



# PREQUALIFICATION OF PROSPECTIVE BIDDERS

## SUBCONTRACTOR'S STATEMENTS OF EXPERIENCE

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Website Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor License No.: \_\_\_\_\_ Type(s): \_\_\_\_\_

Business Type:  Corporation  Partnership  Sole Proprietor

Year Established: \_\_\_\_\_

D&B Number: \_\_\_\_\_

Officers or Principals of Firm and Title:	<u>Name</u>	<u>Title</u>

- Have there been any ownership changes in the past 3 years?  Yes  No
  - If Yes, attach explanation
  
- Have Principals ever had license suspended?  Yes  No
  - If Yes, attach explanation
  
- Has firm ever been suspended from a project?  Yes  No
  - If Yes, attach explanation
  
- Has firm ever been denied prequalification or been disqualified from bidding public works?  Yes  No
  - If Yes, attach explanation
  
- In the past five years, has your firm filed a claim on any projects?  Yes  No
  - If Yes, attach a brief explanation and results of each claim and/or litigation
  
- In the past five years, has a claim been filed against your firm on any projects?  Yes  No
  - If Yes, attach a brief explanation and results of each claim and/or litigation
  
- In the past five years, has your firm been assessed liquidated damages by a General Contractor?  Yes  No
  - If Yes, attach a brief explanation and results of each claim and/or litigation



## PREQUALIFICATION OF PROSPECTIVE BIDDERS

Primary Trade(s):			
Union:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Both
Union Affiliation(s):			
Project Types: (Check all that apply)	<input type="checkbox"/> All Types	<input type="checkbox"/> Public	<input type="checkbox"/> Education K-12
	<input type="checkbox"/> Education Higher	<input type="checkbox"/> Medical	<input type="checkbox"/> Other _____
Preferred Subcontract Value: (Check all that apply)	<input type="checkbox"/> up to \$100,000	<input type="checkbox"/> \$100,000 - \$500,000	
	<input type="checkbox"/> \$500,000 to \$1,000,000	<input type="checkbox"/> \$1,000,000+	
Bondable:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bonding Rate:
Bonding Capacity:	Per Project:	Aggregate:	
Certified:	<input type="checkbox"/> DVBE	<input type="checkbox"/> DBE	<input type="checkbox"/> MBE
	<input type="checkbox"/> VSBE	<input type="checkbox"/> Other: <input type="checkbox"/>	<input type="checkbox"/> WBE
			<input type="checkbox"/> SBE
Geographic Area:	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Orange	<input type="checkbox"/> Ventura
	<input type="checkbox"/> San Diego	<input type="checkbox"/> Kern	<input type="checkbox"/> San Bernardino
		<input type="checkbox"/> Other _____	<input type="checkbox"/> Riverside

### FINANCIAL STATEMENTS: (ALL INFORMATION WILL BE KEPT IN STRICT CONFIDENCE)

CPA Firm:			
Telephone Number:			
Please indicate your annual revenue for the past three years:			
Annual Revenue 20	:		
Annual Revenue 20	:		
Annual Revenue 20	:		

Please provide a copy of your most recent Audited Financial Statement



# PREQUALIFICATION OF PROSPECTIVE BIDDERS

## REFERENCES

1. Provide the following information for all major public works and private sector construction projects completed within the past five years. **Names and references must be current and verifiable.** List projects in chronological order, most recently completed project first. Provide additional sheets if necessary.

**Name of Project:** \_\_\_\_\_

Total Value of Construction: \_\_\_\_\_ Contract Award: \$\_\_\_\_\_ Total Change Orders: \$\_\_\_\_\_

Completion Date: \_\_\_\_\_

General Contractor of Project: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Project:** \_\_\_\_\_

Total Value of Construction: \_\_\_\_\_ Contract Award: \$\_\_\_\_\_ Total Change Orders: \$\_\_\_\_\_

Completion Date: \_\_\_\_\_

General Contractor of Project: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Project:** \_\_\_\_\_

Total Value of Construction: \_\_\_\_\_ Contract Award: \$\_\_\_\_\_ Total Change Orders: \$\_\_\_\_\_

Completion Date: \_\_\_\_\_

General Contractor of Project: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Project:** \_\_\_\_\_

Total Value of Construction: \_\_\_\_\_ Contract Award: \$\_\_\_\_\_ Total Change Orders: \$\_\_\_\_\_

Completion Date: \_\_\_\_\_

General Contractor of Project: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Project:** \_\_\_\_\_

Total Value of Construction: \_\_\_\_\_ Contract Award: \$\_\_\_\_\_ Total Change Orders: \$\_\_\_\_\_

Completion Date: \_\_\_\_\_

General Contractor of Project: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_



## PREQUALIFICATION OF PROSPECTIVE BIDDERS

2. Provide the following information for three 2<sup>nd</sup> Tier Subcontractor references. **Names and references must be current and verifiable.**

**Name of 2<sup>nd</sup> Tier Sub:** \_\_\_\_\_

Material/Services Provided: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Name of 2<sup>nd</sup> Tier Sub:** \_\_\_\_\_

Material/Services Provided: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Name of 2<sup>nd</sup> Tier Sub:** \_\_\_\_\_

Material/Services Provided: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

3. Provide the following information for three Trade/Supplier references. **Names and references must be current and verifiable.** Attach additional sheets that contain all the information.

**Name of Trade/Supplier:** \_\_\_\_\_

Material/Services Provided: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Name of Trade/Supplier:** \_\_\_\_\_

Material/Services Provided: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Name of Trade/Supplier:** \_\_\_\_\_

Material/Services Provided: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_



## PREQUALIFICATION OF PROSPECTIVE BIDDERS

### CONTRACTOR'S SAFETY QUALIFICATION

**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 Form Nos. 300 and 300A and is available from your Worker's Compensation Insurance carrier.

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

Year	# of Lost Workday Incidents	Total Employee Hours Worked	Lost Workday Incident Rate
1. 20____			
2. 20____			
3. 20____			
TOTAL			

**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 Form Nos. 300 and 300A and is available from your Worker's Compensation Insurance carrier.

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

Year	# of Recordable Incidents	Total Employee Hours Worked	Recordable Incident Rate
1. 20____			
2. 20____			
3. 20____			
TOTAL			

In addition to the information provided above, submit copies of your firms OSHA No. 300, Log of Work-Related Injuries and Illnesses and OSHA form No. 300A, Annual Summary of Work-Related Injuries and Illnesses, covering the past three years

### Experience Modification Rate (EMR).

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

Year	EMR	<input type="checkbox"/> Check if you company does not have an EMR
20____		

Name of Worker's Compensation Insurance Carrier: \_\_\_\_\_

Address: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Telephone: \_\_\_\_\_



## PREQUALIFICATION OF PROSPECTIVE BIDDERS

### ADDITIONAL INFORMATION/COMMENTS:

### ATTACHMENTS:

- Sample of Insurance Certificates
- Letter of Bondability
- Most recent Audited Financial Statement
- Last three years OSHA 300 logs – if applicable
- Copy of California State License



## PREQUALIFICATION OF PROSPECTIVE BIDDERS

### CERTIFICATION

The submitter of the foregoing statements contained on this Prequalification of Prospective Bidders has read the same, and it is true to the best of the submitter's knowledge. Any reference named therein is hereby authorized to supply Kemp Bros. Construction, Inc. with any information necessary to verify the statements. Prospective Bidder understands that Kemp Bros. Construction, Inc. may, at its discretion request a prequalification on an annual basis.

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 \_\_\_\_\_, 20\_\_\_\_  
in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Name / Title of Signer: \_\_\_\_\_

An individual, doing business as: \_\_\_\_\_

### SIGNATURE OF A PARTNER

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Name / Title of Signer: \_\_\_\_\_

A Partner of Firm Name: \_\_\_\_\_

### SIGNATURE OF AN OFFICER OF A CORPORATION

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Name / Title of Signer: \_\_\_\_\_

An Officer of Firm Name: \_\_\_\_\_