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**PREQUALIFICATION FORMS  
FOR  
MURRIETA ROAD TRANSMISSION PIPELINE, PHASE I**

The prequalification packages shall be submitted under seal and marked

**“CONFIDENTIAL - REQUEST FOR PREQUALIFICATION  
FOR  
SPECIFICATION NO. 1404W  
MURRIETA ROAD TRANSMISSION PIPELINE, PHASE I**

**Mail: Paul D. Jones, II, P.E. - General Manager  
Eastern Municipal Water District  
Attn: Eliza Jane Whitman c/o Bea Pillow  
Engineering Department  
P O Box 8300  
Perris, CA 92572-8300**

**Street: General Manager, Eastern Municipal Water District  
Attn: Eliza Jane Whitman c/o Bea Pillow  
Engineering Department  
2270 Trumble Road  
Perris, CA 92570**

**If hand-delivering your package, please access the parking lot designated as VENDOR/BIDDERS and go to the Operations and Maintenance Lobby to have your package time-stamped by the Receptionist.**

**SUBMITTED BY: \_\_\_\_\_  
(Name of firm)**

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## CONTACT INFORMATION

Firm Name:

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(As it appears on license)

Check One:  Corporation  
 Partnership  
 Sole Prop.

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

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

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

Email address of Contact Person: \_\_\_\_\_

If firm is a sole proprietor or partnership:

Owner(s) of Company \_\_\_\_\_

# PREQUALIFICATION FORM

Request is hereby made to submit a bid on the: MURRIETA ROAD TRANSMISSION PIPELINE PHASE I

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

By: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**License Information:**

License Type: \_\_\_\_\_ License #: \_\_\_\_\_

**1. GENERAL**

a) Organization Doing Business as: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Indicate as Applicable: \_\_\_\_\_ A Corporation

\_\_\_\_\_ Partnership

\_\_\_\_\_ An Individual

Principal Office: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If a corporation, answer this:

Date of Incorporation: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Chief Executive Officer's name: \_\_\_\_\_

President's name: \_\_\_\_\_

Vice President's name(s): \_\_\_\_\_

\_\_\_\_\_

Secretary's name:

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Treasurer's name:

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If a partnership, answer this:

Date of organization:

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State whether partnership is  
general, or limited:

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Name and address of each  
partner:

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If a limited liability company, answer  
this:

Date formed:

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Name and address of each  
manager:

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Name and address of each  
member:

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b) How many persons are currently employed by your firm?

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c) Is your firm an equal employment opportunity employer?

Yes       No

d) Does your firm have a written drug and alcohol policy?

Yes       No

If yes, attach a copy of the policy and label it **Attachment B**

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e) Does your firm have an in-house craft-training program or do you subscribe to any craft training programs from an outside source?

Yes       No

If yes, provide written documentation and label it **Attachment C:**

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f) Describe the scheduling tools your firm uses, and for how long have you been using them?

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g) Does your firm have a written safety program?

Yes

No

If yes, attach a signed written copy of the program and label it **Attachment D**.

h) Summarize your firm's record of safety performance for the past three years, providing safety performance figures for Experience Modification Rate as reported by your insurance carrier; include descriptions of any citations from OSHA/Cal OSHA.

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i) Does your firm have a written Quality Assurance/Quality Control Program?

Yes

No

If yes, attach a copy of the program and label it **Attachment E**:

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j) Is your firm a Disadvantaged Business Enterprise (DBE)?

Yes

No

Your firm must have current registrations in the Central Contractor Registration (CCR) and Bradstreet Data Universal Number System (DUNS).

- k) Registered in Central Contractor Registration?  Yes  No
- l) What is your firm's CAGE Code Number? **(required)** \_\_\_\_\_
- m) What is your firm's Dun & Bradstreet (DUNS) number? **(required)** \_\_\_\_\_

**2. EXPERIENCE**

Refer to *Minimum Qualification Requirements* and *Project Description* in the Invitation to Prequalify.

a) Organizational Experience

How many years has this organization been in business as a construction company under the present business name?

\_\_\_\_\_

List any other names your firm has, does, or anticipates operating under, including the names of related companies presently doing business.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b) How many years' experience in the proposed type and size of construction work has this organization had?

- i) As a general contractor: \_\_\_\_\_
- ii) As a joint venture partner: \_\_\_\_\_
- iii) As a subcontractor: \_\_\_\_\_

c) Attach your firm's Statement of Qualifications (SOQ). The SOQ should include staff résumés of key personnel, stating project specific experience, education, position occupied and duties, number of years with the firm, etc. The SOQ shall include résumés at a minimum, for candidates for the following positions on the firm's project team:

- i) Principal in Charge
- ii) Project Manager
- iii) Project Engineer



iv) Project Superintendent

Label it **Attachment F**.

- d) Has your firm, or any officer or partner of the firm, ever failed to complete a construction contract operating as this organization or any other organization?

Yes                       No

If yes, identify who and when, and give details:

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- e) Are there any judgments, claims, arbitration proceedings, or lawsuits pending, outstanding, threatened or decided in the last 5 years to which your firm, or an officer or partner of the firm, has been or was a party?

Yes                       No

If yes, describe:

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- f) Has your firm, or an officer or partner of the firm, filed any lawsuits, or requested arbitration proceedings with regard to any work performed in the last five years?

Yes                       No

If yes, describe:

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- g) Identify major items of equipment which your firm owns or leases (designate which) which will be available for use on the Project. Include as **Attachment G**.

h) What percentage of the work pertaining to a project of this type would your firm normally perform with their own employees?

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i) General Work Summary

What general types of work does your firm normally perform with its own work force?

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j) What general types of work does your firm normally subcontract?

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k) List projects (up to three projects) of a similar nature (Refer to **Minimum Qualification Requirements** in the Public Invitation to Prequalify for Construction) that your firm has completed or made substantial progress towards completing. Use the attached sheets entitled "List of Similar Projects." The information for each project shall contain the following information:

- Name and location of project
- Name, e-mail address and telephone number of Owner, Engineer and Construction Manager
- Brief project description
- Date completed (if applicable)
- Original contract completion time
- Actual contract completion time
- Bid price
- Final contract amount
- List of change orders including a brief description of each
- List any claims including the dollar amount
- List any claims that went to arbitration or litigation including settlement amounts
- Name of Surety providing the performance and payment bonds

Use as many lines as needed to fully describe each project. The listing of names shall indicate to the Engineer that this organization has no objection to contacting the named individuals, include as **Attachment H**.

- l) Attach the firm's *Annual Summary of Work Related Injuries and Illnesses*, as documented by OSHA Form 300A, for the last 3 years. A brief explanation and the disposition of each accident should be included, include as **Attachment I**.

### 3. FINANCIAL BACKGROUND

- a) What is the largest contract (name, Owner, and dollar amount) that your firm has ever completed?

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- b) What is your firm's current rating with Dun & Bradstreet?

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- c) What is your firm's current working capital?

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- d) Has your firm, or any officer or partner, ever been involved in a bankruptcy or reorganization proceeding?

Yes

No

If yes, describe:

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- e) What is the firm's organization's approximate total bonding capacity?

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- f) Approximately what percentage of your total bonding capacity is currently committed to other work?

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- g) What is the name, address, and telephone number of your firm's predominant Bonding Company?

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- h) What is the Bonding company's current rating by A.M. Best?

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- i) Is this Bonding company proposed for use on this project?

If not, which company is proposed (give name, address, and telephone number, and rating)?

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- j) What is the name, address, and telephone number of the firm's predominant insurance company? Attach a sample copy of the Insurance and label it **Attachment K**.

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- k) What is this Insurance Companies current rating by A.M. Best? \_\_\_\_\_

l) Is this the Insurance Company proposed for use on this project? \_\_\_\_\_

If not, which firm is proposed (name, address, telephone number, and rating)?

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m) Has the firm been refused any surety, bond, or liability insurance in the last 10 years?

Yes

No

If yes, describe:

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n) In what other businesses does your firm actively participate?

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o) List all companies, firms, or organizations that own any part of this organization:

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p) What is the total amount of all pending claims and litigation against your firm at this time?

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q) What is the total amount, if any, of all judgments against your firm at this time?

- r) List on **Attachment J** all claims and litigation presently pending against your firm. For claims, specify the name, address, and telephone number of the claimant or the claimant's attorney and the amount of the claim. For litigation, specify the title of the litigation, the case number, the court, and the amount being claimed in the litigation.

**PREQUALIFICATION VERIFICATION**

I, \_\_\_\_\_, declare as follows:

I am an authorized agent for \_\_\_\_\_  
who has submitted this prequalification application. I have read the foregoing request for  
prequalification form and all answers that have been given. I know the answers are true of  
my own knowledge.

I declare under penalty of perjury under the laws of the State of California that the  
foregoing is true and correct and that this verification is executed \_\_\_\_\_, at  
\_\_\_\_\_, California.

**Notary Public Acknowledgment required for Contractor**

Prequalification Rating Chart								
<b>Ratings: 5=Outstanding</b> <b>4=Excellent</b> <b>3=Good</b> <b>2=Fair</b> <b>1=Poor</b>			<b>A combined score of the Sheets 1, 2, and 3 will be the prequalifier's total score.</b> <b>Score in each category is product of rating x weight</b>					<b>Sheet 1 of 3</b>
<b>GENERAL</b>								
<b>CONTRACTOR weight</b>	<b>Size of Firm 2</b>	<b>EOE 1</b>	<b>Drug and Alcohol Policy 1</b>	<b>Training Program 2</b>	<b>Scheduling Tools 2</b>	<b>Safety Program 3</b>	<b>Quality Program 3</b>	<b>Score</b>

Reviewed by: \_\_\_\_\_



Prequalification Rating Chart										
<b>Ratings: 5=Outstanding 4=Excellent 3=Good 2=Fair 1=Poor</b>			<b>A combined score of the Sheets 1, 2, and 3 will be the prequalifier's total score. Score in each category is product of rating x weight</b>						<b>Sheet 2 of 3</b>	
EXPERIENCE										
CONTRACTOR weight	Years in Business 5	Organiz. Struct. 1	Successful Proj. Completion 5	Outstanding Judgments, Lawsuits 3	Litigation Record 3	Equipment Available 2	Work Now Under Contract 3	Similar Projects 5	Safety Record 5	Score

Reviewed by: \_\_\_\_\_

Prequalification Rating Chart							
<b>Ratings: 5=Outstanding</b> <b>4=Excellent</b> <b>3=Good</b> <b>2=Fair</b> <b>1=Poor</b>		<b>A combined score of the Sheets 1, 2, and 3 will be the prequalifier's total score.</b> <b>Score in each category is product of rating x weight</b>				<b>Sheet 3 of 3</b>	
<b>FINANCIAL</b>							
CONTRACTOR weight	Size of Contracts 1	Working Capital 1	Bankruptcy 4	Bonding Capacity 2	Bonding Co. Rating 4	Insurance Co. Rating 3	Score

Reviewed by: \_\_\_\_\_

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# Attachment A

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## JOINT VENTURE STATEMENT OF INTENT

We, the undersigned, do hereby give notice of our intent to bid as a joint venture on the

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(Name of Project)

to be constructed in Riverside County.

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(Name of Firm A)

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(Signature)

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(Title)

If by a Corporation:

(Seal)

Subscribed and sworn to before me this day of \_\_\_\_\_, 20\_\_.

My Commission Expires:

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(Notary Public)

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(Name of Firm B)

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(Signature)

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(Title)

If by a Corporation:

(Seal)

Subscribed and sworn to before me this day of \_\_\_\_\_, 20\_\_.

My Commission Expires:

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(Notary Public)

# Attachment B

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## Drug and Alcohol Policy

Contractor to insert their Drug & Alcohol Policy.

# Attachment C

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## In-House Craft Training Program

Contractor to insert In-House Craft Training Program

# Attachment D

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## Safety

Contractor to insert Safety Program.

# Attachment E

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## QA/QC Program

Contractor to Insert QA/QC Program

# Attachment F

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## Organization SOQ

Contractor to Insert Organization SOQ.



# Attachment G

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## Equipment

Contractor to insert Major Items of Equipment.

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# Attachment H

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## List of Similar Projects (Active or Complete)

### Similar Project 1

Project Name and Location: \_\_\_\_\_

Bid Amount: \_\_\_\_\_

Final Contract Amount: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Original Contract Completion Time: \_\_\_\_\_ Days

Actual Completion Time: \_\_\_\_\_ Days

Description of Work: \_\_\_\_\_

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List and Description of Change Orders: \_\_\_\_\_

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Names and Titles of Key Contractor Personnel:

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Name, e-mail Address and Telephone Number of **Owner**:

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Project 1 (Continued)

Name, e-mail Address and Telephone Number of **Engineer**:

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Name, e-mail Address, and Telephone Number of **Construction Manager**:

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List any claims including dollar amount:

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List any claims that went to arbitration or litigation including settlement amount:

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Name of Surety providers for the Performance & Payment Bonds:

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## List of Similar Projects (Active or Complete)

### Similar Project 2

Project Name and Location: \_\_\_\_\_

Bid Amount: \_\_\_\_\_

Final Contract Amount: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Original Contract Completion Time: \_\_\_\_\_ Days

Actual Completion Time: \_\_\_\_\_ Days

Description of Work: \_\_\_\_\_

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List and Description of Change Orders: \_\_\_\_\_

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Names and Titles of Key Contractor Personnel:

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Name, e-mail Address and Telephone Number of **Owner**:

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Project 2 (Continued)

Name, e-mail Address and Telephone Number of **Engineer**:

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Name, e-mail Address and Telephone Number of **Construction Manager**:

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List any claims including dollar amount:

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List any claims that went to arbitration or litigation including settlement amount:

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Name of Surety providers for the Performance & Payment Bonds:

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## List of Similar Projects (Active or Complete)

### Similar Project 3

Project Name and Location: \_\_\_\_\_

Bid Amount: \_\_\_\_\_

Final Contract Amount: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Original Contract Completion Time: \_\_\_\_\_ Days

Actual Completion Time: \_\_\_\_\_ Days

Description of Work: \_\_\_\_\_

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List and Description of Change Orders: \_\_\_\_\_

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Names and Titles of Key Contractor Personnel:

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Name, e-mail Address and Telephone Number of **Owner**:

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Project 3 (Continued)

Name, e-mail Address and Telephone Number of **Engineer**:

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Name, e-mail Address, and Telephone Number of **Construction Manager**:

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List any claims including dollar amount:

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List any claims that went to arbitration or litigation including settlement amount:

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Name of Surety providers for the Performance & Payment Bonds:

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## List of Similar Projects (Active or Complete)

### Similar Project 4

Project Name and Location: \_\_\_\_\_

Bid Amount: \_\_\_\_\_

Final Contract Amount: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Original Contract Completion Time: \_\_\_\_\_ Days

Actual Completion Time: \_\_\_\_\_ Days

Description of Work: \_\_\_\_\_

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List and Description of Change Orders: \_\_\_\_\_

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Names and Titles of Key Contractor Personnel:

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Name, e-mail Address and Telephone Number of **Owner**:

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Project 4 (Continued)

Name, e-mail Address and Telephone Number of **Engineer**:

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Name, e-mail Address, and Telephone Number of **Construction Manager**:

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List any claims including dollar amount:

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List any claims that went to arbitration or litigation including settlement amount:

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Name of Surety providers for the Performance & Payment Bonds:

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## List of Similar Projects (Active or Complete)

### Similar Project 5

Project Name and Location: \_\_\_\_\_

Bid Amount: \_\_\_\_\_

Final Contract Amount: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Original Contract Completion Time: \_\_\_\_\_ Days

Actual Completion Time: \_\_\_\_\_ Days

Description of Work: \_\_\_\_\_

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List and Description of Change Orders: \_\_\_\_\_

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Names and Titles of Key Contractor Personnel:

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Name, e-mail Address and Telephone Number of **Owner**:

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Project 5 (Continued)

Name, e-mail Address and Telephone Number of **Engineer**:

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Name, e-mail Address, and Telephone Number of **Construction Manager**:

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List any claims including dollar amount:

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List any claims that went to arbitration or litigation including settlement amount:

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Name of Surety providers for the Performance & Payment Bonds:

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# Attachment I

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## **Annual Summary of Work Related Injuries and Illnesses (CalOsha Form 300A)**

Contractor to insert Annual Summary of Work Related Injuries and Illnesses (CalOsha Form 300A)

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# Attachment J

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## Claims/Litigation Pending

Contractor to list all claims and litigation pending against the firm

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# Attachment K

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## **SAMPLE INSURANCE CERTIFICATE**

Contractor to insert sample Insurance Certificate