include a cooling tower or multiple cooling towers? Yes No
- Did this project include water cooled chillers and associated pumps? Yes No
- Did this project include pad mounted transformers and PME switch? Yes No
- Did this project include the installation of site utilities to existing or new structures? Yes No
- Was the Yard enclosed with walls of permanent construction (CMU or concrete)? Yes No

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

Blank area for project description and photographs.

CONTRACTOR PROJECT #3 (minimum \$4 Million)

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: Chiller Mechanical Other **Specify Yard gross square footage:** _____

Did this project include a cooling tower or multiple cooling towers? Yes No

Did this project include water cooled chillers and associated pumps? Yes No

Did this project include pad mounted transformers and PME switch? Yes No

Did this project include the installation of site utilities to existing or new structures? Yes No

Was the Yard enclosed with walls of permanent construction (CMU or concrete)? Yes No

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

Blank area for project description and photographs.

Project Information:

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

Type of Facility: Chiller Mechanical Other **Specify Yard gross square footage:** _____

Did this project include a cooling tower or multiple cooling towers? Yes No

Did this project include water cooled chillers and associated pumps? Yes No

Did this project include pad mounted transformers and PME switch? Yes No

Did this project include the installation of site utilities to existing or new structures? Yes No

Was the Yard enclosed with walls of permanent construction (CMU or concrete)? Yes No

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

Blank area for project description and photographs.

C. 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: Chiller Mechanical Other Specify Yard gross square footage: _____

Did this project include a cooling tower or multiple cooling towers? Yes No

Did this project include water cooled chillers and associated piping? Yes No

Did this project include a pad mounted transformer and PME switch? Yes No

Did this project include the installation of site utilities to existing or new structures? Yes No

Was the Yard enclosed with permanent construction (CMU or concrete)? 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: Chiller Mechanical Other Specify Yard gross square footage: _____

Did this project include a cooling tower or multiple cooling towers? Yes No

Did this project include water cooled chillers and associated piping? Yes No

Did this project include a pad mounted transformer and PME switch? Yes No

Did this project include the installation of site utilities to existing or new structures? Yes No

Was the Yard enclosed with permanent construction (CMU or concrete)? 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: Chiller Mechanical Other Specify Yard gross square footage: _____

Did this project include a cooling tower or multiple cooling towers? Yes No

Did this project include water cooled chillers and associated piping? Yes No

Did this project include a pad mounted transformer and PME switch? Yes No

Did this project include the installation of site utilities to existing or new structures? Yes No

Was the Yard enclosed with permanent construction (CMU or concrete)? 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: Chiller Mechanical Other Specify Yard gross square footage: _____

Did this project include a cooling tower or multiple cooling towers? Yes No

Did this project include water cooled chillers and associated piping? Yes No

Did this project include a pad mounted transformer and PME switch? Yes No

Did this project include the installation of site utilities to existing or new structures? Yes No

Was the Yard enclosed with permanent construction (CMU or concrete)? 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: Chiller Mechanical Other Specify Yard gross square footage: _____

Did this project include a cooling tower or multiple cooling towers? Yes No

Did this project include water cooled chillers and associated piping? Yes No

Did this project include a pad mounted transformer and PME switch? Yes No

Did this project include the installation of site utilities to existing or new structures? Yes No

Was the Yard enclosed with permanent construction (CMU or concrete)? 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: Chiller Mechanical Other Specify Yard gross square footage: _____

Did this project include a cooling tower or multiple cooling towers? Yes No

Did this project include water cooled chillers and associated piping? Yes No

Did this project include a pad mounted transformer and PME switch? Yes No

Did this project include the installation of site utilities to existing or new structures? Yes No

Was the Yard enclosed with permanent construction (CMU or concrete)? 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: Chiller Mechanical Other **Specify Yard gross square footage:** _____

- Did this project include a cooling tower or multiple cooling towers? Yes No
- Did this project include water cooled chillers and associated piping? Yes No
- Did this project include a pad mounted transformer and PME switch? Yes No
- Did this project include the installation of site utilities to existing or new structures? Yes No
- Was the Yard enclosed with permanent construction (CMU or concrete)? 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: Chiller Mechanical Other **Specify Yard gross square footage:** _____

- Did this project include a cooling tower or multiple cooling towers? Yes No
- Did this project include water cooled chillers and associated piping? Yes No
- Did this project include a pad mounted transformer and PME switch? Yes No
- Did this project include the installation of site utilities to existing or new structures? Yes No
- Was the Yard enclosed with permanent construction (CMU or concrete)? 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: Chiller Mechanical Other **Specify Yard gross square footage:** _____

- Did this project include a cooling tower or multiple cooling towers? Yes No
- Did this project include water cooled chillers and associated piping? Yes No
- Did this project include a pad mounted transformer and PME switch? Yes No
- Did this project include the installation of site utilities to existing or new structures? Yes No
- Was the Yard enclosed with permanent construction (CMU or concrete)? 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: Chiller Mechanical Other Specify Yard gross square footage: _____

Did this project include a cooling tower or multiple cooling towers? Yes No

Did this project include water cooled chillers and associated piping? Yes No

Did this project include a pad mounted transformer and PME switch? Yes No

Did this project include the installation of site utilities to existing or new structures? Yes No

Was the Yard enclosed with permanent construction (CMU or concrete)? 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: Chiller Mechanical Other Specify Yard gross square footage: _____

Did this project include a cooling tower or multiple cooling towers? Yes No

Did this project include water cooled chillers and associated piping? Yes No

Did this project include a pad mounted transformer and PME switch? Yes No

Did this project include the installation of site utilities to existing or new structures? Yes No

Was the Yard enclosed with permanent construction (CMU or concrete)? 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: Chiller Mechanical Other Specify Yard gross square footage: _____

Did this project include a cooling tower or multiple cooling towers? Yes No

Did this project include water cooled chillers and associated piping? Yes No

Did this project include a pad mounted transformer and PME switch? Yes No

Did this project include the installation of site utilities to existing or new structures? Yes No

Was the Yard enclosed with permanent construction (CMU or concrete)? Yes No

IV. CLAIMS HISTORY

A. OWNER AGAINST CONTRACTOR CLAIM

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

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)

Are there claims that meet the criteria in Section IV.B of this statement? If yes, please complete the form below:	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

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.