

SUBCONTRACTOR TECHNICAL PREQUALIFICATION QUESTIONNAIRE

This subcontractor technical prequalification is valid only for above-mentioned project and will not be considered as a basis for prequalification on other projects in the California State University System. Note that all prospective general contractors must be financially prequalified with the Trustees. Contractors shall register and log in to "PlanetBids" to apply for prequalification at http://www.calstate.edu/cpdc/cm/contractor_prequal_bidders.shtml.

Complete and submit all information and forms on the following pages to the Trustees' Prequalification Coordinator. Direct any questions regarding prequalification to the Trustees' Prequalification Coordinator at the following address and phone number:

California State University, Chancellor's Office
Capital Planning, Design, and Construction
Telephone: (562) 951-4114
Email: cocm.prequal@calstate.edu

Once your firm has been technically prequalified for this project, your firm's name will be posted to a list of technically prequalified general contractors which will be published via addendum by

This Subcontractor Technical Prequalification Questionnaire was submitted by:

Company Name, No. of years in business

Street Address, City, State, Zip Code

CSLB License No.	Expiration Date	Classification(s)	DIR Public Works Registration #
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Contact Name	Email Address
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Telephone Number	Mobile Number
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Each subcontractor must answer all of the questions contained herein and on each Project Data Sheet. Subcontractors shall fill out all information fields accurately, completely, and truthfully. Any general contractor that fails to do so will be deemed non-responsive and will not be technically prequalified to bid this project. The decision from the Trustees is final and may not be appealed.

SUBCONTRACTOR TECHNICAL PREQUALIFICATION QUESTIONNAIRE

I. CONSTRUCTION EXPERIENCE

II. SUBMISSION

It is the responsibility of each subcontractor to submit the Project Data Sheets and necessary attachments for each project identified to the CSU, Chancellor's Office, Capital Planning, Design and Construction, Attention: Prequalification Coordinator, at the following email address:
cocm.prequal@calstate.edu.

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

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CERTIFICATION

The submitter of the foregoing statements contained on this Subcontractor Technical 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 inducing the Trustees to to prequalify the subcontractors and list them on an addendum as prequalified to submit sub-bids for this project, and any reference named therein is hereby authorized to supply the Trustees with 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)

SUBCONTRACTOR TECHNICAL 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.
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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.