PREQUALIFICATION FORMS

FOR

ELECTRICAL SYSTEMS & EQUIPMENT UPGRADES
(Various CIP Projects)

The prequalification packages shall be submitted under seal and marked CONFIDENTIAL - REQUEST FOR PREQUALIFICATION FOR Electrical Systems & Equipment Upgrades

Mail:  Paul D. Jones, II, P.E. - General Manager
       Eastern Municipal Water District
       Attn:  Scott Lopian c/o Amy Eichperger
       Field Engineering Department
       P O Box 8300
       Perris, CA  92572-8300

Street: General Manager, Eastern Municipal Water District
       Attn:  Scott Lopian c/o Amy Eichperger
       Field 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:

( 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: ELECTRICAL SYSTEMS & EQUIPMENT UPGRADES

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): ________________________________
<table>
<thead>
<tr>
<th><strong>Secretary’s name:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treasurer’s name:</strong></td>
<td></td>
</tr>
</tbody>
</table>

If a **partnership**, answer this:

<table>
<thead>
<tr>
<th><strong>Date of organization:</strong></th>
<th></th>
</tr>
</thead>
</table>
| **State whether partnership is**
  **general, or limited:** |  |
| **Name and address of each**
  **partner:** |  |

If a **limited liability company**, answer this:

<table>
<thead>
<tr>
<th><strong>Date formed:</strong></th>
<th></th>
</tr>
</thead>
</table>
| **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) 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.

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
Your firm must have current registrations in the System for Award Management (SAM) and Bradstreet Data Universal Number System (DUNS).

k) Registered in System for Award Management (SAM)?  

☐ 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 résumé’s of key personnel, stating project specific experience, education, position occupied and duties, number of years with the firm, etc. The SOQ shall include résumé’s 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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

ev) 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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

fv) 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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

h) General Work Summary

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

j) What construction projects does your firm currently have under contract and what are the originally scheduled and anticipated completion dates? Use the attached sheets, \textit{(up to five 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 G.

k) List projects of a similar nature (Refer to \textit{Minimum Qualification Requirements} in the Notice to prequalify) 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 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 H.

l) Attach the firms \textit{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?

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

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

   ____________________________________________________________

   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? Attach a sample copy of the Insurance and label it Attachment L.

k) Does this Insurance Company use Professional Employer Organization (PEO) or Self Insurance Plan?

l) What is this Insurance Companies current rating by A.M. Best?

m) Is this the Insurance Company proposed for use on this project?
   If not, which firm is proposed (name, address, telephone number, and rating)?
n) Has the firm been refused any surety, bond, or liability insurance in the last 10 years?

☐ Yes  ☐ No

If yes, describe:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________
s) List on **Attachment K** 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

<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

<table>
<thead>
<tr>
<th>Ratings:</th>
<th>5=Outstanding</th>
<th>4=Excellent</th>
<th>3=Good</th>
<th>2=Fair</th>
<th>1=Poor</th>
</tr>
</thead>
</table>

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>
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</thead>
</table>

<table>
<thead>
<tr>
<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>
</tr>
</thead>
</table>

Reviewed by: ___________________________________________________________
Eastern Municipal Water District

Prequalification Rating Chart

Ratings:  5=Outstanding
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         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>CONTRACTOR weight</th>
<th>Size of Contracts weight</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>
</tr>
</thead>
</table>

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

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: ________________________________

_________________________________________________________________

_________________________________________________________________

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_________________________________________________________________

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:  

________________________________________________________________________

________________________________________________________________________
Current Project 4

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 4 (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 5

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 5 (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 H

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: 

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:
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:

________________________________________________________________________

________________________________________________________________________
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: ______________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

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: ____________________________


Similar Project 4

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 4 (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: ____________________
Similar Project 5

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 5 (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

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 J

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>
</tr>
<tr>
<td>Contractor Address:</td>
<td></td>
</tr>
<tr>
<td>Contractor License No.</td>
<td>Phone No:</td>
</tr>
<tr>
<td>Contact Person:</td>
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</tr>
</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*

FOR EMWD USE ONLY: Field Engineering to forward to Risk Management for review

<table>
<thead>
<tr>
<th>Approved:</th>
<th>No ☐ Yes ☐</th>
</tr>
</thead>
</table>
| Reviewed by Risk Management (signature required) | Date: _______________
| Return to (Field Eng.CAR) | By: _______________ |
Attachment K

CLAIMS/LITIGATION PENDING

Contractor to list all claims and litigation pending against the firm

a)  

b)  

c)  

d)  

e)  

f)  

g)  
Attachment L

SAMPLE INSURANCE CERTIFICATE

Contractor to insert sample Insurance Certificate