|  |  |  |
| --- | --- | --- |
|  |  | Attachment A **Application for** **Pre-Qualification of** **General Contractors** |
|  |  | North Butte County Courthouse  Superior Court of California  County of Butte |
|  |  |  |

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| --- |
| 455 Golden Gate Avenue . San Francisco, California 94102-3688  Telephone 415-865-4200 . Fax 415-865-4205 . TDD 415-865-4272 |

###### NOTICE TO GENERAL CONTRACTORS

**for**

**Application for Pre-Qualification of General Contractors**

**CONTENTS OF PRE-QUALIFICATION PACKAGE**

**1. General Instructions and Information**

**2. Application for Pre-Qualification [documents to submit]**

* Part I – Organization Information and Affidavit
* Part II – Essential Requirements for Qualification
* Part III – Organization, History, Organizational Performance, Compliance with Civil and Criminal Laws
* Part IV – Organization’s Statement of Experience and Recent Construction Projects Completed
* Part V – Organization’s Surety and Bonding Requirements, and Insurance Requirements
* Part VI – Attachments Required

**1. GENERAL INSTRUCTIONS AND INFORMATION**

#### **A. GENERAL INFORMATION**

A description of the Project is found at Attachment B, Building Information.

In order to submit a pre-qualification proposal the general contractor must have a current California contractor’s license, which is a “**B” license**

This Prequalification for general contractors to the AOC**,** is required.

Prequalification by the AOC, shall remain valid until the contract for construction is awarded or until responding firms are notified in writing by the AOC in the unexpected event that no construction contract is awarded. It is mandatory that all general contractors who intend to submit fully complete the pre-qualification questionnaire, provide all materials requested, and be approved by the AOC to be on the final qualified general contractors list. No bid will be accepted from a general contractor that has failed to comply with these requirements**.** If two or more business entities submit a bid as part of a Joint Venture, or expect to submit a bid as part of a joint venture, each entity within the joint venture must be separately qualified to bid.

**NOTES**:

1. Each partner of joint venture proposals must individually meet the conditions of General Contractor’s Evaluation Form, and each general contractor’s license must not have been suspended, or put on a probationary status or revoked at any time within the last five (5) years.
2. Limited Liability Corporations (LLC) will be required to comply with a Guaranty of Obligations.
3. The project will be insured under the terms and conditions of an Owner Controlled Insurance Program (OCIP) the summary of which is included in Attachment E, OCIP Manual.

Answers to questions contained in the attached questionnaire, information about current bonding capacity, notarized statement from surety and any accompanying notes and supplemental information are required. The AOCwill use these documents as the basis of rating general contractors in respect to their ability to perform the Project. The AOC reserves the right to check other sources available. The AOC’s decision will be based on objective evaluation criteria.

While it is the intent of the pre-qualification questionnaire and required documents to assist the AOC in determining a select list of qualified general contractors; neither the fact of pre-qualification, nor any pre-qualification rating, will preclude the AOC from considering and/or determining whether a general contractor has the quality, fitness, capacity and experience to satisfactorily perform the Project, and has demonstrated the requisite trustworthiness to be awarded a contract.

#### **B. Data Required**

All portions of Application for Prequalification Parts I through VI should be completed, with additional information attached if the space provided does not suffice. Failure to include the information called for may result in disqualification. It is essential that construction experience of the general contractor be demonstrated, as such experience is considered in establishing prequalification.

Each questionnaire must be signed under penalty of perjury in the manner designated at the end of the form, by an individual who has the legal authority to bind the general contractor on whose behalf that person is signing. If any information provided by a general contractor becomes inaccurate, the general contractor must immediately notify the AOC and provide updated accurate information in writing, under penalty of perjury.

The AOC reserves the right to waive minor irregularities and omissions in the information contained in the pre-qualification application submitted, to make all final determinations, and to determine at any time that the pre-qualification procedures will not be applied to a specific future public works project.

**2. Application for Pre-Qualification**

The specific documents that must be submitted are attached.

* Part I – Organization Information and Affidavit
* Part II – Essential Requirements for Qualification
* Part III – Organization, History, Organizational Performance, Compliance with Civil and Criminal Laws
* Part IV – Organization’s Statement of Experience and Recent Construction Projects Completed
* Part V – Organization’s Bonding and Insurance Requirements
* Part VI – Attachments Required

**PART I. ORGANIZATION INFORMATION and AFFIDAVIT**

The following documents, Prequalification Application, Parts I through V, are to be filed with the AOC by the general contractor requesting prequalification, for the aforementioned Project:

Firm Name: Check One:  Corporation

(as it appears on license)  Partnership

Sole Prop.

Contact Person:

Address:

Phone: Fax:

If firm is a sole proprietor or partnership:

Owner(s) of Company

General Contractor’s License Number(s):

AFFIDAVIT

I, the undersigned, certify and declare that I have read all the foregoing answers to this prequalification questionnaire and know their contents. The matters stated in the questionnaire answers are true of my own knowledge and belief, except as to those matters stated on information and belief, and as to those matters I believe them to be true. I declare under penalty of perjury under the laws of the State of California, that the foregoing is correct.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

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

(Printed name and title)

PART II. ESSENTIAL REQUIREMENTS FOR QUALIFICATION

**General contractor will be immediately disqualified if the answer to any of questions 1 through 5 is “no.”**

**General contractor will be immediately disqualified if the answer to any of questions 6, 7, 8, or 9 is “yes.” If the answer to question 8 is “yes,” and if debarment would be the sole reason for denial of pre-qualification, any pre-qualification issued will exclude the debarment period.**

1. General contractor possesses a valid and current California contractor’s “B” license for the project or projects for which it intends to submit a bid.

Yes  No

1. General contractor maintains commercial general liability insurance for operations not included in the OCIP (see Attachment E) with a policy limit of at least $5,000,000.00 per occurrence and $5,000,000.00 annual aggregate.

Yes  No

3. General contractor has current workers’ compensation insurance policy for off Project site employees that are not insured under the OCIP (see Attachment E) as required by the Labor Code or is legally self-insured pursuant to Labor Code section 3700 et. seq.

Yes  No

4. General contractor maintains business automobile liability insurance with a policy limit of at least $1,000,000.00 per accident.

Yes  No

5. General contractor has attached a notarized statement from an admitted surety insurer (approved by the California Department of Insurance) and authorized to issue bonds in the State of California, which states: (a) that your current bonding capacity is a minimum of $39,000,000.00 for the Project for which you seek pre-qualification?

Yes  No

**NOTE: Notarized statement must be from the surety company, not an agent or broker.**

6. Has your contractor’s license been revoked at any time in the last five years?

Yes  No

7. Has a surety firm completed a contract on your behalf, or paid for completion because your firm was default terminated by the project owner within the last five (5) years?

Yes  No

8. At the time of submitting this pre-qualification form, is your firm ineligible to bid on or be awarded a public works contract, or perform as a subcontractor on a public works contract, pursuant to either Labor Code section 1777.1 or Labor Code section 1777.7?

Yes  No

If the answer is “Yes,” state the beginning and ending dates of the period of debarment:

9. At any time during the last five years, has your firm or any of its owners or officers been convicted of a crime involving the awarding of a contract of a government construction project, or the bidding or performance of a government contract? 3

Yes  No

**PART III. ORGANIZATION, HISTORY, ORGANIZATIONAL PERFORMANCE, COMPLIANCE WITH CIVIL AND CRIMINAL LAWS**

Licenses

# 1. List all California construction license numbers, classifications and expiration dates of the California contractor licenses held by your firm:

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

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

2. If any of your firm’s license(s) are held in the name of a corporation or partnership, list below the names of the qualifying individual(s) listed on the general contractor’s State Licensing Board (CLSB) records who meet(s) the experience and examination requirements for each license.

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

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

3. Has your firm changed names or license number in the past five years?

Yes  No

If “yes,” explain on a separate signed page, including the reason for the change.

4. Has any owner, partner or (for corporations) officer of your firm operated a construction firm under any other name in the last five years?

Yes  No

If “yes,” explain on a separate signed page, including the reason for the change.

5. Has any CSLB license held by your firm or its Responsible Managing Employee (RME) or Responsible Managing Officer (RMO) been suspended within the last five years?

Yes  No

If “yes,” please explain on a separate signed sheet.

**Disputes**

6. At any time in the last five years has your firm been assessed and paid liquidated damages after completion of a project under a construction contract with either a public or private owner?

Yes  No

If yes, explain on a separate signed page, identifying all such projects by owner, owner’s address, and the date of completion of the project, amount of liquidated damages assessed and all other information necessary to fully explain the assessment of liquidated damages.

7. In the last five years has your firm, or any firm with which any of your company’s owners, officers or partners was associated, been debarred, disqualified, removed or otherwise prevented from bidding on, or completing, any government agency or public works project for any reason?

**NOTE:**  **“Associated with” refers to another construction firm in which an owner, partner or officer of your firm held a similar position, and which is listed in response to question 1c or 1d on this form.**

Yes  No

If “yes,” explain on a separate signed page. State whether the firm involved was the firm applying for pre-qualification here or another firm. Identify by name of the company, the name of the person within your firm who was associated with that company, the year of the event, the owner of the project, the project and the basis for the action.

8. In the last five years has your firm been denied an award of a public works contract based on a finding by a public agency that your company was not a responsible bidder?

Yes  No

If “yes,” explain on a separate signed page. Identify the year of the event, the owner, the project and the basis for the finding by the public agency.

9. In the past five years has any claim against your firm concerning your firm’s work on a construction project resolved through mediation, arbitration, or litigation**?**

Yes  No

If “yes,” on separate signed sheets of paper identify the claim(s) by providing the project name, date of the claim, name of the claimant, a brief description of the nature of the claim, the court in which the case was filed and a brief description of the status of the claim (pending or, if resolved, a brief description of the resolution).

10.In the past five years has your firm made any claim against a project owner concerning work on a project or payment for a contract that was resolved through mediation, arbitration, or litigation?

Yes  No

If “yes,” on separate signed sheets of paper identify the claim by providing the project name, date of the claim, name of the entity (or entities) against whom the claim was filed, a brief description of the nature of the claim, the court in which the case was filed and a brief description of the status of the claim (pending, or if resolved, a brief description of the resolution).

11. At any time during the past five years, has any surety company made any payments on your firm’s behalf as a result of a default, to satisfy any claims made against a performance or payment bond issued on your firm’s behalf, in connection with a construction project, either public or private?

Yes  No

If “yes,” explain on a separate signed page the amount of each such claim, the name and telephone number of the claimant, the date of the claim, the grounds for the claim, the present status of the claim, the date of resolution of such claim if resolved, the method by which such was resolved if resolved, the nature of the resolution and the amount, if any, at which the claim was resolved.

12. In the last five years has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm based on adverse loss experience or misrepresentation?

Yes  No

If “yes,” explain on a separate signed page. Name the insurance carrier, the form of insurance and the year of the refusal.

**Criminal Matters and Related Civil Suits**

13. Has your firm or any of its owners, officers or partners ever been found liable in a civil suit or found guilty in a criminal action for making any false claim or material misrepresentation to any public agency or entity?

Yes  No

If “yes,” explain on a separate signed page, including identifying who was involved, the name of the public agency, the date of the investigation and the grounds for the finding.

14. Has your firm or any of its owners, officers or partners ever been convicted of a crime involving any federal, state, or local law related to construction?

Yes  No

If “yes,” explain on a separate signed page, including identifying who was involved, the name of the public agency, the date of the conviction and the grounds for the conviction.

15. Has your firm or any of its owners, officers or partners ever been convicted of a federal or state crime of fraud, theft, or any other act of dishonesty?

Yes  No

If “yes,” identify on a separate signed page the person or persons convicted, the court (the county if a state court, the district or location of the federal court), the year and the criminal conduct.

**Bonding**

16. Bonding capacity: Provide documentation from your surety identifying the following:

Name of bonding company/surety: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of surety agent, address and telephone number:

17. If your firm was required to pay a premium of more than one per cent for a performance and payment bond on any project(s) on which your firm worked at any time during the last three years, state the percentage that your firm was required to pay. You may provide an explanation for a percentage rate higher than one per cent, if you wish to do so.

18. List all other sureties (name and full address) that have written bonds for your firm during the last five years, including the dates during which each wrote the bonds:

19.During the last five years, has your firm ever been denied bond coverage by a surety company, or has there ever been a period of time when your firm had no surety bond in place during a public construction project when one was required?

YesNo

If yes, provide details on a separate signed sheet indicating the date when your firm was denied coverage and the name of the company or companies, which denied coverage; and the period during which you had no surety bond in place.

**Compliance with Occupational Safety and Health Laws and with Other Labor Legislation Safety**

20. Has the California Occupational Safety and Health Administration (CAL OSHA) cited and assessed penalties against your firm for any “serious,” “willful” or “repeat” violations of its safety or health regulations in the past five years?

NOTE: If you have filed an appeal of a citation, and the Occupational Safety and Health Appeals Board has not yet ruled on your appeal, you need not include information about it.

Yes  No

If “yes,” attach a separate signed page describing the citations, including information about the dates of the citations, the nature of the violation, the project on which the citation(s) was or were issued, the amount of penalty paid, if any. If the citation was appealed to the Occupational Safety and Health Appeals Board and a decision has been issued, state the case number and the date of the decision.

21. Has the Federal Occupational Safety and Health Administration cited and assessed penalties against your firm in the past five years?

NOTE: If you have filed an appeal of a citation and the Appeals Board has not yet ruled on your appeal, or if there is a court appeal pending, you need not include information about the citation.

Yes  No

If “yes,” attach a separate signed page describing each citation.

22. Has a state or Federal Environmental Protection Agency (EPA) or any local/regional Air Quality Management District or any Regional Water Quality Control Board cited and assessed penalties against either your firm or the owner of a project on which your firm was the general contractor, in the past five years?

NOTE: If you have filed an appeal of a citation and the Appeals Board has not yet ruled on your appeal, or if there is a court appeal pending, you need not include information about the citation.

Yes  No

If “yes,” attach a separate signed page describing each citation.

23.

1. List your firm’s Experience Modification Rate (EMR) (California workers’ compensation insurance) for each of the past three premium years.

NOTE: your workers’ compensation insurance carrier issues an Experience Modification Rate to your firm annually.

Current year:

Previous year:

Year prior to previous year:

If your EMR for any of these three years is or was 1.00 or higher you may, if you wish, attach a letter of explanation.

B Attach a notarized statement from the Worker’s Compensation carrier specifying organization’s current Experience Modification rating for Worker’s Compensation in the State of California.

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**Prevailing Wage and Apprenticeship Compliance Record**

24. Has there been more than one occasion during the last five years in which your firm was required to pay either back wages or penalties for your own firm’s failure to comply with the **state’s** prevailing wage laws?

NOTE: This question refers only to your own firm’s violation of prevailing wage laws, not to violations of the prevailing wage laws by a subcontractor.

Yes  No

If ”yes”, attach a separate signed page or pages, describing the nature of each violation, identifying the name of the project, the date of its completion, the public agency for which it was constructed; the number of employees who were initially underpaid and the amount of back wages and penalties that you were required to pay.

25. During the last five years, has there been more than one occasion in which your own firm has been penalized or required to pay back wages for failure to comply with the federal Davis-Bacon prevailing wage requirements?

Yes  No

If “yes,” attach a separate signed page or pages describing the nature of the violation, identifying the name of the project, the date of its completion, the public agency for which it was constructed; the number of employees who were initially underpaid, the amount of back wages you were required to pay along with the amount of any penalty paid.

[Note: This Project will be subject to State Department of Industrial Relations (DIR) monitoring throuogh its Compliance Monitoring Unit or “CMU”. CMU is a new component within DIR that was created to monitor and enforce prevailing wage requirements on public works projects that receive state bond funding.  By actively monitoring compliance on an ongoing basis while work is being performed, the CMU will play a special role in ensuring that public works construction workers are promptly paid the proper prevailing wage rates and in helping maintain a level playing field for contractors who comply with the law. CMU monitored projects require that contractors of every tier report payroll associated with the Project through the CMU electronic payroll reporting system.]

**PART IV. ORGANIZATION’S STATEMENT OF EXPERIENCE**

**RECENT CONSTRUCTION PROJECTS COMPLETED**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Organization (Name must correspond exactly with Contractor’s License)

**1. Relevant Projects**

Submit at least three (3) examples of your organization’s relevant projects with construction values of approximately $30,000,000 completed within the last six (6) years, including at least one (1) project which is a public works project in the state of California. Relevant projects shall include as many of the following components and construction types, as applicable:

* Court facilities, including holding cell/security rated wall construction.
* Projects involving intermediate owner milestone construction schedules. Include strategies employed to accomplish early mobilization, close scheduling of trades, coordination with owner vendors, etc.
* Moment Frame structure.
* Use of Building Information Modeling (BIM) for trade coordination, issue anticipation and resolution.
* Projects with complex interrelated building systems such as security monitoring and alarm, building and energy management, telecommunications, data distribution and other related sub-systems
* Custom millwork and casework, in particular Courtrooms and Boardrooms.
* Coordination and timing in the start-up of IT infrastructure and network systems, including coordination with telephone and local internet providers, for the testing/commissioning of AV, telecommunications, security and building automation systems well before substantial completion.
* LEED Certified or better.

Clearly identify the relevance of each project and be specific as to the nature of any self-performed work and the role of your organization in the management of the overall project. Label responses consistent to the categories listed above. List each project by name, location, year of completion, construction value, and owner’s name, owner’s project manager’s name and current contact information including phone number. Include a description of the construction type, project schedule, and the construction value of the work performed. Photos and other graphic materials would be helpful to delineate each project. A Sample Format is included following this listing of categories.

**2. Project Management Expertise**

Provide a summary of the following key indicators of project management expertise:

* Indicate how your organization has managed, directed or participated in the projects submitted under Section 1 above.
* Indicate your organization’s management structure, lines of authority and hierarchy.
* Provide information on how schedules, costs, and quality are maintained throughout a project. Indicate how communications between the various stakeholders (owner, project design consultants, and inspectors) and the general contractor are managed to ensure all project requirements are addressed and met. This should include both on-site personnel and home office staff.
* Describe your firm’s experience working under the terms of an OCIP and your ability to assist in a successful program. Provide specific detail concerning subcontracting practices that support a successful OCIP.
* Outline how your organization will work with the local community to address concerns over noise, duct, traffic impacts of construction, etc.
* Outline how your firm will work to ensure adequate numbers of DVBE contractors are employed to perform work on the Project site, and to how qualified local contractors will be notified of the Project and encouraged to provide proposals to the general contractors to perform work at the Project site. (The AOC has engaged the services of the State Department of General Services, Office of Small Business and DVBE Outreach to assist in this effort)

**3. Quality Control & Technology**

Describe your organization’s philosophy for producing quality buildings and your approach to quality control. Provide information on how you handle minimizing warranty callbacks and typical response time for warranty callbacks. (Typical response time is from initial request by Owner to final resolution of issue to Owner’s established requirements.) Describe how coordination has been achieved and communicated to subcontractors and other tradespersons on projects of similar size, scope and complexity. Outline/describe your organization’s use and application of technology for coordination, including clash detection, trade coordination and the shop drawing/fabrication process. Outline your approach regarding the use/application of mock-ups and provision of samples for key interior and exterior building finishes.

**4. Key Personnel**

Provide proposed key personnel’s qualifications, experience, length of employment with company, and training to competently manage this project. Key personnel shall include principal(s), or officer(s) having overall project responsibility, as well as on-site project manager(s), superintendent(s), project controls engineer(s), schedule manager(s), and all others involved in the management of the project. Provide an overview of how your organization intends to structure on-site management operations and interface with the home office, owner, specialty subcontractors and AOC representatives during the construction of the project. In particular, outline how your organization will staff and support a project in a relatively rural area of the State. Show where and how your organization has done this successfully on other projects of similar size, scope and remote location.

**5. Safety Program**

The AOC is committed to the safety of all employees, the existing staff on-site, the surrounding community, visitors and the environment. While the AOC has the responsibility for conducting our business in a manner that strives to prevent accidents, the general contractor will have primary responsibility for the safety at the project site.

The AOC OCIP Project Safety Guidance Manual (Attachment E, Exhibit 10 to the RFQ)**,** provides minimum guidance for any contracto**r** working on the Project.Describe your organization’s Safety Management Plan and provide an overview of your safety program as it compares to the OCIP Project Safety Guidance Manual, including a statement that the general contractor’s safety plan meets the guidance found in the OCIP Project Safety Guidance Manual. Identify how your organization’s safety program is implemented, and the lines of authority and communication, including your acknowledgement of the contractual requirement that the general contractor will be required to have a full time safety professional at the Project site.

**SAMPLE FORMAT**

**Example Project Description and Information**

Names and references must be current and verifiable. Use separate sheets that contain all of the following information:

Project Name:

Location:

Owner:

Owner Contact (name and current phone number):

Architect or Engineer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Architect or Engineer Contact (name and current phone number):

Construction Manager (name and current phone number):

Description of Project, Scope of Work Performed:

Total Value of Construction (including change orders):

Original Scheduled Completion Date:

Time Extensions Granted (number of days):

Actual Date of Completion:

**NOTE: Include information to address all the previously listed categories;**

**Relevant Projects, Project Management Expertise, Quality Control & Technology, Key Personnel and Safety Program**

**PART V. ORGANIZATION’S BONDING AND INSURANCE REQUIREMENTS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Organization (Name must correspond exactly with Contractor’s License)

**Surety and Bonding Requirements**

1. Attach a notarized statement from the bonding company your firm proposes to use indicating their commitment to provide a Performance and Payment Bond for the full amount of the contract.
2. List the names of the Bonding firms utilized by your organization in the last five (5) years, for projects over $1,000,000.00

Name of Bonding Company No. 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Amount Bonded:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Amount Bonded:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Amount Bonded:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Bonding Company No. 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Amount Bonded:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Amount Bonded:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Amount Bonded:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Bonding Company No. 3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Amount Bonded:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Amount Bonded:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART V. ORGANIZATION’S BONDING AND INSURANCE REQUIRMENTS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Organization (Name must correspond exactly with Contractor’s License)

**Insurance History**

List the workers compensation and commercial general liability insurance companies that have provided your firm with insurance over the past five (5) years.

Workers Compensation of Insurance Company No. 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best’s Rating:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commercial General Liability Insurance Company No. 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best’s Rating:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workers Compensation of Insurance Company No. 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best’s Rating:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commercial General Liability Insurance Company No. 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best’s Rating:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART VI. ATTACHMENTS REQUIRED**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Organization (Name must correspond exactly with Contractor’s License)

The following documents, Attachments 1 through 6, are to be provided to the AOC by the Organization requesting Prequalification, for the aforementioned project.

Provide all of the attachments listed below

* Attachment 1 – Notarized Statement from Bonding Company
* Attachment 2 – Notarized Statement from Worker’s Compensation Insurance Carrier
* Attachment 3 – Current Copy of Organization’s California Contractor’s License(s)
* Attachment 4 – Certification declaring that the applying Organization has not has a surety company finish work on any project within the last five (5) years.
* Attachment 5 – Certification declaring that the applying Organization, in the last five (5) years has not been found by a judge, arbitrator, jury, or a nolo contrendre plea to have submitted a false or fraudulent claim to a public agency
* Attachment 6 – Certification declaring that the applying Organization has not been disqualified, removed, or otherwise prevented from bidding on, or completing a federal, state, or local government project because of violations of law or a safety regulation.

Attachment 1 – Notarized Statement from the Bonding Company

Exchange this page for a notarized statement from the bonding company that your organization proposes to use, indicating their commitment to provide Performance and Payment bonds for the full amount of the contract.

**Attachment 2** – Notarized Statement from the Worker’s Compensation Carrier

Exchange this page for a notarized statement from the Worker’s Compensation carrier that your organization proposes to use, specifying general contractor’s current Experience Modification Rating for Workers’ Compensation for the State of California.

**Attachment 3** – Current Copy Organization’s California Contractor’s License(s)

Exchange this page for a current copy of your organization’s California Contractor’s License(s).

**Attachment 4** – Certification Declaring Applying Organization Has Not Had Surety Finish Work on any Project within last Five Years

Exchange this page for a certification declaring that the applying organization has not had a surety company finish work on any project within the last five (5) years.

*Sample Declaration*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorized agent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Name of Organization*)

hereby certify, under penalty of perjury under the laws of the State of California, that the organization has not has surety company finish work on any project within the last five (5) years.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_

**Attachment 5** – False or Fraudulent Claim

Exchange this page for a certification declaring that the applying organization in the last five (5) years has not been found by a judge, arbitrator, jury, or nolo contrendre plea to have submitted a false or fraudulent claim to a public agency.

*Sample Declaration*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorized agent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Name of Organization*)

hereby certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct. In the last five (5) years that the organization, any affiliate, parent or subsidiary company has not been found by a judge, arbitrator, jury, or nolo contrendre plea to have submitted a false or fraudulent claim to a public agency.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_

**Attachment 6** – Disqualification or Removal

Exchange this page for a certification declaring that the applying organization has not been disqualified, removed, or otherwise prevented from bidding on, or completing a federal, state, or local government project because of violations of law or a safety regulation.

*Sample Declaration*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorized agent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Name of Organization*)

hereby certify, under penalty of perjury under the laws of the State of California, that the organization has not been disqualified, removed, or otherwise prevented from bidding on, or completing a federal, state or local government project because of violations of law or a safety regulation.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_