

College of the Siskiyous Insurance Requirements

Minimum Insurance Coverage Pre-Qualification

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

Policy of Insurance	Minimum Coverage Amount
Commercial General Liability Insurance	Per Occurrence: \$1,000,000
	Aggregate: \$2,000,000
Auto Liability	\$500,000
Workers Compensation	In accordance with the laws
Employers Liability	\$1,000,000
Builders Risk	Full insurable value of the Work; Seismic coverage: <input type="radio"/> Not Required <input type="radio"/> Required Specified per Job

When requested (per job):

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

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

COLLEGE OF THE SISKIYOU

SISKIYOU JOINT COMMUNITY COLLEGE DISTRICT

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

Return Application to:

**By Mail:
College of the Siskiyous
Attn: Melinda Garland
800 College Avenue
Weed, CA 96094**

Or by Email: mgarland@siskiyous.edu

Phone: (530) 938-5233

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

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

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

Firm/Company Name: _____

Physical Office Location

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from physical office location)

Street Address: _____

City: _____ State: _____ Zip: _____

Applicant Contacts

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Applicant California Contractors' License

License #: _____ Expiration Date: _____

Classifications: _____

Applicant DIR Registration

Registration #: _____ Expiration Date: _____

2. **Pre-Qualification.** The applicant requests to be pre-qualified for submitting proposals for the District's informally bid projects in the classification(s) noted by the application in Exhibit A (Pre-Qualification Classifications) attached to this application.

3. **Applicant Annual Revenue.** Complete the following. If the applicant is engaged in business enterprises other than construction, responses to the following are limited to the applicant's construction operations.

Calendar Year/ Fiscal Year	Annual Gross Revenue	Average Dollar Value of All Contracts	Dollar Value of Largest Contract
2021 (FY 2020/2021)			
2020 (FY 2019/2020)			
2019 (FY 2018/2019)			

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

General Liability Insurance

Insurer: _____ Policy No: _____

Per Occurrence Coverage Limit \$ _____ Aggregate Coverage Limit \$ _____

Broker: _____

Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

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

Bid, Performance, and Labor and Materials Payment Bonds

Surety: _____

Max per Project Bonding Capacity \$ _____ Max All Projects Boding Capacity \$ _____

Surety Broker: _____

Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Workers Compensation Insurance

Insurer: _____ Policy No: _____

Broker: _____

Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

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

Project Description

Owner and Owner Contact Information

Name: _____

Contact Person: _____

Phone: _____ Email: _____

Architect and Architect Contact Information

Name: _____

Contact Person: _____

Phone: _____ Email: _____

Contract Information

Applicant Contract Value \$ _____

Applicant Scope of Work: _____

Percent Complete; Applicant Work: _____ Percent Complete; Overall Project: _____

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

Project Description

Owner and Owner Contact Information

Name: _____

Contact Person: _____

Phone: _____ Email: _____

Architect and Architect Contact Information

Name: _____

Contact Person: _____

Phone: _____ Email: _____

Contract Information

Applicant Contract Value \$ _____

Applicant Scope of Work: _____

Percent Complete; Applicant Work: _____ Percent Complete; Overall Project: _____

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

DSA Inspectors References

Firm Name: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Firm Name: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Firm Name: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

7. **References (cont.)** Complete the following to identify applicant references.

Material Supplier References

Supplier Name: _____

Supplier Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Supplier Name: _____

Supplier Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Supplier Name: _____

Supplier Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

7. **References (cont.)** Complete the following to identify applicant references.

Public Agency Owners (California K-12 or Community College Owners Preferred)

Name: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

7. References (cont.) Complete the following to identify applicant references.

Architect References

Name: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

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

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

- Yes No (Not qualified)

8.2 The applicant is a DIR registered contractor.

- Yes No (Not qualified)

8.3 Applicant maintains a commercial general liability insurance policy with a coverage amount of at least \$1,000,000 per occurrence and \$2,000,000 in the aggregate.

- Yes No (Not qualified)

8.4 Applicant has a current workers’ compensation insurance policy as required by the Labor Code or is legally self-insured pursuant to Labor Code §3700.

- Yes No (Not qualified)

8.5 Applicant has bonding capacity of at least Two Hundred Thousand Dollars (\$200,000) per project and One Million Dollars (\$1,000,000) in the aggregate for all projects.

- Yes No (Not qualified)

8.6 Within the past twenty-four (24) months, has the applicant provided public works construction services under a direct contract with a public owner where the value of the construction services provided by the applicant was greater than \$50,000?

- Yes No (Not qualified)

8.7 The applicant is ineligible or debarred from submitting bid proposals for public works projects or public works contracts pursuant Labor Code §1777.1 or Labor Code §1777.7.

- Yes (Not qualified) No

8.8 Within the past five (5) years, has a public agency determined that the applicant or any predecessor to the applicant, is not a “responsible” bidder for a public works project or a public works contract?

- Yes (Not qualified) No

8.9 During the past five (5) years, has the applicant or any predecessor to the applicant, or any of the equity owners of the applicant been convicted of a federal or state crime involving fraud, theft, or any other act of dishonesty?

Yes (Not qualified) No

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

Yes (Not qualified) No

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

Yes (Not qualified) No

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

Yes (Not qualified) No

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

Yes (Not qualified) No

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

Yes (Not qualified) No

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

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

Yes No (Not qualified for asbestos-related work)

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

Yes No (Not qualified for hazardous substance removal)

10. Authority and Certification. The undersigned is duly authorized to execute this pre-
Qualification Application under penalty of perjury on behalf of the above-identified applicant.
The undersigned warrants and represents that he/she has personal knowledge of each of
the responses to this Pre-Qualification Application and/or that he/she has conducted all
necessary and appropriate inquiries to determine the truth, completeness and accuracy of
responses to this Pre-Qualification Application. The undersigned declares and certifies that
the responses to this Pre-Qualification Application are complete and accurate; there are no
omissions of material fact or information that render any response to be false or misleading
and there are no misstatements of fact in any of the responses. The applicant
acknowledges and agrees that if the District determines that any response herein is false or
misleading or contains misstatements of fact, the applicant will not be deemed qualified to
participate in the District's informal bidding procedures.

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

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

(Printed Name)

(Title)

(Signature)

(Date)