**Attachment 3**

**to RFQ/P for CM-at-Risk Firm**

Technical Qualifications Questionnaire

1. REQUIRED QUALIFICATION INFORMATION: The Judicial Council of California, Facilities Services requires Prospective CMR’s for the Project to answer all the questions contained in this standard form of questionnaire.
2. JUDICIAL COUNCIL QUALIFICATION PROCEDURES: Firm must complete this form and submit to the Judicial Council as part of its Proposal.

The answers to the questions on the standard form of questionnaire shall reflect Firm’s experience in performing similar projects. The document, when completed, shall be verified under oath by Firm.

Joint Venture: If two or more contractors intend to propose on the Project as a joint venture:

 a. All firms involved must submit separate questionnaires in the Technical Proposal.

 b. The firms must also submit an Affidavit of Joint Venture.

 c. The Joint Venture must have the required license in the name of the Joint Venture at the time of award.

1. PERIOD OF QUALIFICATION: This Technical Qualifications Questionnaire is valid only for this RFQ/P, and must be resubmitted for other projects.
2. AFFIDAVIT: The affidavit set forth at the end of the form must be completely executed.

**INSTRUCTIONS FOR COMPLETION:**

1. Name of Firm: Use same name as licensed in California.
Contact Person: Name of person who completed the prequalification submittal.
2. Address: Use address appropriate for contracting purposes. If Firm contracts from more than one office in California, then attach the additional address (es).
3. State of organization and date established: Use appropriate information.
4. Types of Licenses: Include all valid California licenses and certifications.
5. Provide name of bonding company, contact, telephone number, the bonding company rating, and the bonding capacity per project and overall or aggregate. Also indicate whether or not claims have ever been made against the surety, and explain these claims.
6. Officers or Principals of Firm: List names of officers of the Firm. One of these persons must sign the affidavit on page 6.

7-8. Suspension from Project: If applicable, include brief explanation if a principal of your Firm has had license suspended, or if your Firm has ever been suspended from a project.

1. Denied Prequalification or Disqualification from Bidding: If applicable, include a brief explanation if your Firm has ever been denied prequalification or was disqualified from bidding on a project.
2. Claims and Litigation on Public Works: If applicable, include a brief explanation and results of each claim and/or litigation your Firm, joint venture, Partnership, association or any combination thereof, brought against a project owner in the past five (5) years.
3. Claims and Litigation against Firm: If applicable, include a brief explanation and results of each claim and/or litigation filed against your Firm, joint venture, Partnership, association or any combination thereof, on a project in the past five (5) years.
4. Experience record of staff: Indicate name, position and number of years’ experience. Additional sheets/resumes may be attached.
5. List **all** public works construction projects over **$\_\_\_10,000,000\_\_\_** awarded and/or completed in California within the past five (5) years. For each project that meets these parameters, include the following: (a) Name of project and location; (b) Owner of project; and (c) Total value of construction (include contract award amount and total change orders) ; and (d) Contact name and telephone number. Attach separate sheets of paper if necessary.

The requirements of this section are in addition to Tab 4 – SOQ (i.e. Form 330 Part I (F)).  The detailed specifics for listed projects required in Tab 4 are not required by this section, however, this section requires a listing of **all** projects that meet the parameters specified herein.

14. **Safety Qualifications:** Provide the Average Lost Workday Incident Rates and Average Recordable Incident. Rates in the spaces provided, using data from the past three (3) years. Also provide the most recent Experience Modification Rate in the space provided. The minimum acceptable standard for these indices must be met in order for a Firm to be judged to be qualified.Additionally, the Firm is required to submit copies of OSHA Form No. 300, Log of Work-Related Injuries and Illnesses, and OSHA Form No. 300A, Annual Summary of Work-Related Injuries and Illnesses, for the past three (3) years and to provide Firm’s worker’s compensation insurance carrier information under the provisions of this section.

The Average Lost Workday Incident Rate (**LWIR**) and the Average Recordable Incident Rate (**RIR**) are requested for evaluation of the safety history relating to the Firm’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 4; inclusion of data from major subcontractors or other sub-tier contractors is not acceptable.

The Experience Modification Rate (**EMR**) is established by the CMR’s worker’s compensation insurance carrier, and is based on the CMR’s loss history. Firms are to provide their Intrastate EMR, which is used for evaluation of contractors 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.

* + - 1. **Average Lost Workday Incident Rate (LWIR).** Calculate Firm’s LWIR for the past three (3) complete years. The lost workday information is listed on Firm’s OSHA Form Nos. 300 and 300A and is available from Firm’s worker’s compensation insurance carrier.

 LWIR = Total number of lost workday incidents X 200,000

 Total employee hours worked

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Lost Workday Incidents | Total Employee Hours Worked | Lost Workday Incident Rate |
| 1-20  |  |  |  |
| 2-20  |  |  |  |
| 3-20  |  |  |  |
| Total |  |  |  |

* + - 1. **Average Recordable Incident Rate (RIR).** Calculate Firm’s RIR for the past three (3) complete years. The Incident Rate information is listed on Firm’s OSHA Forms Nos. 300 and 300A and is available from Firm’s worker’s comp. insurance carrier.

 RIR = Total number of recordable incidents X 200,000

###

### Total employee hours worked

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Recordable Incidents | Total Employee Hours Worked | Recordable Incident Rate |
| 1-20  |  |  |  |
| 2-20  |  |  |  |
| 3-20  |  |  |  |
| Total |  |  |  |

* + - 1. **Experience Modification Rate (EMR).** Enter Firm’s EMR for the most recent year (this information is provided by Firm’s worker’s compensation insurance carrier).

|  |  |  |  |
| --- | --- | --- | --- |
| Year | EMR |  | Is Your Firm Self-Insured in California? |
| 20  |   |  |  🞏 No 🞏 Yes Self-Insured No.  |
|  |  |  | \*Attach certification. |

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# CONTRACTOR'S STATEMENT OF EXPERIENCE

1. Name of firm:

 Contact Person:

2. Mailing address of firm:

 Physical address of firm:

 Telephone No. (Area Code) ( ) Fax No. (Area Code) ( )

 Company Web Site URL:

3. State of organization: Date established:

4. California state license no.: Types of valid California contracting licenses:

5. Bonding company:

 Contact: Telephone No. ( )

 Current capacity: Bonding Co. Rating:

 Have claims ever been made against surety? If Yes, attach statement of explanation.

6. Officers or Principals of Firm:

7. Have Principals ever had licenses *suspended*? If Yes, attach explanation.

8. Has Firm ever been *suspended* from a project? If Yes, attach explanation.

9. Has Firm ever been denied prequalification or disqualified from bidding public works? If Yes, attach explanation.

10. In the past five years, has your Firm filed a claim on a public works project? Yes No

 Litigation? Yes No If Yes, attach a brief explanation and results of each claim and/or litigation.

11. In the past five years, has a claim been filed against your Firm on a project? Yes No

 Litigation? Yes No If Yes, attach a brief explanation and results of each claim and/or litigation.

12. Experience record of staff proposed for this project (include name, position, projects and roles therein, and years experience):

**Name of Worker’s Comp. Insurance Carrier(s):**

 Address:

 Agent Name: Telephone No.:

1. In addition to the information provided above, submit copies of Firm’s OSHA Form No. 300, Log of Work-Related Injuries and Illnesses, and OSHA Form No. 300A, Annual Summary of Work-Related Injuries and Illnesses, covering the past three (3) complete years.

**AFFIDAVIT**

The submitter of the foregoing statements contained in this Technical Qualifications Questionnaire has read the same, and it is true to the best of the submitter’s knowledge. Any reference named herein is hereby authorized to supply the Judicial Council with any information necessary to verify submitter’s statements.

By signing below, Firm 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 Submitter

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 Submitter

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 Submitter

an officer with the title of of

 (Title of Corporation Officer) (Corporation Name)

**End of Technical Qualifications Questionnaire**