

# Trade Contractor Prequalification Questionnaire

## Instructions to the General Contractor

The Trade Contractor Prequalification Questionnaire is comprised of two separate documents: Part 1 is the Questionnaire and Part 2, the Project Data Sheet. General Contractor may incorporate these into its prequalification document.

### Customizing the Form

- All information entered by the Trade Contractor will appear in **BLUE** text.
- The **BLACK** text in the form cannot be edited for uniformity. Any information that can be tailored to a specific project is in **RED** text.
- Any information in **RED** text is to be edited by the General Contractor prior to distributing to the trade contractors. Once the text has been appropriately edited, it can be locked and the text color will change to **BLACK** to correspond with the rest of the document and locked to prevent the Trade Contractors from editing it.
  - Edit **RED** text for specific project/campus information and desired qualifications.
  - Click “Tools” → “Forms” → “Edit” → Right click on desired Text Box → “Properties” → “General” → Check the “Read Only box in the lower right hand corner → “Appearance” → Change text color to black → “Close”
  - Repeat this process until all the **RED** text boxes have been edited.

### Working with the Fillable PDF Forms

You will have the trade contractor complete both Parts 1 and 2 of the General Contractor's questionnaire. When support documents (such as schedules or certifications) are required, the trade contractor is to attach these to the Project Data Sheet for each project that is submitted for experience requirements.

#### Part 1, Evaluating the Safety Qualification Form

- General Contractor should request copies of the trade contractor's OSHA forms and EMR documentation to verify the information entered on the Part 1, Safety Qualification.
- The composite safety score for the trade contractor appears at the top of the page; CSU requires a minimum score of 25 for prequalification. The score will be highlighted in **RED** if below 25. Trade contractor shall enter the data into the form from the OSHA 300/300A forms for the last 3 years. Provide copies of the OSHA forms and EMR documentation to General Contractor for verification of the information entered.
- The trade contractor's composite safety score is calculated automatically from the data that is entered into the form. When entering data, **note**:
  - When the form is blank the weighted scores for LWIR and RIR will show 20. The weighted scores will adjust to accurately represent the data as the information is entered in the form.
  - The maximum LWIR and RIR weighted scores are each out of 20 and the weighted EMR out of 10, for a total Composite Safety Score out of 50.
  - The weighted scores are added up to show the “Composite Safety Score” displayed on the top of the page.
  - ***It is imperative that the Trade Contractors complete the “Total Employee Hours Worked” columns prior to the incident data or they will receive error messages.***

#### Part 2, Customizing the Project Data Sheet

- General Contractor shall require a project data sheet from the trade contractor for each project submitted to demonstrate the required construction experience.
- The **RED** text area is where “yes” or “no” questions shall be entered to determine if a project meets the required criteria.
  - The General Contractor *must* phrase the question so that the desired response is “yes”. If the answer is “no”, the Trade Contractor will be notified to provide a different project that displays the required criteria or experience.

## TRADE CONTRACTOR PREQUALIFICATION QUESTIONNAIRE

This trade contractor prequalification is valid only for above-mentioned project and will not be considered as a basis for prequalification on other projects.

Complete and submit all information and forms on the following pages to the address/email below:

Once your firm has been prequalified for this project, you will be notified.

---

---

This Trade Contractor Prequalification Questionnaire was submitted by:

---

Company Name

---

Street Address, City, State, Zip Code

---

Contact Name

---

E-Mail Address

---

Telephone Number

---

Fascimile Number

Each trade contractor must answer all of the questions contained herein and on each Project Data Sheet. Trade contractors shall fill out all information fields accurately, completely, and truthfully. Upon your failure to do so, your application will be deemed non-responsive, and your firm will not be prequalified to bid this project. The decision from the Prequalification Coordinator is final and may not be appealed.

## TRADE CONTRACTOR PREQUALIFICATION QUESTIONNAIRE

<b>I. COMPANY INFORMATION</b>	
Does your company do business under another name?	Yes      No
If yes, provide name:	
What year was your company established?	
Is your firm owned or affiliated with another company?	Yes      No
If yes, provide parent/affiliate company name:	
Describe relationship:	
What percentage of work do you subcontract?	
What trades do you typically subcontract?	

<b>Licenses/Certification</b> <i>(provide attachment if additional space is necessary)</i>				
Issuing Authority	Class	License/Certification No.	Date Issued	Expiration Date
Note: Workers (i.e. electricians) employed on this project shall be certified in accordance with the law (i.e. for electricians, Labor Code sections 3099-3099.5). By signing its certification on page 6, Subcontractor is certifying that all workers employed on this project are certified in accordance with the law.				
<b>Certification</b> <i>(provide attachment if additional space is necessary)</i>				
Certification Type	Certifying Agency	Certification No.	Expiration	

<b>Insurance Information</b>	
Insurance Carrier for General and Excess Liability Coverage:	
Contact/Title, Position:	Phone No.:
Email:	
Limits of General Liability Insurance	Each Occurance:
	Aggregate:
Limits of Excess Liability Insurance	Each Occurance:
	Aggregate:

## TRADE CONTRACTOR PREQUALIFICATION QUESTIONNAIRE

<b>Bonding Information</b>	
Bonding Company Name:	
Agent Name:	Single Project Limit:
Phone Number:	Aggregate Limit:
Available Bonding Capacity:	

<b>Litigation</b> <i>if "yes" is answered to either of the following questions, attach an explanation.</i>		
Has your company ever defaulted, failed to complete, or been terminated on a contract?	Yes	No
Has your company ever gone through a bankruptcy or reorganization?	Yes	No

<b>II. REFERENCES</b>	
<b>Suppliers</b> <i>(three references required)</i>	
Company Name:	
Contact Name/Title:	Phone Number:
Email:	
Company Name:	
Contact Name/Title:	Phone Number:
Email:	
Company Name:	
Contact Name/Title:	Phone Number:
Email:	

<b>General Contractors</b> <i>(three references required)</i>	
Company Name:	
Contact Name/Title:	Phone Number:
Email:	
Company Name:	
Contact Name/Title:	Phone Number:
Email:	
Company Name:	
Contact Name/Title:	Phone Number:
Email:	

# TRADE CONTRACTOR PREQUALIFICATION QUESTIONNAIRE

## III. EXPERIENCE

## IV. SAFETY INFORMATION

*Complete the following Safety Information Worksheet on page 5.*

## V. SUBMISSION

It is the responsibility of each trade contractor to submit the Project Data Sheets and necessary attachments for each project identified to the following address on page 1 of these forms.

Note: Should a trade contractor submit an incomplete and/or unclear Prequalification Questionnaire, that trade contractor will be deemed non responsive and will not be prequalified.

# TRADE CONTRACTOR PREQUALIFICATION QUESTIONNAIRE

Composite Safety Score:

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

The Average Lost Workday Incident Rate (LWIR) and the Average Recordable Incident Rate (RIR) are requested for evaluation of the safety history relating to subcontractor's construction operations only. Home office staff labor hours and the corresponding injury and illness figures for home office staff shall not be included in the calculation of these rates. Similar information for parent companies, subsidiaries, or other company divisions not directly engaging in construction activities shall not be considered in these rate calculations. All data used in the calculations shall be specific to the contracting entity listed on page 1; inclusion of data from sub-tier contractors is not acceptable.

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

**Important Note:** Small firms that have less than ten employees and report an average Total Employee Hours Worked that is less than 20,000 hours, are not required to report recordable incidents and lost workday incidents for their firms herein. Instead, these firms shall submit their most current year of Intrastate EMR or a copy of their worker's compensation insurance carrier's documentation of their most current year of Intrastate EMR, and must have an EMR of 1.00 or less to prequalify.

**Please enter the "Total Employee Hours Worked" FIRST when filling in electronically.**

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

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

Year	# of Lost Workday Incidents	Total Employee Hours Worked	Lost Workday Incident Rate
1-20_____			
2-20_____			
3-20_____			
Total			

Weighted LWIR:

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

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

Year	# of Recordable Incidents	Total Employee Hours Worked	Recordable Incident Rate
1-20_____			
2-20_____			
3-20_____			
Total			

Weighted RIR:

**3. Experience Modification Rate (EMR).**

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

Year	EMR
20_____	

Weighted EMR:

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

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

Address: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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

# TRADE CONTRACTOR PREQUALIFICATION QUESTIONNAIRE

## CERTIFICATION

The submitter of the foregoing statements contained on this Trade Contractor Prequalification Questionnaire and on the Project Data Sheets has read the same, and hereby certifies that these statements are true to the best of the submitter's knowledge. The statements are for prequalifying subcontractors in order to submit sub-bids for this project, and any reference named therein is hereby authorized to supply any information necessary to verify the statements.

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

### SIGNATURE OF AN INDIVIDUAL

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in the  
(Day) (Month) (Year)

City of \_\_\_\_\_, County of \_\_\_\_\_,

State of \_\_\_\_\_.

Signature of Applicant \_\_\_\_\_

an individual, doing business as \_\_\_\_\_

### SIGNATURE OF A PARTNER

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in the  
(Day) (Month) (Year)

City of \_\_\_\_\_, County of \_\_\_\_\_,

State of \_\_\_\_\_.

Signature of Applicant \_\_\_\_\_

a partner of \_\_\_\_\_  
(Name of Firm)

### SIGNATURE OF AN OFFICER OF A CORPORATION

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in the  
(Day) (Month) (Year)

City of \_\_\_\_\_, County of \_\_\_\_\_,

State of \_\_\_\_\_.

Signature of Applicant \_\_\_\_\_

an officer with the title of \_\_\_\_\_  
(Title of Corporation Officer, Corporation Name)