

**RFQu #PUARC-1636 COUNTY OF RIVERSIDE  
PREQUALIFICATION PACKET FOR  
CONSTRUCTION BIDS UNDER \$200,000  
2019**

**SECTION 1 - GENERAL INFORMATION**

Contractors choosing to qualify for more than one Trade shall list all license classifications. Only provide reference information applicable to the relative trade(s) for prequalification.

Contractor: \_\_\_\_\_ Union \_\_\_\_ Non Union \_\_\_\_

*(Name as it appears on license)*

Contact Person: \_\_\_\_\_ Check One: Corporation \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_ Partnership \_\_\_\_\_

Address: \_\_\_\_\_ Sole Prop. \_\_\_\_

*(Street Address)*

Joint Ven. \_\_\_\_

\_\_\_\_\_  
*(City, State, Zip Code)*

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

License No. \_\_\_\_\_ Class(s): \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

Have you ever been licensed in California under a different name or different license number?

\_\_\_\_ Yes \_\_\_\_ No -- If yes, list all name(s) and license number(s) on a separate sheet.

**Exclusive Small Projects:** \_\_\_\_\_ **(indicate yes or no)**

Note: By indicating "**Yes**," your company will be placed on a list and only be contacted for projects which are not estimated to exceed \$25,000. No DIR contractor registration or bonding is required for these projects. Prevailing wage payment and maintaining correct records is still required for all Public Works as defined by Labor code 1720 and according to payment limits in Labor Code 1771. Review DIR Newline 2017-52 and 2017-56 for details.

By indicating "**No**," your company will be placed on a list and be contacted for all projects under \$200,000. DIR contractor registration is required and payment bonds of 100% are required for all projects over \$25,000, regardless of competitive bidding process. Each project over \$25,000 will be registered with the DIR for compliance monitoring and Contractor will upload their eCPR using the assigned project number provided by County.

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 Entity # \_\_\_\_\_

6. If a partnership: Date of organization \_\_\_\_\_ State Entity # \_\_\_\_\_

\_\_\_ General \_\_\_ Limited \_\_\_ Association

7. In what type of construction do you specialize? \_\_\_\_\_

8. Are you currently prequalified with any other counties or public agencies in Southern California?  
 \_\_\_ Yes \_\_\_ No *(If yes, please indicate which Agencies on a separate page and include contact information such as name, email and phone number.)*

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 prequalification status.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**(Use Attachments 1.1 and 1.2 for copy of contractor license and DIR registration)**

**SECTION 2 – QUESTIONS (All Applicants)**

**A. ESSENTIAL EVALUATION CRITERIA**

		<b>Y E S</b>	<b>N O</b>
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. (If applicable to the work being performed)		
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 _____ (Prequalifying for Exclusive Small Projects)		
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 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? 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 is provided, 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 is provided, 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 is provided, 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 is provided, 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 is provided, 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 is provided, 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 is provided, use a separate piece of paper.)		

**SECTION 2 – (All Applicants)**

**B. RATING QUESTIONS**

A score of 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. **Do not enter the points! Points will be calculated by County based on entries.**

Question	Response	Points (For County Use Only)
<b>1.</b> 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.
<b>2.</b> 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.
<b>3.</b> 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.
<b>4.</b> 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.
<b>5.</b> Has a client ever made a demand on your performance bond? (Yes = 0 pts., No = 6 pts.)	____Yes____No	Pts.
<b>6.</b> 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.
<b>7.</b> Does your firm currently have a safety plan which complies with the current OSHA standards? (Yes = 2 pts., No = 0 pts.)	____Yes____No	Pts.
<b>8.</b> 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.
<b>9.</b> 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.
<b>10.</b> 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><b>11.</b> 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>_____Yes_____No _____ Violations</p>	<p>pts.</p>
<p><b>12.</b> 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>_____Yes_____No _____ Claims</p>	<p>pts.</p>
<p><b>13.</b> 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>Yes_____No</p>	<p>pts.</p>
<p><b><u>Total Points</u></b></p>		<p>_____</p>

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

**SECTION 3 – SAFETY RECORD**

1. List your firm’s Workers Compensation Experience Modification Rate (EMR) for the three (3) most recent years (if applicable). 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. If this is not applicable, the letter should state that with the reason why EMR does not apply. (Use Attachment 3.1. for EMR letter)

2016 \_\_\_\_\_ 2017 \_\_\_\_\_ 2018 \_\_\_\_\_

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

	2016	2017	2018	Total Points
Number of fatalities (enter number <b>per year</b> , if none enter "0"): 1 or more = 0 pts, 0 = 5 pts (Points are per year)				
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 (Points are per year)				
OSHA Violations (enter number of violations per year, if none enter "0") <0=5 pts, 1-2 = 3 pts, >2 = 0 pts (Points are per year)				

**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
5. Does your company have a safety orientation program for new employees?  Yes  No
6. State any additional areas of your company’s safety program and policies that you feel would be appropriate in the County’s evaluation. (Use a separate sheet/sheets of paper and include the response in the submission.)
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 4 – INSURANCE**

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

Note: If/when Contractor does any work for the County, the policy must be endorsed to add County as additionally insured prior to project start date.

B. Does your firm currently have a minimum of \$1,000,000 Combined Single Limit **Business Auto Liability**? \_\_\_ Yes \_\_\_ No

Note: If/when Contractor does any work for the County, the policy must be endorsed to add County as additionally insured prior to project start date.

C. Does your firm currently have **Worker’s Compensation** Employers Liability of \$1,000,000 Each Employee, \$1,000,000 Each Accident and \$1,000,000 policy limit? \_\_\_ Yes \_\_\_ No

Note: If/when Contractor does any work for the County, Workers Compensation policy must be endorsed to waive subrogation in favor of the County prior to project start date.

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

E. *Please provide a Certificate of Insurance as verification only, an Acord form listing the limits noted above will suffice. Note the endorsement requirements above if/when Contractor does any work for the County. (Use Attachment 4.1, noted on page 15 of 18)*

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. \_\_\_\_\_

**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 5 - 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 (Attachment 5.1).** This is not applicable to Contractors wishing to qualify for Exclusive Small Projects.

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>B. Has your company, any owner, or affiliated company ever:</b>  | <b><u>No</u></b> | <b><u>Yes</u></b> |
| 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.  | _____            |                   |

<b>County Use Only:</b>	
Verified by _____	Date _____
Pass: _____	Fail: _____



**SECTION 6 – LETTER OF GOOD STANDING  
FROM FINACIAL INSTITUTE**

**Letter of Good Standing**

A letter of good standing from the company’s financial institute must be included (**Use Attachment 6.1**). Contact information must be provided for County to verify authenticity of letter.

The letter should provide sufficient detail to assure the County of Riverside that the company can support the 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 will be reviewed and scored as a "Pass or Fail" criteria.***

<b><u>County Use Only:</u></b>	
Verified by _____	Date _____
Pass: _____	Fail: _____

**SECTION 7 – 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 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 if applicable. (Use Attachment 7.1)**

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

**Attachment Section 1.1**

**Applicant shall exchange this page for a copy of**

**The Contractor's license to Qualify**

**Attachment Section 1.2**

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

**Attachment 3.1**

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

**Attachment 4.1**

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

**Attachment 5.1**

**Applicant shall exchange this page for a current 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 6.1**

**Applicant shall exchange this page for  
Letter of Good Standing.**



**Attachment 7.1**  
**Applicant shall exchange this page for**  
**California Secretary of State most**  
**recent certificate indicating the**  
**standing of the Corporation or**  
**Partnership (if applicable).**