

## INFORMAL BIDDING – APPLICATION FOR QUALIFICATION 2010 CALENDAR YEAR

**General Instructions:** Bidders must complete the entire Application. If the requested information does not apply please indicate by "N/A". If there is not enough room in the Application for a complete response attach additional pages as needed. Do not abbreviate company or contact names.

### 1.0 BIDDER INFORMATION

Basic Information

Bidder Name: \_\_\_\_\_  
 Street Address (physical office/shop location): \_\_\_\_\_  
 City, State and Zip code: \_\_\_\_\_  
 Mailing address (if different than address above.): \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State and Zip Code: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 License No. : \_\_\_\_\_ Classification(s): \_\_\_\_\_  
 Date of Issuance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Federal Tax ID No. : \_\_\_\_\_  
 Union Affiliation: \_\_\_\_\_ Yes or No

Bidder's principal contacts:

Name: _____	Title: _____
Phone: (____) _____	Fax: (____) _____
Email: _____	Years with Company: _____
Name: _____	Title: _____
Phone: (____) _____	Fax: (____) _____
Email: _____	Years with Company: _____

### 2.0 TRADE CATEGORIES

The trade categories for which Informal Bidding qualification is requested are those checked below (the required classification of California Contractors' License for each trade category is identified below):

Qualification Requested (check appropriate boxes)	Trade Categories
	General Construction
	Moving / Demolition
	Earthwork / Grading
	Paving / Striping
	Concrete
	Fencing
	Landscaping / Irrigation
	Cabinetry / Millwork / Finish Carpentry
	Insulation
	Roofing
	Doors, Locks, Security

Qualification Requested (check appropriate boxes)	Trade Categories
	Glass/Glazing
	Metal Stud / Drywall
	Lath / Plaster
	Ceramic Tile
	Acoustical
	Flooring
	Painting
	Window Coverings
	Signage
	Fire Protection
	Plumbing
	HVAC
	Electrical
	Asbestos Abatement
	Other - Describe:

### 3.0 ANNUAL REVENUE: TOTAL OR PUBLIC WORKS OR DIVISION OR STATE ARCHITECT ("DSA") RELATED

#### 3.1 Annual Total Revenue

Calendar Year/ Fiscal Year	Annual Gross Revenue	Dollar Value of Largest Contract
2006 (FY 2005/2006)		
2007 (FY 2006/2007)		
2008 (FY 2007/2008)		
2009 (FY 2008/200*)		

#### 3.2 Annual Public Works Revenue (Including DSA projects)

Calendar Year/ Fiscal Year	Annual Gross Revenue	Dollar Value of Largest Contract
2006 (FY 2005/2006)		
2007 (FY 2006/2007)		
2008 (FY 2007/2008)		
2009 (FY 2008/200*)		

### 4.0 BONDING, INSURANCE AND BANKING INFORMATION

#### 4.1 Bonds and Insurance

What is your current bond premium charge (expressed as a percentage value of the project)?

\_\_\_\_\_Percent\* (\_\_\_\_%) Calculate percentage based on projects \$0-\$125k.

What is your current bonding capacity?\* \_\_\_\_\_ Dollars (\$\_\_\_\_\_)

(\*\* A letter of Ability to Bond and Current capacity are required to be submitted as a part of this package.)

Surety

Surety Company: \_\_\_\_\_  
Surety Contact: \_\_\_\_\_  
Surety Address: \_\_\_\_\_  
Surety Telephone No.: (\_\_\_\_) \_\_\_\_\_  
Surety Fax No.: (\_\_\_\_) \_\_\_\_\_

Surety Broker

Brokerage Company: \_\_\_\_\_  
Broker Contact: \_\_\_\_\_  
Broker Address: \_\_\_\_\_  
Broker Telephone No.: (\_\_\_\_) \_\_\_\_\_  
Broker Fax No.: (\_\_\_\_) \_\_\_\_\_

**4.2 Commercial General Liability Insurance**

Insurer

Insurer: \_\_\_\_\_  
Policy No.: \_\_\_\_\_  
General Liability Insurance Broker \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: (\_\_\_\_) \_\_\_\_\_  
Fax No.: (\_\_\_\_) \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Current Policy Limits:  
Per Occurrence \_\_\_\_\_ Dollars (\$) \_\_\_\_\_  
General Aggregate \_\_\_\_\_ Dollars (\$) \_\_\_\_\_

Broker

Broker: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: (\_\_\_\_) \_\_\_\_\_  
Fax No.: (\_\_\_\_) \_\_\_\_\_  
Contact Name: \_\_\_\_\_

**4.3 Workers' Compensation Insurance**

Insurer

Insurer: \_\_\_\_\_  
Workers' Compensation Insurance Policy No.: \_\_\_\_\_  
Workers' Compensation Insurance Broker \_\_\_\_\_  
Address: \_\_\_\_\_  
Insurer Telephone No.: (\_\_\_\_) \_\_\_\_\_  
Insurer Fax No.: (\_\_\_\_) \_\_\_\_\_  
Insurer Emails Address: \_\_\_\_\_  
Insurer Contact Name: \_\_\_\_\_

**Broker**

Broker: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No.: (\_\_\_\_) \_\_\_\_\_  
 Fax No.: (\_\_\_\_) \_\_\_\_\_  
 Contact Name: \_\_\_\_\_

**4.4 Banking**

**Primary Company Bank:** \_\_\_\_\_  
 Address \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Line of Credit: \$ \_\_\_\_\_ Unused portion: \$: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Secondary Company Bank:** \_\_\_\_\_  
 Address \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Line of Credit: \$ \_\_\_\_\_ Unused portion: \$: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**5.0 REFERENCES – LIST THREE REFERENCES FOR EACH TYPE**

<b>Material Suppliers</b>			
Supplier Name	City	Telephone Number	Contact name

<b>Public Agency Owners</b> (California School Projects preferred)			
Supplier Name	City	Telephone Number	Contact name

**6.0 PRE-QUALIFICATION RATING QUESTIONNAIRE**

**6.1 Essential Requirements.** A Bidder will not be deemed qualified if the answer to any of questions 6.1.1 through 6.1.6 in this section is “No” or if the answer to any of questions 6.1.7 through 6.1.12 is “Yes.”

6.1.1 Bidder possesses a valid and current California Contractors’ license for the trades for which Bidder is prequalifying under the name presented on this application.

Yes\_\_\_ No\_\_\_\_\_

6.1.2 Bidder maintains a Commercial General Liability Insurance policy with a coverage amount of at least \$1,000,000 per occurrence and \$2,000,000 in general aggregate.

Yes\_\_\_\_\_ No\_\_\_\_\_

6.1.3 Bidder has a current Workers' Compensation Insurance Policy as required by the Labor Code or is legally self-insured pursuant to Labor Code §3700.

Yes\_\_\_\_\_ No\_\_\_\_\_

\_\_\_\_\_ \* Bidder is exempt from this requirement, because it has no employees.  
(\*Bidder will be required to show evidence of being exempt issued by the Contractors State License Board)

6.1.4 The Bidder's most recent financial statement with accompanying notes and supplemental information or the completed form of Financial Statement is submitted with this Application.

Yes\_\_\_ No\_\_\_

6.1.5 Surety Insurers must be a California-Admitted Surety, or satisfactory to the Owner. A letter from Bidder's admitted surety, authorized to issue bonds in the State of California, is attached and states the Bidder's current available bonding rate and available bonding capacity.

Yes\_\_\_\_\_ No\_\_\_\_\_

6.1.6 Within the immediately preceding twenty-four (24) months has the Bidder been: (a) awarded and completed a contract for construction of a project subject to DSA jurisdiction; or (b) awarded and completed a subcontract for construction of a portion of a project subject to DSA jurisdiction

Yes\_\_\_\_\_ No\_\_\_\_\_

6.1.7 Has your firm or any predecessor to 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 entity?

Yes\_\_\_\_\_ No\_\_\_\_\_

6.1.8 At any time during the last five (5) years has your firm or any predecessor to 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\_\_\_\_\_

6.1.9 At any time during the last five (5) years, has your firm or any predecessor to your firm, or any of its owners, officers or partners ever been convicted of a federal or state crime or fraud, or any other act of dishonesty?

Yes\_\_\_\_\_ No\_\_\_\_\_

6.1.10 Is your firm currently the debtor in a bankruptcy case?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please provide explanation on a separate sheet.

6.1.11 Was your firm or any predecessor to your firm, in bankruptcy any time during the last five (5) years? (This question refers only to bankruptcy action that was not described in the answer to question 6.1.10 above.)

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please provide explanation on a separate sheet.

6.1.12 At the time of submitting this Application for Pre-Qualification, is your organization ineligible to bid or be awarded a public works contract, or perform as a subcontractor on a public works contract, pursuant to Labor Code §1777.7?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, state the beginning and ending dates of the period of debarment:

\_\_\_\_\_  
If yes, on a separate sheet, provide explanation and evidence of why this should not affect your qualification in a negative manner.

**6.2 Performance/Experience/Safety.** (If Bidder answers Yes to any of the questions in Section 6.2; bidder must submit a written explanation on a separate paper along with any supporting evidence as to why this should be excused.)

6.2.1 How many years has your organization engaged in public works construction? \_\_\_\_\_

6.2.2 Has a claim or other demand ever been made against your organization's California Contractors License Bond?

Yes\_\_\_\_\_ No\_\_\_\_\_

6.2.3 Has a complaint ever been filed against your organization's California Contractors' License with the California Contractor's State License Board?

Yes\_\_\_\_\_ No\_\_\_\_\_

6.2.4 Has your organization ever been unable to obtain a bond or been denied a bond for a construction contract?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, list each occasion and explain on separate pages.

6.2.5 Has your organization ever refused to sign a contract awarded to it?

Yes\_\_\_\_\_ No\_\_\_\_\_

6.2.6 Has your organization ever failed to complete a construction contract?

Yes\_\_\_\_\_ No\_\_\_\_\_

6.2.7 Has your organization ever been declared in default of a construction contract?

Yes\_\_\_\_\_ No\_\_\_\_\_

6.2.8 Has your organization ever failed to complete a public works construction contract within the authorized time?

Yes\_\_\_\_\_ No\_\_\_\_\_

6.2.9 Has your organization ever been assessed and paid liquidated damages under a construction contract with either a public or private owner?

\_\_\_ Yes No\_\_\_

6.2.10 Has your organization ever been denied an award of a public contract based upon a finding by a public agency that your organization was not a responsible bidder?

\_\_\_ Yes No\_\_\_

6.2.11 Has any claim against your organization concerning your organization's work on a construction project ever been filed in court or arbitration by either a public or private owner?

\_\_\_ Yes No\_\_\_

If yes, on how many occasions? \_\_\_\_\_

6.2.12 Has your organization ever made any claim against a public or private owner concerning work or payment on a construction project and filed that claim in court or arbitration?

\_\_\_ Yes No\_\_\_

If yes, on how many occasions? \_\_\_\_\_

6.2.13 Has your organization or any principal of your organization ever been found guilty of violating any federal, state or local law, rule or regulation regarding a construction contract?

\_\_\_ Yes No\_\_\_

6.2.14 Has any surety made any payments on your organization's behalf to satisfy any claims made against a labor and material Payment Bond or Performance Bond issued on your organization's behalf in connection with a public or private construction project?

\_\_\_ Yes No\_\_\_

If yes, on how many occasions? \_\_\_\_\_

6.2.15 Has any insurance carrier, for any policy of insurance, refused to renew an insurance policy for your organization?

\_\_\_ Yes No\_\_\_

If yes, on how many \_\_\_\_\_ occasions?

6.2.16 Has 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 (5) years?

\_\_\_ Yes No\_\_\_

If yes, state the number of citations of penalties for "serious," willful" or "repeat" Cal-OSHA violations within the past five (5) years: \_\_\_\_\_

6.2.17 Has the Federal Occupational Safety and Health Administration ("OSHA") cited and assessed penalties against your firm in the past five (5) years? Note: if your firm filed an appeal of a citation and the appropriate appeals Board has not yet ruled on the appeal, you need not include information about the pending citation.)

\_\_\_ Yes                      No\_\_\_

If yes, state the number of citations or penalties imposed by OSHA within the past (5) years:\_\_\_\_\_

6.2.18 Has the EPA, any 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 contractor in the past five years? (Note: If you have filed an appeal of citation and the appropriate appeals Board has not yet ruled on your appeal, you need not include any information about it.)

\_\_\_ Yes                      No\_\_\_

If yes, state the number of citations or assessments within the past five (5) years:\_\_\_\_\_

6.2.19 How often does your firm require documented safety meetings to be held for construction employees and field supervisors during the course of a project?

\_\_\_ Once a week or more often  
\_\_\_ Other: please explain \_\_\_\_\_  
\_\_\_\_\_

6.2.20 List your firm's Workers' Compensation Insurance Experience Modification Rate (EMR) for each of the past three (3) premium years: (Note: An Experience Modification Rate is issued to your firm annually by your workers' compensation insurance carrier.)

Current Year: \_\_\_\_\_  
Previous Year: \_\_\_\_\_  
Year prior to previous year: \_\_\_\_\_

6.2.21 Within the last five (5) years, has there ever been a period when your firm had employees but was without workers' compensation insurances or state-approved self-insurance?

\_\_\_ Yes                      No\_\_\_

If yes, state the number of occasions within the past five (5) years:\_\_\_\_\_

**6.3 Labor.** If Bidder answers Yes to any of the questions in Section 6.3; bidder must submit a written explanation on a separate paper along with any supporting evidence as to why this should be excused.

6.3.1 Has there been more than one occasion during the last five (5) years on which your firm was either required to pay back wages or penalties for your own firm's failure to comply with California'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 to your firm.)

\_\_\_ Yes                      No\_\_\_

If yes, state the number of occasions within the past five (5) years: \_\_\_\_\_

6.3.2 During the last five (5) years, has there been more than one occasion on which your own firm has been penalized or required to pay back wages for failure to comply with the federal Davis-Beacon prevailing wage requirements?

\_\_\_\_\_ Yes                      No\_\_\_\_\_

If yes, state the number of occasions within the past five (5) years: \_\_\_\_\_

6.3.3 Provide the name, address and telephone number of the apprenticeship program sponsor(s) (approved by the California Division of Apprenticeship Standards) that will provide apprentices to your firm for use on any public work project for which you are awarded a contract by the District.

\_\_\_\_\_  
(Apprenticeship Program)

\_\_\_\_\_  
(Apprenticeship Sponsor)

\_\_\_\_\_  
(Sponsor Address)

6.3.4 If your firm operates its own California Apprenticeship Council approved apprenticeship program, identify the craft or crafts in which your firm provided apprenticeship training in the past year:

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

State the year in which each such apprenticeship program was approved, and attach evidence of the most recent California Apprenticeship Council approvals(s) or your apprenticeship program(s).

\_\_\_\_\_

6.3.5 State the number of individuals who were employed by your firm as apprentices at any time during the past three (3) years in each apprenticeship and the number of persons who, during the past three (3) years, completed apprenticeships in each craft while employed by your firm.

\_\_\_\_\_

6.3.6 At any time during the last five (5) years, has your firm been found to have violated any provision of California apprenticeship laws or regulations, or the laws pertaining to use of apprentices on public works?

\_\_\_\_\_ Yes                      No\_\_\_\_\_

If yes, separately, but attached, provide the date(s) of such findings, and attach copies of the Department final decisions(s).

**7.0 ACCURACY AND AUTHENTICITY**

The undersigned is duly authorized to execute this informal Bidding Qualification Application under penalty of perjury on behalf of the above-identified Bidder. The undersigned warrants and represents that he/she has personal knowledge of each of the responses to this Informal Bidding Qualification Application and/or that he/she has conducted all necessary and appropriate inquiries to determine the truth, completeness and accuracy of responses to this Informal Bidding Qualification Application.

The undersigned declares and certifies that the responses to this Informal Bidding Qualification Application are complete and accurate; there are no omissions of material fact or information that render any response to be false or misleading and there are no misstatements of fact in any of the responses. The above-identified Bidder acknowledges and agrees that if the District determines that any response herein is false or misleading or contains misstatements of fact, the Bidder will not be deemed qualified to participate in the District's Informal Bidding Procedures.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_  
(City and State)

I declare under penalty of perjury under California law that the foregoing is true and correct.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed or Written Name)