



Attachment E

Technical Qualifications Questionnaire

New Madera Courthouse

Superior Court of California

County of Madera



ADMINISTRATIVE OFFICE
OF THE COURTS

OFFICE OF COURT CONSTRUCTION
AND MANAGEMENT

Contractor Technical Qualifications Questionnaire

1. **REQUIRED QUALIFICATION INFORMATION:** The Administrative Office of the Courts, Office of Court Construction and Management requires prospective contractors for the Project to answer all the questions contained in this standard form of questionnaire.
2. **AOC QUALIFICATION PROCEDURES:** Prospective contractors for the Project shall complete this form and submit to the AOC as part of their Technical Proposal.

The answers to the questions on the standard form of questionnaire shall reflect the prospective contractor's experience in performing public works projects. The document, when completed, shall be verified under oath by the prospective contractor.

Joint Venture: If two or more contractors wish to propose on a project as a joint venture:

- a. All firms involved must submit separate questionnaires in the Technical Proposal.
 - b. The firms must also submit an Affidavit of Joint Venture.
 - c. The Joint Venture must have the required license in the name of the Joint Venture at the time of award.
3. **PERIOD OF QUALIFICATION:** This Technical Qualifications Questionnaire is valid only for this Request For Proposal, and must be resubmitted for other projects.
 4. **CORRECT AFFIDAVIT:** The correct affidavit on page 6 must be completely executed.
 5. **REVIEW OF QUALIFICATIONS:** The AOC will review the information contained in the standard form of questionnaire and the performance of the prospective contractor on public works projects and private sector construction projects. The firm's references may be selected at random and reference checks performed.

INSTRUCTIONS FOR COMPLETION OF PAGES 4 AND 5:

1. **Name of Firm:** Use same name as licensed in California.
Contact Person: Name of person who completed the prequalification submittal.
2. **Address:** Use address appropriate for contracting purposes. If firm contracts from more than one office in California, then attach the additional address (es).
3. **State of organization and date established:** Use appropriate information.
4. **(Included as Tab 9 in SOQ)Types of Licenses:** Include all valid California licenses and certifications.
5. Provide name of bonding company, contact, telephone number, the bonding company rating, and the bonding capacity per project and overall or aggregate. Also indicate whether or not claims have ever been made against the surety, and explain these claims.
6. **Officers or Principals of firm:** List names of officers of the firm. One of these must sign the affidavit on page 6.
- 7-8. **Suspension from Project:** If applicable, include brief explanation if a principal of your firm has had license suspended, or if your firm has ever been suspended from a project.
9. **Denied Prequalification or Disqualification from Bidding:** If applicable, include a brief explanation if your firm has ever been denied prequalification or was disqualified from bidding on a public works project.

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10. Claims and Litigation on Public Works: If applicable, include a brief explanation and results of each claim and/or litigation your firm, joint venture, Partnership, association or any combination thereof, brought against a public works entity in the past 5 years.
11. Claims and Litigation against firm: If applicable, include a brief explanation and results of each claim and/or litigation filed against your firm, joint venture, Partnership, association or any combination thereof, on a public works project in the past 5 years.
12. **(Included as Tab 3 in SOQ)** Experience record of staff.
13. **(Included as Tab 4 in SOQ)** Construction and cost of construction completed.
14. Safety Qualifications: Provide a copy of your firm's Safety Policy Statement signed by an officer of the firm, a copy of the table of contents of your firm's safety manual, a copy of your firm's subcontractor safety compliance statement, and the Average Lost Workday Incident Rates and Average Recordable Incident Rates in the spaces provided, using data from the past three years. Also provide the most recent Experience Modification Rate in the space provided. The minimum acceptable standard for these indices, as stated on page 5, must be met in order for a prospective contractor to be judged to be qualified. Additionally, the prospective contractor is required to submit copies of OSHA form no. 300, Log of Work-Related Injuries and Illnesses, and OSHA form no. 300A, Annual Summary of Work-Related Injuries and Illnesses, for the past three years and to provide your firm's worker's compensation insurance carrier information under the provisions of this section. See page 5 for further information.

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CONTRACTOR'S STATEMENT OF EXPERIENCE

1. Name of firm: _____
Contact Person: _____
2. Mailing address of firm: _____
Physical address of firm: _____
Telephone No. (area code) (_____) _____ Fax No. (area code) (_____) _____
Company Web Site URL: _____
3. State of organization: _____ Date established: _____
4. California state license no.: _____ Types of valid California contracting licenses: _____
5. Bonding company: _____
Contact: _____ Telephone No. (_____) _____
Current capacity: _____ Bonding Co. Rating: _____
Have claims ever been made against surety? _____ If Yes, attach statement of explanation.
6. Officers or Principals of firm: _____

7. Have Principals ever had licenses *suspended*? If Yes, attach explanation. _____
8. Has firm ever been *suspended* from a project? If Yes, attach explanation. _____
9. Has firm ever been denied prequalification or disqualified from bidding public works? If Yes, attach explanation. _____
10. In the past five years, has your firm filed a claim on a public works project? Yes _____ No _____
Litigation? Yes _____ No _____ If Yes, attach a brief explanation and results of each claim and/or litigation.
11. In the past five years, has a claim been filed against your firm on a public works project? Yes _____ No _____
Litigation? Yes _____ No _____ If Yes, attach a brief explanation and results of each claim and/or litigation.
12. Experience record of staff proposed for this project (include name, position, projects and roles therein, and years experience): _____

13. **(Included as Tab 4 in SOQ)**

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14. **SAFETY QUALIFICATION:** Provide the Average Lost Workday Incident Rates, Average Recordable Incident Rates and most recent Experience Modification Rate in the spaces provided on this page. In addition, the prospective contractor is required to submit complete copies of OSHA form no. 300 and form no. 300A under item 5 of this section.

The Average Lost Workday Incident Rate (LWIR) and the Average Recordable Incident Rate (RIR) are requested for evaluation of the safety history relating to the prospective contractor's construction operations only. Home office staff labor hours and the corresponding injury and illness figures for home office staff shall not be included in the calculation of these rates. Similar information for parent companies, subsidiaries, or other company divisions not directly engaging in construction activities shall not be considered in these rate calculations. All data used in the calculations shall be specific to the contracting entity listed on page 4; inclusion of data from major subcontractors or other sub-tier contractors is not acceptable.

The Experience Modification Rate (EMR) is established by the Contractor's worker's compensation insurance carrier, and is based on the Contractor's loss history. Prospective contractors are to provide their Intrastate EMR, which is used for evaluation of contractors in the State of California. Provide all requested information in the spaces provided.

Important Note: Small firms that have less than ten employees and report an average Total Employee Hours Worked that is less than 20,000 hours, are not required to report recordable incidents and lost workday incidents for their firms herein. Instead, these firms shall submit their most current year of Intrastate EMR or a copy of their worker's compensation insurance carrier's documentation of their most current year of Intrastate EMR.

1. **Average Lost Workday Incident Rate (LWIR).** Calculate your firm's LWIR for the past three (3) complete years. The lost workday information is listed on your OSHA forms no. 300 and 300A and is available from your worker's comp. insurance carrier.

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

Year	Lost Workday Incidents	Total Employee Hours Worked	Lost Workday Incident Rate
1-20__			
2-20__			
3-20__			
Total			

2. **Average Recordable Incident Rate (RIR).** Calculate your firm's RIR for the past three (3) complete years. The Incident Rate information is listed on your OSHA forms no. 300 and 300A and is available from your worker's comp. insurance carrier.

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

Year	Recordable Incidents	Total Employee Hours Worked	Recordable Incident Rate
1-20__			
2-20__			
3-20__			
Total			

3. **Experience Modification Rate (EMR).** Enter your firm's EMR for the most recent year (this information is provided by your worker's comp. insurance carrier).

Year	EMR
20__	

Is Your Firm Self-Insured in California? <input type="checkbox"/> No <input type="checkbox"/> Yes Self-Insured No. _____

*Attach certification.

4. **Name of Worker's Comp. Insurance Carrier(s):** _____

Address: _____

Agent Name: _____ Telephone No.: _____

5. **In addition to the information provided above, submit copies of your firm's OSHA No. 300, Log of Work-Related Injuries and Illnesses, and OSHA form no. 300A, Annual Summary of Work-Related Injuries and Illnesses, covering the past three (3) years.**

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AFFIDAVIT

The submitter of the foregoing statements contained on this Technical Qualifications Questionnaire has read the same, and it is true to the best of the submitter's knowledge. Any reference named therein is hereby authorized to supply the AOC with any information necessary to verify the statements.

By signing below, the proposer certifies and declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF AN INDIVIDUAL

Executed this _____ day of _____, _____ in the
(Day) (Month) (Year)
City of _____, County of _____,
State of _____

Signature of Applicant _____
an individual, doing business as _____

SIGNATURE OF A PARTNER

Executed this _____ day of _____, _____ in the
(Day) (Month) (Year)
City of _____, County of _____,
State of _____

Signature of Applicant _____
a partner of _____
(Name of Firm)

SIGNATURE OF AN OFFICER OF A CORPORATION

Executed this _____ day of _____, _____ in the
(Day) (Month) (Year)
City of _____, County of _____,
State of _____

Signature of Applicant _____
an officer with the title of _____ of _____
(Title of Corporation Officer) (Corporation Name)

End of Technical Qualifications Questionnaire