

# PREQUALIFICATION DOCUMENTS



## PREQUALIFICATION #1426-239 GENERAL BUILDING CONTRACTORS

### DE ANZA COLLEGE, MEASURE C PROJECT #239 – FLINT PARKING STRUCTURE RENOVATION

**General Building Contractors, License Classification B, are eligible to apply for prequalification consideration for Measure C Project #239 – Flint Parking Structure Renovation. Unless otherwise approved by the Board of Trustees, only pre-qualified Contractors will be allowed to participate as direct contractors.**

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## **NOTICE TO GENERAL CONTRACTORS FOR PREQUALIFICATION**

The Foothill - De Anza Community College District (hereinafter called District), intends to request prequalification for Contractors for certain public projects to (a) ensure the financial stability of the contractors, and to (b) promote safety, quality, timeliness, and cost effectiveness in the construction of the projects. Therefore, prequalification for Contractors is required for the following project(s):

<b>CAMPUS</b>	<b>PROJECT NAME</b>	<b>APPROX. BID DATE</b>	<b>CONSTRUCTION ESTIMATE</b>
De Anza College	#239 – Flint Parking Structure Renovation	Fall/Winter 2012	\$4.3 million Constr. start Spring 2013 – est. 9 month duration

The above bid dates and construction estimates are approximate. Exact dates, times, and location will be set forth in a NOTICE TO PREQUALIFIED CONTRATORS for the project.

### **GENERAL DESCRIPTION OF WORK**

**#239- Flint Parking Structure Renovation:** The Flint Parking Structure Repairs project is a renovation of the existing three-leveled concrete reinforced parking structure that was originally built in 1989. The renovation shall include, but not be limited to, sounding the exterior concrete surfaces to locate spalls and making spall repairs; rebuilding stair tower steel structures that allows for lateral movements, reconstructing the stair tower frames with light gauge metal framing and installing new plaster system; adding new stair railings and nosings; reinforcing the short columns by installing steel columns; refurbishing the wood railing; modernizing the elevators; installing a new emergency telephone system; installing new electrical and lighting; upgrading the fire alarm and suppression system; installing new sealants throughout the parking structure; applying elastomeric paint on the exterior of the parking structure; installing new flashings and copings; repairing the tile roof; installing new glazing to 25 feet at the elevator tower; updating signage; striping for new ADA, staff, and police parking; replace expansion joints; and replacing fire extinguishers.

### **PREQUALIFICATION PROCESS**

Prequalification documents consisting of this NOTICE TO CONTRACTORS FOR PREQUALIFICATION together with the PREQUALIFICATION QUESTIONNAIRE, will be available to interested Contractors beginning at **10 AM on September 20, 2012** at the office of Purchasing Services, Foothill De Anza Community College District, 12345 El Monte Rd., Building D170, Los Altos Hills, CA 94022, Attn: Gina Bailey, email at [baileygina@fhda.edu](mailto:baileygina@fhda.edu), by phone at (650) 949-6165, or by fax at (650) 948-5194 or Linda Mahi, [mahilinda@fhda.edu](mailto:mahilinda@fhda.edu), by phone at (650) 949-6193.

Any questions or requests for clarifications to the prequalification documents must be submitted in writing to the Purchasing Department, Attn.: Gina Bailey, email at [baileygina@fhda.edu](mailto:baileygina@fhda.edu), or by fax to (650) 948-5194 or at the above address **by 12 PM, October 5, 2012**. The District will respond to questions in a forthcoming Amendment. Questions received after the above-noted deadline may be answered at the discretion of the District. Amendments will be sent to all who are known by the issuing office to have received a complete set of Prequalification Documents and have provided a FAX number, valid e-mail address, or a street address for receipt of Amendments.

Prequalified bidders will be required to have the following California Contractor's License Classification:  
**License Classification B - GENERAL BUILDING CONTRACTOR.**

Contractors must agree to sign and be bound by the terms and conditions of the Project Stabilization

Agreement agreed between the Foothill-De Anza Community College District and the Santa Clara & San Benito Counties Building & Construction Trades Council in order to prequalify for the listed project.

The District has determined that bidders who submit bids for the above listed project(s) must be prequalified. Only bidders who have been prequalified will be allowed to further participate as direct contractors for the project(s).

Each contractor in a joint venture must submit a separate prequalification package including financial statements and information. The joint venture must hold a joint venture license with the State of California Contractors State License Board at the time its members submit their prequalification package. In the case of a joint venture, a copy of the agreement creating the partnership or association and specifying that all joint venturers agree to be fully liable for the performance under the contract. Each contractor in the joint venture must submit a copy of the agreement that created the joint venture. The agreement must specify that all joint venturers have agreed to be fully liable for performance under any contract that is awarded to the joint venture.

Prospective contractors shall submit one (1) unbound hard copy of the completed prequalification questionnaire (including all required attachments: Exhibits A-D, Public Works Project Data Sheets, and OSHA history) and one (1) complete electronic copy of all documents in portable document format (pdf) on compact disc/flash drive (including a soft copy of the safety plan, and a copy of the financial statements) **in a sealed envelope identified as "PREQUALIFICATION QUESTIONNAIRE – Measure C Project #239: Flint Parking Structure Renovation"** with the Contractor's name and address to the office of Purchasing Services, Attn: Gina Bailey, 12345 El Monte Road, Los Altos Hills, CA 94022 by **4:00 PM, October 23, 2012**.

The District reserves the right to confirm all information provided.

After receipt of each PQ questionnaire, the District will review its contents for completeness. If additional documentation is required, then the District will notify the Contractor in writing and request that the documentation be provided by a specific date. If the Contractor does not respond as required by the due date indicated, then Purchasing Services may recommend to its Board of Trustees that the Contractor be not pre-qualified for the project.

#### **EVALUATION FACTORS FOR PREQUALIFICATION**

Prequalification of prospective bidders will be determined by the application of a pre-established rating system to the following information to be submitted by prospective bidders. Prospective bidders who meet the minimum requirements for prequalification and who receive a point score above a pre-determined level of 80% of the total points available on the pre-established rating system will be considered "responsible" and successfully pre-qualified. These pre-qualified bidders will be allowed to submit bids to the District for this project. Point accumulation will be based upon the following:

1. Submission and completion of information required by the Prequalification Questionnaire and a properly signed Prequalification Declaration, Section 1.
2. Construction Experience as described under Section 2 of the Prequalification Questionnaire.
3. Information provided in the License and Business Information, Section 3, including possession of the required valid California Contractor's License/Classification as of the date and time of the Prequalification Questionnaire submittal.
4. Evaluation of Safety Program, OSHA Citations, Incidence Rate and Experience Modification Rate (EMR), Section 4, Safety Record & Program.
5. Bonding rate, Bonding capacity, and using a Surety Company listed in the latest published State of California Department of Insurance List of "Insurers Admitted to Transact Surety Insurance in this State" Section 5, Surety.
6. Conforming to the Section 6, Insurance Requirements.

7. The completion of the Declaration of Financial Condition and all financial requirements in Section 7, Financial Statements and Information, or, when applicable, the submission of certification letter from the State of California Small Business Administration.

**SEE THE PREQUALIFICATION QUESTIONNAIRE OF THIS PREQUALIFICATION DOCUMENT FOR DETAILS AND REQUIREMENTS WITHIN EACH CATEGORY NAMED ABOVE. It is advisable that each prospective bidder considers their responses to the questions as addressed in “bold” within the NOTES of each category before completing the application.**

Minimum requirements have been established solely for the purpose of determining, in a timely manner, contractors who are deemed qualified for successful and timely performance of the type of work required. If a Prequalified Contractor is later discovered to have misrepresented or provided false or incorrect information on any material part of the Prequalification Questionnaire, including but not limited to information contained in Section 3 regarding debarment, claims, lawsuits, arbitrations, mediations, licensure, contract termination, or Liquidated Damages, any Prequalification Determination shall be rescinded, and if a construction contract is awarded it will become automatically voidable at the sole discretion of the District. Any prospective contractor found not to be prequalified as a result of the contractor’s answers to this Prequalification Questionnaire will receive a written response from the District explaining its decision.

However, **Contractor may not appeal due to incomplete, falsified or late applications.** An appeal is begun by the Contractor delivering written notice to the Director of Purchasing Services of its appeal of the decision with respect to its prequalification rating within three (3) working days of receipt of said notification from the District. Without a timely appeal, the Contractor waives any and all rights to challenge the decision of the District, whether by administrative process, judicial process or any other legal process or proceeding.

If the Contractor gives the required notice of appeal and requests a hearing, the hearing shall be conducted so that it is concluded no later than ten business days after the District’s receipt of the notice of appeal, and no later than five business days prior to the last date for the receipt of bids on the project. The hearing shall be an informal process conducted by the Purchasing Services Department. At or prior to the hearing, the Contractor will be advised of the basis for the District’s prequalification determination. The Contractor will be given the opportunity to present information and present reasons in opposition to the rating. After the conclusion of the hearing, the District will render its recommendation to the Board of Trustees to be made at its next available public meeting. The decision of the Board of Trustees is final and not appealable within the State of California.

The District reserves the right to reject any or all responses to prequalification questionnaires and any or all bids and to waive non-material irregularities in any response or bid received. The District further reserves the right to withdraw the prequalification requirements at any time.

**All information submitted for prequalification evaluation will be considered official information acquired in confidence and the District will maintain its confidentiality to the extent permitted by law.**



**#1426-239**  
**GENERAL CONTRACTORS PREQUALIFICATION QUESTIONNAIRE**  
**FOR: DE ANZA COLLEGE MEASURE C**  
**FLINT PARKING STRUCTURE RENOVATION**

**Submittal Deadline: 4:00 PM, OCTOBER 23, 2012**



Questionnaire and all attachments hereto are, to the best of my knowledge, true, accurate and complete as of its submission date.

The undersigned declares under penalty of perjury that all of the Prequalification information submitted with this form is true and correct and that this declaration was executed in \_\_\_\_\_ County, California, on \_\_\_\_\_.

(Date)

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Printed Name)

[END OF SECTION]

## 2. CONSTRUCTION EXPERIENCE

**NOTE: Failure to provide Public Works Project Data Sheets for three (3) projects that substantially meet the criteria described below will result in the contractor to be not prequalified. The projects shall meet the following requirements:**

- A. Attach to the completed Prequalification Questionnaire, completed PUBLIC WORKS PROJECT DATA SHEETS meeting the below requirements for each project. Provide all of the information requested in the Public Works Project Data Sheet. When public works project data sheets are being completed by a member of a joint venture, then the public works project data sheets must describe work that was completed by the joint venture.
- i. The three (3) projects must have been completed<sup>2</sup> by the contractor for at least two distinctly different public entities **other than Foothill De Anza Community College District**, in the role of a General Building Contractor, Class “B”. The three projects must have been awarded as Public Works Contracts in compliance with applicable California Public Contract Code bidding requirements for “public entities,” and the three projects must have had Division of the State Architect (DSA) oversight, or similar direct inspection service oversight as required by the public agency. Additionally, the District prefers that the projects were completed for a California Community College District, California State University or a University of California campus; however, this is not a mandatory requirement.
  - ii. The three (3) projects should be similar to the listed General Description of Work: The Flint Parking Structure Repairs project is a renovation of the existing three-leveled concrete reinforced parking structure that was originally built in 1989. The renovation shall include, but not be limited to, sounding the exterior concrete surfaces to locate spalls and making spall repairs; rebuilding stair tower steel structures that allows for lateral movements, reconstructing the stair tower frames with light gauge metal framing and installing new plaster system; adding new stair railings and nosings; reinforcing the short columns by installing steel columns; refurbishing the wood railing; modernizing the elevators; installing a new emergency telephone system; installing new electrical and lighting; upgrading the fire alarm and suppression system; installing new sealants throughout the parking structure; applying elastomeric paint on the exterior of the parking structure; installing new flashings and copings; repairing the tile roof; installing new glazing to 25 feet at the elevator tower; updating signage; striping for new ADA, staff, and police parking; replace expansion joints; and replacing fire extinguishers.
  - iii. Each project submitted must have been completed in the last seven (7) years. Only one of the three (3) projects may be in progress, however it must be at least 50% substantially complete.
  - iv. Each project submitted must have an original contract award amount (prior to any change orders) of at **least \$3,000,000**.
  - v. **Bidder must list current and accurate information including name, e-mail, and telephone number, and facsimile number of applicable Owner Representative and Architect/Engineer contacts for each project. If the District is unable, after three**

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<sup>2</sup> Only one of the three (3) projects may be in progress and must be at least 50% complete



**attempts, to confirm the past project information submitted by bidder, then the Contractor's overall score for this category will be negatively impacted.**

- vi. The District will confirm the information provided on the required Public Works Project Data Sheets with the listed contact person. The listed contact person will be asked to verify all information and rate the performance of the contractor. Points will be given based upon reference checks received from the Owner for the projects submitted.
- vii. It should be noted that the established point rating system heavily favors prospective bidders with construction experience similar to the proposed project and the prospective bidder's demonstrated ability to complete projects within quality, fiscal and scheduled completion timetable parameters.

[END OF SECTION]

### 3. LICENSE AND BUSINESS INFORMATION

**NOTE: Accuracy is extremely important. If the District discovers that a prospective Contractor misrepresented or provided false or incorrect information, including but not limited to information contained in Section 3 regarding debarment, claims, lawsuits, arbitrations, mediations, licensure, contract termination, or LDs, then the Contractor may be found to be not pre-qualified.**

**NOTE: Failure to answer "Yes" to questions 3A through 3D (which have been bolded) will result in the Contractor being determined to be not pre-qualified.**

- A. **Will your firm sign and be bound by the terms and conditions of the Project Stabilization Agreement agreed to by the Foothill-DeAnza College Community College District and the Santa Clara & San Benito Counties Building & Construction Trades Council? (A copy of the Project Stabilization Agreement can be found at this web address for reference purposes:**

<http://www.measurec.fhda.edu/ProgramDocuments/tabid/741/Default.aspx>

YES ☐ NO ☐

- B. **Does your firm, including any partner if a Joint Venture, hold a State of California contractor's license classification: B - GENERAL BUILDING CONTRACTOR, which is current, valid, and in good standing with the California Contractors State License Board for the work you propose bidding?**

YES ☐ NO ☐

If the answer is YES, provide the following information about your firm's contractor's licenses:

- (1) Name of license holder exactly as on file with the California Contractors State License Board:

\_\_\_\_\_

- (2) License Classification and Code: \_\_\_\_\_

- (3) License Number: \_\_\_\_\_

- (4) Date Issued: \_\_\_\_\_

- (5) Expiration Date: \_\_\_\_\_

Type of Ownership: \_\_\_\_ Corporation \_\_\_\_ Partnership \_\_\_\_ Sole Proprietor

- C. **Has your firm, or any of your firms' owners, officers or partners associated with the firm, been disqualified or barred from business with a public agency within the last ten (10) years? The term "associated with" refers to another construction firm in which an owner, partner or officer of your firm held a similar position.**

YES ☐ NO ☐

- D. **Has your firm been denied an award of a public works contract based upon a finding by a public agency that your firm was not a responsible bidder in the last ten (10) years?**

YES ☐ NO ☐

- E. Has your firm had a complaint filed with the Contractor's State License Board against your company that required a formal hearing or inquiry within the last ten (10) years?

YES ☐ NO ☐

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

- F. Has your firm's contractor's license under your classification ever been suspended, revoked, or been subject to disciplinary actions by the California Contractor's State License Board within the last ten (10) years?

YES ☐ NO ☐

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

- G. Has your firm or any officer or partner thereof, been terminated for cause by an owner, owner's representative or contracting party, or otherwise failed to complete a contract?

YES ☐ NO ☐

If the answer is yes, explain on a separate, signed and dated page. Identify the year of the event, the owner, the project, and the basis for the failure to complete the contract.

- H. Has your firm been assessed liquidated damages with either a public or private owner at any time in the last five (5) years?

YES ☐ NO ☐

If the answer is yes, explain on a separate, signed, and dated page and attach to this prequalification. Identify each project by owner, owner's address, date of project completion, amount of liquidated damages assessed, contract amount, number of days past approved completion date and other information that fully explains why the liquidated damages were assessed.

- I. Has your firm paid (or had deducted from the contract balance) liquidated damages with either a public or private owner at any time in the last five (5) years?

YES ☐ NO ☐

If the answer is yes, explain on a separate, signed, and dated page and attach to this prequalification. Unless otherwise noted in "H" above, identify each project by owner, owner's address, date of project completion, amount of liquidated damages assessed, amount paid, contract amount, number of days past approved completion date and other information that fully explains why the liquidated damages were paid.

**NOTE: The questions 3J through 3L refer only to disputes between your firm and the private or public owner of a project, between your firm and a supplier, another contractor, or a subcontractor. You may omit reference to all disputes about amounts less than the values noted in each question.**

- J. In the past five (5) years has any claim that was mediated, arbitrated, or filed in a California court by an Owner that concerns your firm's work on a construction contract resulted in a settlement or an award amount greater than \$25,000 **against** your firm?

YES ☐ NO ☐

**If yes, state the total number of claims:** \_\_\_\_\_

In the format provided, using one page per claim, identify all claims by providing the project name, date of the claim, name of the entity (or entities) who filed the claim, 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, and the dollar amount (Each of the partners of Joint-Venture proposals shall complete this Section).

Copy as necessary.

CLAIMS \$25,000 OR GREATER IN CALIFORNIA FILED BY AN OWNER THAT CONCERN YOUR FIRM				
CASE INFORMATION (indicated defendant and plaintiff information and disputed dollar amount)	PROJECT INFORMATION Project Name, Address, Owners Contact, Telephone #, etc.	BRIEF DESCRIPTION of the type of claim and date of claim	METHOD OF RESOLUTION <ul style="list-style-type: none"> <li>• Mediation</li> <li>• Arbitration</li> <li>• Court System</li> </ul>	RESOLUTION STATUS AND SETTLEMENT DOLLAR AMOUNT (expand as needed on a separate page)

- K. In the past five (5) years has any claim that was mediated, arbitrated, or filed by a subcontractor in a California court against your firm on a construction contract resulted in a settlement or award in excess of \$25,000 **against** your firm?

YES ☐ NO ☐

**If yes, state the total number of claims:** \_\_\_\_\_

In the format provided, using one page per claim, identify all claims by providing the project name, date of the claim, name of the entity (or entities) who filed the claim, 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, and the dollar amount (Each of the partners of Joint-Venture proposals shall complete this Section).

Copy as necessary.

<b>CLAIMS \$25,000 OR GREATER IN CALIFORNIA FILED BY A SUBCONTRACTOR AGAINST YOUR FIRM</b>				
<b>CASE INFORMATION</b> (indicated defendant and plaintiff information and disputed dollar amount)	<b>PROJECT INFORMATION</b> Project Name, Address, Owners Contact, Telephone #, etc.	<b>BRIEF DESCRIPTION of the type of claim and date of claim</b>	<b>METHOD OF RESOLUTION</b> <ul style="list-style-type: none"> <li>• Mediation</li> <li>• Arbitration</li> <li>• Court System</li> </ul>	<b>RESOLUTION STATUS AND SETTLEMENT DOLLAR AMOUNT</b> (expand as needed on a separate page)

L. In the past five (5) years, have you had any claims and/or arbitrations, mediations, or litigation actions in excess of \$25,000 that were initiated by your firm **against** an Owner in California?

YES ☐ NO ☐

If yes, state the total number of claims: \_\_\_\_\_

In the format provided, using one page per claim, identify all claims by providing the project name, date of the claim, name of the entity (or entities) who filed the claim, 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, and the dollar amount (Each of the partners of Joint-Venture proposals shall complete this Section).

Copy as necessary.

<b>CLAIMS/ACTIONS INITIATED BY YOUR FIRM IN CALIFORNIA AGAINST AN OWNER IN EXCESS OF \$25,000</b>				
<b>CASE INFORMATION</b> (indicated defendant and plaintiff information and disputed dollar amount)	<b>PROJECT INFORMATION</b> Project Name, Address, Owners Contact, Telephone #, etc.	<b>BRIEF DESCRIPTION of the type of claim and date of claim</b>	<b>METHOD OF RESOLUTION</b> <ul style="list-style-type: none"> <li>• Mediation</li> <li>• Arbitration</li> <li>• Court System</li> </ul>	<b>RESOLUTION STATUS AND SETTLEMENT DOLLAR AMOUNT</b> (expand as needed on a separate page)

[END OF SECTION]

#### 4. SAFETY RECORD & PROGRAM

**NOTE: A copy of the current written company safety program should be included with the soft copy files only. Failure to provide a current written company safety program will result in the Contractor being determined to be not prequalified. A calculated average Experience Modification Rate (EMR) of more than 1.0 (rounded to the nearest tenth) for the past three (3) years will result in disqualification from further participation in this prequalification process. A calculated average of 1.05 – 1.09 shall be rounded up to 1.10. Actual EMR for the three years listed shall not be rounded. Failure to provide Exhibit B from your insurance company or broker/agent that states EMR for the years that are listed below in 4C will result in the Contractor being determined to be not prequalified.**

- A. Does your firm have a written safety program that meets CAL/OSHA requirements and California Labor Code Section 3201.5 or 6401.7?

YES ☐ NO ☐

**Note: A “NO” answer to question 4A will result in disqualification from further participation in the prequalification.**

Include one (1) copy of the current written safety program electronically as a soft copy.

Check all that apply within your written safety program and provide page number(s) below:

<input type="checkbox"/>	Code of Safe Practices	Beginning page # _____
<input type="checkbox"/>	Heat Illness Prevention Program	Beginning page # _____
<input type="checkbox"/>	Hazard Communication Program	Beginning page # _____
<input type="checkbox"/>	Injury/Illness Prevention Program (IIPP)	Beginning page # _____
<input type="checkbox"/>	IIPP – Employer assignment of responsibilities	Beginning page # _____
<input type="checkbox"/>	IIPP – A system for ensuring employee compliance with safe work practices	Beginning page # _____
<input type="checkbox"/>	IIPP – A system for two-way communication between employers and employees regarding safety issues	Beginning page # _____
<input type="checkbox"/>	IIPP – Scheduled inspections and an evaluation system to identify hazards	Beginning page # _____
<input type="checkbox"/>	IIPP – An accident investigation process	Beginning page # _____
<input type="checkbox"/>	IIPP – Procedures for correcting unsafe and unhealthy conditions	Beginning page # _____
<input type="checkbox"/>	IIPP – Safety and health training	Beginning page # _____
<input type="checkbox"/>	IIPP – A recordkeeping process	Beginning page # _____

- B. Has your firm been cited by CAL/OSHA in the past ten (10) years for any reason?  
YES ☐ NO ☐

Provide and **attach to this RFQ**, a copy of your firms OSHA history for the State of California, for the past 10 years, both “closed” and “open” cases as available from:

<http://www.osha.gov/pls/imis/establishment.html>. For each closed case “current violation” and “open case”, identify the project Owner, identify the citation(s) defining the applicable code issue and the amount noted, the date of citation and resultant resolution date, and any information necessary to fully explain the circumstances and outcome of the citation.

- C. **List your firm’s Experience Modification Rates (EMR) for the years shown below.**  
**Important:** You must also attach **Exhibit B** from your insurance company or broker/agent or that states EMR for the years that are listed below are correct and submit it with your prequalification questionnaire.

- i. **Current Year EMR:** \_\_\_\_\_  
ii. **Previous Year EMR:** \_\_\_\_\_  
iii. **Year prior to previous year EMR:** \_\_\_\_\_

**Calculated Average EMR (i. + ii. + iii. divided by 3):** \_\_\_\_\_

[END OF SECTION]

5. **SURETY** (Surety companies used shall be listed in the latest published State of California Department of Insurance list of insurers admitted to transact surety insurance in California)

**Note: A “NO” answer to question 5A will result in disqualification from further participation in the prequalification process. Failure to provide Exhibit C from your surety company will result in the Contractor being determined to be not prequalified.**

- A. Is your firm able to obtain total bonding capacity up to and including \$4.3 Million for this project?

YES ☐ NO ☐

- B. Has the Surety (past or present) paid out any monies for the construction activities of the firm within the last ten (10) years?

YES ☐ NO ☐

You must also attach **Exhibit C Surety Declaration** from the Surety that states the firm’s total bonding capacity as well as individual project bonding capacity, and either (1) confirms that it has not paid out any monies for any construction activities of the firm, or (2) explains the circumstances why monies were paid out.

- C. How long has your firm been with this Surety? \_\_\_\_\_ Years
- D. Provide the name, address, and telephone number of the Surety (not the Bonding/Broker agent) proposed to be used on this construction contract.

The Surety must be a Secured admitted surety insurer in the State of California. The District reserves the right to require contractors to submit copies of the documents described in the Code of Civil Procedure 995.660 (a) 1 through 4. If the District requests the documents, the copies that you submit must be the most recent versions of these documents. However, it is not necessary to submit those documents with your prequalification questionnaire.

Company Name: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The District reserves the right to reject any proffered surety insurer.

[END OF SECTION]



## 6. INSURANCE

**NOTE: A “NO” answer to question 6A will result in disqualification from further participation in the prequalification process. Failure of the Contractor to submit Exhibit D, Insurance Declaration, will result in the Contractor being determined to be not prequalified.**

A. Is your firm able to obtain the following insurance in the limits stated below?

YES ☐ NO ☐

**Insurance Requirements:**

**Minimum Requirements**

**Commercial General Liability Insurance:**

Per Occurrence	\$1,000,000
Aggregate	\$2,000,000
Product Completed Operations Aggregate*	\$1,000,000
Personal Injury	\$1,000,000

**Automobile Liability Insurance\*\***

Bodily injury per person	\$1,000,000
Bodily injury per accident	\$2,000,000
Property Damage	\$1,000,000

**Builders Risk**

**Contract Amount**

**Worker Compensation/Employers Liability Insurance <sup>3</sup>**

Each accident	\$ 1,000,000
Disease - each employee	\$ 1,000,000
Disease – policy limit	\$ 1,000,000

B. Submit the attached **Exhibit D - Insurance Declaration** that confirms the contractor’s ability to obtain the required insurance executed by an authorized representative of the insurance company or broker/agent.

C. Provide the following information on your Insurance Company/carrier(s) (not the Broker/Agent):

For General Liability/Auto Liability/Excess Liability (minimum A-, VII rating):

Company Name \_\_\_\_\_

Indicate AM Best Rating: \_\_\_\_\_

Indicate AM Best Financial Classification: \_\_\_\_\_

For Worker’s Compensation & Employers’ Liability:

Company Name \_\_\_\_\_

Indicate AM Best Rating: \_\_\_\_\_

Indicate AM Best Financial Classification: \_\_\_\_\_

<sup>3</sup> The District will accept State Compensation Insurance Fund for Worker Compensation/Employers Liability Insurance.

For Builders Risk (minimum A-, VII rating):

Company Name\_\_\_\_\_

Indicate AM Best Rating: \_\_\_\_\_

Indicate AM Best Financial Classification: \_\_\_\_\_

[END OF SECTION]

## 7. FINANCIAL STATEMENT AND INFORMATION

**NOTE: Failure of the Contractor to demonstrate their most recent three (3) year average Debt and Liquidity Ratios to be one (1.0) or more and the Profitability Ratio to be positive, plus the average business revenue to be at least \$10,000,000 annually for the past three (3) years, will result in the Contractor being determined to be not pre-qualified. Failure to provide Reviewed or Audited Financial Statements for the past (3) years will result in the Contractor being determined to be not pre-qualified.**

- A. Has your firm had business construction gross receipts\* with a three (3) year average of at least:  
(excluding any and all legal awards)

\$10,000,000      YES ☐ NO ☐

\*Business construction gross receipts shall be defined as payments to prospective firm from Owners and/or Contractors for construction services rendered.

- B. Complete *the attached Declaration of Financial Condition* and submit **one (1) set** of the Contractors most recent **Reviewed or Audited Financial Statements** for each of the past three (3) years. When applicable, there are different requirements for Qualified Small Business Administration Entities. See instructions next page.

(NOTE: If Bidder is a Joint Venture, a statement must be filed for each **Joint Venture member**.)

- C. **Provide the following information directly from your financial statements:**

Reporting Period:	Current Assets	Current Liabilities	Inv. & PPD	Earned Revenue	Net Income
Year 1:					
Year 2:					
Year 3:					
Averaged \$ over three Years					

**In the third column of the table below, insert the ratio that was derived by averaging the last three (3) years of your Reviewed or Audited Financial Statements.**

Financial Ratio	Ratio Formula	Contractor's Ratio	Points Received
Current Debt Ratio	$\frac{\text{Current Assets}}{\text{Current Liabilities}}$		Less than 1.0 will be disqualified from further participation in this prequalification
Profitability	$\frac{\text{Net Income}}{\text{Earned Revenue}}$		Net loss will be disqualified from further participation in this prequalification
Liquidity Ratio	$\frac{\text{Current Assets} - (\text{Inventories} + \text{Prepaid})}{\text{Current Liabilities}}$		Less than 1.0 will be disqualified from further participation in this prequalification

## FINANCIAL STATEMENT AND INFORMATION

### (INSTRUCTIONS FOR COMPLETING THESE REQUIREMENTS)

1. Firms **Declaration of Financial Condition (Exhibit A)** shall be fully completed and signed in the spaces provided.
2. The **Reviewed or Audited Financial Statement** is used to give the District a financial record of the firm. *Full financial statements of the bidder shall be submitted for the most recent three (3) fiscal years.* Public Contract Code section 20101(e) exempts from this requirement a contractor (firm) who has qualified as a small business pursuant to Government Code section 14837(d), if the bid is “no more than 25 percent of the qualifying amount provided in section 14837(d)(1).” The qualifying amount is \$10 million and 25 percent of that amount is \$2.5 million.<sup>3</sup>
3. If the firm is a Joint Venture, a Statement must be filed for each party of the Joint Venture. A full history of experience as this Joint Venture must be provided along with a proposed division of responsibilities and defined operations plan for this project.
4. Number of copies required to be submitted: **One.**
5. All information provided will be kept confidential to the extent permitted by law.

<sup>3</sup> If a Qualified Small Business Administration Entity, submit a copy of the certification letter from that was issued to your company by the State of California, in lieu of submitting three (3) years of Reviewed or Audited Financial Statements and the Declaration of Financial Conditions statement, Exhibit A.

### END OF INSTRUCTIONS

**EXHIBIT A**

**DECLARATION OF FINANCIAL CONDITION**

To be submitted with the prequalification application.

**PREQUALIFICATION 1426-239**  
**FLINT PARKING STRUCTURE RENOVATION**

(For Individual, Partnership, or Corporation)

\_\_\_\_\_  
Name (Name of Individual, Partner, or Officer)

If an individual, doing business as \_\_\_\_\_

Declares: That I am \_\_\_\_\_ (capacity) of the \_\_\_\_\_ (entity) submitting the Statement of Financial Condition; that I have read the Statement of Financial Condition and am familiar with the accounting records from which it was prepared; and that the Statement of Financial Condition is a true and accurate statement of \_\_\_\_\_ (my or the) financial condition of \_\_\_\_\_ (the partnership or firm) as of its date.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was subscribed at:

\_\_\_\_\_, \_\_\_\_\_  
City County

State of \_\_\_\_\_ on \_\_\_\_\_  
Date

\_\_\_\_\_  
(Individual, Partner or Officer must sign here)

For Partnership only:

The foregoing declaration is hereby affirmed

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

\_\_\_\_\_  
(Remaining Partners of firm sign here)

**EXHIBIT B**

**EXPERIENCE MODIFICATION RATE DECLARATION  
INSURANCE COMPANY OR BROKER/AGENT**

**PREQUALIFICATION 1426-239  
FLINT PARKING STRUCTURE RENOVATION**

Contractor: If your firm is able to obtain the required insurance shown below, have your Insurance Company or broker/agent complete this form.

The sections below must be completed by Contractor's Insurance Company or Broker/Agent:

\_\_\_\_\_

**The Experience Modification Rates (EMR) for \_\_\_\_\_ are:**  
**(Contractor's Name)**

- i. \_\_\_\_\_ **Current Year EMR from** \_\_\_\_\_, 20\_\_ **through** \_\_\_\_\_, 20\_\_
- ii. \_\_\_\_\_ **Previous Year EMR from** \_\_\_\_\_, 20\_\_ **through** \_\_\_\_\_, 20\_\_
- iii. \_\_\_\_\_ **Year prior to previous year EMR from** \_\_\_\_\_, 20\_\_ **through** \_\_\_\_\_, 20\_\_

**The undersigned declares under penalty of perjury that the above statement(s), as submitted, is(are) true and correct and that this declaration was executed in \_\_\_\_\_**  
**County, \_\_\_\_\_ (State) on this \_\_\_\_\_ (Date).**

\_\_\_\_\_  
Name of Insurance Company or Broker Agent

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name printed or typed

\_\_\_\_\_  
Title printed or typed

**EXHIBIT C**

**SURETY DECLARATION**

**PREQUALIFICATION 1426-239**  
**FLINT PARKING STRUCTURE RENOVATION**

Contractor: Have your surety company complete this form.

The section below must be completed by Contractor's Surety Company:

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**Contractor's Total Bonding Capacity:** \$ \_\_\_\_\_

**Contractor's Individual Project Bonding Capacity:** \$ \_\_\_\_\_

**Has the Surety paid out any monies for any construction activities of the firm in the past 10 years?**

\_\_\_\_ Yes

\_\_\_\_ No

If Yes, please explain (on a separate sheet attached) the circumstances why monies were paid out, when they were paid out, and how much.

**The undersigned declares under penalty of perjury that the above statement(s), as submitted, is(are) true and correct and that this declaration was executed in \_\_\_\_\_ County, \_\_\_\_\_ (State) on this \_\_\_\_\_ (Date).**

\_\_\_\_\_  
Name of Surety Company

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name printed or typed

\_\_\_\_\_  
Title printed or typed

**EXHIBIT D**

**INSURANCE DECLARATION**

**PREQUALIFICATION 1426-239**  
**FLINT PARKING STRUCTURE RENOVATION**

Contractor: If your firm is able to obtain the required insurance shown below, have your Insurance Company or broker/agent complete this form.

The sections below must be completed by Contractor's Insurance Company or Broker/Agent:

**Insurance Requirements:**

Minimum Requirements

**Commercial General Liability Insurance:**

Per Occurrence	\$1,000,000
Aggregate	\$2,000,000
Product Completed Operations Aggregate*	\$1,000,000
Personal Injury	\$1,000,000

**Automobile Liability Insurance\*\***

Bodily injury per person	\$1,000,000
Bodily injury per accident	\$2,000,000
Property Damage	\$1,000,000

**Builders Risk**

**Contract amount**

**Worker Compensation/Employers Liability Insurance <sup>4</sup>**

Each accident	\$ 1,000,000
Disease - each employee	\$ 1,000,000
Disease – policy limit	\$ 1,000,000

\_\_\_\_\_ (name of contractor) is able to obtain the required insurance shown above with insurers that are AM Best A- VII or better. (However, see Footnote 3 regarding Worker Compensation/Employers Liability Insurance).

The undersigned declares under penalty of perjury that the above statement(s), as submitted, is(are) true and correct and that this declaration was executed in \_\_\_\_\_ County, \_\_\_\_\_ (State) on this \_\_\_\_\_ (Date).

\_\_\_\_\_  
Name of Insurance Company or Broker Agent

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name printed or typed

\_\_\_\_\_  
Title printed or typed

<sup>4</sup> The District will accept State Compensation Insurance Fund for Worker Compensation/Employers Liability Insurance.



**PREQUALIFICATION 1426-239**  
**FLINT PARKING STRUCTURE RENOVATION**  
**PUBLIC WORKS PROJECT DATA SHEET**

Bidder's Company Name: \_\_\_\_\_

1. Project Name: \_\_\_\_\_
2. Project Location: \_\_\_\_\_
3. Owner Representative Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_  
Contact Name and E-mail: \_\_\_\_\_
4. Architect/Engineer: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_  
Contact Name and E-mail: \_\_\_\_\_
5. Was the work performed for a existing California Community College, California State University or University of California facility?  
YES ☐ NO ☐
6. Did the project require a Project Labor Agreement/Project Stabilization Agreement? YES ☐ NO ☐
7. Was Project completed on time, including contractually- approved time extensions? YES ☐ NO ☐  
If the listed project is in progress, state the following: \_\_\_\_\_ % of completion as of \_\_\_\_\_ (date)  
and is the project on track to complete on time? YES ☐ NO ☐  
A. Start Date: \_\_\_\_\_  
B. Original Completion date: \_\_\_\_\_  
C. Approved extended completion date: \_\_\_\_\_  
D. Actual Completion date: \_\_\_\_\_
8. Were Critical Path Method (CPM) schedule updates provided monthly and in a timely manner (or as contractually required) to the Owner on this project?  
YES ☐ NO ☐ How often were the schedules required? \_\_\_\_\_  
How many schedules were provided? \_\_\_\_\_  
How many schedules were late/not provided? \_\_\_\_\_
9. Was Project completed for original contract amount? YES ☐ NO ☐  

A. Contract Award Amount	\$ _____
B. Cost at Completion	\$ _____
C. Cost of Approved Change Orders	\$ _____
D. Amount of Disputed Change Order Requests	\$ _____
10. Was project performed as a Public Works Project? YES ☐ NO ☐
11. Was involvement of the Division of the State Architects (DSA) required for this project? YES ☐ NO ☐

12. Were inspection services performed by a CSU, UC, or local Public Agency's inspection services? YES ☐ NO ☐

If yes, provide agency's name and current contact information. \_\_\_\_\_

13. Were Liquidated Damages for delay assessed against this project? YES ☐ NO ☐  
If "yes", please state total amount assessed \$ \_\_\_\_\_ per diem rate \$ \_\_\_\_\_

Please state total amount paid \$ \_\_\_\_\_

14. Did project have any Prevailing Wage Rate violations? YES ☐ NO ☐

15. Identify the information requested and provide a detailed description of this project below:

**Building Size – stories/square feet:** \_\_\_\_\_

**Site Area – acres or square feet:** \_\_\_\_\_

**Structural Frame Material:** \_\_\_\_\_

**Main Exterior Finishes – walls/roof:** \_\_\_\_\_

**Primary Use of Building(s):** \_\_\_\_\_

**Other pertinent information:** \_\_\_\_\_

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

**Please select all scopes of work within this project that identify similarity to Project 1426-239:**

- ☐ sounding the exterior concrete surfaces to locate spalls and making spall repairs
- ☐ rebuilding stair tower steel structures that allows for lateral movements
- ☐ reconstructing the stair tower frames with light gauge metal framing
- ☐ installing new plaster system
- ☐ adding new stair railings and nosings
- ☐ reinforcing the short columns by installing steel columns
- ☐ refurbishing the wood railing; modernizing the elevators
- ☐ installing a new emergency telephone system; installing new electrical and lighting
- ☐ upgrading the fire alarm and suppression system
- ☐ installing new sealants throughout the parking structure
- ☐ applying elastomeric paint on the exterior of the parking structure
- ☐ installing new flashings and copings
- ☐ repairing the tile roof
- ☐ installing new glazing to 25 feet at the elevator tower
- ☐ updating signage
- ☐ striping for new ADA, staff, and police parking
- ☐ replace expansion joints
- ☐ replacing fire extinguishers.

*Copy as necessary for additional projects*