



HERITAGE CONSTRUCTION

SUBCONTRACTOR PREQUALIFICATION QUESTIONNAIRE

{insert project name, project no. and campus name here}

This subcontractor prequalification is valid only for above-mentioned project and will not be considered as a basis for prequalification on other projects.

Complete and submit all information and forms on the following pages to the Prequalification Coordinator. Direct any questions regarding prequalification to the Prequalification Coordinator at the following address and phone number:

Design-Builder (General Contractor) Company Name
Attn: Prequalification Coordinator
Address
City, ST, Zip
Telephone; Fax

Once your firm has been prequalified for this project, you will be notified.

This Subcontractor Prequalification Questionnaire was submitted by:

Company Name

Street Address, City, State, Zip Code

Contact Name

Email Address



Telephone Number

Facsimile Number

Each subcontractor must answer all of the questions contained herein and on each Project Data Sheet. Subcontractors shall fill out all information fields accurately, completely, and truthfully. Upon your failure to do so, your application will be deemed non-responsive, and your firm will not be prequalified to bid this project. The decision from the Prequalification Coordinator is final and may not be appealed.



I. COMPANY INFORMATION

Does your company do business under another name?

If yes, provide name:

What year was your company established?

Is your firm owned by or affiliated with another company?

If yes, parent/affiliate company name:

Describe relationship:

What percentage of work do you subcontract?

What trades do you typically subcontract?

Licenses/Certification

Issuing Authority	Class	License/Certification No.	Date Issued	Expiration

Note: Workers (i.e. electricians) employed on this project shall be certified in accordance with the law (i.e. for electricians, Labor Code sections 3099-3099.5). By signing its certification on page 6, Subcontractor is certifying that all workers employed on this project are certified in accordance with the law.

Certification

Certification Type (DVBE, SBE, MBE, etc.)	Certifying Agency	Certification No.	Expiration

Insurance Information

Insurance Carrier for General and Excess Liability Coverage:

Contact/Title, Position:

Phone No./ Fax No.:

Email for Contact:

Limits of General Liability Insurance--Each occurrence:



Aggregate:
 Limits of Excess Liability Insurance—Each occurrence:
 Aggregate:

Bonding Information

Is your company bondable?

If yes, bonding company name:

Agent name/phone no.

Single project limit:

Aggregate limit:

Available capacity:

Litigation

Has your company ever defaulted, failed to complete or been terminated on a contract?

If yes, describe:

Has your company ever gone through a bankruptcy or reorganization?

If yes, describe:

II. REFERENCES:

Three Suppliers:

Company	Contact/Title	Phone	Fax	Email
1.				
2.				
3.				

Three General Contractors:

Company	Contact/Title	Phone	Fax	Email
1.				
2.				
3.				

III. EXPERIENCE (General Contractor: select from options below, or create your own):

A. Submit three projects, each meeting the following requirements:

1. Completed work within the past five years.
2. Work must have been performed on a project in California.
3. Completed for project of similar scope and magnitude.
4. Subcontract value of at least \$_____.



5. Demonstrated use of CADD for coordination, shop and production drawings.
 6. Work for which project required formal commissioning of all building systems.
 7. Project completed within pre-defined project budgets and schedules.
 8. Mitigation measures (noise, dust, fumes) implemented on submitted projects.
 9. Project requiring critical path scheduling, including updates and narratives.
- B. Projects must have been managed and constructed under the business name submitted. Projects completed by employees for former employers are not acceptable.
- C. Submit a Project Data Sheet for each project offered as evidence of experience. The Project Data Sheet is attached.

IV. SAFETY

Complete the safety information on page 4.

II. SUBMISSION

It is the responsibility of each subcontractor to submit the Project Data Sheets and necessary attachments for each project identified to the following address on page 1 of these forms.

Note: Should a subcontractor submit an incomplete and/or unclear Prequalification Questionnaire, that subcontractor will be deemed non-responsive and will not be prequalified.



SAFETY QUALIFICATION: Provide the Average Lost Workday Incident Rates, Average Recordable Incident Rates and most recent Experience Modification Rate in the spaces provided on this page. In addition, each subcontractor is required to submit complete copies of OSHA form no. 300 and form no. 300A under item 5 of this section.

The Average Lost Workday Incident Rate (LWIR) and the Average Recordable Incident Rate (RIR) are requested for evaluation of the safety history relating to subcontractor's construction operations only. Home office staff labor hours and the corresponding injury and illness figures for home office staff shall not be included in the calculation of these rates. Similar information for parent companies, subsidiaries, or other company divisions not directly engaging in construction activities shall not be considered in these rate calculations. All data used in the calculations shall be specific to the contracting entity listed on page 1; inclusion of data from sub-tier contractors is not acceptable.

The Experience Modification Rate (EMR) is established by the subcontractor's worker's compensation insurance carrier, and is based on the subcontractor's loss history. Subcontractors are to provide their Intrastate EMR, which is used for evaluation of subcontractors in the State of California. Provide all requested information in the spaces provided.

Important Note: Small firms that have less than ten employees and report an average Total Employee Hours Worked that is less than 20,000 hours, are not required to report recordable incidents and lost workday incidents for their firms herein. Instead, these firms shall submit their most current year of Intrastate EMR or a copy of their worker's compensation insurance carrier's documentation of their most current year of Intrastate EMR, and must have an EMR of 1.00 or less to prequalify.

1. Average Lost Workday Incident Rate (LWIR). Calculate your firm's LWIR for the past three (3) complete years. The lost workday information is listed on your OSHA forms no. 300 and 300A and is available from your worker's comp. insurance carrier.

$$\text{LWIR} = \frac{\text{Total number of lost workday incidents} \times 200,000}{\text{Total employee hours worked}}$$

Year	# of Lost Workday Incidents	Total Employee Hours Worked	Lost Workday Incident Rate
1-20__			
2-20__			
3-20__			
Total			



2. Average Recordable Incident Rate (RIR). Calculate your firm's RIR for the past three (3) complete years. The Incident Rate information is listed on your OSHA forms no. 300 and 300A and is available from your worker's comp. insurance carrier.

$$\text{RIR} = \frac{\text{Total number of recordable incidents} \times 200,000}{\text{Total employee hours worked}}$$

Year	# of Recordable Incidents	Total Employee Hours Worked	Recordable Incident Rate
1-20__			
2-20__			
3-20__			
Total			

3. Experience Modification Rate (EMR).

Enter your firm's EMR for the most recent year (this information is provided by your worker's comp. insurance carrier).

Year	EMR
20__	

<p>Is Your Firm Self-Insured in California?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes Self-Insured No. ____</p> <p>*Attach certification.</p>
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4. Name of Worker's Comp. Insurance Carrier(s): _____

Address: _____

Agent Name: _____ Telephone No.: _____

5. In addition to the information provided above, submit copies of your firm's OSHA No. 300, Log of Work-Related Injuries and Illnesses, and OSHA form no. 300A, Annual Summary of Work-Related Injuries and Illnesses, covering each of the past three (3) years.



CERTIFICATION

The submitter of the foregoing statements contained on this Subcontractor Prequalification Questionnaire and on the Project Data Sheets has read the same, and hereby certifies that these statements are true to the best of the submitter’s knowledge. The statements are for prequalifying subcontractors in order to submit sub-bids for this project, and any reference named therein is hereby authorized to supply any information necessary to verify the statements.

By signing below, the submitter certifies and declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF AN INDIVIDUAL

Executed this _____ day of _____, _____ in the
(Day) (Month) (Year)

City of _____, County of _____,

State of _____.

Signature of Applicant _____

an individual, doing business as _____

SIGNATURE OF A PARTNER

Executed this _____ day of _____, _____ in the
(Day) (Month) (Year)

City of _____, County of _____,

State of _____.

Signature of Applicant _____

a partner of _____
(Name of Firm)



HERITAGE CONSTRUCTION
General Contractors

SIGNATURE OF AN OFFICER OF A CORPORATION

Executed this _____ day of _____, _____ in the
(Day) (Month) (Year)

City of _____, County of _____,

State of _____.

Signature of Applicant _____

an officer with the title of _____
(Title of Corporation Officer) (Corporation Name)