

**RFQ #PUARC-1602 COUNTY OF RIVERSIDE
PREQUALIFICATION PACKAGE FOR MATERIAL
SUPPLIERS FOR COUNTY CONSTRUCTION
PROJECTS UNDER \$175,000**

SECTION 1 - GENERAL INFORMATION

Material suppliers for projects which are classified as Public Works Projects by the California Uniform Construction Cost Accounting Act (CUPCCAA) and fall under AB219 definition of "public works" includes the hauling and delivery of ready-mix concrete which requires payment of applicable prevailing wage rates should complete the information herein. Material suppliers of ready-mix concrete will be used when County's internal forces perform public works projects as defined by CUPCCAA.

Company: _____ Union _____ Non Union _____
(Name as it appears on business license)

Contact Person: _____ Check One: Corporation _____

Title: _____ Email: _____ Partnership _____

Address: _____ Sole Prop. _____

(Street Address)

Joint Ven. _____

(City, State, Zip Code)

Phone: (____) _____ Fax: (____) _____

Department of Industrial Relations (DIR) Registration No# _____ Exp. Date: _____

Exclusive Small Projects: _____ (indicate yes or no) If yes, no DIR registration number is required.

County Use Only:

Verified by _____ Date _____

License Verified: Yes _____ No _____ DIR Registration Verified: Yes ___ No ___ N/A ___

Tax ID Number: _____ Date Business Formed: _____

Information ONLY: Please check the following if they apply to your firm:

- _____ DVBE Certified
- _____ Large Business (500 or more employees)
- _____ Small Business (Under 500 employees)
- _____ Disadvantaged Business (Minority Owned)
- _____ Woman-Owned & Operated
- _____ Sheltered Workshop
- _____ Local (Office located within the County of Riverside)

SECTION 1 - GENERAL INFORMATION (cont')

1. In the past 10 yrs., what other business have the Principal or corporate officers been involved in? _____

(List on a separate signed page if not enough space)

2. Has there been any recent change in control of the company? (If yes, explain on separate signed page.) _____ Yes _____ No

3. Is the company or its owners connected with any other companies as a subsidiary, parent, holding or affiliate? _____ Yes _____ No

(If yes, explain on separate signed page, listing companies, business addresses, and phone numbers.)

4. Corporate Officers - Partners - Proprietor - Owners - Key Personnel:

| Name | Position | Years W/Firm | % of Ownership |
|------|----------|--------------|----------------|
| | | | |
| | | | |
| | | | |

5. If a corporation: Date incorporated _____ State _____

6. If a partnership: Date of organization _____ State _____

___ General ___ Limited ___ Association

I hereby authorize the County of Riverside ("County") or a representative of the County to contact the Agencies above to discuss my rating/prequalification and to obtain any information necessary to verify my company's fitness for prequalification to informally bid on Public construction projects.

Signed: _____ Date: _____

Name: _____ Title: _____

(Use Attachments 2.1 and 2.2 for copy of business license and DIR registration)

SECTION 2 – QUESTIONS (All Applicants)

A. ESSENTIAL EVALUATION CRITERIA

| | | Y E S | N O |
|-----|---|----------------------|----------------|
| 1. | Contractor possesses a valid active and current California Contractor’s license for the project(s) for which it intends to submit a bid(s) or provide work. | | |
| 2. | Contractor is currently registered with the California Department of Industrial Relations (DIR) as required by California Labor Code Section 1725.5. If Exempt, check here _____ | | |
| 3. | Contractor has a liability insurance policy with a policy per project limit of at least \$ 1,000,000 per occurrence and \$ 2,000,000 aggregate. (If no, contractor is not qualified.) | | |
| 4. | Contractor has a current workers’ compensation insurance policy as required by the Labor Code or is legally self-insured pursuant to Labor Code section 3700 et. seq. (If no, contractor is not qualified.) <input type="checkbox"/> Check here if you are exempt from this requirement – no employees | | |
| 5. | Have you attached a notarized statement from an admitted surety insurer (approved by the California Department of Insurance and authorized to issue bonds in the State of California), which states you current bonding capacity? Notarized statement must be from the surety company, not an agent or broker, and must be specific to the prequalification. (N/A applicable for exclusive small project Contractors. Check here for N/A: _____) | | |
| 6. | Has the Contractor ever had their contractor’s license suspended, put on probation, or revoked? (If yes, Contractor is not qualified unless an acceptable explanation, use a separate piece of paper.) | | |
| 7. | Has your firm been assessed liquidated damages in the past 5 years? (If yes, please answer the additional questions below; 1. How many times has Liquidated damages been assessed? 2. What were the dollar amounts of the assessment(s)? _____ (If yes, Contractor is not qualified unless an acceptable explanation, use a separate piece of paper.) | | |
| 8. | Has your firm defaulted on a contract or declared bankruptcy or been placed in receivership within the past seven (7) years? (If yes, Contractor is not qualified unless an acceptable explanation, use a separate piece of paper.) | | |
| 9. | Has your firm been disqualified, debarred, forbidden, or found non-responsible or otherwise prohibited from performing work and/or bidding on work for any other public agency in the State of California within the past five (5) years? (If yes, Contractor is not qualified unless an acceptable explanation, use a separate piece of paper.) | | |
| 10. | Has your firm been terminated for cause by any public agency on any project in the State of California within the past five (5) years? (If yes, Contractor is not qualified unless an acceptable explanation, use a separate piece of paper.) | | |
| 11. | Is your firm ineligible to bid on or be awarded a public contract, or perform as a subcontractor on a public contract, pursuant to either Labor Code section 1777.1 or Labor Code section 1777.7? (If yes, Contractor is not qualified unless an acceptable explanation, use a separate piece of paper.) | | |
| 12. | Has your firm or any of its owners, officers, or partners ever been found liable in a civil suit, or found guilty in a criminal action, for making any false claim or material misrepresentation to any public entity or agency? (If yes, Contractor is not qualified unless an acceptable explanation, use a separate piece of paper.) | | |

SECTION 2 – (All Applicants)

B. RATING QUESTIONS

A score less than **45** points in this section may disqualify the Contractor from being prequalified for projects proposed by the County that use this prequalification process as a condition of bidding and/or providing work.

| Question | Response | Points (For Office Use Only) |
|---|----------------------------------|---|
| 1. How many years has your firm been in business in California as a contractor under your present business name and license number? (Less than 3 Yrs. = 1 pt., 3-6 Yrs. = 3 pts., 6+ = 5 pts.) | _____Years | Pts. |
| 2. How many years have your firm performed construction for the County of Riverside? (Less than 3 Yrs. = 1 pt., 3-6 Yrs. = 3 pts., 6+ = 5 pts.) | _____Years | Pts. |
| 3. How many stop notices have been defended in court by your firm; proceeding to judgment against your firm and/or the owner? (0 = 6 pts., 1-3 = 4 pts., 3+ = 0 pts.) | _____ Stop Notices | Pts. |
| 4. How many legal proceedings, including arbitration, has your firm initiated against an owner? (0 = 6 pts., 1-3 = 4 pts., 3+ = 0 pts.) | _____ Legal Proceed | Pts. |
| 5. Has a client ever made a demand on your performance bond? (Yes = 0 pts., No = 6 pts.) | ____Yes____No | Pts. |
| 6. Has your firm had insurance terminated by a carrier in the past 5 years due to an excessive claims history and/or nonpayment of premium? (Yes = 0 pts., No = 5 pts.) | ____Yes____No | Pts. |
| 7. Does your firm currently have a safety plan which complies with the current OSHA standards? (Yes = 2 pts., No = 0 pts.) | ____Yes____No | Pts. |
| 8. What is your current Worker’s Compensation Experience Modification Rate (EMR)? (Obtained from Contractors Insurance Firm. Note N/A if not applicable) (<1 = 5 pts., 1.0 - 1.25 = 3 pts., 1.25 - 1.50 = 2 pts., 1.50+ = 0 pts.) | _____Rate | Pts. |
| 9. How many public works projects has your firm completed in California in the past 5 years? (5+ = 5 pts., 4 = 4 pts., 3 = 3 pts., 2 = 2 pts., 1 or less = 0pts.) | _____ Number of Projects | Pts. |
| 10. Within the past 5 years, have any of your employees or another entity filed a complaint against your firm with the California Contractors State License Board? If yes, how many complaints were filed? (No = 5 pts., 1 = 4 pts., 2 = 3 pts., 3 = 2 pts., 3+ = 0 pts.) | Yes____No _____ Complaints | Pts. |

SECTION 2 – (All Applicants)

B. RATING QUESTIONS (cont')

| | | |
|--|--|-----------------------------|
| <p>11. Within the past 3 years has your firm or any principal of your firm paid penalties for a Labor Code violation? (No = 5 pts., 1 = 3 pts., 2 = 2 pts., 3 = 1 pts., 3+ = 0 pts.)</p> | <p align="center">____Yes____No _____ Violations</p> | <p align="center">pts.</p> |
| <p>12. Within the past 3 years has your firm or any principal ever settled a claim for under payment of wages with a worker or the Labor Board? (No = 5 pts., 1 = 3 pts., 2 = 2 pts., 3 = 2 pts., 3+ = 0 pts.)</p> | <p align="center">____Yes____No _____ Claims</p> | <p align="center">pts.</p> |
| <p>13. Has your firm or any principal of your firm been cited or found guilty of violating any federal, state or local law, rule or regulation regarding a construction contract? (Yes = - 5 pts., No = 5 pts.)</p> | <p align="center">Yes____No</p> | <p align="center">pts.</p> |
| <p><u>Total Points</u></p> | | <p align="center">_____</p> |

| | |
|--------------------------------|--------------------|
| <p>County Use Only:</p> | |
| <p>Verified by _____</p> | <p>Date _____</p> |
| <p>Pass: _____</p> | <p>Fail: _____</p> |

SECTION 3 – PERFORMANCE

C. Please provide **valid and current** contact information for all two (2) public contracts completed in the past five (5) years) references provided. The references may be contacted. Contact references may not include Riverside County elected officials, department directors, or Riverside County Information Technology department staff.

(Provide project information only for the specific license/scope of work you are qualifying for)

| | Owner & Project Name or Number | Contact Name, Phone # & Email | Description of Work Performed | Contract Amount: <u>Original \$</u> Completed \$ | Complete Date: <u>Original</u> Actual |
|----|---|--|--------------------------------------|---|--|
| 1. | | | | \$ | |
| 2. | | | | \$ | |

1. What size projects will your company have the capacity and capability to perform:

Single job: \$_____ Total work in progress: _____

| | |
|-------------------------|-------------|
| County Use Only: | |
| Verified by _____ | Date _____ |
| Pass: _____ | Fail: _____ |

SECTION 4 – SAFETY RECORD

1. List your firm’s Workers Compensation Experience Modification Rate (EMR) for the three (3) most recent years. Your EMR should be obtained from your insurance agent. Attach a letter from the insurance agent/carrier identifying the EMR rate for the past three years and also indicating your current EMR rate. (Use Attachment 4.1, noted on page 14 of 18 for EMR letter)

2015 _____ 2016 _____ 2017 _____

Provide actual information in all boxes – Do not enter the points! Points will be calculated based on entries.

| | <u>2015</u> | <u>2016</u> | <u>2017</u> |
|---|-------------|-------------|-------------|
| Number of fatalities (enter number per year, if none enter "0": 1 or more = 0 pts, 0 = 5 pts | | | |
| Workers Compensation Experience Modification Rate (EMR) (Enter EMR <u>per year</u> if applicable) <1= 10 pts, (1.1-1.4) = 8 pts, (1.5-1.7) = 6 pts, (1.8-2.) = 4 pts, >2 = 0 pts | | | |
| OSHA Violations (enter number of violations per year, if none enter "0") <0=5 pts, 1-2 = 3 pts, >2 = 0 pts | | | |
| Approximate number of employee (direct hire) hours worked (do not include any non-work time even though paid) | | | |

TOTAL POINTS

2. Do you hold safety meetings for field supervisors and employees? _____Yes _____No
How often? _____Weekly _____Bi-Weekly _____Monthly _____As Needed
3. Does your company conduct project safety inspections? _____Yes _____No
4. Does your company have a written safety program? _____Yes _____No
(If yes, provide a copy of Safety Program)
5. Does your company have a safety orientation program for new employees? _____Yes _____No
(If yes, provide a copy of Safety Program)
6. State any additional areas of your company’s safety program and policies that you feel would be appropriate in the County’s evaluation. (Please use the space below.)
7. Has your company had OSHA violations in the last five (5) years _____Yes _____No
(If yes, please attach OSHA letter describing violation and resolution.)

County Use Only:

Verified by _____ Date _____

Pass: _____ Fail: _____

SECTION 5 – INSURANCE

Does your firm currently have a minimum of **\$1,000,000 per occurrence** Commercial General Liability Insurance? _____ Yes _____ No

Insurance carriers must be California admitted, with a minimum of AM Best Rating of A: VIII (8).

Please provide a Certificate of Insurance as verification, (**Attachment 5.1, noted on page 15 of 18**)

AMOUNT OF INSURANCE \$ _____ Years with Ins. Co.: _____

Insurance Company Information

Name: _____

Address: _____

Phone # : (____) _____

Contact: _____

Note: If less than five (5) years with your current insurance company, please list prior insurance companies below, including phone numbers and contact names.

Previous Insurance Company

Name: _____

Address: _____

Phone #: (____) _____

Contact: _____

Years with Ins. Co. _____

Previous Insurance Company

Name: _____

Address: _____

Phone #: (____) _____

Contact: _____

Years with Ins. Co. _____

County Use Only:

Verified by _____ Date _____

Insurance Verified: Yes _____ No _____

Date of Insurance Expiration: _____

Certificates Attached: Yes _____ No _____

AM's Best Rating: _ CA Admitted: _

Meets Required Limits: Yes _____ No _____

SECTION 6 - SURETY INFORMATION

A. List all surety companies, not agencies, utilized by your company in the last five (5) years. **Please provide a letter stating bondability from Surety Company.** This is not applicable to exclusive small project Contractors.

| Company | Contact & Phone # | Largest Bond | List Years Used |
|---------|-------------------|--------------|-----------------|
| | | | |
| | | | |
| | | | |

Please explain on a separate page, with dates of occurrences, any positive answer to the following questions.

- | | | |
|---|------------------|-------------------|
| B. Has your company, any owner, or affiliated company ever: | <u>No</u> | <u>Yes</u> |
| 1. Been unable to obtain a bond or been denied a bond for a contract? | _____ | _____ |
| 2. Defaulted on a contract resulting in a tender to a surety? | _____ | _____ |
| 3. Failed to complete a contract within the authorized contract time? | _____ | _____ |
| 4. Declared bankruptcy? | _____ | _____ |
| 5. Been in receivership? | _____ | _____ |
| 6. Had any arbitration (not litigation) on a contract? | _____ | _____ |
| 7. Had any outstanding liens/stop notices for labor and/or material filed against your firm on any contracts which have been completed or are being completed by your firm? | _____ | _____ |
| 8. Been in litigation related to construction? | _____ | _____ |
| 9. Had any of the sureties bonding your jobs required or requested to complete any part of your work during the last five (5) years? | _____ | _____ |
| 10. For how many projects is your company currently bonded? | _____ | |
| 11. Provide your current dollar amount of bonding capacity used. | _____ | |

| | |
|-------------------------|-------------|
| County Use Only: | |
| Verified by _____ | Date _____ |
| Pass: _____ | Fail: _____ |

SECTION 7 - FINANCIAL INFORMATION

Financial Statement

Please place financials in a separate envelope and mark "Financial Statement - Confidential" if Bidder's company requires this to be kept confidential. The financial documents should be in the original binder only and not in the proposal copies. The County cannot guarantee that the financials submitted will be kept confidential.

Financial statements should only be included in the binder marked "Original" (Financial statements will be removed and submitted to the Accounting Office for review, then placed in a sealed envelope and marked "Confidential.")

The bidder must submit audited and/or reviewed financial statements (balance sheet and income statement) for its business that are dated no more than twelve (12) months prior to the date of the proposal submission and cover a period of at least one (1) year. These statements should clearly identify the financial status and condition of the bidder's entire business entity.

Financials should provide sufficient detail to assure the County of Riverside that bidder can support services being offered and as a Contractor the firm will not seek early payment for services delivered, expedited payments or checks delivered by any means other than regular mail through the County Auditor/Controller's Office.

Letter of Good Standing

For Contractors working on exclusive small projects, a letter of good standing from the company's financial institute may be substituted for financial statements as noted above. Contact information must be provided for County to verify authenticity of letter.

Financial Statements or Letter of Good Standing will be reviewed and scored as a "Pass or Fail" criteria.

| | |
|--|-------------|
| <u>County Use Only:</u> | |
| Verified by _____ | Date _____ |
| Financial Statements Attached: Yes _____ No _____ | |
| Financial Statement: Reviewed _____ Audited _____ | |
| Pass: _____ | Fail: _____ |

SECTION 8 – AFFIDAVIT DECLARATION

I, _____, hereby declare that I am the
(Printed name)
_____ of _____
(Title) (Name of applicant firm)

Submitting this Prequalification Package; that I am duly authorized to execute this Prequalification Package on behalf of the above named contractor; and that all information set forth in this Prequalification Package and all attachments hereto are, to the best of my knowledge, true, accurate, and complete as of its submission date.

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

Subscribed at _____ (location and city), County of _____, State of _____

On _____ (date).

Signature of Applicant: _____
(Shall be original signature)

(If signed by other than the sole proprietor, a general partner, or corporate officer, attaches original notarized power of attorney or corporate resolution.)

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

The Applicant of the foregoing statement of experience and financial condition has read the same and it is true to the best of his or her knowledge. The statement is for the purpose of inducing the County to supply the Applicant with plans and specifications and any depository, vendor, or other agency named therein is hereby authorized to supply the County with any information necessary to verify the statement. Should the foregoing statement at any time cease to properly and truly represent the experience and financial condition of the Applicant in any material respect, the Applicant will notify County of said material change and refrain from further formally bidding on County work until a revised and corrected statement is submitted.

Applicant shall provide a copy of the most recent certificate from the Secretary of State indicating the standing of the Corporation or partnership.

| | |
|---|--------------------|
| County Use Only: | |
| Verified by _____ | Date _____ |
| Certificate from Secretary of State Attached: | Yes _____ No _____ |

Attachment Section 2.1

Applicant shall exchange this page for a copy of

The Contractor's license to Qualify

Submit a Separate Prequalification Package for Each License

Attachment Section 2.2

**Applicant shall exchange this page for a copy of
The Contractor's DIR Registration.**

Attachment 4.1

**Applicant shall exchange this page for the EMR
Letter from the insurance agent/carrier.**

Attachment 5.1

Applicant shall exchange this page for a current original certificate of liability insurance reflecting all coverages.

Attachment 6.1

**Applicant shall exchange this page for a current original notarized
letter of bondability which clearly shows bonding agency's
Estimate of largest single bond amount most likely approvable.**

(As noted from Section 2 Questions, C. Essential Evaluation Criteria, Question # 6)

Attachment 7.1

Applicant shall exchange this page for

The Applicant's financial statement or

Letter of Good Standing.

(Place financials / letter in a sealed envelope and marked "Confidential.")

Supplemental Information

**Applicant shall exchange this page for any additional
information supportive of Applicant's submission.**