**Attachment 1 - Reissued**

**to RFQ to Prequalify General Contractors**

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| RC2 |  | **Prequalification Questionnaire** |
|  |  | **Request for Qualifications to Prequalify General Contractors as**  **Prospective Bidders**  **Fire Life Safety Building Deficiency Corrections, Floors**  **1, 2 and 3**  **Santa Ana, CA**  **Bldg. ID 30-A1** |

**PREQUALIFICATION QUESTIONNAIRE**

**May 18, 2022**

The **Judicial Council of California** (“Judicial Council”) has determined that contractors (“Contractor(s)” or “Firm(s)”) must be prequalified prior to submitting a bid for the Central Justice Center Fire Life Safety Building Deficiency Corrections, Floors 1, 2 and 3 (“Project”) by submitting this questionnaire (“Prequalification Questionnaire”). This Prequalification Questionnaire **MUST** be completed by any Contractor intending to bid on the Project as a **general contractor**.

1. **Form Submission**. Contractors must complete this Judicial Council Prequalification Questionnaire; no other prequalification documents submitted by a Contractor will meet Judicial Council’s requirements. All Contractors must submit completed Prequalification Questionnaires, including the required financial statements and any other attachments, consistent with the submission required as set forth in the RFQ.
2. **Contractor List / Bid Documents**. Judicial Council will make available a list of shortlisted and prequalified Contractors by the date and time indicated in the Schedule of Events in the Request for Qualifications to which this Prequalification Questionnaire is attached (“RFQ”). After Judicial Council releases the list of prequalified and shortlisted Contractors, Judicial Council will release the bid documents in the Project Manual when it issues the Invitation to Bid for the Project. **Contractors that fail to prequalify will be ineligible to respond to the bid on the Project.**
3. **References**. Judicial Council reserves the right to contact any representative at Contractor’s previous projects to gather information about Contractor and/or to base Judicial Council’s prequalification determination on a scoring of Contractor’s references’ responses to questions.
4. **Non-responsiveness**. The Judicial Councill will deem a Contractor’s Prequalification Questionnaire nonresponsive, in its sole and absolute discretion, if, without limitation, Contractor’s questionnaire is not returned on time, does not provide all requested information, is not signed under penalty of perjury by an individual who has the authority to bind Contractor, is not updated as required or is misleading or inaccurate in any material manner (e.g., financial resources are overstated; previous violations of law are not accurately reported) or for any other deviation from these instructions or error in completing the Prequalification Questionnaire.
5. **Rejection / Waiver / Request**. Judicial Council reserves the right, in its sole discretion, to reject any or all Prequalification Questionnaires, to waive irregularities therein, or to request further information or documentation from any Contractor.
6. **Protest Procedures**. Any protest relating to this Prequalification Questionnaire must strictly comply with the protest procedures in the RFQ.

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| **CONTRACTOR (OR “FIRM”) INFORMATION** | | | | |
| Contractor’s company name: | | | | |
| Address: | | | | |
| Telephone: | | | | |
| Mobile telephone: | | | | |
| E-mail: | | | | |
| Years in business under current company name: | | | | |
| Years at the above address: | | | | |
| Types of work performed with own forces: | | | | |
| Gross revenue of the Firm for the past three (3) years: | | | | |
| $ | | $ | $ |
| Submit an audited or reviewed financial statement for the past two (2) full fiscal years. A letter verifying availability of a line of credit may also be attached; however, it will be considered as supplemental information only, and is not a substitute for the required financial statement. | | | | |
| Name of license holder exactly as on file with the California State License Board: | | | | |
| License classification(s): | | |
| License Number(s): | | |
| License expiration date(s): | | |
| Number of years license holder has held the listed license(s): | | |
| Number of years Contractor has done business in California under contractor's license law: | | |
| Number of years Contractor has done business in California under **current** Contractor's license: | | |
| Has your Firm changed name(s) or license number(s) in the past five (5) years? ( Y / N ). If “yes”, explain on a separate signed sheet, including the reason for the change. | | |
| Department of Industrial Relations Public Works Registration Number (Per Labor. Code, §1725.5): | | | | |
| Has there been any change in ownership of the Firm at any time in the past five (5) years? **NOTE**: A corporation whose shares are publicly traded is not required to answer this question. ( Y / N ). If “yes”, explain on a separate signed sheet, including the reason for the change. | | | | |
| Is the Firm a subsidiary, parent, holding company, or affiliate of another construction firm? **NOTE**: Include information about other firms if one firm owns ten percent (10%) or more of another, or if an owner, partner, or officer of your Firm holds a similar position in another firm. ( Y / N ). If “yes”, explain on a separate signed sheet, the name of the related company(ies) and the percent ownership. | | | | |
| Indicate the form of Contractor’s firm (type of business entity):  \_\_\_\_ Individual \_\_\_\_ Sole Proprietorship  \_\_\_\_ Partnership \_\_\_\_ Limited Partnership  \_\_\_\_ Limited Liability Company \_\_\_\_ Joint Venture  \_\_\_\_ Corporation, State:  \_\_\_\_ Other: | | | | |

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| List the following for each corporation officer, general partner, limited partner, owner, etc. (as applicable) for Contractor’s type of entity. For joint ventures, include this information for each entity in the joint venture and the percent ownership of each joint venture. Attach all additional information on separate signed sheets as needed. | | | | | | | |
| **Name** | | **Position** | | **Years with Co.** | | **% Ownership** |
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| Identify every construction firm, contractor and/or construction management firm that Contractor or any person listed above has been associated with (as officer, general partner, limited partner, owner, Responsible Managing Officer, Responsible Managing Employee etc.) at any time during the **past five (5) years** (“Associated Firm”). Include all additional references and/or information on separate signed sheets. NOTE: For this question, “owner” and “partner” refers to ownership of ten percent (10%) or more of the business, or ten percent (10%) or more of its stock if the business is a corporation. include all additional information on separate signed sheets as needed. | | | | | | | |
| **Name of Person at Associated Firm** | **Name of Associated Firm** | | **Contractor’s License No. of Associated Firm** | | **Dates of Person’s Participation with Associated Firm** | |
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| **CONTRACTOR’S BONDING COMPANY (SURETY) INFORMATION** | | | |
| Name(s) of bonding company(ies) your Firm has utilized over the past five (5) years (not broker or agency): | | | |
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| Address(es) of those bonding company(ies): | | | |
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| Number of years Contractor has been with those bonding company/surety: | | | |
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| Name of broker/agent: | | | |
| Address of broker/agent: | | | |
| Telephone number of broker/agent: | | | |
| E-mail of broker/agent: | | | |
| Contractor’s total current bonding capacity: $ | | | |

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| **CONTRACTOR’S INSURANCE INFORMATION** | | | | | |
| Name of insurance company(ies) your Firm has utilized over the past five (5) years (not broker or agency): | | | | | |
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| Address of those insurance company(ies): | | | | | |
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| “Best” rating(s) for those insurance company(ies): | | | | | |
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| Number of years Contractor has been with those insurance company(ies): | | | | | |
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| Name of broker/agent: | | | | | |
| Address of broker/agent: | | | | | |
| Telephone number of broker/agent: | | | | | |
| E-mail of broker/agent: | | | | | |
| Contractor’s current insurance limits for the following types of coverage: | | | | | |
| Commercial General Liability | | Each occurrence | | $ |
|  | | General aggregate | | $ |
| Product Liability & Completed Operations | | Each occurrence | | $ |
|  | | General aggregate | | $ |
| Automobile Liability – Any Auto | | Combined Single Limit (per occurrence) | | $ |
| Employers’ Liability | |  | | $ |
| Builder’s Risk (Course of Construction) | |  | |  |
| Workers’ Compensation Experience Modification Rate for the past five (5) premium years: | | | | | |
| (1) Current year: | (2) | | (3) | |
|  | (4) | | (5) | |

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| **QUESTIONS** |

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| **Pass/Fail Questions (Essential Criteria)** | | |
| 1 | Has your Firm contracted for and completed construction of a minimum of:   * **Two** (**2**) construction projects for a public agency, * Each with a value of at least **$40,000,000,** and * All within the past **five (5) years**? (Please circle one).   **NOTE**: You **must** list these projects in the “Contractor Project References” Section. | YES NO  NO = cannot prequalify |
| 2. | Does your Firm currently hold all contractors’ license(s) necessary to perform the work and have those license(s) been consistently active for at least five (5) years without revocation or suspension?  (Please circle one). | YES NO  NO = cannot prequalify |
| 3. | Does your Firm currently hold a Department of Industrial Relations Public Works registration number (Labor Code section 1725.5)?  (Please circle one). | YES NO  NO = cannot prequalify |
| 4. | Has your Firm or an Associated Firm been found non-responsible, debarred, disqualified, forbidden, or otherwise prohibited from performing work and/or bidding on work for any public agency within California within the past five (5) years?  (Please circle one). | YES NO  YES = cannot prequalify |
| 5. | Has your Firm or an Associated Firm defaulted on a contract or been terminated for cause by any public agency on any project within California within the past five (5) years and, if so and if challenged, has that default or termination been upheld by a court or an arbitrator?  (Please circle one). | YES NO  YES = cannot prequalify |
| 6. | Has your Firm or an Associated Firm or any of their owners or officers been convicted of a crime under federal, state, or local law involving:  (1) Bidding for, awarding of, or performance of a contract with a public entity;  (2) Making a false claim(s) to any public entity; or  (3) Fraud, theft, or other act of dishonesty to any contracting party within the past **ten (10) years**?  (Please circle one). | YES NO  YES = cannot prequalify |
| 7. | Has a performance bond surety for your Firm or a performance bond surety for an Associated Firm had to:  (1) Takeover or complete a project,  (2) Supervise the work of a project, or  (3) Pay amounts to third parties to satisfy claims against your performance bond  related to construction activities of your Firm or an Associated Firm within the past five (5) years? (Please circle one). | YES NO  YES = cannot prequalify |
| [Product image](http://images.google.com/aclk?sa=l&ai=CqqL_zkzKSpe8Ko22tQP11vDjDpmfp33L0OiCCYbIupEBCAAQAiCTrPsFKANQlbnowPz_____AWDJvvOGyKOgGaAB5Yqz7QPIAQGqBBlP0OX6P9_S7sP34Pb9Ov4WmnXqpIRjWmAI&sig=AGiWqtxBgF78CUxMlB0OOsm1PIcvyhT0cA&q=http://www.stopsignxpress.com/stop_signs.asp?engine%3Dadwords%26keyword%3DStop%2BSign)**If you answered:**  **“NO” to questions 1 or 2**  **or**  **“YES” to questions 3-7, then STOP.**  **You are not eligible for prequalification at this time.** | | |

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| **Scored Questions** | | |
| 1. | Has your Firm paid liquidated damages pursuant to a contract for a project with either a public or private owner within the past five (5) years? (Please circle one).  If YES, explain and indicate on separate signed sheet(s) the project name(s), damages(s), and date(s). | YES NO |
| 2. | Has your Firm paid a premium of more than one percent (1%) for a performance and payment bond on any project(s) within the past five (5) years? (Please circle one).  If YES, explain and indicate on separate signed sheet(s) the project name(s), the premium amount(s), and date(s). | YES NO |
| 3. | Has any insurer had to pay amounts to third parties that were in any way related to construction activities of your Firm within the past five (5) years? (Please circle one).  If YES, explain and indicate on separate signed sheet(s) the project name(s), the amount(s) paid, and date(s). | YES NO |
| 4. | Has your Firm’s Workers’ Compensation Experience Modification Rate exceeded 1.0 at any time for the past five (5) premium years? (Please circle one).  If YES, explain and indicate on separate signed sheet(s) the EMR(s) and the applicable date(s). | YES NO |
| 5. | Has there been a period when your Firm had employees but was without workers’ compensation insurance or state-approved self-insurance within the past five (5) years? (Please circle one).  If YES, explain and indicate on separate signed sheet(s) the reason(s) for not having this insurance and the applicable date(s). | YES NO |
| 6. | Has your Firm declared bankruptcy or been placed in receivership within the past five (5) years?  (Please circle one).  If YES, explain and indicate on separate signed sheet(s) the type of bankruptcy, the Firm’s current recovery plan, and the applicable date(s). | YES NO |
| 7. | Has your Firm been denied bond coverage by a surety company, or has there been a period of time when your Firm had no surety bond in place during a public construction project when one was required within the past five (5) years? (Please circle one).  If YES, provide details on a separate signed sheet indicating the date(s) when your Firm was denied coverage and the name of the company or companies which denied coverage; and the period(s) during which you had no surety bond in place. | YES NO |
| 8. | Has a project owner, general contractor, architect, or construction manager filed claim(s) in an amount exceeding $50,000 against your Firm, or has your Firm filed claim(s) in an amount exceeding $50,000 against a project owner, general contractor, architect, or construction manager in the past five (5) years?  If YES, explain and indicate on separate signed sheet(s) (1) the project name(s), (2) brief description of the claim(s), (3) dollar value of the claim(s); and (4) the date(s) of claim(s). | YES NO |

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| 9. | Has your Firm or an Associated Firm been cited and/or assessed any penalties for, paid any sums to settle, non-compliance with state and/or federal laws and/or regulations, including public bidding requirements and Labor Code violations, within the past five (5) years?  If “YES,” indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation(s) and/or assessment(s). | YES NO |
| 10. | Has your Firm been cited and/or assessed penalties by the Environmental Protection Agency, any air quality management district, any regional water quality control board, or any other environmental agency within the past five (5) years?  If “yes,” indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation. | YES NO |
| 11. | Has CAL OSHA and/or the federal Occupational Safety and Health Administration cited and assessed penalties against your Firm, including any “serious,” “willful” or “repeat” violations of safety or health regulations within the past five (5) years?  If “yes,” indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation. If the citation was appealed and a decision has been issued, state the case number and the date of the decision. | YES NO |
| 12. | Has your Firm been required to pay either back wages or penalties for its failure to comply with California’s prevailing wage laws, with California’s apprenticeship laws or regulations, or with federal Davis-Bacon prevailing wage laws within the past five (5) years?  If “yes,” indicate on separate signed sheet(s) the project name(s), the nature of the violation(s), the name and owner of the project(s), the number of employees who were initially underpaid and the amount of back wages and penalties that your Firm was required to pay. | YES NO |
| 13. | Does your Firm require **weekly**, documented safety meetings to be held for construction employees and field supervisors during the course of a project? | YES NO |
| 14. | Provide the name, address and telephone number of the apprenticeship program (approved by the California Apprenticeship Council) from whom you intend to request the dispatch of apprentices to your Firm for use on any project for which you are awarded a contract by Judicial Council. | |
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| **CONTRACTOR PROJECT REFERENCES** | |
| List **ALL** projects in which your Firm has participated as a contractor or first-tier subcontractor during the past **five (5) years** with a Firm contract value of more than **$40,000,000.**   * You may limit your response to the thirty (30) most-recently completed projects, but you **must** include at least the four (4) most recent projects for a public agency with a contract value of more than $40,000,000performed by your Firm. * Include all information indicated below on separate signed sheets as necessary, and explain or clarify any response as necessary | |
|  | Project Name/Identification: |
|  | Project address/location: |
|  | Project owner, contact person, and telephone: |
|  | Project architect name and telephone number: |
|  | If contractor was a subcontractor on the project, name of general contractor and telephone number: |
|  | Scope of Work: |
|  | Original completion date: |
|  | Date completed: |
|  | Initial contract value (as of time of bid award): |
|  | Final contract value: |
|  | Did the project include constructing or modernizing an earthquake resistant building? |

**CERTIFICATION**

I certify under penalty of perjury under the laws of the State of California that all foregoing information submitted in the Prequalification Questionnaire, and information included in any attachments thereto, is true and correct:

Date:

Proper Name of Contractor:

Signature:

By (Print Name):

Title: