

Contractor Pre-Qualification Questionnaire

Company Name _____

Address _____

SIC Code _____ NAICS (6 digits) _____

Phone Number _____

Owner Name _____

Today's Date _____

Health & Safety Contact Name _____ Phone Number _____

Contractor License Number _____

1. How many years has your organization been in business in California as a contractor under your present business name and license number? _____ years
2. Has your contractor's license been revoked at any time in the last five years?
 Yes No
3. At any time during the last five years, has your firm, or any of its owners or officers been convicted of a crime involving the awarding of a contract of a construction project, or the bidding or performance of a contract?
 Yes No
4. In the past five years has any claim **against** your firm concerning your firm's work on a construction project been **filed in court or arbitration**?
 Yes No

If "yes," on separate signed sheets of paper identify the claim(s) by providing 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).

5. In the past five years has your firm made any claim against a project owner concerning work on a project or payment for a contract and filed that claim in court or arbitration?
 Yes No

If "yes," on separate signed sheets of paper identify the claim by providing the project name, date of the claim, name of the entity (or entities) against whom the claim was filed, 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).

6. Has your firm or any of its owners, officers or partners ever been convicted of a crime involving any federal, state, or local law related to construction?
 Yes No

If "yes," explain on a separate signed page, including identifying who was involved, the name of the agency, the date of the conviction and the grounds for the conviction.

7. Has your firm or any of its owners, officers or partners ever been convicted of a federal or state crime of fraud, theft, or any other act of dishonesty?

Yes No

If "yes," identify on a separate signed page the person or persons convicted, the court (the county if a state court, the district or location of the federal court), the year and the criminal conduct.

8. Has the company ever defaulted or failed to complete work awarded to the firm?

Yes No

If "yes," please explain on a separate signed page.

9. Has an owner or any general contractor terminated a contract for cause in the last five years?

Yes No

If "yes," please explain on a separate signed page.

10. Has any of the principles or officers filed for bankruptcy either personally or for an associated business within the last seven years?

Yes No

If "yes," please explain on a separate signed page.

Worker's Compensation Insurance – Experience Modification Rate (EMR)

Please obtain from your insurance agent (or state fund, if applicable) you interstate EMR for the last three (3) rating periods. If you do not have an interstate rating, obtain your intrastate EMR.
(See Instructions for acceptable forms of documentation)

Current Policy Year _____

1 Year Prior _____

2 Years Prior _____

11. Has the company had any activities negatively impacting the EMR since the prior EMR valuation?

12. Are the above rates interstate or intrastate? (circle one)

If intrastate, which state:

If your EMR is exactly 1.0 for any policy year, is it because your firm is (or was) too new or too small to have an EMR calculated?

Yes No

13. Is your firm self-insured for Worker's Compensation Claims?

Yes No

Name of Workers' Compensation Carrier _____

Policy Number _____

Address _____

Phone Number _____

Name of Contact for Insurance Information _____

Health & Safety Performance

14. Using the OSHA 300 or 300A log, fill in the number of injuries and illnesses for the past three years. Furnish a copy of your organization's OSHA 300, 300A Log for the last three years. It is unlikely we can qualify your organization to bid (Company) work without your Log.

	Current Year	Prior Year	2 Years Prior
A. (RC) Number of recordable cases	_____	_____	_____
B. (RCR) Recordable case rate	_____	_____	_____
C. (LWC) Number of lost workday cases	_____	_____	_____
D. (LWCR) Lost workday case rate	_____	_____	_____
E. (LWD) Number of lost workdays	_____	_____	_____
F. (LWR) Lost workday rate	_____	_____	_____
G. Number of restricted days	_____	_____	_____
H. (EHW) Employee hours worked	_____	_____	_____
I. Number of fatalities	_____	_____	_____

15. Some firms are not required to complete the OSHA 300 Log because they have too few employees (less than ten at any time during the calendar year) or are exempted by virtue of the services they perform. If you do not complete an OSHA 300 Log, is it because your organization has too few employees?

Yes No

16. Calculate the recordable case rate averaged over three years. _____ (Formula in Instructions)

17. Calculate lost workday case rate average over three years. _____ (Formula in Instructions)

18. Does the company have a written IIPP/Safety Program? Yes No

If yes, please provide a copy of the Table of Contents

19. Does the company have a written drug and alcohol policy?

20. Do you have a written hazard communication program? Yes No

21. Do you have an orientation program? Yes No

22. Are all of your field employees & supervisors either Part 46 or Part 48 trained?

If yes, please provide copies of Certificates for employees on this job

23. How often do you require documented safety meetings to be held for construction employees and field supervisors during the course of a project? _____

24. Do you conduct job safety inspections? Yes No

25. Both written and non-written? Yes No

26. Has CAL OSHA cited and assessed penalties against your firm for any "serious," "willful" or "repeat" violations OR MSHA assess penalties against your firm for any "S&S" violations of its safety or health regulations in the past five years?

NOTE: If you have filed an appeal of a citation, Appeals Board has not yet ruled on your appeal, you need not include information about it.

Yes No

If "yes," attached a separate signed page describing the citations, including information about the dates of the citations, the nature of the violation, the project on which the citation(s) was or were issued, the amount of

penalty paid, if any. If the citation was appealed and a decision has been issued, state the case number and the date of the decision.

27. Has the EPA or any Air Quality Management District or any Regional Water Quality Control Board cited and assessed penalties against either your firm or the owner of a project on which your firm was the contractor, in the past five years?

NOTE: If you have filed an appeal of a citation and the Appeals Board has not yet ruled on your appeal, or if there is a court appeal pending, you need not include information about the citation.

Yes No

If "yes," attach a separate signed page describing each citation.

I certify that the information provided on this document is true.

Print Name		Title	
Signature		Date	

Instructions

It is strongly recommended that the person completing this form is the person responsible for Safety. He/she should be familiar with the information requested.

Please Attach Supplemental Documents:

- 1) We require documentation for the Workers' Compensation information requested. Any of the following methods are acceptable:
 - Provide a copy of the NCCI Workers Compensation Experience Rating form for each of the years being considered
 - Furnish a letter from your insurance agent, insurance carrier, or state fund (on their letterhead) verifying the EMR data listed above; or
 - Furnish copies of the last three years' Experience Rating Calculation Sheets which your insurance carrier should forward to you annually; or
 - Furnish a copy of the page from each of your last three year's insurance policies showing the modification rate and the coverage period; or
 - If you are in a "State Fund" state, such as Ohio or West Virginia, furnish a copy of the state's last three years annual statement pages showing the modification rate and the coverage period.
- 2) W-9
- 3) Certificate of Liability Insurance

Formulas

Recordable Case Rate

$$RCR = \frac{(RC) \times (200,000)}{EHW} \quad LWCR = \frac{(LWC) \times (200,000)}{EHW} \quad LWR = \frac{(LWD) \times (200,000)}{EHW}$$

$$\text{Recordable Case Rate Average} = \frac{RCR(2003) + RCR(2004) + RCR(2005)}{3}$$

$$\text{Lost Work Day Case Rate Average} = \frac{LWCR(2003) + LWCR(2004) + LWCR(2005)}{3}$$