

**DOCUMENT 00450 STATEMENT OF QUALIFICATIONS FOR CONSTRUCTION WORK  
ATTACHMENT A - STATEMENT OF QUALIFICATION QUESTIONNAIRE**

Bidders shall complete the entire Statement of Qualification Questionnaire and submit it in accordance with Document 00200 (Instructions to Bidders) and Document 00450 (Statement of Qualifications). Failure to complete the questionnaire or inclusion of any false or erroneous statement(s) may render the Bid nonresponsive or affect the District's determination of a Bidder's responsibility.

**CONTACT INFORMATION**

Firm Name: \_\_\_\_\_ Check One: Corporation  
(as it appears on license) Partnership  
Sole Prop.

Corporate Tax Identification Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

If firm is a sole proprietor or partnership:

Owner(s) of Company \_\_\_\_\_

Prospective Bidder's License Number(s):

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

## PART A: GENERAL INFORMATION

Complete Part A before proceeding to Part B.

1. Does Bidder possess valid and current California Contractor's license(s) for the work proposed as stated in Document 00100 - Advertisement for Bids? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Does Bidder possess a valid and current California Public Works Contractor Registration number? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Does Bidder have the capability to meet insurance requirements per Document 00821 - Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Does Bidder have the capability to provide bonds as required in Document 00700 - General Conditions? Yes \_\_\_\_\_ No \_\_\_\_\_

**Bidder's bid will be automatically disqualified if any answer to questions 1, 2, 3 or 4 is "No".**

5. Has Bidder's California contractor's license been revoked at any time in the last five (5) years? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Has Bidder been "default terminated" by an owner (other than for convenience), or has a Surety completed a contract for Bidder within the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Has Bidder been cited more than three (3) times for failure to pay prevailing wages in the last five (5) years? Yes \_\_\_\_\_ No \_\_\_\_\_

**Bidder's bid will be automatically disqualified if any answer to questions 5, 6 or 7 is "Yes", unless compelling evidence of non-culpability is provided which District may evaluate in its sole discretion.**

## PART B: SAFETY, PREVAILING WAGE, AND DISPUTES

### **SAFETY:**

Zone 7 finds worker-safety to be of utmost importance and therefore requires its Contractors to demonstrate that it possesses the skill and experience to foresee and to adopt protective measures to adequately and safely perform the construction work with respect to such

hazards. Bidder acknowledges that there are certain inherent conditions existent in the construction of the particular facilities which may create, during the construction program, unsafe conditions hazardous to persons and property. The following information will be used to determine if Bidders meet the minimum safety requirements for this project.

1. To qualify to bid and be awarded the project Bidder must not have been cited by CAL OSHA for any "serious," "willful," or "repeat" violations of its safety or health regulations more than three (3) times in the past five (5) years, unless compelling evidence of non-culpability is provided which Zone 7 may evaluate in its sole discretion. Similarly, Bidder must not have been cited by the federal OSHA for more than three (3) violations in the past five (5) years, unless compelling evidence of non-culpability is provided which Zone 7 may evaluate in its sole discretion

(a) Has CAL OSHA cited your firm for any "serious," "willful," or "repeat" violations of its safety or health regulations in the last five (5) years?

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

If the answer is "Yes," attach description of each citation and a detailed explanation of the circumstances. **(If answer is "Yes," and the number of citations exceed three (3), Bidder's bid will be automatically disqualified, unless compelling evidence of non-culpability is provided which District may evaluate in its sole discretion.)**

(b) Has the federal OSHA cited and assessed penalties against your firm in the last five (5) years?

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

If the answer is "Yes," attach description of each citation and a detailed explanation of the circumstances. **(If answer is "Yes," and the number of citations exceed three (3), Bidder's bid will be automatically disqualified, unless compelling evidence of non-culpability is provided which District may evaluate in its sole discretion.)**

2. How often does Bidder require documented safety meetings be held for:

Field Supervisor	Weekly _____	Bi-weekly _____	Monthly _____	Less than monthly _____
Employees	Weekly _____	Bi-weekly _____	Monthly _____	Less than monthly _____
New Hires	Weekly _____	Bi-weekly _____	Monthly _____	Less than monthly _____
Subcontractors	Weekly _____	Bi-weekly _____	Monthly _____	Less than monthly _____

3. How often does Bidder conduct documented safety inspections?

Quarterly \_\_\_\_\_ Semi-annually \_\_\_\_\_ Annually \_\_\_\_\_ Other \_\_\_\_\_

4. Does Bidder have home office safety representatives who visit/audit the job site?  
Quarterly \_\_\_\_ Semi-annually \_\_\_\_ Annually \_\_\_\_ Other \_\_\_\_

5. (a) List Bidder's Interstate Experience Modification Rate for the last five years.  
State the specific year for each response.

Year 1: \_\_\_\_\_  
Year 2: \_\_\_\_\_  
Year 3: \_\_\_\_\_  
Year 4: \_\_\_\_\_  
Year 5: \_\_\_\_\_

(b) Use Bidder's last year's Cal/OSHA 300 log to fill in the following:

i) Number of lost workday cases \_\_\_\_\_  
ii) Number of medical treatment cases \_\_\_\_\_  
iii) Number of fatalities \_\_\_\_\_

(c) Employee hours worked last year \_\_\_\_\_

### **PREVAILING WAGE AND LABOR CODE PROVISIONS**

6. Has Bidder been fined, penalized or otherwise found to have violated any prevailing wage or labor code provision?

Yes \_\_\_\_ No \_\_\_\_ If "Yes", attach detailed description of each occurrence.

### **LICENSE PROVISIONS**

7. Has Bidder changed names or license numbers in the past 10 years?

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

If "Yes", please state reason for change, previous name and/or license number:

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## **DISPUTES**

8. Have any claims or legal actions been filed against Bidder in court or arbitration in the past five years? Yes \_\_\_\_\_ No \_\_\_\_\_.

If Bidder answers "Yes" Bidder shall identify any claims or legal action filed in court or arbitration against Bidder in the past five years which concerned Bidder's work on a construction project. For each claim, if any, the Bidder shall provide the project name, date of the claim, name of the claimant, a brief description of the nature of the claim, the court in which the case was filed and a brief description of the status of the claim (pending or, if resolved, a brief description of the resolution). Are there any pending claims against your company that should you lose the claim(s), would adversely affect your financial position or your ability to meet your obligations if awarded the contract for this project? If so, please explain.

9. Have any claims or legal actions been filed by Bidder against a project owner in the past five years? Yes \_\_\_\_\_ No \_\_\_\_\_.

If Bidder answers "Yes", Bidder shall identify any claims or legal actions filed in court or arbitration by Bidder against a project owner in the past five years concerning work on a project or payment for a contract. For each claim, if any, the Bidder shall provide the project name, date of 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). Are there any pending claims filed by your company against a project owner that should you lose the claim(s), would adversely affect your financial position or your ability to meet your obligations if awarded the contract for this project? If so, please explain

**PART C: FINANCIAL, INSURANCE, AND BONDING**

1. Has Bidder ever reorganized under the protection of the bankruptcy laws?  
Yes\_\_\_\_ No \_\_\_\_\_ If yes, please state when \_\_\_\_\_
2. Has Bidder ever had insurance terminated by a carrier within the last five years?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain below with correlating cross-reference to this paragraph of the questionnaire.

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3. Bonding Capacity - Provide documentation from Bidder's surety identifying the following:

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

Name of Surety Agent: \_\_\_\_\_

Surety Agent address: \_\_\_\_\_

Surety Agent phone number: \_\_\_\_\_

Is surety a California-admitted surety? Yes \_\_\_\_\_ No \_\_\_\_\_

What is Bidder's total bonding capacity? \_\_\_\_\_

What percentage rate does Bidder pay for bonds? \_\_\_\_\_

## PART D: EXPERIENCE

The unique nature of this Project requires prior similar experience of the firm and the Key Personnel assigned. Summarize similar project experience below and provide the detailed project information requested.

**EXPERIENCE OF PRIME CONTRACTOR/FIRM:** The Bidder shall refer to Document 00450 – Statement of Qualifications for Construction Work, Paragraph 1.B, and provide the required details listed below for the specified number of projects of similar nature and complexity. Each project must meet or exceed the contract dollar amount and completion timeframe specified in Paragraph 1.B.

Names and references shall be current and verifiable. If a separate sheet is used, it shall contain all of the following information and in the same format:

**1. Project Name:** \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, phone number and email): \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_

Architect/Engineer Contact (name and phone number): \_\_\_\_\_

Const. Mgr. or Project Mgr. (name and phone number): \_\_\_\_\_

Description of Project, Scope of Work Performed, Describe how project is of a similar nature and complexity to this project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Construction Cost: \_\_\_\_\_

Total Change Order Amount: \_\_\_\_\_

Original Scheduled Date of Completion: \_\_\_\_\_

Time Extensions Granted (number of Days): \_\_\_\_\_

Actual Date of Completion: \_\_\_\_\_

Number of Stop Notices filed by subcontractors or suppliers: \_\_\_\_\_

**2. Project Name:** \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name and phone number): \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_

Architect/Engineer Contact (name and phone number): \_\_\_\_\_

Const. Mgr. or Project Mgr. (name and phone number): \_\_\_\_\_

Description of Project, Scope of Work Performed, Describe how project is of a similar nature and complexity to this project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Construction Cost: \_\_\_\_\_

Total Change Order Amount: \_\_\_\_\_

Original Scheduled Date of Completion: \_\_\_\_\_

Time Extensions Granted (number of Days): \_\_\_\_\_

Actual Date of Completion: \_\_\_\_\_

Number of Stop Notices filed by subcontractors or suppliers: \_\_\_\_\_

**3. Project Name:** \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name and phone number): \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_

Architect/Engineer Contact (name and phone number): \_\_\_\_\_

Const. Mgr. or Project Mgr. (name and phone number): \_\_\_\_\_

Description of Project, Scope of Work Performed, Describe how project is of a similar nature and complexity to this project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Total Construction Cost:\_\_\_\_\_

Total Change Order Amount:\_\_\_\_\_

Original Scheduled Date of Completion:\_\_\_\_\_

Time Extensions Granted (number of Days):\_\_\_\_\_

Actual Date of Completion:\_\_\_\_\_

Number of Stop Notices filed by subcontractors or suppliers:\_\_\_\_\_

**EXPERIENCE OF PROJECT MANAGER/SUPERINTENDENT:** Bidder shall name below the Project Manager who will be assigned to this Project.

Name of Project Manager: \_\_\_\_\_

Number of Years of Total Construction Experience as a Project Manager/Superintendent:

\_\_\_\_\_

Number of Years as a Project Manager for your company: \_\_\_\_\_ years

To demonstrate experience of the Project Manager/Superintendent, Bidder shall refer to Document 00450 – Statement of Qualifications for Construction Work, Paragraph 1.B, and provide the required details listed below for the specified number of projects of similar nature and complexity. Each project must meet or exceed the contract dollar amount and completion timeframe specified in Paragraph 1.B.

Names and references shall be current and verifiable. If a separate sheet is used, it shall contain all of the following information and in the same format:

**1. Project Name:** \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, phone number and email): \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_

Architect/Engineer Contact (name and phone number): \_\_\_\_\_

Const. Mgr. or Project Mgr. (name and phone number): \_\_\_\_\_

Description of Project, Scope of Work Performed, Describe how project is of a similar nature and complexity to this project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Construction Cost: \_\_\_\_\_

Total Change Order Amount: \_\_\_\_\_

Original Scheduled Date of Completion: \_\_\_\_\_

Time Extensions Granted (number of Days): \_\_\_\_\_

Actual Date of Completion: \_\_\_\_\_

Number of Stop Notices filed by subcontractors or suppliers: \_\_\_\_\_

**2.Project Name:** \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name and phone number): \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_

Architect/Engineer Contact (name and phone number): \_\_\_\_\_

Const. Mgr. or Project Mgr. (name and phone number): \_\_\_\_\_

Description of Project, Scope of Work Performed, Describe how project is of a similar nature and complexity to this project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Construction Cost: \_\_\_\_\_

Total Change Order Amount: \_\_\_\_\_

Original Scheduled Date of Completion: \_\_\_\_\_

Time Extensions Granted (number of Days): \_\_\_\_\_

Actual Date of Completion: \_\_\_\_\_

Number of Stop Notices filed by subcontractors or suppliers: \_\_\_\_\_

**3.Project Name:** \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name and phone number): \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_

Architect/Engineer Contact (name and phone number): \_\_\_\_\_

Const. Mgr. or Project Mgr. (name and phone number): \_\_\_\_\_

Description of Project, Scope of Work Performed, Describe how project is of a similar nature and complexity to this project: \_\_\_\_\_

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Total Construction Cost:\_\_\_\_\_

Total Change Order Amount:\_\_\_\_\_

Original Scheduled Date of Completion:\_\_\_\_\_

Time Extensions Granted (number of Days):\_\_\_\_\_

Actual Date of Completion:\_\_\_\_\_

Number of Stop Notices filed by subcontractors or suppliers:\_\_\_\_\_

Bidder hereby declares under penalty of perjury that all the information provided in this questionnaire is true and correct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

END OF DOCUMENT