STATEMENT OF QUALIFICATION QUESTIONNAIRE

Contractors/Subcontractors shall complete and submit the entire Statement of Qualification Questionnaire.

CONTACT INFORMATION

Company Name: _____

Street Address: _____

Mailing Address: _____

Contact Person: _____

Phone: _____ Email: _____

Contractor/Subcontractor is a:

_____ California Corporation

_____ Corporation organized under the laws if the State of _____

With head offices located at _____

And offices in California at _____

_____ Non-Profit 501 C3

_____ Sole Proprietor

_____ Partnership

_____ Limited Liability Company

List names of general partners and state which partner(s) are managing partner(s)

_____

_____ Limited Liability Partnership

List names of general partners and state which partner(s) are managing partner(s)

_____

_____ Other (attach addendum with explanatory details)

GENERAL

1. How many years has your company done business under the name listed above?_____(Disqualified if under 3 years)

2. How many years of experience similar to work or services covered in this IFB?_____(Disqualified if under 3 years)

LICENSE

3. Does Contractor/Subcontractor possess a valid and current California Contractor's license for the work proposed?

   Yes_____No_____CA State General Engineering Contractor (A) License Number:_____

   Yes_____No_____ISN Number: _____

   Yes_____No_____Qualified Electrical Worker Certificate Number: _____

4. Is the Contractor/Subcontractor registered with the Department of Industrial Relations? *Required at the time of bidding.

   Yes_____No_____DIR Registration Number: _____

DISPUTES

5. 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_____ (Disqualified if answer is "Yes")

6. Has Bidder had any claims, litigation, or disputes ending in mediation or arbitration, or termination for cause associated with any project in the past 10 years?

   Yes_____ No_____ if yes, attach description of each such instance including details of total claim amount, settlement amount, and owner's name and phone number.

FINANCIAL

7. Has Bidder ever reorganized under the protection of the bankruptcy laws?

   Yes _____No _____ if yes, please state when_____and include audited or reviewed financial statements
   for the three most recently completed fiscal years for Contractor/Subcontractor and for any parent company(s) of Contractor/Subcontractor.

8. Has Bidder ever reorganized under the protection of the bankruptcy laws? _____

SAFETY

9. List Bidder's Workers Compensation Experience Modification Rate for the last three years. (Disqualified if greater than 100%) ____
   _____ _____ _____

10. List Bidder's Incident Rate for the last three years. (Disqualified if greater than 2.5%) ____
    _____ _____ _____

EQUIPMENT

11. If Applicable, provide a list of the plant(s), and /or facilities, and equipment owned by the Bidder which are available for use in connection with the proposed work as may be required herein. Attach additional pages if necessary.

QUANTITY	NAME/TYPE/MODEL CAPACITY	CONDITION	LOCATION

KEY PERSONNEL

List key personnel that will be assigned to the work and attach resumes containing: name, years of experience, education, professional registration(s), experience directly related to assignment, experience directly related to similar projects, and at least three client references. Please no home addresses, home phone numbers, and personal email addresses.

Project Manager: _____

Project Superintendent: _____

RECENT PROJECTS

Contractor (Subcontractor) shall provide information about three of its most recently completed projects. Names and references must be current and verifiable.

1. Project Name: _____

   Location: _____

   Owner (or Prime): _____

   Owner (or Prime) Contact (name, phone number and e-mail): _____

   Description of Project, Scope of Work Performed: _____

   Value of Construction Cost: _____

   Value of 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 (or Prime): _____

   Owner (or Prime) Contact (name, phone number and e-mail): _____

   Description of Project, Scope of Work Performed: _____

   Value of Construction Cost: _____

   Value of 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 (or Prime): _____

   Owner (or Prime) Contact (name, phone number and e-mail): _____

   Description of Project, Scope of Work Performed: _____

   Value of Construction Cost:_____

   Value of 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 and in attachments is true and correct.

_____
SIGNATURE

_____
NAME

_____
TITLE

_____
DATE