

WARM-AIR HEATING, VENTILATING & AIR CONDITIONING SUBCONTRACTOR PREQUALIFICATION QUESTIONNAIRE

Design Build Delivery

STUDENT SUCCESS CENTER PROJECT NO. 950512

**MANDATORY
PREQUALIFICATION CONFERENCE:**

TUESDAY, OCTOBER 9, 2018 AT 9:00 AM

SUBMITTAL DUE:

TUESDAY, OCTOBER 23, 2018 AT 5:00 PM



Architects & Engineers
1223 University Avenue, Suite 240
Riverside, CA 92507

Betty Osuna
Contract Administrator
(951) 827- 4590 / betty.osuna@ucr.edu

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I. GENERAL

A. PROJECT DESCRIPTION

The University of California Riverside (UCR) proposes to develop a Student Success Center (Project), a new facility of 60,000 GSF / 39,000 ASF. The purpose of the Project is to address UCR's growing student population and its shortfall in classroom capacity. UCR envisions the Project to increase utilization of instructional and student space and uphold UCR's academic mission through its explicit focus on "student success". The Project consists of three primary program elements:

- General assignment classrooms designed for modern pedagogies and technology;
- Multipurpose student life spaces for use by student organizations, and areas for scholarly activity such as tutoring, mentoring, and study;
- Dining Services space (shelled) for the development and fit-out of a new dining concept on campus.

The overall goal for the Student Success Center is to create a visionary and transformational facility that supports education and student success through active learning, collaboration, and community-building, while also responding to the external site and climate conditions in a manner that integrates the building into the surrounding campus landscape. Bringing together classrooms and student life space, the Project has a unique opportunity to create highly utilized instructional, collaborative, and social spaces by capitalizing on synergies between these two facets of the student experience.

The University envisions the Project to be a showcase piece; a unique and dynamic location that becomes the number one stop on the campus tour. While function and practicality are key, the facility shall also inspire creativity and create a memorable place, one that engenders a deep emotional attachment for the students, faculty, and staff who inhabit the space. Located at the prominent intersection of the Arts Mall and Carillon Mall, the Project shall be a gateway building, providing an enhanced identity to the Academic Core.

Project Delivery: Design Build

Estimated Construction Cost: \$47,500,000 (funding is pending administrative approval)

**WARM-AIR HEATING, VENTILATING & AIR CONDITIONING
SUBCONTRACT ESTIMATE: \$3,000,000**

B. PROJECT TIMING

- | | |
|--------------------------------------------------------------|------------------------------|
| • Prequalification Questionnaire issued: | September 24, 2018 |
| • Mandatory Prequalification Conference | October 9, 2018 |
| • Prequalification Questionnaire due: | October 23, 2018 |
| • Issue Request for Proposal to selected Design Build Teams: | 4 th Quarter 2018 |
| • Proposals due: | 1 st Quarter 2019 |
| • Notice of Selection: | 1 st Quarter 2019 |
| • Award Contract & Notice to Proceed: | 1 st Quarter 2019 |

The Project will proceed into final design and construction immediately upon Design Builder (Contractor) selection and award of the Contract. Estimated Contract Time: **20 Months**

The Contract Time will include completion of the Design Documents, Construction Documents, and the actual construction of the project.

C. PUBLIC WORKS COMPLIANCE MONITORING AND PREVAILING WAGES

No contractor or subcontractor may be listed on a Bid for this project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5 [with limited exceptions from this requirement for bid purposes only under Labor Code section 1771.1(a)].

No contractor or subcontractor may be awarded any portion of this project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5.

This project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

This project is subject to **General Prevailing Wages** predetermined by the Department of Industrial Relations (DIR).

D. SUBCONTRACTOR PREQUALIFICATION PROCESS

The University has established a list of trades in which subcontractors will be required to prequalify. The purpose of the Prequalification Questionnaire is to provide the University with sufficient information to determine if the subcontractor is "responsible" to satisfactorily perform the proposed work. The term "responsible" has reference to trustworthiness, quality, fitness, capacity, experience, and ability of the subcontractor to satisfactorily perform the work. Prequalified Design Builder (Contractors) must use prequalified subcontractors for the trades established by the University to submit a responsive proposal for this project¹.

The prequalification process is as follows:

1. Questionnaire

Provide all requested information, as applicable, on the questionnaire. Any prospective subcontractor failing to do so may be deemed non-responsive with respect to the prequalification process for this project. All information submitted for prequalification evaluation will be considered official information acquired in confidence, and the University will maintain its confidentiality to the extent permitted by law.

Prequalification Questionnaires will be issued electronically to interested subcontractors beginning **Monday, September 24, 2018, 9:00 AM**. For information call Betty Osuna (951) 827- 4590 or email betty.osuna@ucr.edu for the questionnaire.

2. Mandatory Prequalification Conference

Subcontractors are required to attend the Mandatory Prequalification Conference scheduled for **Tuesday, October 9, 2018 at 9:00 AM**. Subcontractors failing to sign in on the official attendance sheet at the prequalification conference will not be eligible to participate in the prequalification process.

Participants shall meet at: University of California, Riverside, **University Village, 1299 University Ave., Room EUV-1103, Riverside, CA 92507**. Lot 51 will be opened for all participants to park. A parking attendant will be issuing permits in the front of the parking entrance 30 minutes prior to the start of the conference.

¹ Contractors may elect to self perform any listed trade work for which it is duly authorized.

3. Submittal Procedures and Deadline

Subcontractors interested in prequalifying to bid on this project must submit a completed Prequalification Questionnaire. The University is not responsible for any costs that subcontractors may incur to complete the prequalification process. All applicable portions of the attached forms shall be completed with attachments if the space provided on the questionnaire is not sufficient. **QUESTIONNAIRES FAILING TO CLEARLY PRESENT ALL OF THE REQUESTED INFORMATION, OR THAT ARE NOT IN THE FORMAT REQUESTED MAY BE CONSIDERED NON RESPONSIVE AND REJECTED ON THAT BASIS.** Each copy of the submittal must be complete and fully responsive to the requirements of the Prequalification Questionnaire.

- Provide one (1) original, four (4) copies, and one (1) electronic CD/DVD copy of the Prequalification Questionnaire. Submittals must be received no later than:

Tuesday, October 23, 2018 at 5 PM

- Prequalification Questionnaires must be submitted in 3-ring binders with tabs indicating all appropriate sections. Attachments must be placed behind the appropriate tabs.
- The front of the binders must indicate the subcontractor name and address using the following format:

WARM-AIR HEATING, VENTILATING & AIR CONDITIONING SUBCONTRACTOR
PREQUALIFICATION QUESTIONNAIRE

Company Name and Address:

Project Name: Student Success Center

Project No. 950512

Due Date and Time: **Tuesday, October 23, 2018 at 5 PM**

- Prequalification Questionnaires must be received only at:
University of California, Riverside, Architects & Engineers, 1223 University Avenue, Suite 240, Riverside, CA 92507. Attention: Betty Osuna
- Subcontractor shall assume full responsibility for timely delivery at the location designated for receipt of Prequalification Questionnaires. **ORAL, TELEPHONIC, FACSIMILE, TELEGRAPHIC, OR E-MAILED PREQUALIFICATION QUESTIONNAIRES ARE INVALID AND WILL NOT BE ACCEPTED. NO PREQUALIFICATION DOCUMENTS WILL BE ACCEPTED AFTER THE DUE DATE AND TIME.**

4. Rating and Evaluation Procedures

- A. The subcontractors that receive 150 or more points out of a possible 200 points based on the established rating system will be listed in the RFP Documents as a prequalified subcontractor.

To be eligible to bid on the project, subcontractors **must**:

1. **CONSTRUCTION EXPERIENCE:** **130 Possible Points**
Have sufficient project experience as referenced in Item III. The projects submitted will receive points based on the extent to which they meet the listed criteria.
2. **KEY PERSONNEL:** **60 Possible Points**
Demonstrate adequate experience for Key Personnel as referenced in Item IV (information submitted will receive points based on education, training, and experience).
3. **LICENSE:** **Pass/Fail**
Hold the proper license, current and active.
4. **ANNUAL REVENUE:** **Pass/Fail**
Have an annual 2017 revenue equal to or greater than **\$9,000,000**.
5. Submit all requested information that is current, accurate, and complete.

- B. To be eligible to bid on the project, subcontractors **must not have**:

1. **EXPERIENCE MODIFIER RATE:** **Pass/Fail**
An Experience Modifier Rate (EMR: Workers' Comp) injury rating above 1.0 for 5 or more of the past ten years.
2. **SURETY:** **Pass/Fail**
A surety complete work on any contract within the past ten years.
3. **CONTRACTOR LICENSE BOARD DISCIPLINARY PROCEEDINGS:** **Pass/Fail**
A Contractors State License Board disciplinary action in the past ten years.
4. **LABOR CODE VIOLATIONS:** **Pass/Fail**
Willful Labor Code violations including, but not limited to, repeated or willful violations of applicable laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices during the past ten years.
5. **CLAIMS HISTORY:** **Pass/Fail**
A claim filed against it that meets the parameters specified in Items V.A or V.B.

- C. Subcontractors will be evaluated on the following additional criteria:

1. **FINANCIAL DATA:** **10 Possible Points**
A desired financial ratio of at least 1.0 for assets to liabilities (cash, accounts receivable net of allowance for uncollectible receivables) / (accounts payable, current portion of long term debt), and has a debt to net worth ratio (long term debt) / (net worth), of less than 35%. The information submitted will receive points based on the average ratio computed. The University may deem subcontractors with poor financial standing not qualified.

**THE UNIVERSITY MAY FIND A PROSPECTIVE SUBCONTRACTOR NOT QUALIFIED
IF THE UNIVERSITY RECEIVES POOR PERFORMANCE REFERENCES ON OTHER PROJECTS.**

After review of the Prequalification Questionnaire, the University may request clarifying information. The Questionnaire must be complete and address all the stated requirements. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE" do not leave any spaces blank.

Prospective subcontractors that do not prequalify as a result of their response to the Questionnaire will receive written notice from the University and may request an informal hearing to contest the University's decision. The request for a hearing must be received in writing within three business days of receipt of the University's notice and must state the basis of the appeal. The decision reached by University of California, Riverside as the result of any resulting hearing is final and may not be appealed within the University of California.

The University reserves the right to 1) re-open the subcontractor prequalification process if the University determines that there are insufficient prequalified subcontractors to support the Proposal process. The University will use the same criteria in evaluating the merits of additional applicants and/or 2) reject any or all responses to Prequalification Questionnaires and any or all proposals and to waive any non-material irregularities in any response or proposal received.

II. PREQUALIFICATION QUESTIONNAIRE

ALL INFORMATION REQUESTED MUST BE FURNISHED ON THE FORMS PROVIDED BELOW AND MUST BE COMPLETED IN ORDER TO PREQUALIFY.

A. SUBCONTRACTOR COMPANY NAME AND ADDRESS

Company Name: _____

Telephone Facsimile
Street Address: _____ , _____ , _____
Street Address City & State Zip Code

B. CONTACT INFORMATION

Contact Person #1: _____
Name, Title Telephone Email
Contact Person #2: _____
Name, Title Telephone Email

C. ENTITY SUBMITTING THIS PREQUALIFICATION QUESTIONNAIRE

Parent Company: Subsidiary: Other: _____
(Please list)
Branch Office: Division:

D. TYPE OF BUSINESS ORGANIZATION

Corporation: State of Incorporation: _____

H. LICENSE

The **Warm-Air Heating, Ventilating & Air Conditioning** Subcontractor must have a current and active California State Contractors license with a “**C20**” **Warm-Air Heating, Ventilating & Air Conditioning** Contractor Classification for this Project.

The entity submitting this Prequalification Questionnaire must be the holder of the requisite license.

ALL LICENSES MUST BE CURRENT AND ACTIVE THROUGHOUT THE PROJECT.

Does your firm have the required current and active California State Contractors license? Yes No

Name of Licensee as it appears on record with the California Contractors State License Board:

License No. _____ Issue Date: _____ Expiration Date: _____

License Class/Classes	Certification(s)
-----------------------	------------------

Has the above contractor license been suspended or revoked by the California Contractors State License Board within the past ten years? Yes No

If yes, please explain:

I. CONTRACTOR’S LICENSE BOARD DISCIPLINARY PROCEEDINGS

Has your company, during the past ten years, received any disciplinary action from the California Contractors State License Board? Yes No

If yes, give details including dates:

J. DEBARMENT

Is your company currently debarred by any Federal, State or local agency? Yes No

If yes, give details including dates:

K. LABOR CODE VIOLATIONS

Has your company, during the past ten years, received a determination by a court or an administrative agency of any Labor Code violations including, but not limited to laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices on public works projects?

Yes No

Determinations by a court or an administrative agency of a violation of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices on public works projects due to the mistake, inadvertence or neglect of your organization may be grounds for disqualification if there are three or more such determinations during the past ten years.

If yes, give details including dates:

[Intentionally left blank]

L. SURETY

List below all Surety companies used by your company **within the past ten years** and state whether the Surety had to complete any part of your work including, but not limited to warranty-related repairs or other defective workmanship on any contract within the past ten years:

Surety Company #1: _____		_____	_____
		Surety's Name	Telephone
Street Address: _____		_____	_____
		Street Address	City & State Zip Code
_____	to _____	Has listed Surety Company #1 completed work for a project your firm defaulted on?	Yes <input type="checkbox"/> No <input type="checkbox"/>
MM/YYYY	MM/YYYY		
(Period Covered)			

Surety Company #2: _____		_____	_____
		Surety's Name	Telephone
Street Address: _____		_____	_____
		Street Address	City & State Zip Code
_____	to _____	Has listed Surety Company #2 completed work for a project your firm defaulted on?	Yes <input type="checkbox"/> No <input type="checkbox"/>
MM/YYYY	MM/YYYY		
(Period Covered)			

Surety Company #3: _____		_____	_____
		Surety's Name	Telephone
Street Address: _____		_____	_____
		Street Address	City & State Zip Code
_____	to _____	Has listed Surety Company #3 completed work for a project your firm defaulted on?	Yes <input type="checkbox"/> No <input type="checkbox"/>
MM/YYYY	MM/YYYY		
(Period Covered)			

Surety Company #4: _____		_____	_____
		Surety's Name	Telephone
Street Address: _____		_____	_____
		Street Address	City & State Zip Code
_____	to _____	Has listed Surety Company #4 completed work for a project your firm defaulted on?	Yes <input type="checkbox"/> No <input type="checkbox"/>
MM/YYYY	MM/YYYY		
(Period Covered)			

(If more space is needed, provide the information on your company's letterhead with reference to the project name and number and attach it to this Questionnaire.)

M. FINANCIAL DATA

Provide your company's Total Revenue, Net Income, Current Assets, Current Liabilities, Total Debt, and Total Net Worth for the past three (3) fiscal years. Specify your company's total and current available bonding capacity.

1. Total Revenue (past 3 fiscal years):

Year Ending _____ \$ _____
 Year Ending _____ \$ _____
 Year Ending _____ \$ _____

2. Net Income (past 3 fiscal years):

Year Ending _____ \$ _____
 Year Ending _____ \$ _____
 Year Ending _____ \$ _____

3. Current Assets (past 3 fiscal years):

Year Ending _____ \$ _____
 Year Ending _____ \$ _____
 Year Ending _____ \$ _____

4. Current Liabilities (past 3 fiscal years):

Year Ending _____ \$ _____
 Year Ending _____ \$ _____
 Year Ending _____ \$ _____

5. Total Debt (past 3 fiscal years):

Year Ending _____ \$ _____
 Year Ending _____ \$ _____
 Year Ending _____ \$ _____

6. Total Net Worth (past 3 fiscal years):

Year Ending _____ \$ _____
 Year Ending _____ \$ _____
 Year Ending _____ \$ _____

7. Total Bonding Capacity:

_____ \$ _____

8. Total Available Bonding Capacity:

_____ \$ _____

PROVIDE ONE (1) COPY OF ALL AUDITED PROFIT AND LOSS STATEMENTS FOR THE PAST THREE YEARS OF OPERATION IN THE ORIGINAL BINDER.

N. EXPERIENCE MODIFICATION RATE

List your company's Workers' Compensation Experience Modifier Rate for the past ten years:

2008: _____ 2009: _____ 2010: _____ 2011: _____ 2012: _____
 2013: _____ 2014: _____ 2015: _____ 2016: _____ 2017: _____

If the Modification Rate has been above 1.0 for five or more of the past ten years, provide an explanation, including dates:

Submit a letter from your Workers' Compensation carrier showing your Experience Modification rate for the past ten years.

O. YEARS OF EXPERIENCE

Does your company have at least ten years of experience as a **Warm-Air Heating, Ventilating & Air Conditioning** Contractor? Yes No

P. INSURANCE

The University shall pay for, obtain, and maintain a University Controlled Insurance Program (“UCIP”) providing Commercial Form General Liability Insurance coverage, Business Automobile Liability Insurance coverage, Workers’ Compensation and Employer’s Liability Insurance coverage, and Professional Liability Insurance coverage, to persons and entities enrolled in the UCIP, for Work performed on or at the Project site.

Q. SUPPLEMENTAL COMPANY INFORMATION

1. Safety Program

- a. Does your company have a written Injury and Illness Prevention Program (IIPP) that complies with California Code of Regulations, Title 8 Sections 1509 and 3203? Yes No
- b. Does your company have personnel permanently assigned to safety? Yes No

If yes, state the names of all personnel who are assigned and list their specific duties:

Name: _____	Title: _____
Specific Duties:	

Name: _____	Title: _____
Specific Duties:	

2. Quality Control Processes

- a. Does your company have a written QA/QC program? Yes No
- b. Does your firm have personnel permanently assigned to QA/QC? Yes No

If yes, state the names of all personnel who will be permanently assigned and list their specific duties:

Name: _____	Title: _____
Specific Duties:	

Name: _____	Title: _____
Specific Duties:	

(If more space is needed, provide the information on your company’s letterhead with reference to the project name and number and attach it to this Questionnaire.)

III. CONSTRUCTION EXPERIENCE

A. COMPLETED CONSTRUCTION PROJECT EXPERIENCE (COMPARABLY SIZED PROJECTS)

- a. **Only information, experience and Work performed by the subcontractor's office that will bid, manage, design, construct, and staff the project will be considered for prequalification.** Projects presented for consideration must be submitted on the forms attached to this section.
- b. Submit up to **FIVE (5) CLASSROOM, STUDENT SERVICES OR OFFICE BUILDING projects completed in the past ten 10 years** that meet the criteria listed below and demonstrate the Subcontractor's ability to successfully complete the project with respect to project size, cost, use, complexity, etc.

<ul style="list-style-type: none">• At least three (3) projects completed for INSTITUTIONS OF HIGHER LEARNING FOR PRIVATE OR PUBLIC AGENCIES for which the warm-air heating, ventilating & air conditioning construction cost was at least \$3 million each.
<ul style="list-style-type: none">• At least three (3) projects located in the STATE OF CALIFORNIA for which the warm-air heating, ventilating & air conditioning construction cost was at least \$3 million each.
<ul style="list-style-type: none">• At least two (2) projects which used DESIGN BUILD delivery for which the warm-air heating, ventilating & air conditioning construction cost was at least \$3 million each.
<ul style="list-style-type: none">• At least one (1) project that included a 200 SEAT LECTURE HALL for which the warm-air heating, ventilating & air conditioning construction cost was at least \$3 million.
<ul style="list-style-type: none">• At least one (1) project that included a minimum of 500 GENERAL ASSIGNMENT CLASSROOM STATIONS including a HIGH-QUALITY TEACHING CLASSROOM that included an acoustical panel partition system with STC-50 rating, video displays, sound system and power data infrastructure, etc., for which the warm-air heating, ventilating & air conditioning construction cost was at least \$3 million.
<ul style="list-style-type: none">• At least one (1) project that included a DINING AND RETAIL SPACE for which the warm-air heating, ventilating & air conditioning construction cost was at least \$3 million.
<ul style="list-style-type: none">▪ At least two (2) projects that were a minimum of THREE (3) STORIES IN HEIGHT for which the warm-air heating, ventilating & air conditioning construction cost was at least \$3 million each.

- c. Projects presented for consideration must be submitted on the forms attached to this section.

SUBCONTRACTOR COMPARABLY SIZED PROJECT #1

Verify all contacts prior to submittal.
Do not leave any spaces blank. Responses such as "N/A" are not acceptable.
If not applicable, state "Not Applicable" and explain why. If none, state "NONE."

Project Name: _____
Project or Contract Number: _____
Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Owner Information: _____
Owner's Name
Contact Person: _____
Address: _____ , _____ , _____
Street Address City & State Zip Code
Telephone: _____ Facsimile: _____ Email: _____

Address of **Subcontractor's** Office that Performed the Work:

Street Address City & State Zip Code
Name of **Subcontractor's** Project Manager for project: _____
Was the Project Manager listed above assigned the job at the start of the project? Yes No
Did the Project Manager listed above complete the project? Yes No
Name of **Subcontractor's** Superintendent for project: _____
Was the Superintendent listed above assigned the job at the start of the project? Yes No
Did the Superintendent listed above complete the project? Yes No

General Contractor: _____
Address: _____ , _____ , _____
Street Address City & State Zip Code
Telephone: _____ Facsimile: _____
Contact Person: _____
Name & Title Email
Name of General Contractor's Project Manager for project: _____

Architect/Engineer: _____
Address: _____ , _____ , _____
Street Address City & State Zip Code
Telephone: _____ Facsimile: _____
Contact Person: _____
Name & Title Email

SUBCONTRACTOR COMPARABLY SIZED PROJECT #1

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
 Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
 Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Total Contract Amount:

\$ _____ \$ _____ \$ _____
 Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Institution of Higher Learning Private Agency Public Agency
 Other Specify: _____

Type of Facility: Classroom Student Services Office Building
 Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Interior Renovation Tenant Improvement

Did this project include a 200 seat lecture hall? Yes No

Did this project include a minimum of 500 general assignment classroom stations? Yes No

Did this project include a high-quality teaching classroom that included the following? (check all that apply) Yes No

Acoustical Panel Partition System Video Displays Sound System & Power Data
 with STC-50 Rating Infrastructure

Other Specify: _____ Other Specify: _____ Other Specify: _____

Did this project include a dining and retail space? Yes No

Was this project a minimum of three stories above grade? Yes No

Project Description: (Provide a brief description)

SUBCONTRACTOR COMPARABLY SIZED PROJECT #2

Verify all contacts prior to submittal.
Do not leave any spaces blank. Responses such as "N/A" are not acceptable.
If not applicable, state "Not Applicable" and explain why. If none, state "NONE."

Project Name: _____
Project or Contract Number: _____
Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Owner Information: _____
Owner's Name
Contact Person: _____
Address: _____ , _____ , _____
Street Address City & State Zip Code
Telephone: _____ Facsimile: _____ Email: _____

Address of **Subcontractor's** Office that Performed the Work:
_____ , _____ , _____
Street Address City & State Zip Code
Name of **Subcontractor's** Project Manager for project: _____
Was the Project Manager listed above assigned the job at the start of the project? Yes No
Did the Project Manager listed above complete the project? Yes No
Name of **Subcontractor's** Superintendent for project: _____
Was the Superintendent listed above assigned the job at the start of the project? Yes No
Did the Superintendent listed above complete the project? Yes No

General Contractor: _____
Address: _____ , _____ , _____
Street Address City & State Zip Code
Telephone: _____ Facsimile: _____
Contact Person: _____ , _____
Name & Title Email
Name of General Contractor's Project Manager for project: _____

Architect/Engineer: _____
Address: _____ , _____ , _____
Street Address City & State Zip Code
Telephone: _____ Facsimile: _____
Contact Person: _____ , _____
Name & Title Email

SUBCONTRACTOR COMPARABLY SIZED PROJECT #2

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
 Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
 Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Total Contract Amount:

\$ _____ \$ _____ \$ _____
 Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Institution of Higher Learning Private Agency Public Agency
 Other Specify: _____

Type of Facility: Classroom Student Services Office Building
 Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Interior Renovation Tenant Improvement

Did this project include a 200 seat lecture hall? Yes No

Did this project include a minimum of 500 general assignment classroom stations? Yes No

Did this project include a high-quality teaching classroom that included the following? Yes No
 (check all that apply)

Acoustical Panel Partition System Video Displays Sound System & Power Data
 with STC-50 Rating Infrastructure

Other Specify: _____ Other Specify: _____ Other Specify: _____

Did this project include a dining and retail space? Yes No

Was this project a minimum of three stories above grade? Yes No

Project Description: (Provide a brief description)

SUBCONTRACTOR COMPARABLY SIZED PROJECT #3

Verify all contacts prior to submittal.

**Do not leave any spaces blank. Responses such as "N/A" are not acceptable.
If not applicable, state "Not Applicable" and explain why. If none, state "NONE."**

Project Name: _____
Project or Contract Number: _____
Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Owner Information: _____
Owner's Name
Contact Person: _____
Address: _____ , _____ , _____
Street Address City & State Zip Code
Telephone: _____ Facsimile: _____ Email: _____

Address of **Subcontractor's** Office that Performed the Work:
_____ , _____ , _____
Street Address City & State Zip Code
Name of **Subcontractor's** Project Manager for project: _____
Was the Project Manager listed above assigned the job at the start of the project? Yes No
Did the Project Manager listed above complete the project? Yes No
Name of **Subcontractor's** Superintendent for project: _____
Was the Superintendent listed above assigned the job at the start of the project? Yes No
Did the Superintendent listed above complete the project? Yes No

General Contractor: _____
Address: _____ , _____ , _____
Street Address City & State Zip Code
Telephone: _____ Facsimile: _____
Contact Person: _____ , _____
Name & Title Email
Name of General Contractor's Project Manager for project: _____

Architect/Engineer: _____
Address: _____ , _____ , _____
Street Address City & State Zip Code
Telephone: _____ Facsimile: _____
Contact Person: _____ , _____
Name & Title Email

SUBCONTRACTOR COMPARABLY SIZED PROJECT #3

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
 Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
 Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Total Contract Amount:

\$ _____ \$ _____ \$ _____
 Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Institution of Higher Learning Private Agency Public Agency
 Other Specify: _____

Type of Facility: Classroom Student Services Office Building
 Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Interior Renovation Tenant Improvement

Did this project include a 200 seat lecture hall? Yes No

Did this project include a minimum of 500 general assignment classroom stations? Yes No

Did this project include a high-quality teaching classroom that included the following? (check all that apply) Yes No

Acoustical Panel Partition System Video Displays Sound System & Power Data
 with STC-50 Rating Infrastructure

Other Specify: _____ Other Specify: _____ Other Specify: _____

Did this project include a dining and retail space? Yes No

Was this project a minimum of three stories above grade? Yes No

Project Description: (Provide a brief description)

SUBCONTRACTOR COMPARABLY SIZED PROJECT #4

Verify all contacts prior to submittal.
Do not leave any spaces blank. Responses such as "N/A" are not acceptable.
If not applicable, state "Not Applicable" and explain why. If none, state "NONE."

Project Name: _____
Project or Contract Number: _____
Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Owner Information: _____
Owner's Name
Contact Person: _____
Address: _____ , _____ , _____
Street Address City & State Zip Code
Telephone: _____ Facsimile: _____ Email: _____

Address of **Subcontractor's** Office that Performed the Work:
_____ , _____ , _____
Street Address City & State Zip Code
Name of **Subcontractor's** Project Manager for project: _____
Was the Project Manager listed above assigned the job at the start of the project? Yes No
Did the Project Manager listed above complete the project? Yes No
Name of **Subcontractor's** Superintendent for project: _____
Was the Superintendent listed above assigned the job at the start of the project? Yes No
Did the Superintendent listed above complete the project? Yes No

General Contractor: _____
Address: _____ , _____ , _____
Street Address City & State Zip Code
Telephone: _____ Facsimile: _____
Contact Person: _____ , _____
Name & Title Email
Name of General Contractor's Project Manager for project: _____

Architect/Engineer: _____
Address: _____ , _____ , _____
Street Address City & State Zip Code
Telephone: _____ Facsimile: _____
Contact Person: _____ , _____
Name & Title Email

SUBCONTRACTOR COMPARABLY SIZED PROJECT #4

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
 Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
 Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Total Contract Amount:

\$ _____ \$ _____ \$ _____
 Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Institution of Higher Learning Private Agency Public Agency
 Other Specify: _____

Type of Facility: Classroom Student Services Office Building
 Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Interior Renovation Tenant Improvement

Did this project include a 200 seat lecture hall? Yes No

Did this project include a minimum of 500 general assignment classroom stations? Yes No

Did this project include a high-quality teaching classroom that included the following? (check all that apply) Yes No

Acoustical Panel Partition System Video Displays Sound System & Power Data
 with STC-50 Rating Infrastructure

Other Specify: _____ Other Specify: _____ Other Specify: _____

Did this project include a dining and retail space? Yes No

Was this project a minimum of three stories above grade? Yes No

Project Description: (Provide a brief description)

SUBCONTRACTOR COMPARABLY SIZED PROJECT #5

Verify all contacts prior to submittal.

**Do not leave any spaces blank. Responses such as "N/A" are not acceptable.
If not applicable, state "Not Applicable" and explain why. If none, state "NONE."**

Project Name: _____
Project or Contract Number: _____
Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Owner Information: _____
Owner's Name
Contact Person: _____
Address: _____ , _____ , _____
Street Address City & State Zip Code
Telephone: _____ Facsimile: _____ Email: _____

Address of **Subcontractor's** Office that Performed the Work:
_____ , _____ , _____
Street Address City & State Zip Code
Name of **Subcontractor's** Project Manager for project: _____
Was the Project Manager listed above assigned the job at the start of the project? Yes No
Did the Project Manager listed above complete the project? Yes No
Name of **Subcontractor's** Superintendent for project: _____
Was the Superintendent listed above assigned the job at the start of the project? Yes No
Did the Superintendent listed above complete the project? Yes No

General Contractor: _____
Address: _____ , _____ , _____
Street Address City & State Zip Code
Telephone: _____ Facsimile: _____
Contact Person: _____ , _____
Name & Title Email
Name of General Contractor's Project Manager for project: _____

Architect/Engineer: _____
Address: _____ , _____ , _____
Street Address City & State Zip Code
Telephone: _____ Facsimile: _____
Contact Person: _____ , _____
Name & Title Email

SUBCONTRACTOR COMPARABLY SIZED PROJECT #5

Contract Time:

Start Date: _____ Scheduled Completion Date: _____
 Month/Day/Year Month/Day/Year

Actual Completion Date: _____ Days Extended due to Unexcused Delays: _____
 Month/Day/Year

If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)

Total Contract Amount:

\$ _____ \$ _____ \$ _____
 Base Amount Adjustment Due to Change Orders Final Contract Amount

Project Information:

Completed For: Institution of Higher Learning Private Agency Public Agency
 Other Specify: _____

Type of Facility: Classroom Student Services Office Building
 Other Specify: _____

Project Delivery: Design Build Traditional Other Specify: _____

Construction Type: New Interior Renovation Tenant Improvement

Did this project include a 200 seat lecture hall? Yes No

Did this project include a minimum of 500 general assignment classroom stations? Yes No

Did this project include a high-quality teaching classroom that included the following? (check all that apply) Yes No

Acoustical Panel Partition System with STC-50 Rating Video Displays Sound System & Power Data Infrastructure

Other Specify: _____ Other Specify: _____ Other Specify: _____

Did this project include a dining and retail space? Yes No

Was this project a minimum of three stories above grade? Yes No

Project Description: (Provide a brief description)

A. SUBCONTRACTOR KEY PERSONNEL EXPERIENCE

Complete all forms in their entirety **AND** attach resumes. Resumes shall **NOT** be submitted in lieu of these forms.

1. PROJECT MANAGER QUALIFICATIONS

Name of Proposed Project Manager: _____
 Years of Experience in the Industry: _____

Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____
License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

List all Project Management Training / Tools _____ Years of Experience _____

Begin with your most recent experience. List all project experience that demonstrates the experience and Student Success Center project.

Current Firm: _____
 Current Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#1 Project Name: _____
 Owner: _____ Contact Name: _____
 Contract Amount: \$ _____ Completion Date: _____
 Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
 Other

Type of Facility: Classroom Student Services Office Building
 Other

Construction Type: New Interior Renovation Tenant Improvement

Did this project include a 200 seat lecture hall? Yes No

Did this project include a minimum of 500 general assignment classroom stations? Yes No

Did this project include a high-quality teaching classroom that included the following?
 (check all that apply) Yes No

Acoustical Panel Partition System with STC-50 Rating Video Displays Sound System & Power Data Infrastructure

Other Specify: _____ Other Specify: _____ Other Specify: _____

Did this project include a dining and retail space?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was this project a minimum of three stories above grade?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#2 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: \$ _____ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
 Other

Type of Facility: Classroom Student Services Office Building
 Other

Construction Type: New Interior Renovation Tenant Improvement

Did this project include a 200 seat lecture hall?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did this project include a minimum of 500 general assignment classroom stations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did this project include a high-quality teaching classroom that included the following? (check all that apply)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Acoustical Panel Partition System <input type="checkbox"/> with STC-50 Rating	Video Displays <input type="checkbox"/>
Other <input type="checkbox"/> Specify: _____	Sound System & Power <input type="checkbox"/> Data Infrastructure
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____
Did this project include a dining and retail space?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was this project a minimum of three stories above grade?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Firm _____

Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE

#3 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: \$ _____ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
 Other

Type of Facility: Classroom Student Services Office Building
 Other

Construction Type: New Interior Renovation Tenant Improvement

Did this project include a 200 seat lecture hall?	Yes <input type="checkbox"/> No <input type="checkbox"/>
---------------------------------------------------	----------------------------------------------------------

Did this project include a minimum of 500 general assignment classroom stations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did this project include a high-quality teaching classroom that included the following? (check all that apply)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Acoustical Panel Partition System <input type="checkbox"/> with STC-50 Rating	Video Displays <input type="checkbox"/>
	Sound System & Power <input type="checkbox"/> Data Infrastructure
Other <input type="checkbox"/> Specify:	Other <input type="checkbox"/> Specify:
	Other <input type="checkbox"/> Specify:
Did this project include a dining and retail space?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was this project a minimum of three stories above grade?	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. FIELD SUPERINTENDENT QUALIFICATIONS

Name of Proposed Field Superintendent: _____

Years of Experience in the Industry: _____

Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____

License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

List all Project Management Training / Tools _____ Years of Experience _____

Begin with your most recent experience. List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the Student Success Center project.

Current Firm: _____

Current Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#1 Project Name: _____

Owner: _____ Contact Name: _____

Contract Amount: \$ _____ Completion Date: _____

Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
 Other

Type of Facility: Classroom Student Services Office Building
 Other

Construction Type: New Interior Renovation Tenant Improvement

Did this project include a 200 seat lecture hall? Yes No

Did this project include a minimum of 500 general assignment classroom stations? Yes No

Did this project include a high-quality teaching classroom that included the following? Yes No
 (check all that apply)
 Acoustical Panel Partition System Video Displays Sound System & Power
 with STC-50 Rating Data Infrastructure

Other Specify: _____ Other Specify: _____ Other Specify: _____

Did this project include a dining and retail space? Yes No

Was this project a minimum of three stories above grade? Yes No

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#2 Project Name: _____
 Owner: _____ Contact Name: _____
 Contract Amount: \$ _____ Completion Date: _____
 Job Title used on this project: _____
 Project Responsibilities: _____
Project Delivery: Design Build Traditional Other
Completed For: Institution of Higher Learning Private Agency Public Agency
 Other
Type of Facility: Classroom Student Services Office Building
 Other
Construction Type: New Interior Renovation Tenant Improvement

Did this project include a 200 seat lecture hall? Yes No
 Did this project include a minimum of 500 general assignment classroom stations? Yes No
 Did this project include a high-quality teaching classroom that included the following?
 (check all that apply) Yes No
 Acoustical Panel Partition System Video Displays Sound System & Power
 with STC-50 Rating Data Infrastructure
 Other Specify: _____ Other Specify: _____ Other Specify: _____
 Did this project include a dining and retail space? Yes No
 Was this project a minimum of three stories above grade? Yes No

Other Firm _____
 Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE

#3 Project Name: _____
 Owner: _____ Contact Name: _____
 Contract Amount: \$ _____ Completion Date: _____
 Job Title used on this project: _____
 Project Responsibilities: _____
Project Delivery: Design Build Traditional Other
Completed For: Institution of Higher Learning Private Agency Public Agency
 Other
Type of Facility: Classroom Student Services Office Building
 Other
Construction Type: New Interior Renovation Tenant Improvement

Did this project include a 200 seat lecture hall? Yes No

Did this project include a minimum of 500 general assignment classroom stations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did this project include a high-quality teaching classroom that included the following? (check all that apply)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Acoustical Panel Partition System <input type="checkbox"/> with STC-50 Rating	Video Displays <input type="checkbox"/>
	Sound System & Power <input type="checkbox"/> Data Infrastructure
Other <input type="checkbox"/> Specify:	Other <input type="checkbox"/> Specify:
	Other <input type="checkbox"/> Specify:
Did this project include a dining and retail space?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was this project a minimum of three stories above grade?	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. QUALITY ASSURANCE MANAGER QUALIFICATIONS

Name of Proposed Quality Assurance Manager: _____

Years of Experience in the Industry: _____

Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____

License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

List all Project Management Training / Tools _____ Years of Experience _____

Begin with your most recent experience. List all project experience that demonstrates the experience and Student Success Center project.

Current Firm: _____
 Current Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#1 Project Name: _____
 Owner: _____ Contact Name: _____
 Contract Amount: \$ _____ Completion Date: _____
 Job Title used on this project: _____

Project Responsibilities: _____

Project Delivery: Design Build Traditional Other

Completed For: Institution of Higher Learning Private Agency Public Agency
 Other

Type of Facility: Classroom Student Services Office Building
 Other

Construction Type: New Interior Renovation Tenant Improvement

Did this project include a 200 seat lecture hall?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did this project include a minimum of 500 general assignment classroom stations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did this project include a high-quality teaching classroom that included the following? (check all that apply)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Acoustical Panel Partition System <input type="checkbox"/> with STC-50 Rating	Video Displays <input type="checkbox"/>
	Sound System & Power <input type="checkbox"/> Data Infrastructure
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____
Did this project include a dining and retail space?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Was this project a minimum of three stories above grade? Yes No

PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE

#2 Project Name: _____
 Owner: _____ Contact Name: _____
 Contract Amount: \$ _____ Completion Date: _____
 Job Title used on this project: _____
 Project Responsibilities: _____
Project Delivery: Design Build Traditional Other
Completed For: Institution of Higher Learning Private Agency Public Agency
 Other
Type of Facility: Classroom Student Services Office Building
 Other
Construction Type: New Interior Renovation Tenant Improvement

Did this project include a 200 seat lecture hall? Yes No
 Did this project include a minimum of 500 general assignment classroom stations? Yes No
 Did this project include a high-quality teaching classroom that included the following?
 (check all that apply) Yes No
 Acoustical Panel Partition System Video Displays Sound System & Power
 with STC-50 Rating Data Infrastructure
 Other Specify: _____ Other Specify: _____ Other Specify: _____
 Did this project include a dining and retail space? Yes No
 Was this project a minimum of three stories above grade? Yes No

Other Firm _____
 Job Title: _____ Years of Employment: _____ through _____

PROJECT EXPERIENCE WITH OTHER FIRM LISTED ABOVE

#3 Project Name: _____
 Owner: _____ Contact Name: _____
 Contract Amount: \$ _____ Completion Date: _____
 Job Title used on this project: _____
 Project Responsibilities: _____
Project Delivery: Design Build Traditional Other
Completed For: Institution of Higher Learning Private Agency Public Agency
 Other
Type of Facility: Classroom Student Services Office Building
 Other
Construction Type: New Interior Renovation Tenant Improvement

Did this project include a 200 seat lecture hall? Yes No

Did this project include a minimum of 500 general assignment classroom stations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did this project include a high-quality teaching classroom that included the following? (check all that apply)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Acoustical Panel Partition System with STC-50 Rating <input type="checkbox"/>	Video Displays <input type="checkbox"/>
	Sound System & Power Data Infrastructure <input type="checkbox"/>
Other <input type="checkbox"/> Specify:	Other <input type="checkbox"/> Specify:
	Other <input type="checkbox"/> Specify:
Did this project include a dining and retail space?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was this project a minimum of three stories above grade?	Yes <input type="checkbox"/> No <input type="checkbox"/>

V. CLAIMS HISTORY

A. GENERAL CONTRACTOR AGAINST SUBCONTRACTOR CLAIM

Provide the information requested below for the entity listed in Item II.H

Complete a separate **FORM A – GENERAL CONTRACTOR AGAINST SUBCONTRACTOR CLAIM** tabulation sheet for all claims: in excess of \$20,000 for poor workmanship, incomplete performance, defective work, or unexcused delays in completion, asserted by General Contractor and/or Performance/Payment Bond sureties against the subcontractor within the last five (5) years which were resolved with the result that subcontractor, its surety or insurer was required to pay to General Contractor, or was assessed a deduction in the contract price by General Contractor, an amount exceeding 60% of the highest amount claimed. Claims, as used in the preceding sentence, means all claims adjudicated by a final decision of arbitration or lawsuit or by negotiated settlement with General Contractor or third party.

A signature by the subcontractor's sole proprietor, general partner, or corporate officer is required on Form A. Attach original notarized power of attorney or corporate resolution if not signed by sole proprietor, a general partner, or corporate officer.

B. SUBCONTRACTOR AGAINST GENERAL CONTRACTOR CLAIM

Provide the information requested below for the entity listed in Item II.H.

Complete a separate **FORM B – SUBCONTRACTOR AGAINST GENERAL CONTRACTOR CLAIM** tabulation sheet for all claims: in excess of \$20,000 for extra compensation or damages asserted by subcontractor against General Contractor within the last five (5) years which were resolved with the result that subcontractor received less than 60% of the highest amount claimed. Claims, as used in the preceding sentence, includes claims for extra compensation or damages and includes sub-subcontractor and material supplier claims ("pass through" claims) even if the subcontractor had no interest in those claims. Claims, as used in the preceding sentence, means all claims adjudicated by a final decision of arbitration or lawsuit or by negotiated settlement with General Contractor or third party. Do **not** include stop notices or causes of action to enforce stop notices.

A signature by the subcontractor's sole proprietor, general partner, or corporate officer is required on Form B. Attach original notarized power of attorney or corporate resolution if not signed by sole proprietor, a general partner, or corporate officer.

FORM A

GENERAL CONTRACTOR AGAINST SUBCONTRACTOR CLAIM

Use one Form per Lawsuit or Arbitration (Make Copies as Needed)

Are there claims that meet the criteria in Section V.A of this statement? Yes No
If yes, please complete the form and sign below:

Case Name and Number including Name and Location of Court or Arbitration Service:

Date Arbitration or Litigation Commenced: _____

Project Name: _____

Project or Contract Number: _____

Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Name of Owner: _____

Contact Person: _____ Telephone: _____
Name & Title

Highest Amount Sought for All Claims: _____ \$
(Amount in Figures)

Amount Recovered: _____ \$
(Amount in Figures)

Method of Resolution (Check One): Judgment: Arbitration Award: Litigation:
Settled by Contracting Parties without Litigation or Arbitration:
Other: List: _____

Date of Claim Resolution: _____

Basis for Claim:

If the lawsuit or arbitration was resolved for more than **60%** of the highest amount sought for all claims, state why the lawsuit or arbitration should not be considered a meritorious lawsuit or arbitration filed by General Contractor against Subcontractor and/or persons or entities associated with Subcontractor:

My signature below signifies my declaration that the answers provided on this **Form A** are true and correct.

Subcontractor's Signature: _____

Printed Name & Title: _____

If signed by other than the sole proprietor, a general partner or corporate officer, attach original notarized power of attorney or corporate resolution.

FORM B

SUBCONTRACTOR AGAINST GENERAL CONTRACTOR CLAIM

Use one Form per Lawsuit or Arbitration (Make Copies as Needed)

Are there claims that meet the criteria in Section V.B of this statement?

Yes No

If yes, please complete the form and sign below:

Case Name and Number including Name and Location of Court or Arbitration Service:

Date Arbitration or Litigation Commenced: _____

Project Name: _____

Project or Contract Number: _____

Project Location: _____ , _____ , _____
Street Address City & State Zip Code

Name of Owner: _____

Contact Person: _____ Telephone: _____
Name & Title

Highest Amount Sought for All Claims: _____ \$
(Amount in Figures)

Amount Recovered: _____ \$
(Amount in Figures)

Method of Resolution (Check One): Judgment: Arbitration Award: Litigation:

Settled by Contracting Parties without Litigation or Arbitration:

Other: List: _____

Date of Claim Resolution: _____

Basis for Claim:

If the lawsuit or arbitration was resolved for less than **60%** of the highest amount sought for all claims, state why the lawsuit or arbitration should be considered a meritorious lawsuit or arbitration filed by Subcontractor against General Contractor and/or persons or entities associated with General Contractor:

My signature below signifies my declaration that the answers provided on this **Form B** are true and correct.

Subcontractor's Signature: _____

Printed Name & Title: _____

If signed by other than the sole proprietor, a general partner or corporate officer, attach original notarized power of attorney or corporate resolution.

VI. REQUIRED COMPLETED ATTACHMENTS

- One (1) copy of all Audited Profit and Loss Statements (reference Section II.M Financial Data).
- Letter from Workers' Compensation carrier evidencing your EMR for the past ten years (reference Section II.N Experience Modifier Rate).
- Resumes of all proposed Key Personnel (reference Section IV Key Personnel).
- Signature declaring the answers on Forms A and B are true and correct (reference Section V Claims History).

VII. DECLARATION

I, _____ hereby declare that I am the _____
Printed Name Title

of _____ submitting this Prequalification Questionnaire;
Company Name

that I am duly authorized to execute this Questionnaire on behalf of subcontractor and that all information set forth in this Questionnaire and all attachments hereto are, to the best of my knowledge, true, accurate, and complete as of its submission date.

I declare, under penalty of perjury, that the foregoing is true and correct and that this declaration was executed

at _____ County of _____
Location and City County

State of _____ on _____
State Date

Signature

Printed Name

If signed by other than the sole proprietor, a general partner, or corporate officer, attach original notarized power of attorney or corporate resolution.