

College of the Siskiyous Insurance Requirements

Minimum Insurance Coverages for 2017 Pre-Qualification

Contractor Insurance. The Contractor shall obtain and maintain the following insurance coverages with minimum coverage amounts as set forth below:

Policy of Insurance	Minimum Coverage Amount
Commercial General Liability Insurance	Per Occurrence: One Million Dollars (\$1,000,000)
	Aggregate: Two Million Dollars (\$2,000,000)
Auto Liability	Five Hundred Thousand Dollars (\$500,000)
Workers Compensation	In accordance with the Laws
Employers Liability	One Million Dollars (\$1,000,000)
Builders Risk	Full insurable value of the Work; Seismic coverage: <input type="checkbox"/> Not Required <input type="checkbox"/> Required Specified per Job

When requested (per job):

The following sentence shall be included in the additional insured endorsements:

“Siskiyou Joint Community College District, its Governing Board, as individuals and as an entity, its officers, directors, employees, agents, and volunteers, are hereby named as additional insured, with respect to all work performed by or on behalf of the named insured under its contract with the Certificate Holder.”

COLLEGE OF THE SISKIYOU

SISKIYOU JOINT COMMUNITY COLLEGE DISTRICT

**UNIFORM CONSTRUCTION COST ACCOUNTING; INFORMAL BIDDING PRE-
QUALIFICATION APPLICATION
(Public Contract Code §22030 et seq. for
Projects Valued Between \$45,000 and \$175,000)**

FOR THE 2017 CALENDAR YEAR

Return Application to:

**By Mail:
College of the Siskiyous
Attn: Lori Luddon
800 College Avenue
Weed, CA 96094**

Or by Email: luddon@siskiyous.edu

Phone: 530-938-5220

**PRE-QUALIFICATION APPLICATION: INFORMAL BIDDING
UNIFORM PUBLIC CONSTRUCTION COST ACCOUNTING
(Public Contract Code §22030 et seq. for Projects Valued Between \$45,000 and \$175,000)
FOR THE 2017 CALENDAR YEAR**

The undersigned applicant requests that Siskiyou Joint Community College District (District) pre-qualify the applicant to bid on the District's informally bid projects, as authorized by Public Contract Code §22030, *et seq.*

- 1. Applicant Information.** Complete the following to provide information about the applicant.

Firm/Company Name		
Physical Office Location	Address:	
	City, State, ZIP	
Mailing Address (if different from physical office address)	Address	
	City, State, ZIP	
Applicant Contacts	Name:	Name:
	Phone:	Phone:
	E-mail:	E-mail:
Applicant California Contractors' License	License #: Expiration Date:	Classifications:
	Registration #:	Expiration Date:

- 2. Pre-Qualification.** The applicant requests to be pre-qualified for submitting proposals for the District's informally bid projects in the classification(s) noted by the application in Exhibit A (Pre-Qualification Classifications) attached to this application.
- 3. Applicant Annual Revenue.** Complete the following. If the applicant is engaged in business enterprises other than construction, responses to the following are limited to the applicant's construction operations.

Calendar Year/ Fiscal Year	Annual Gross Revenue	Average Dollar Value of All Contracts	Dollar Value of Largest Contract
2016 (FY 2015/2016)			
2015 (FY 2014/2015)			
2014 (FY 20113/2014)			

4. Applicant Insurance and Bonding. Complete the following for the applicant's current General Liability Insurance, Workers Compensation insurance and bonding capacity.

General Liability Insurance	Insurer:	Coverage Limits
	Policy No:	Per Occurrence \$
	Broker:	Aggregate \$
	Broker Contact Name:	
	Address:	
	City, State, ZIP:	
	Telephone:	
	Fax:	
	E-mail:	
Bid, Performance, & Labor & materials Payment Bonds	Surety:	Bonding Capacity
	Surety Broker:	Maximum Per Project: \$
	Surety Broker Contact Name:	Maximum All Projects: \$
	Street Address:	
	City, State, ZIP	
	Telephone:	
	Fax:	
	E-mail:	
	Workers Compensation Insurance	Insurer:
Policy No:		
Broker:		
Broker Contact Name:		
Street Address:		
City, State, ZIP:		
Telephone:		
Fax:		
E-mail:		

5. **Current Public Works Projects:** Complete the following to identify all public works construction projects for which the applicant is under contract as of the date of submitting this application. Duplicate this page as necessary to identify all of the applicant's current public works projects.

Project Description	Owner & Owner Contact Information	Architect & Architect Contact information	Contract Information
	Owner Name:	Architect Name:	Applicant Contract Value:
	Owner Contact Person:	Architect Contact Person:	Applicant Scope of Work:
	Owner Telephone:	Architect Telephone:	Percentage Complete; Applicant Work:
	Owner E-Mail:	Architect E-Mail:	Percentage Complete; Overall Project:
	Owner Name:	Architect Name:	Applicant Contract Value:
	Owner Contact Person:	Architect Contact Person:	Applicant Scope of Work:
	Owner Telephone:	Architect Telephone:	Percentage Complete; Applicant Work:
	Owner E-Mail:	Architect E-Mail:	Percentage Complete; Overall Project:
	Owner Name:	Architect Name:	Applicant Contract Value:
	Owner Contact Person:	Architect Contact Person:	Applicant Scope of Work:
	Owner Telephone:	Architect Telephone:	Percentage Complete; Applicant Work:
	Owner E-Mail:	Architect E-Mail:	Percentage Complete; Overall Project:

6. **Prior Public Works Projects:** Complete the following to identify all public works construction projects for which the applicant completed in the three (3) years preceding the date of submitting this application. Duplicate this page as necessary to identify **all** of the applicant's public works projects completed in the preceding three (3) years.

Project Description	Owner & Owner Contact Information	Architect & Architect Contact information	Contract Information
	Owner Name:	Architect Name:	Applicant Contract Value:
	Owner Contact Person:	Architect Contact Person:	Applicant Scope of Work:
	Owner Telephone:	Architect Telephone:	Percentage Complete; Applicant Work:
	Owner E-Mail:	Architect E-Mail:	Percentage Complete; Overall Project:
	Owner Name:	Architect Name:	Applicant Contract Value:
	Owner Contact Person:	Architect Contact Person:	Applicant Scope of Work:
	Owner Telephone:	Architect Telephone:	Percentage Complete; Applicant Work:
	Owner E-Mail:	Architect E-Mail:	Percentage Complete; Overall Project:
	Owner Name:	Architect Name:	Applicant Contract Value:
	Owner Contact Person:	Architect Contact Person:	Applicant Scope of Work:
	Owner Telephone:	Architect Telephone:	Percentage Complete; Applicant Work:
	Owner E-Mail:	Architect E-Mail:	Percentage Complete; Overall Project:

7. References. Complete the following to identify applicant references.

DSA Inspectors References			
DSA Inspector Firm Name	DSA Firm Address	DSA Contact Person	DSA Contact Information
	Address:		Telephone No:
	City, State, ZIP:		E-mail:
	Address:		Telephone No:
	City, State, ZIP:		E-mail:
	Address:		Telephone No:
	City, State, ZIP:		E-mail:

Material Supplier References			
Material Supplier Name	Material Supplier Address	Material Supplier Contact Person	Contact Information
	Address:		Telephone No:
	City, State, ZIP:		E-mail:
	Address:		Telephone No:
	City, State, ZIP:		E-mail:
	Address:		Telephone No:
	City, State, ZIP:		E-mail:

Public Agency Owners (California K-12 or Community College Owners Preferred)			
Owner Name	Owner Address	Owner Contact Person	Owner Contact Information
	Address:		Telephone No:
	City, State, ZIP:		E-mail:
	Address:		Telephone No:
	City, State, ZIP:		E-mail:
	Address:		Telephone No:
	City, State, ZIP:		E-mail:

Architect References			
Architect Name	Architect Address	Architect Contact Person	Architect Contact Information
	Address:		Telephone No:
	City, State, ZIP:		E-mail:
	Address:		Telephone No:
	City, State, ZIP:		E-mail:
	Address:		Telephone No:
	City, State, ZIP:		E-mail:

8. Essential Questions. An applicant will not be pre-qualified if the response to any of the following essential questions results in a "Not Qualified" designation.

8.1 The applicant possesses a valid and currently in good standing California Contractors' license for the trade category(ies) for which the applicant requests pre-qualification.

Yes No (Not qualified)

- 8.2 The applicant is a DIR registered contractor.
 Yes No (Not qualified)
- 8.3 Applicant maintains a commercial general liability insurance policy with a coverage amount of at least \$1,000,000 per occurrence and \$2,000,000 in the aggregate.
 Yes No (Not qualified)
- 8.4 Applicant has a current workers' compensation insurance policy as required by the Labor Code or is legally self-insured pursuant to Labor Code §3700.
 Yes No (Not qualified)
- 8.5 Applicant has bonding capacity of at least Two Hundred Thousand Dollars (\$200,000) per project and One Million Dollars (\$1,000,000) in the aggregate for all projects.
 Yes No (Not qualified)
- 8.6 Within the past twenty-four (24) months, has the applicant provided public works construction services under a direct contract with a public owner where the value of the construction services provided by the applicant was greater than \$50,000?
 Yes No
- 8.7 The applicant is ineligible or debarred from submitting bid proposals for public works projects or public works contracts pursuant Labor Code §1777.1 or Labor Code §1777.7.
 Yes (Not qualified) No
- 8.8 Within the past five (5) years, has a public agency determined that the applicant or any predecessor to the applicant, is not a "responsible" bidder for a public works project or a public works contract?
 Yes (Not qualified) No
- 8.9 During the past five (5) years, has the applicant or any predecessor to the applicant, or any of the equity owners of the applicant been convicted of a federal or state crime involving fraud, theft, or any other act of dishonesty?
 Yes (Not qualified) No

8.10 During the past five (5) years a surety has completed any project or the applicant's obligations under a construction contract.

Yes (Not qualified) No

8.11 During the past five (5) years the applicant has been declared in default under a construction contract to which the applicant was a party.

Yes (Not qualified) No

8.12 The applicant's Worker's Compensation Insurance prior five (5) year average Experience Modification Rating (EMR) rating is more than 1.5.

Yes (Not qualified) No

8.13 The applicant's Worker's Compensation Insurance current average Experience Modification Rating (EMR) rating is more than 1.5.

Yes (Not qualified) No

8.14 CAL OSHA or OSHA has cited and assessed penalties against the Applicant for "serious," "willful" or "repeat" violations of its safety or health regulations in the past five (5) years.

Yes (Not qualified) No

9. Asbestos Work; Hazardous Substance Removal Certifications. Each applicant must respond to Questions 9.1 and 9.2 even if the applicant does not request pre-qualification for asbestos work or hazardous material substance removal work.

9.1 The bidder possesses a current and in good standing ASB-Asbestos Certification issued by the California Contractor's License Board.

Yes No (Not qualified for asbestos-related work)

9.2 The bidder possesses a current and in good standing HAZ-Hazardous Substance Removal Certification issued by the California Contractors' State License Board.

Yes No (Not qualified for hazardous substance removal)

10. Authority and Certification. The undersigned is duly authorized to execute this pre-qualification Application under penalty of perjury on behalf of the above-identified applicant. The undersigned warrants and represents that he/she has personal knowledge of each of the responses to this Pre-qualification Application and/or that he/she has conducted all necessary and appropriate inquiries to determine the truth, completeness and accuracy of responses to this Pre-qualification Application. The undersigned declares and certifies that the responses to this Pre-qualification Application are complete and accurate; there are no omissions of material fact or information that render any response to be false or misleading and there are no

misstatements of fact in any of the responses. The applicant acknowledges and agrees that if the District determines that any response herein is false or misleading or contains misstatements of fact, the applicant will not be deemed qualified to participate in the District's informal bidding procedures.

Executed this ___ day of _____, 20__ at (city, state) _____.

I declare under penalty of perjury under California law that the foregoing is true and correct.

(Printed Name)

(Title)

(Signature)

(Date)