PREQUALIFICATION FORMS

FOR

HEWITT & EVANS GROUNDWATER TREATMENT FACILITY PHASE 1

Electronic prequalification packages for the Wells 201, 202, 203 and 205 Centralized Treatment Facility Project will be received via email only (email addresses below) and will be replied with confirmation of receipt by the District.

“CONFIDENTIAL - REQUEST FOR PREQUALIFICATION FOR

Specification No.1381W

HEWITT & EVANS GROUNDWATER TREATMENT FACILITY PHASE 1

Email: Scott Lopian, Sr. Construction Administrator, lopians@emwd.org

SUBMITTED BY: 
(Name of firm)
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CONTACT INFORMATION

Firm Name: ______________________________________

(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: Hewitt & Evans Groundwater Treatment Facility Phase 1

Company Name: ________________________________________________________________

By:  Adam Smith

Title:  President  Telephone:  (555) 123-4567

Date:  April 1, 2023  Fax:  (555) 123-4568

License Information:

License Type:  General  License #:  1234567890

1. GENERAL

a) Organization Doing Business as:  Smith & Associates

Business Address:  123 Main St, Anytown, USA

Telephone Number:  (555) 123-4567

Indicate as Applicable:  A Corporation

__________ Partnership

__________ An Individual

Principal Office:

________________________________________________________________________

If a corporation, answer this:

Date of Incorporation:  April 1, 2023

State of Incorporation:  Anytown, USA

Chief Executive Officer’s name:  Adam Smith

President’s name:  Jane Doe

Vice President’s name(s):  John Smith
Secretary’s name: ____________________________________________________________

Treasurer’s name: ____________________________________________________________

If a partnership, answer this:

Date of organization: _________________________________________________________

State whether partnership is general, or limited: ________________________________

Name and address of each partner:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If a limited liability company, answer this:

Date formed: ________________________________________________________________

Name and address of each manager:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name and address of each member:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

_________________________
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

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:

f) Describe the scheduling tools your firm uses, and for how long have you been using them?
g) Provide a written project management approach for construction of the noted Projects, include as Attachment N. Based on the project description, outline the task, any special approaches and the plans for completion. Include a description of the roles and responsibilities of the proposer’s Project Team members and how the team will work together to achieve the objectives of the project. Innovation and alternatives to the proposed project scope are welcome. Include approach to overall schedule, challenges and market trends and how you will tackle these items to ensure you meet the required schedule. This item will be weighted at 20 or approximately 25% of the total score.

h) Describe your firm’s approach to Contracts and prior claims history. Include information on prior claims and/or change orders stemming from a dispute settled after completion or before mediation. Add additional pages as needed to fully describe approach.

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

☐ Yes  ☐ No

k)  Registered in Central Contractor Registration?  ☐ Yes  ☐ No

l)  Registered in Bradstreet Data Universal Number System (DUNS)?

☐ Yes  ☐ No

m)  What is your firm’s CAGE Code Number?

____________________________

n)  What is your firm’s Dun & Bradstreet (DUNS) number?

____________________________

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
   v) Service Engineer and/or Representative

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:

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

  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:

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

  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:

   __________________________________________
   __________________________________________
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?

i) General Work Summary
   What general types of work does your firm normally perform with its own work force?

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

k) What construction projects does your firm currently have under contract and what are the originally scheduled and anticipated completion dates? Use the attached sheets, (up to three current projects) entitled “Current Projects.” The information for each project shall contain at a minimum, name of project, location, name of Owner, name of Engineer, telephone numbers of Owner and Engineer, brief description, contract completion time, actual completion time, bid price, actual total cost, amount of change orders (attach a list of change orders including a brief description of the change), amount and number of claims that resulted in litigation, amount of settlement, and name of surety providing performance bond., include as Attachment H.
l) List projects of a similar nature (Refer to Minimum Qualification Requirements in the Notice to prequalify) that your firm has completed or made substantial progress towards completing. Contractor shall clearly highlight/indicate which portions of the project meet or exceed the minimum qualification requirements. Use the attached sheets entitled "List of Similar Projects." The information for each project shall contain at a minimum, name of project, location, name of Owner, name of Engineer, telephone numbers of Owner and Engineer, brief description, contract completion time, actual completion time, bid price, actual total cost, amount of change orders (attach a list of change orders including a brief description of the change), amount and number of claims that resulted in litigation, amount of settlement, and name of surety providing performance bond. 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 I.

m) Attach the firms 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 J.

n) Complete form C-17 Contractor’s Cal/OSHA Compliance History and SIC Code in Attachment K. Contractor shall clearly identify any regulatory agency violations related to safety or environmental issues within the past seven (7) years, and any/all fatalities or serious incidents per Cal/OSHA on a jobsite within the past ten (10) years. Failure to truthfully complete this form, withhold information or show violations may deem the Contractor unqualified for the future bid opportunity.

o) List your firm’s Experience Modification Rate (EMR) (California workers’ compensation insurance) for each of the past three premium years:

Current year: __________________
Previous year: ________________
Year prior to previous year: ________________

If your EMR for any of these three years is or was 1.00 or higher you may, if you wish, attach a letter of explanation.

3. FINANCIAL BACKGROUND

a) What is the largest contract (name, Owner, and dollar amount) that your firm has ever completed?
b) What is your firm's current rating with Dun & Bradstreet? *(if applicable)*

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

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

☐ Yes  ☐ No

If yes, describe:


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


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


g) What is the name, address, and telephone number of your firm's predominant Bonding Company?
h) What is the Bonding company's current rating by A.M. Best?

______________________________________________________________________________

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)?

______________________________________________________________________________

j) What is the name, address, and telephone number of the firm's predominant insurance company?

______________________________________________________________________________

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)?

______________________________________________________________________________

m) Has the firm been refused any surety, bond, or liability insurance in the last 10 years? □ Yes □ No

If yes, describe:

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

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

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

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

r) List on Attachment H 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
Eastern Municipal Water District

Prequalification Rating Chart

Ratings: 5=Outstanding  
4=Excellent  
3=Good  
2=Fair  
1=Poor  

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

Sheet 1 of 3

<table>
<thead>
<tr>
<th>CONTRACTOR weight</th>
<th>Size of Firm</th>
<th>EOE</th>
<th>Drug and Alcohol Policy</th>
<th>Training Program</th>
<th>Scheduling Tools</th>
<th>Safety Program</th>
<th>Quality Program</th>
<th>Score</th>
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Reviewed by: ___________________________________________________________
Eastern Municipal Water District

**Prequalification Rating Chart**

Ratings:  
5=Outstanding  
4=Excellent  
3=Good  
2=Fair  
1=Poor

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

<table>
<thead>
<tr>
<th>EXPERIENCE</th>
<th>CONTRACTOR weight</th>
<th>Years in Business</th>
<th>Organiz. Struct.</th>
<th>Successful Proj. Completion</th>
<th>Outstanding Judgments, Lawsuits</th>
<th>Litigation Record</th>
<th>Equipment Available</th>
<th>Work Now Under Contract</th>
<th>Similar Projects</th>
<th>Safety Record</th>
<th>Score</th>
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Reviewed by: ________________________________
Eastern Municipal Water District

Prequalification Rating Chart

Ratings: 5=Outstanding
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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

<table>
<thead>
<tr>
<th>CONTRACTOR weight</th>
<th>Size of Contracts 1</th>
<th>Working Capital 1</th>
<th>Bankruptcy 4</th>
<th>Bonding Capacity 2</th>
<th>Bonding Co. Rating 4</th>
<th>Insurance Co. Rating 3</th>
<th>Score</th>
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Reviewed by: ____________________________________________
Attachment A

JOINT VENTURE STATEMENT OF INTENT

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

(Name of Project)

to be constructed in Riverside County.

(Name of Firm A)

(Signature)

(Title)

If by a Corporation:

(Seal)

(Name of Firm B)

(Signature)

(Title)

If by a Corporation:

(Seal)

Notary Public Acknowledgment required for Firm A and Firm B
Attachment B

Drug and Alcohol Policy

Contractor to insert their Drug & Alcohol Policy.
Attachment C

In-House Craft Training Program

Contractor to insert In-House Craft Training Program
Attachment D

Safety

Contractor to insert Safety Program.
Attachment E

QA/QC Program

Contractor to Insert QA/QC Program
Attachment F

Organization SOQ

Contractor to Insert Organization SOQ.
Attachment G

Equipment

Contractor to insert Major Items of Equipment.
Attachment H

Current Construction Projects Under Contract

Contractor to insert Construction Projects Currently under Construction.
List of Current Projects Under Contract

Current Project 1

Project Name and Location: ________________________________

Bid Amount: ________________________________

Final Contract Amount: ________________ Year Completed: ____________

Contract Completion Time: ________ Days

Amount and Number of Change Orders: ________________________________

Actual Completion Time: ________ Days

Description of Work: ________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Names and Titles of Key Contractor Personnel:

____________________________________________________________________

Name, Address, and Telephone Number of Owner:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Project 1 (Continued)

Name, Address, and Telephone Number of **Engineer**:  
__________________________________________________________  
__________________________________________________________  
__________________________________________________________  

Name, Address, and Telephone Number of **Construction Manager**:  
__________________________________________________________  
__________________________________________________________  
__________________________________________________________  

Amount and number of claims resulting in arbitration or litigation:  
__________________________________________________________  
__________________________________________________________  
__________________________________________________________  

Amount of Settlement:  ________________________________  
Further Information of Claims:  ________________________________  
__________________________________________________________  
__________________________________________________________
Current Project 2

Project Name and Location: ________________________________

Bid Amount: ________________________________

Final Contract Amount: ___________ Year Completed: ___________

Contract Completion Time: ___________ Days

Amount and Number of Change Orders: ________________________________

Actual Completion Time: ___________ Days

Description of Work: ____________________________________________

Names and Titles of Key Contractor Personnel:

__________________________________________

Name, Address, and Telephone Number of Owner:

__________________________________________
Project 2 (Continued)

Name, Address, and Telephone Number of **Engineer:**

Name, Address, and Telephone Number of **Construction Manager:**

Amount and number of claims resulting in arbitration or litigation:

Amount of Settlement: _____________________________

Further Information of Claims: _____________________________
Current Project 3

Project Name and Location: 

Bid Amount: 

Final Contract Amount: Year Completed: 

Contract Completion Time: Days

Amount and Number of Change Orders: 

Actual Completion Time: Days

Description of Work: 

Names and Titles of Key Contractor Personnel: 

Name, Address, and Telephone Number of Owner: 

Project 3 (Continued)

Name, Address, and Telephone Number of Engineer:

Name, Address, and Telephone Number of Construction Manager:

Amount and number of claims resulting in arbitration or litigation:

Amount of Settlement: ________________________________

Further Information of Claims: ________________________________


Attachment I

List of Similar Projects
Similar Project 1

Project Name and Location: ________________________________

Bid Amount: ____________________________________________

Final Contract Amount: __________________ Year Completed: __________

Contract Completion Time: __________ Days

Amount and Number of Change Orders: ________________________________

Actual Completion Time: __________ Days

Description of Work: _____________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

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__________________________________________________________________

__________________________________________________________________

Names and Titles of Key Contractor Personnel:

__________________________________________________________________

__________________________________________________________________

Name, Address, and Telephone Number of Owner:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________
Project 1 (Continued)

Name, Address, and Telephone Number of **Engineer:**

____________________________________________________

____________________________________________________

Name, Address, and Telephone Number of **Construction Manager:**

____________________________________________________

____________________________________________________

Amount and number of claims resulting in arbitration or litigation:

____________________________________________________

____________________________________________________

Amount of Settlement:  ________________________________

Further Information of Claims:  _______________________

____________________________________________________
Project Requirements:

a) Was this a public work contract? ☐ Yes ☐ No

b) Was the project an Advanced Water or Wastewater Treatment, with at least one project utilizing pressurized vessels featuring greensand filtration, GAC or Ion Exchange? ☐ Yes ☐ No

c) Was the project Value $5 Million or greater? ☐ Yes ☐ No

d) Did the project include pressurized treatment vessels, valves, pumping systems, motors, piping, bag filters and storage tanks? ☐ Yes ☐ No
Similar Project 2

Project Name and Location: ________________________________
Bid Amount: ________________________________
Final Contract Amount: ____________ Year Completed: ____________
Contract Completion Time: ____________ Days
Amount and Number of Change Orders: ________________________________
Actual Completion Time: ____________ Days
Description of Work: ________________________________

Names and Titles of Key Contractor Personnel:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name, Address, and Telephone Number of Owner:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Project 2 (Continued)

Name, Address, and Telephone Number of **Engineer:**

________________________________________________________________________________________

________________________________________________________________________________________

Name, Address, and Telephone Number of **Construction Manager:**

________________________________________________________________________________________

________________________________________________________________________________________

Amount and number of claims resulting in arbitration or litigation:

________________________________________________________________________________________

________________________________________________________________________________________

Amount of Settlement: ________________________________________________________________

Further Information of Claims: ____________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Project Requirements:

a) Was this a public work contract?  
   □ Yes  □ No

b) Was the project an Advanced Water or Wastewater Treatment, with at least one project utilizing pressurized vessels featuring greensand filtration, GAC or Ion Exchange?  
   □ Yes  □ No

c) Was the project Value $5 Million or greater?  
   □ Yes  □ No

d) Did the project include pressurized treatment vessels, valves, pumping systems, motors, piping, bag filters and storage tanks?  
   □ Yes  □ No
Similar Project 3

Project Name and Location: ____________________________________________________________

Bid Amount: ______________________________________________________________________

Final Contract Amount: ________________ Year Completed: ________________

Contract Completion Time: ____________ Days

Amount and Number of Change Orders: ______________________________________________

Actual Completion Time: ____________ Days

Description of Work: ______________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

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________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Names and Titles of Key Contractor Personnel:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Name, Address, and Telephone Number of Owner:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
Project 3 (Continued)

Name, Address, and Telephone Number of **Engineer:**

__________________________________________________________________________

__________________________________________________________________________

Name, Address, and Telephone Number of **Construction Manager:**

__________________________________________________________________________

__________________________________________________________________________

Amount and number of claims resulting in arbitration or litigation:

__________________________________________________________________________

__________________________________________________________________________

Amount of Settlement:  ______________________________________________________

Further Information of Claims:  _____________________________________________

__________________________________________________________________________

__________________________________________________________________________
Project Requirements:

a) Was this a public work contract?  
   □ Yes □ No

b) Was the project an Advanced Water or Wastewater Treatment, with at least one project utilizing pressurized vessels featuring greensand filtration, GAC or Ion Exchange?  
   □ Yes □ No

c) Was the project Value $5 Million or greater?  
   □ Yes □ No

d) Did the project include pressurized treatment vessels, valves, pumping systems, motors, piping, bag filters and storage tanks?  
   □ Yes □ No
Attachment J

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)
Attachment K

C-17 Contractor’s Cal/OSHA Compliance History and SIC Code
# C-17 Contractor’s Cal/OSHA Compliance History and SIC Code

<table>
<thead>
<tr>
<th>Prequal Date:</th>
<th>Contractor’s Standard Industry Code:</th>
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<tbody>
<tr>
<td>Specification No.</td>
<td>Project Name:</td>
</tr>
<tr>
<td>Contractor name:</td>
<td></td>
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<tr>
<td>Contractor Address:</td>
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<tr>
<td>Contractor License No.</td>
<td>Phone No:</td>
</tr>
<tr>
<td>Contact Person:</td>
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</tbody>
</table>

Please answer the following questions:

1. Has the Contractor been cited by Cal/OSHA or any regulatory agency for a violation related to safety or environmental issues within the past seven (7) years?
   - No [ ] Yes [ ]
   - If yes, please attach all documentation specific to each violation and what actions have been taken to ensure that there is not a repeat violation.

2. Has the Contractor had a fatality or serious incident per Cal/OSHA on a jobsite within the past ten (10) years?
   - No [ ] Yes [ ]
   - If yes, please attach all documentation specific to each violation and what actions have been taken to ensure that there is not a repeat violation.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Contractor’s Representative signature: ___________________________ Date: ___________________________

*Failure to fully divulge, complete and submit this form “may” deem your bid non-responsive*

<table>
<thead>
<tr>
<th>FOR EMWD USE ONLY:</th>
<th>Field Engineering to forward to Risk Management for review</th>
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<tbody>
<tr>
<td>Approved:</td>
<td>No [ ] Yes [ ]</td>
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<tr>
<td>Reviewed by Risk Management (signature required):</td>
<td>Date:</td>
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<tr>
<td>Return to (Field Eng.CAR):</td>
<td>By:</td>
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</table>
Attachment L

Claims/Litigation Pending

Contractor to list all claims and litigation pending against the firm

a) __________________________________________________________________________

______________________________________________________________________________

b) __________________________________________________________________________

______________________________________________________________________________

c) __________________________________________________________________________

______________________________________________________________________________

d) __________________________________________________________________________

______________________________________________________________________________

e) __________________________________________________________________________

______________________________________________________________________________

f) __________________________________________________________________________

______________________________________________________________________________

g) __________________________________________________________________________

______________________________________________________________________________
Attachment N

Contractors Approach to The Project