Addendum #1 to the Request for Statements of Qualifications for Bidding Subcontractors for the San Mateo Health System Campus Upgrade Project, San Mateo, CA

County of San Mateo
Project Development Unit

RFSOQ Issued: June 29, 2018
Addendum Issued: July 18, 2018
Responses due: July 30, 2018 at 4:00 pm

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## ADDENDUM #1

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**FOR**

San Mateo Health System Campus Upgrade Project

San Mateo, California

July 18, 2018

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REQUEST FOR INFORMATION RESPONSES

**Question 1:** “I am emailing you regarding the above-referenced and cannot find any prequalification questionnaire. While I found several appendixes & other documents located at https://cmo.smcgov.org/health-system-campus-documents, there wasn’t anything that I could find. Would you be able to direct me to where I can locate Group A Prequalification Questionnaire?”

**Answer:** The prequalification document can be found at [www.smc pdu.org](http://www.smc pdu.org), by clicking on the link “View All” for “San Mateo Health System Campus Upgrade Project.”

On the next page, click “Bid Documents”

On the next page, click “RFSOQ – Bidding Subcontractors, SMMC 06/29/18” or “Addendum 1 to RFSOQ – Bidding Subcontractors, SMMC 07/18/18”


**Answer:** Section 12B and 12C have been updated to reflect the years 2015, 2016 and 2017 for LWIR and RIR.

**Question 3:** “For 12A, are the points for 2015 to 2017 EMR Rates based on an average of the three years?”

**Answer:** Question 12A is worth a maximum total of 15 points. Up to a maximum of 5 points will be given for each year (2015, 2016 and 2017). Points are not based on an average, but per calendar year requested.
**Question 4:** “Question 12b & 12C: Do you really want years 2009 – 2011 for both the LWIR and RIR?”

**Answer:** See Answer to Question 2.

**Question 5:** “Need clarification on page 20, question 16 and page 25, Attachment II – Claims History. Page 25, Attachment II – Claims History (Questions 16 & 17) is asking for something different from page 20, question 16. What is it that you really want reported?

**Answer:** Provide the following information on each and every claim asserted within the last (5) years over $1,000,000 by a public or private entity against your firm and/or by your firm against a public or private entity.

**Question 6:** “Want to verify questions B & C of Safety Rating. (page 18 of 54) The years of information requested are 2009, 2010 and 2011 which seems incorrect. Shouldn't it be the last three years for this information. Please advise.”

**Answer:** See Answer to Question 2.

**Question 7:** “What is the dollar amount that references need to meet for the Audio Visual portions?”

**Answer:** Question 20 references that a firm not specifically listed above in detail shall meet $3 million in each of the past three consecutive calendar years. Audio Visual firms would be in the “non-listed” category. By Addendum, we are changing this threshold for non-listed firms to $2,500,000. The points are awarded as such:

- 0 Points if the average of 2015 – 2017 Volume is less than stated Volume Requirements
- 4 Points if the average of 2015 – 2017 Volume is greater than stated Volume Requirements
- 7 Points if the average of 2015 – 2017 Volume is greater than stated Volume Requirements, and if 25% (or greater) of the average of 2015 – 2017 Volume is OSHPD-1 volume.

**Question 8:** “Can COI be attached in lieu of a notarized document stating the insurance limits for the project. Please advise?”

**Answer:** COI is an acceptable alternative to a notarized document stating the insurance limits for the project.

**Question 9:** “Questions 12B and 12C are asking for OSHA Log data from 2009-2011. Can you confirm these are the correct years to submit, or should we submit information for 2015-2017?”

**Answer:** See Answer to Question 2.

**Question 10:** “Regarding prequal questionnaire for question #12B & 12C: you are requesting LWIR & RIR for the past 3 years however the years are listed as 2009, 2010 & 2011. I’m assuming this is a typo and you want the OSHA information for 2015, 2016, & 2017. Please clarify.”

**Answer:** See Answer to Question 2.

**Question 11:** “12a) for EMR, is a 2018 EMR rate acceptable?” 12b) Do you need LWIR for 2009-2011 or should that be 2015-2017? 12c) Same as B)

**Answer:**

- **a)** EMR Rates for 2018 are not yet available as an official rating. If there is a reason you feel we should see your 2018 predicted rate, please provide, but points will be awarded only on published 2015, 2016 and 2017 data.
- **b)** and **c)**: see Answer to Question 2.
**Question 12:** “Provide a declaration from the Surety Company named in Item 23.C station that amount of bonding capacity available to your firm. Either provide a notarized declaration or include the following in the last paragraph of the declaration. What is item 23.C?”

**Answer:** This should read 18.C

**Question 13:** " Page 21, item 19A): Can General Aggregate of $5,000,000 be reached by using limits from Umbrella/Excess Liability?

**Answer:** Yes, that is acceptable.

**Question 14:** “Page 18 of 54, #12, B. and C.: Would you like us to provide our OSHA information from 2009 – 2011 as indicated on the form, or more recent OSHA information, say from 2015 - 2017?”

**Answer:** See Answer to Question 2.

**Question 15:** “Page 20 of 54, #16: This question asks us to provide information on each claim for the last 5 years that is over $1,000,000 by a public entity against our firm or by our firm against a public entity. In contrast, Attachment II requests information on each claim for the last 5 years that is over $100,000 by a General Contractor on any public or private projects against our firm. Which criteria should we provide?”

**Answer:** See Answer to Question 5.

**Question 16:** “On page 18 it is asking about company safety. In question 12 you request our EMR for the years 2015, 2016 & 2017, however with regard to the LWIR & RIR, you are asking for that for the years 2009, 2010 & 2011. Is this correct or is it a typo and do you really want that LWIR & RIR info. for the more recent years of 2015, 2016 & 2017? Please clarify.”

**Answer:** See Answer to Question 2.
GROUP A PREQUALIFICATION QUESTIONNAIRE *(Updated)*

FOR
San Mateo Health Campus Project
San Mateo, CA

SUBMITTED BY:

____________________________________________________
(Firm Name)

____________________________________________________
(Contact Name)

____________________________________________________
(Address)

____________________________________________________
(City, State, Zip Code)

____________________________________________________
(Telephone Number)

____________________________________________________
(Fax Number)

____________________________________________________
(Email Address of Contact Name)

NAME OF TRADE PACKAGE(S) SUBMITTING
ON FOR PREQUALIFICATION: ___________________________________________________  
__________________________________________________________________________  
__________________________________________________________________________  

Each prospective trade subcontractor must have a California Contractor’s License, which is current, active and in good standing with the California Contractor’s State License Board, on the date and time of the Prequalification Questionnaire submittal is due and must submit this Prequalification Questionnaire with all portions completed, including required attachments.

Each prospective trade subcontractor must answer all of the following questions and provide all requested information, where applicable. Any prospective trade subcontractor failing to do so may be deemed to be not responsive and prequalified with respect to this prequalification at the sole discretion of the County of San Mateo.

Information submitted by the trade subcontractor shall not be open to public inspection to the extent that information is exempt from disclosure under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of the Title of the Government Code).
Any prospective trade subcontractor found to be not prequalified as a result of the trade subcontractor answers to the Prequalification Questionnaire will receive written response from Truebeck Construction explaining the non-prequalification decision. The bidder may appeal the decision. The appeal shall state the basis of the appeal and must be submitted in writing within three (3) working days of receipt of notification of non-prequalification and may request a review from the Facility. The decision resulting from such review is final and not appealable within the County of San Mateo.

It is critical that the prospective trade subcontractor fills out all information required accurately, completely, truthfully and to the best of their knowledge. Ambiguous or incomplete information may lead to an unfavorable rating and subsequent status as not prequalified. **Non-prequalification criteria have been clearly identified.**

**WHERE NECESSARY, COPY THE FORMS IN THIS PACKAGE. USE ONLY THESE FORMS.**

**GROUP A TRADE PACKAGES:**

The overall scope of work will be divided into specialty trade subcontractor bid packages. The anticipated Group A specialty trade subcontractor bid packages are shown above in Section IV (page 6.)

**TRADE SUBCONTRACTORS FOR BID PACKAGES ESTIMATED TO BE $ 25,000 AND LESS ARE NOT REQUIRED TO BE PREQUALIFIED PRIOR TO BIDDING. SUBCONTRACTORS FOR BID PACKAGES GREATER THAN $ 25,000 WILL REQUIRE PREQUALIFICATION PRIOR TO BIDDING THE PROJECT.**

**TO ACHIEVE PREQUALIFICATION STATUS, PROPOSING TRADE SUBCONTRACTORS MUST NOT FAIL ANY OF THE PASS/FAIL QUESTIONS ( NUMBERS 1 THROUGH 10) AND MUST BE AWARDED A MINIMUM OF 67 POINTS OUT OF THE POSSIBLE 97 TOTAL POINTS ALLOCATED FOR QUESTIONS 11 THROUGH 20.**

**THE FOLLOWING CRITERIA (1 - 10) WILL BE EVALUATED ON THE BASIS OF PASS / FAIL:**

1. **PREQUALIFICATION DECLARATION**

   I, ________________________________, hereby declare that I am the (Printed Name)

   _______________________________ of ________________________________

   (Title) (Name of Firm)

   (Circle one: Sole Proprietor, General Partner or Corporate Officer)

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

   The undersigned declares under penalty of perjury that all of the Prequalification information submitted with this form is true and correct and that this declaration was executed in __________County, California, on ______________________.

   (Date)

   ________________________________

   (Signature)

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

A. Does your firm hold a State of California license classification which is current, valid, and in good standing with the California State License Board for the work you propose bidding? YES ☐ NO ☐

If YES, provide the following information about your firm’s Contractor’s licenses:

(1) Name of license holder exactly as on file with the Ca. State License Board: __________________
(2) License Classification and Code: ____________________________
(3) License Number: ____________________________
(4) Date Issued: ____________________________
(5) Expiration Date: ____________________________

Note: Electrical workers employed on this project shall be certified in accordance with the law. By signing the declaration above, Trade Subcontractor is certifying that all electrical workers employed on this project are certified in accordance with the law.

3. Has your firm been in business for at least five (5) years? YES ☐ NO ☐

   A. Number of years in business under this name and management: __________________

   B. If name changed within the last five (5) years due to acquisition, state previous company name and number of years in business under that name.

       Company Name: ____________________________ No. of years: __________

   C. Type of Ownership: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ Joint Venture

4. Can you truthfully state that your firm has not been disqualified, debarred, removed or otherwise prevented from bidding on, or completing any public agency (e.g., federal, state, county, city, etc.) projects for any reason at any time within the last ten (10) years? YES ☐ NO ☐

5. Can you truthfully state that your firm has not been terminated for cause on any public works projects at any time within the last ten (10) years? YES ☐ NO ☐

6. Can you truthfully state that your firm has not been denied the right to bid upon a determination that the firm is not responsible, on any public works projects at any time within the last ten (10) years? YES ☐ NO ☐

7. Can you truthfully state that your firm has never been subject of a disciplinary proceeding by a public agency (e.g. federal, state, county, city, etc.) at any time within the last ten (10) years? YES ☐ NO ☐

8. Can you truthfully state that your firm has not been found in a final decision of a court to have submitted a false claim to a public agency (e.g., federal, state, county, city, etc.) at any time within the last ten (10) years? YES ☐ NO ☐

9. Can you truthfully state that your firm can obtain a 100% Payment and Performance Bond for the full value of the Trade Bid Package you are prequalifying for? YES ☐ NO ☐

10. Provide information on Attachment II, Items N, O, P and Q, regarding Apprenticeship and Prevailing Wage laws. To be eligible for prequalification, bidders must participate in a State of California recognized and registered Apprenticeship training program and not have more than five violations of Prevailing Wage law requirements in the past 5 years. Each potential bidder shall attach written evidence of registration of a recognized Apprenticeship Training program (i.e. Apprenticeship Agreement, Statement of Registration, Union Enrollment Agreement, etc.) to their prequalification package.
THE FOLLOWING CRITERIA (11A - 20) WILL BE EVALUATED BASED ON A POINT SYSTEM:

11A. Does your firm have a local office within a 60-mile radius of the project site? YES ☐ NO ☐

*Points: (Yes: 2 Points, No 0 Points)*

11B. If yes on 11A, how long has this local office been in existence? ________

*Points: 10 Years Plus: 5 Points 3 to 4 Years: 1 Points 5 to 9 Years: 3 Points 1 to 2 Years: 0 Points)*

12. SAFETY RATING: Trade Subcontractors seeking prequalification shall attach their OSHA 300 and 300A logs to this prequalification questionnaire, as well as fill in the information below.

A. EMR: Please list your firm’s EMR rating for each of the listed years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>______</td>
</tr>
<tr>
<td>2016</td>
<td>______</td>
</tr>
<tr>
<td>2017</td>
<td>______</td>
</tr>
</tbody>
</table>

   *Points:*
   - 0 to .85: 5 points/year
   - .86 to 1.00: 3 points/year
   - 1.00 to 1.15: 1 point/year
   - 1.16 to 1.25: 0 points/year
   - Greater than 1.25: Fail. Not able to be prequalified.

B. Average Lost Workday Incident rate: (LWIR): Calculate your firm’s LWIR for the past 3 years. The lost workday information is listed on your OSHA Forms no 300 and 300A and is available from your worker’s compensation insurance carrier.

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Lost Workdays</th>
<th>Total Employee Hours</th>
<th>LWIR</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>_____________</td>
<td>____________________</td>
<td>______</td>
</tr>
<tr>
<td>2016</td>
<td>_____________</td>
<td>____________________</td>
<td>______</td>
</tr>
<tr>
<td>2017</td>
<td>_____________</td>
<td>____________________</td>
<td>______</td>
</tr>
</tbody>
</table>

   *Points:*
   - 3 points/year: Rate greater than 20% below the Industry average for Company’s NAICS
   - 2 points/year: Rate between 10% and 19% below the Industry average for Company’s NAICS
   - 1 point/year: Rate between 0 and 9% below or equal to Industry average for Company’s NAICS
   - 0 points/year: Rate between equal to and 20% above the Industry average for Company’s NAICS
   - Fail: Rate greater than 20% above the Industry average for Company’s NAICS. Not able to be prequalified.

C. Average Recordable Incident rate: (RIR): Calculate your firm’s RIR for the past 3 years. The recordable incident rate information is listed on your OSHA Forms no 300 and 300A and is available from your worker’s compensation insurance carrier.

   \[ \text{LWIR} = \frac{\text{Total number of recordable incidents} \times 200,000}{\text{Total employee hours worked}} \]

<table>
<thead>
<tr>
<th>Year</th>
<th>Recordable Incidents</th>
<th>Total Employee Hours</th>
<th>RIR</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>_____________</td>
<td>____________________</td>
<td>______</td>
</tr>
<tr>
<td>2016</td>
<td>_____________</td>
<td>____________________</td>
<td>______</td>
</tr>
<tr>
<td>2017</td>
<td>_____________</td>
<td>____________________</td>
<td>______</td>
</tr>
</tbody>
</table>

   *Points:*
   - 3 points/year: Rate greater than 20% below the Industry average for Company’s NAICS
   - 2 points/year: Rate between 10% and 19% below the Industry average for Company’s NAICS
   - 1 point/year: Rate between 0 and 9% below or equal to Industry average for Company’s NAICS
   - 0 points/year: Rate between equal to and 20% above the Industry average for Company’s NAICS
   - Fail: Rate greater than 20% above the Industry average for Company’s NAICS. Not able to be prequalified.
13. CONSTRUCTION EXPERIENCE

A. Attach to the completed Prequalification Questionnaire, the completed Project Data Sheets, documenting the requirements listed below:
   i. Submit project information on two (2) Healthcare Renovation projects. Point priority will be awarded for projects that occurred on an OSHPD-1 occupied Health Care campus completed within the past seven (7) years; for Mechanical, Electrical, Plumbing and Drywall/Framing, points will be only awarded for projects valued at or above $3 million per subtrade. All projects submitted are preferred to be completed in the State of California. Points will be awarded based upon each of the two submitted projects as compared to the listed criteria on the Project Data Sheets. Please refer to the Project Information Sheet for information on how points will be awarded. (Point totals noted are for both projects; a possible 10 points per project will be awarded.)
   B. Use the Project Data Sheets for projects submitted on pages 23 - 24. Photocopy additional forms as required or duplicate information in a computer-generated format, if desired. Provide all of the information requested in the Project Data Sheet.
   C. Listed projects must have been managed and constructed by the business entity submitted for prequalification. Projects completed by present employees of the trade subcontractor for former employers are not acceptable.
   D. Once the above requirements are met, there will be points given on the projects submitted for items below. Other project assessment items include but are not limited to the following:
      i. Reference checks from Owner and/or Design Professional on execution of projects submitted. (please attach a copy of reference with your submission)
      ii. Mitigation measures (infection control, noise, dust and fumes) implemented on submitted projects.
      iii. Project included restricted site access.
      iv. Projects similar to the proposed project size, especially in size, cost and type.

14. Identify any decisions/findings/determinations within the past 10 years which have been rescinded or settled wherein your firm has agreed that it will refrain from bidding on projects for a specific public agency (e.g., federal, state, county, city, etc.) or from bidding on public works projects generally. For each item described the circumstances surrounding such decisions/findings/determinations. If none, note “NONE”.

________________________________________________________________________

Points: Any Incidents: 0 Points    No Incidents: 5 Points

________________________________________________________________________

15. Identify any decisions/findings/determinations which have been rescinded, settled, or is on appeal wherein your firm has been found to have submitted a false claim to a public agency (e.g., Federal, State, County, City, etc.) within the past ten (10) years. For each item, describe the circumstances surrounding such decisions/findings/determinations. If none, note “NONE”.

________________________________________________________________________

Points: Any Findings: 0 Points    No Findings: 5 Points
16. Provide information on Attachment II (Item A, B, and/or C) for each and every claim asserted within the last five (5) years over $1,000,000 by a public or private entity against your firm and/or by your firm against a public or private entity.

Points: 0 Claims: 6 Points
1-2 Claims with acceptable 100% Resolution: 5 Points
3 or more claims with 100% acceptable resolution: 4 Points
1-4 Claims with 50% acceptable resolution: 3 Points
1-3 Claims with 25% acceptable resolution or
More than 4 Claims with 50% Acceptable resolution: 2 Points
1-3 Claims with 0% resolution or
4 or more claims with 25% acceptable resolution: 1 Point
4 or more claims with 0% acceptable resolution: 0 Points

Acceptable Criteria: 40% or Greater Contractor aggregate recovery and/or 40% or less Owner Aggregate Recovery

17. Provide information on Attachment II, Item D on assessment of Liquidated Damages.

Points: If Assessed Liquidated Damages: 0 Points, If No Liquidated Damages: 2 Points

18. SURETY - (SURETY COMPANIES USED BY TRADE SUBCONTRACTOR SHALL BE AN ADMITTED SURETY INSURER AS DEFINED IN THE CALIFORNIA CODE OF CIVIL PROCEDURES SECTION 995.120.) It is the intent of Truebeck Construction that each of the trade subcontractors be able to be bonded.

A. What is your bonding capacity? ______________

B. Provide a declaration from the Surety Company named in Item 18.C. stating the amount of bonding capacity available to your firm. Either provide a notarized declaration or include the following in the last paragraph of the declaration:

"The undersigned declares under penalty of perjury that the above statement(s) submitted is true and correct and that this declaration was executed in _____________ County, California, on (date).

(DO NOT SIGN HERE)

(Name and Title, printed or typed)

(""

(Signature)

C. Provide the name, address, and telephone number of the surety (not the Bonding/Broker agent) to be used on this construction contract:

Company Name: ____________________________________________

Address: __________________________________________________

City/State/Zip Code: _________________________________________

Phone Number: _____________________________________________

Points: Able to Bond: 5 Points Not Able to provide Bond: 0 Points

________________________

County of San Mateo Project Development Unit – RFSOQ – Bidding Subcontractors – Addendum #1
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19. **INSURANCE**  
THE INSURANCE COMPANY USED SHALL BE LISTED BY BEST AND SHALL HAVE A RATING OF A- OR BETTER WITH A FINANCIAL CLASSIFICATION OF VIII OR BETTER OR AN EQUIVALENT RATING BY STANDARD & POOR OR MOODY’S. POLICIES ISSUED MAY BE ISSUED BY COMPLAINESS (I) THAT HAVE A BEST RATING OF A- OR BETTER AND A FINANCIAL CLASSIFICATION OF VIII OR BETTER (OR AN EQUIVALENT RATING BY STANDARD & POOR OR MOODY’S); OR II) THAT ARE ACCEPTABLE TO TRUEBECK CONSTRUCTION AND THE COUNTY OF SAN MATEO.)

19A. What are your insurance limits in the following areas:

<table>
<thead>
<tr>
<th>Area</th>
<th>Policy Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bodily Injury &amp; Property Damage-Each Occurrence - Combined Single Limit</td>
<td></td>
</tr>
<tr>
<td>2. Products - Completed Operations Aggregate</td>
<td></td>
</tr>
<tr>
<td>3. Personal and Advertising Injury</td>
<td></td>
</tr>
<tr>
<td>4. General Aggregate</td>
<td></td>
</tr>
<tr>
<td>5. Business Automobile Liability Insurance</td>
<td></td>
</tr>
<tr>
<td>Limits of Liability:</td>
<td></td>
</tr>
<tr>
<td>Each Accident - Combined Single Limit for Bodily Injury and Property Damage</td>
<td></td>
</tr>
<tr>
<td>6. Errors &amp; Omission</td>
<td></td>
</tr>
</tbody>
</table>

**Points:**
- General Aggregate over $5 Million: 6 Points
- General Aggregate between $2 Million and $5 Million: 3 Points
- General Aggregate under $2 Million: 0 Points

19B. If the minimum limits for Products-Completed Operations Aggregate and General Aggregate each are $5,000,000, will your firm be able to obtain these limits? **YES** ☐  **NO** ☐

**Points:**
- Limits above $5 Million: 1 Point
- Limits Below $5 Million: 0 Points

19C. Provide the following information on your Insurance Company/carrier(s) (not the Broker/Agent): Note: Provide Name of Company as listed by Best.

**For General Liability:**
- Company Name: ______________________
- Indicate Best Rating: ______________________
- Indicate Best Financial Classification: ______________________

**For Auto Liability:**
- Company Name: ______________________
- Indicate Best Rating: ______________________
- Indicate Best Financial Classification: ______________________

**For Worker’s Compensation:**
- Company Name: ______________________
- Indicate Best Rating: ______________________
- Indicate Best Financial Classification: ______________________

**For Excess Liability:**
- Company Name: ______________________
- Indicate Best Rating: ______________________
- Indicate Best Financial Classification: ______________________

**For Errors & Ommission:** (For Design Build Packages)
- Company Name: ______________________
- Indicate Best Rating: ______________________
- Indicate Best Financial Classification: ______________________

 County of San Mateo Project Development Unit – RFSoQ – Bidding Subcontractors – Addendum #1
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19D Provide a declaration from the Insurance Company stating that your firm is able to obtain insurance or have insurance in the limits stated above for this construction contract from the Insurance Company. Either provide a notarized declaration or include the following in the last paragraph of the declaration:

“The undersigned declares under penalty of perjury that the above statement(s) submitted is true and correct and that this declaration was executed in ______________ County, California, on ________________ (date).

(DO NOT SIGN HERE)

(Name and Title, printed or typed)

(Signature)

20. FINANCIAL STATEMENT AND INFORMATION

A. Can you truthfully state that your firm at the local office location has had an annual business construction revenue* of at least ($ amount as applicable, see table below) over the past 3 consecutive calendar years that is directly contributable to a business unit office within 60 miles of the project site? If your firm has more than one business unit office within 60 miles of the project site revenue can be a combined aggregate of each office to meet the requirement.

Office Revenue within 60 miles of the project site: (Breakout of Total Revenue)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Revenue</th>
<th>OSHPD-1 Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>$_____________</td>
<td>$_____________</td>
</tr>
<tr>
<td>2016</td>
<td>$_____________</td>
<td>$_____________</td>
</tr>
<tr>
<td>2015</td>
<td>$_____________</td>
<td>$_____________</td>
</tr>
</tbody>
</table>

Average of three revenue figures above: $_____________ OSHPD-1 Average $________

* Business construction revenue shall be defined as payments to prospective trade subcontractor for pre-construction services and construction services.

Points:

- Does Not Meet Volume Requirements: 0 Points
- Meets Volume Requirements: 4 Points
- Meets Volume Requirements & 25% of Volume is OSHPD-1: 7 Points

Local Office Volume Table

<table>
<thead>
<tr>
<th>Category</th>
<th>Revenues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanical (Wet/Dry)</td>
<td>$10 million in each of the past three consecutive calendar years</td>
</tr>
<tr>
<td>Plumbing</td>
<td>$7 million in each of the past three consecutive calendar years</td>
</tr>
<tr>
<td>Electrical</td>
<td>$12 million in each of the past three consecutive calendar years</td>
</tr>
<tr>
<td>Fire Protection</td>
<td>$5 million in each of the past three consecutive calendar years</td>
</tr>
<tr>
<td>Exterior Panels</td>
<td>$7 million in each of the past three consecutive calendar years</td>
</tr>
<tr>
<td>Exterior Glazing</td>
<td>$7 million in each of the past three consecutive calendar years</td>
</tr>
<tr>
<td>Structural Steel/Misc. Iron</td>
<td>$10 Million in each of the past three consecutive calendar years</td>
</tr>
<tr>
<td>Gypsum Drywall/Framing/Plaster</td>
<td>$7.5 Million in each of the past three consecutive calendar years</td>
</tr>
<tr>
<td>Structural Concrete</td>
<td>$7 Million in each of the past three consecutive calendar years</td>
</tr>
<tr>
<td>Elevators</td>
<td>$5 Million in each of the past three consecutive calendar years</td>
</tr>
<tr>
<td>Haz. Material Abatement</td>
<td>$5 million in each of the past three consecutive calendar years</td>
</tr>
<tr>
<td>“Hard” demolition(Concrete)</td>
<td>$5 Million in each of the past three consecutive calendar years</td>
</tr>
<tr>
<td>“Soft” Demolition</td>
<td>$3 Million in each of the past three consecutive calendar years</td>
</tr>
<tr>
<td>All others not listed</td>
<td>$2.5 million in each of the past three consecutive calendar years</td>
</tr>
</tbody>
</table>

*Please also identify volume amount specific to OSHPD-1 work.
ATTACHMENT I - PROJECT DATA SHEET (Question 13)

(One Form per Project; Note 10 Potential Points possible per Project, * = Attach Reference from 1 Entity)

NAME OF SUBCONTRACTOR:  _____________________________________________________________

1. Project Name:  ________________________________________________________________
2. Project Location:  ________________________________________________________________
3. Owner’s Name*:  ________________________________________________________________
   Address:  ________________________________________________________________
   Phone:  ________________________________________________________________
   Contact Person:  ________________________________________________________________

4. General Contractor*:  ____________________________________________________________
   Phone:  ________________________________________________________________
   Contact:  ________________________________________________________________

5. Name of Project Manager:  ________________________________________________________
6. Name of Superintendent/Foreman  __________________________________________________

7. Was Project completed on time, including time extensions?  
   YES  NO
   Start Date:  ____________________________  
   Completion Date:  ____________________________

8. Project Subcontract Cost:
   A. Cost at Bid  $__________________________
   B. Cost at Completion  $__________________________

9. Was plan approval required for project under California State Building Codes or OSHPD?  
   YES  NO
   Points:  Yes (includes CA local & OSHPD Permitting):  1 Point/Project  No: 0 Points

10. Did the project include OSHPD-1 Compliance review and approval?  
    YES  NO
    Points:  Yes: 1 Point/Project  No: 0 Points

Similarities to San Mateo Health Campus Project:

11. Was project a OSHPD-1 healthcare remodel project for a county hospital, or part of the County of San Mateo 
    Healthcare District?  YES  NO
    Points:  Yes: 1 Point/Project  No: 0 points

12. Did the project include restricted site access?  YES  NO
    If yes, describe:  ________________________________________________________________
    Points:  Yes: 1 Point/Project  No: 0 Points

13. Was project a multi-phased OSHPD-1 project?  YES  NO
    If Yes, Describe:  ________________________________________________________________
    Points:  Yes: 1 Point/Project  No: 0 Points

1. Was this OSHPD-1 project completed under an accelerated project schedule, or was the project performed 
   with the facility occupied or adjacent to occupied facilities?  YES  NO
   If yes, describe:  ________________________________________________________________
   Points:  Accelerated OSHPD-1 schedule or occupied OSHPD-1 Facility:  2 Points/Project
   Non-Accelerated schedule or non-occupied facility:  0 Points
ATTACHMENT I - PROJECT DATA SHEET (Question 13) (continued)

Project Name: __________________________________________

15. a. Was project performed under California Prevailing Wage and Apprenticeship Laws?
   Points: A: Yes: 1 Point/Project   No: 0 Points
   YES ☐ NO ☐

   b. If yes, was there an assignment of fines against subcontractor?
      Points: B: Yes: 0 Points   No: 1 Point/Project (only applicable if 15a is Yes)
      YES ☐ NO ☐

16. Was there a claim against the owner at the completion of this project?
   YES ☐ NO ☐
   If yes, briefly describe the nature of the claim, amount of claim, and the terms of resolution:
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   Points: If Yes: 0 Points   If No: 1 Point/Project
ATTACHMENT II – CLAIMS HISTORY (Questions 16 & 17)

A. Provide the following information on each and every claim asserted within the last (5) years over $1,000,000 by a public or private entity against your firm and/or by your firm against a public or private entity. Include claims resolved by arbitration, litigation, mediation, settlement or withdrawal of claim(s). For purposes of this Section, if the firm submitting this prequalification is a Joint Venture, provide all such claim information for each and every member of the Joint venture. (Provide a sheet for each claim).

1. Project Name and Location: ____________________________________________
2. Name and telephone number of entity: __________________________________
3. Contract Amount: ____________________________________________________
4. Contract time: ________________ days
5. Nature of claim: ________________________________________________________
6. Amount of claim in money and time in initial claim: $ ______; ______ days
7. Amount of claim in money and time of any refinements/enhancements of the entity claim: $_____; ______ days
8. Final resolution of claim against your firm: $_____; ______ days
9. Method of resolution (check one):
   [ ] withdrawn
   [ ] litigation
   [ ] Settled by contracting parties without mediation or arbitration
   [ ] mediation
   [ ] arbitration
   [ ] Not settle yet; in process
10. Basis for Settlement: _________________________________________________

B. Provide the following information on each and every claim asserted within the last (5) years over $1,000,000 by a public or private entity against your firm and/or by your firm against a public or private entity. Include claims resolved by arbitration, litigation, mediation, settlement or withdrawal of claim(s). For purposes of this Section 4B, if the firm submitting this prequalification is a Joint Venture, provide all such claim information for each and every member of the Joint venture. (Provide a sheet for each claim).

1. Project Name and Location: ____________________________________________
2. Name and telephone number of entity: __________________________________
3. Contract Amount: ____________________________________________________
4. Contract time: ________________ days
5. Nature of claim: ________________________________________________________
6. Amount of claim in money and time in initial claim: $ ______; ______ days
7. Amount of claim in money and time of any refinements/enhancements of the entity claim: $_____; ______ days
8. Final resolution of claim against your firm: $_____; ______ days
9. Method of resolution (check one):
   [ ] withdrawn
   [ ] litigation
   [ ] Settled by contracting parties without mediation or arbitration
   [ ] mediation
   [ ] arbitration
   [ ] Not settle yet; in process
10. Basis for Settlement: _________________________________________________

_____________________________________________________________________

______________________________________________________

County of San Mateo Project Development Unit – RFSOQ – Bidding Subcontractors – Addendum #1
San Mateo Health System Campus Upgrade Project
Page 16 of 18
ATTACHMENT II – CLAIMS HISTORY (Questions 16 & 17) (continued)

C. If Sections A and/or B are not applicable to your firm please check below. If no claims, check “none” next to the applicable box. (Do not leave blank).

☐ None for A  ☐ None for B

D. Liquidated Damages – Can you truthfully state that your firm has not, at any time in the last five (5) years been assessed liquidated damages (regardless of final settlement) after completion of a project, whether public or private project?

YES ☐ NO ☐

If no, how many projects? ________________ and explain on a separate signed page, identifying all such projects by Owner, Owner’s address, and the date of completion of the project, the amount of liquidated damages assessed and all other information necessary to fully explain the assessment of liquidated damages.

E. In the last five years, has your firm, or any firm with which any of your company owners, officers, or partners was associated, been barred, disqualified, removed or otherwise prevented from bidding on or competing any governmental agency or public works project for any reason?

Note: “Associated with refers to another construction firm in which an owner, partner or officer of your firm held a similar position.”

If yes, explain on a separate signed page. State whether the firm involved was the firm applying for prequalification here or another firm. Identify by name of the company, the name of the person within your firm who was associated with that company, the year of the event, the owner of the project, the project and the basis for the action.

F. In the last five years has your firm been denied an award of a public works contract based on a finding by a public agency that your company was not a responsible bidder?

YES ☐ NO ☐

If yes, explain on a separate signed page. Identify the year of the event, the owner, the project and the basis for the finding by the public agency.

Note: The following three questions refer only to disputes between your firm and the company that hired your firm. You need not include information about disputes between your firm and a supplier or another subcontractor. Also, you may omit reference to all disputes about amounts of less than $50,000.

G. At any time during the past five years, has any surety company made any payments on your firm’s behalf as a result of a default to satisfy any claims made against a performance or payment bond issued on your firm’s behalf in connection with a construction project, either public or private?

YES ☐ NO ☐

If yes, on separate signed sheets of paper the amount of each such claim, the name and telephone number of the claimant, the date of the claim, the grounds for the claim, the present status of the claim, the date of resolution of such claim if resolved, the method by which such was resolved if resolved, the nature of the resolution and the amount, if any, at which the claim was resolved.

H. In the last five years, has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm?

YES ☐ NO ☐

If yes, explain on a separate signed page. Name the insurance carrier, the form of insurance, and the year of the refusal.

I. Have any back charges been assessed against your company by an owner for alleged quality issues in connection with your company, your design build subcontractor’s or your subsidiary’s work?

YES ☐ NO ☐

J. Has your firm or any of its owners, officers or partners ever been found liable in a civil suit or found guilty in a criminal action for making any false claim or material misrepresentation to any public agency or entity?

YES ☐ NO ☐

If yes, explain on a separate signed page, including identifying who was involved, the name of the public agency, the date of the investigation and the grounds for the finding.
ATTACHMENT II – CLAIMS HISTORY (Questions 16 & 17) (continued)

Criminal Matters and Civil Suits

K. Has your firm or any of its owners, officers or partners ever been convicted of a crime involving any federal, state, or local law related to construction?  
   YES ☐ NO ☐

   If yes, explain on a separate signed page, including identifying who was involved, the name of the public agency, the date of the conviction and the grounds for the conviction.

L. Has your firm or any of its owners, officers or partners ever been convicted of a federal or state crime or fraud, theft, or any other act of dishonesty?  
   YES ☐ NO ☐

   If yes, identify on a separate signed page the person convicted, the court (the county if a state court, the district or location of the federal court), the year and the criminal conduct.

M. Has your firm or any of its subsidiaries or affiliates been barred from bidding or been deemed ineligible to bid on public works projects in the last ten years?  
   YES ☐ NO ☐

Prevailing Wage and Apprenticeship Compliance Record

N. Has there been more than one occasion during the last five years in which your firm was required to pay either back wages or penalties for your own firm’s failure to comply with the state’s prevailing wage laws?  
   YES ☐ NO ☐

   If yes, attach a separate signed page or pages describing the nature of each violation, identifying the name of the project, the date of its completion, the public agency for which it was constructed, the number of employees who were initially underpaid and the amount of back wages and penalties that you were required to pay.

O. Provide the name, address and telephone number of the apprenticeship program (approved by the California Apprenticeship Council) from whom you intend to request the dispatch of apprentices to your company for use on any public work project for which you are awarded a contract by (Public Entity).

_________________________________________________________________________
_________________________________________________________________________

P. If your firm operates its own State-approved apprenticeship program:
   (a) Identify the craft or crafts in which your firm provided apprenticeship training in the past year.
   (b) State the year in which each apprenticeship program was approved and attach evidence of the most recent California Apprenticeship Council approval(s) of your apprenticeship program(s).
   (c) State the number of individuals who were employed by your firm as apprentices at any time during the past three years in each apprenticeship and the number of persons who, during the past three years, completed apprenticeships in each craft while employed by your firm.

_________________________________________________________________________
_________________________________________________________________________

Q. At any time during the last five years, has your firm been found to have violated any provision of California apprenticeship laws or regulations or the laws pertaining to use of apprentices on public works?  
   YES ☐ NO ☐

   If yes, provide the date(s) of such findings and attach copies of the Department’s final decision(s).