

CONTRACTOR PREQUALIFICATION QUESTIONNAIRE

Company Name: _____

Exhibit A

PRE-QUALIFICATION FORM

Complete and submit all information and forms on the following pages.

This Trade Contractor Prequalification Questionnaire was submitted by:

Company Name

Street Address, City, State, Zip Code

Contact Name

Email Address

Telephone Number

Facsimile Number

Each contractor must answer all of the questions contained herein and on each Project Data sheet. Contractors shall fill out all information fields accurately, completely, and truthfully. Upon your failure to do so, your application will be deemed non-responsive, and your firm will not be prequalified to bid this project. The decision from the Yuba Community College District is final and may not be appealed.

CONTRACTOR PREQUALIFICATION QUESTIONNAIRE

Company Name: _____

Page 2 of 7

COMPANY INFORMATION

Does your company do business under another name? _____

If yes, provide name: _____

What year was your company established? _____

Is your firm owned by or affiliated with another company? _____

If yes, parent/affiliate company name: _____

Describe relationship: _____

What percentage of work do you subcontract? _____

What trades do you typically subcontract: _____

Licenses/Certification (attach sheet with additional contractor's licenses as required by project scope of work):

Issuing Authority	Class	License/Certification No.	Date Issued	Expiration

Note: Workers (i.e. electricians) employed on this project shall be certified in accordance with the law (i.e. for electricians, Labor Code sections 3099-3099.5). By signing its certification, subcontractor is certifying that all workers employed on this project are certified in accordance with the law.

Certification:

Certification Type (DVBE, SBE, MBE, etc.)	Certifying Agency	Certification No.	Expiration

Insurance Information:

Insurance Carrier for General and Excess Liability Coverage: _____

Contact/Title, Position: _____

Phone No./Fax No.: _____

Email for Contact: _____

Limits of General Liability Insurance – Each Occurrence: _____

Aggregate: _____

Limits of Excess Liability Insurance – Each occurrence: _____

Aggregate: _____

Bonding Information: _____

Is your company bondable? _____

If yes, bonding company name: _____

Agent name/phone no.: _____

Single project limit: _____

Aggregate limit: _____

Available capacity: _____

CONTRACTOR PREQUALIFICATION QUESTIONNAIRE

Company Name: _____

Page 3 of 7

Company Annual Sales – Last three (3) Years:

YEAR	ANNUAL SALES	LARGEST SINGLE CONTRACT VALUE

Safety – Experience Modification Rate, Last three (3) Years:

YEAR	MOD RATE

Federal Tax ID: _____
Dunn & Bradstreet Number: _____
List CSI Divisions/Trades: _____

Current Bonding and Banking Information:

Surety Company: _____ Broker: _____
Contact Person: _____ Phone: _____

Name of your bank: _____
Address: _____
Contact Person: _____ Phone: _____
Line of credit: _____ Unused portion: _____ Expiration date: _____

IN ORDER TO BE PREQUALIFIED, THE FOLLOWING MUST BE PROVIDED:

- A letter from your Surety outlining the single project and aggregate amounts for which they will issue a performance and payment bond.
- A copy of your latest (consolidated) financial statements, i.e. Balance Sheet, Income Statement, etc. prepared by an outside accounting firm (Audited, Reviewed, or Compiled Financial Statements) AND a copy of your most recent Internal financial statements. This information will be kept confidential.

Litigation:

Has your company ever defaulted, failed to complete, or been terminated on a contract? _____

If yes, describe: _____

Has your company ever gone through a bankruptcy or reorganization: _____

If yes, describe: _____

CONTRACTOR PREQUALIFICATION QUESTIONNAIRE

Company Name: _____

Page 4 of 7

REFERENCES:

List Three (3) Suppliers:

Company	Contact/Title	Phone	Fax	Email

List Three (3) General Contractors:

Company	Contact/Title	Phone	Fax	Email

EXPERIENCE (General Contractor: Select from options below, or create your own):

- A. Submit three projects, each meeting the following requirements:
1. Completed work within the past five years.
 2. Work must have been performed on a project in California.
 3. Design/Build subcontract value of at least \$5,000,000.00.
 4. Demonstrated use of CADD for coordination, shop, and production drawings.
 5. Project completed within pre-defined project budgets and schedules.
 6. Project requiring critical path scheduling, including updates and narratives.
 7. List any claims on projects from the past or current.
- B. Projects must have been managed and constructed under the business name submitted. Projects completed by employees for former employers are not acceptable.
- C. Submit a Project Data Sheet for each project offered as evidence of experience. The Project Data Sheet is attached.

SUBMISSION

It is the responsibility of each subcontractor to submit the Project Data Sheets and necessary attachments for each project identified.

Note: Should a subcontractor submit an incomplete and/or unclear Prequalification Questionnaire, that subcontractor will be deemed non-responsive and will not be pre-qualified.

CONTRACTOR PREQUALIFICATION QUESTIONNAIRE

Company Name: _____

Page 5 of 7

SAFETY QUALIFICATION: Provide the Average Lost Workday Incident Rates, Average Recordable Incident Rates, and most recent Experience Modification Rate in the spaces provided on this page. In addition, each subcontractor is required to submit complete copies of OSHA form no. 300, and form no. 300A.

The Average Lost Workday Incident Rate (LWIR) and the Average Recordable Incident Rate (RIR) are requested for evaluation of the safety history relating to subcontractor's construction operations only. Home office staff labor hours and the corresponding injury and illness figures for home office staff shall not be included in the calculation of these rates. Similar information for parent companies, subsidiaries, or other company divisions not directly engaging in construction activities shall not be considered in these rate calculations. All data used in the calculations shall be specific to the contracting entity listed on page 1; Inclusion of data from sub-tier contractors is not acceptable.

The Experience Modification Rate (EMR) is established by the subcontractor's worker's compensation insurance carrier, and is based on the subcontractor's loss history. Subcontractors are to provide their Intrastate EMR, which is used for evaluation of subcontractors in the State of California. Provide all requested information in the spaces provided.

Important Note: Small firms that have less than ten employees and report an average Total Employee Hours Worked that is less than 20,000 hours are not required to report Recordable Incidents and lost workday incidents for their firms herein. Instead, these firms shall submit their most current year of Intrastate EMR or a copy of their worker's compensation insurance carrier's documentation of their most current year of Intrastate EMR, and must have an EMR of 1.00 or less to pre-qualify.

Average Lost Workday Incident Rate (LWIR). Calculate your firm's LWIR for the past three (3) complete years. The lost workday information is listed on your OSHA forms no. 300 and 300A and is available from your worker's comp. insurance carrier. $LWIR = \text{Total number of lost workday incidents} \times 200,000 \text{ divided by the Total employees hours worked.}$

Year	# of Lost Workday Incidents	Total Employee Hours Worked	Lost Workday Incident Rate
Total			

Average Recordable Incident Rate (RIR). Calculate your firm's RIR for the past three (3) complete years. The incident Rate information is listed on your OSHA forms no. 300 and 300A and is available from your worker's comp. insurance carrier. $RIR = \text{Total number of recordable incidents} \times 200,000 \text{ divided by Total employee hours worked.}$

Year	# of Recordable Incidents	Total Employee Hours Worked	Recordable Incident Rate
Total			

Experience Modification Rate (EMR). Enter your firm's EMR for the most recent year (this information is provided by your worker's comp. insurance carrier).

Year	EMR

Is your Firm Self-Insured in California? <input type="checkbox"/> No <input type="checkbox"/> Yes Self-insured No.
--

Name of Worker's Comp. Insurance Carrier(s): _____
 Address: _____
 Agent Name: _____ Telephone No.: _____

In addition to the information provided above, submit copies of your firm's OSHA No. 300, Log of Work-Related Injuries and Illnesses, and OSHA form no. 300A, Annual Summary of Work-Related Injuries and Illnesses, covering each of the past three (3) years.

CONTRACTOR PREQUALIFICATION QUESTIONNAIRE

Company Name: _____

Page 6 of 7

CERTIFICATION

The submitter of the foregoing statements contained in this Subcontractor Prequalification Questionnaire and on the Project Data sheets has read the same, and hereby certified that these statements are true to the best of the submitter's knowledge. The statements are for prequalifying subcontractors in order to submit sub-bids for this project, and any reference named therein is hereby authorized to supply any information necessary to verify the statements.

By signing below, the submitter certifies and declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF AN INDIVIDUAL

Executed this _____ Day of _____ In the
(day) (Month) (Year)

City of _____, County of _____,
State of _____.

Signature of Applicant: _____
An individual, doing business as _____

SIGNATURE OF A PARTNER

Executed this _____ Day of _____ In the
(day) (Month) (Year)

City of _____, County of _____,
State of _____.

Signature of Applicant: _____
A partner of _____
(Name of Firm)

SIGNATURE OF AN OFFICER OF A CORPORATION

Executed this _____ Day of _____ In the
(day) (Month) (Year)

City of _____, County of _____,
State of _____.

Signature of Applicant: _____
An officer with the title of _____
(Title of Corporation Officer) (Corporation Name)

CONTRACTOR PREQUALIFICATION QUESTIONNAIRE

Company Name: _____

Project Name: _____

Address: _____

Project Description: _____

Project Start Date: _____

Date Completed: _____

Base Contract Value: _____ Total Contract Value with Change orders: _____

Owner's Name: _____

Contact: _____

Address: _____

Phone Number: _____

Design/Build or Plan/Spec: _____

Architect or Engineer: _____

Contact: _____

Address: _____

Phone Number: _____

General Contractor: _____

Contact: _____

Address: _____

Phone Number: _____

What project delivery method was used: _____

Did you submit shop and production drawings utilizing CADD? Attach sample: _____

Did this project require formal commissioning of all building systems? _____

Did this project require design of systems? _____

Did this project include adherence to critical path scheduling? Attach final schedule. _____

Describe mitigation (noise, dust, etc.) measures implemented on this project: _____

Did the Contractor assess liquidated damages? If so, state number of days and value on the line below.

No. of Days Project overran: _____ Value of LDs Assessed: _____

Were there any unresolved claims associated with this project subsequent to substantial completion? (explain below)

Was your firm involved in any litigation associated with this project? (explain below)