PREQUALIFICATION QUESTIONNAIRE

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):
Department of Industrial Relations registration number (Per Labor Code section 1725.5):
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.
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 ____ Corporation, State: _____ ____ Limited Liability Company ____ Joint Venture ____ Other: _____

List the following for each corporation officer, general partner, limited partner, owner, etc. (as applicable) for the 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

Identify every construction firm, Contractor and/or construction management firm that the Contractor or any person listed above has been associated with (as officer, general partner, limited partner, owner, RMO, RME 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

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):

Address(es) of those bonding company(ies):

Number of years Contractor has been with those bonding company/surety:

Name of broker/agent:

Address of broker/agent:

Telephone number of broker/agent:

E-mail of broker/agent:
Contractor's total current bonding capacity: $

CONTRACTOR'S INSURANCE INFORMATION

Name of insurance company(ies) your Firm has utilized over the past five (5) years (not broker or agency):
Address of those insurance company(ies):
"Best" rating(s) for those insurance company(ies):
Number of years Contractor has been with those insurance company(ies):

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	Combined Single Limit (per occurrence)	$
	Combined Single Limit (aggregate)	$
Product Liability & Completed Operations	(aggregate)	$
	(per occurrence)	$
Automobile Liability – Any Auto	Combined Single Limit (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)

QUESTIONS

Pass/Fail Questions (Essential Criteria)

1.	Has your Firm contracted for and completed construction of a minimum of: • **$15 million per year for the last five (5) years** of K-12 public schools either new construction or modernization under the State School Building Program administered by the Office of Public School Construction? (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 **ten (10) years** without revocation or suspension? (Please circle one).	YES NO NO = cannot prequalify
3.	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 **ten (10) years**? (Please circle one).	YES NO YES = cannot prequalify
4.	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 **ten (10) 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
5.	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
6.	Has a performance bond surety for your Firm or a performance bond surety for an Associated Firm had to: (1) Take over or complete a project, (2) Supervise the work of a project, or (3) Pay amounts to third parties, related to construction activities of your Firm or an Associated Firm within the past **ten (10) years**? (Please circle one).	YES NO YES = cannot prequalify
7.	Has your Firm's Workers' Compensation Experience Modification Rating averaged more than 1.25 over the past five (5) premium years? (Please circle one). Attach proof of Worker's Compensation Experience Mod Rating for the last 5 years.	YES NO YES = cannot prequalify



If you answered:
"NO" to questions 1-2 or
"YES" to questions 3-7, then STOP.
You are not eligible for prequalification at this time.

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 **ten (10) 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 (1.5%) for a performance and payment bond on any project(s) within the past **ten (10) 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 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
5.	Has your Firm declared bankruptcy or been placed in receivership within the past **ten (10) 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
6.	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 **ten (10) 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
7.	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 **ten (10) years**? If YES, explain and indicate on separate signed sheet(s) the project name(s), claim(s) and the date(s) of claim(s).	YES NO
8.	Has your Firm or an Associated Firm been cited and/or assessed any penalties for non-compliance with state and/or federal laws and/or regulations, including public bidding requirements and Labor Code violations, within the past **ten (10) 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
9.	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 **ten (10) years**? If "yes," indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation.	YES NO

10.	Has CAL OSHA and/or 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 **ten (10) 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
11.	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 **ten (10) 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
12.	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
13.	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 public work project for which you are awarded a contract by the District.	

CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Date: _____

Proper Name of Contractor: _____

Signature: _____

By: _____ (Print Name)

Title: _____