

**REQUEST FOR QUALIFICATIONS**  
**LEASE-LEASEBACK SERVICES**  
**SOLANO COMMUNITY COLLEGE DISTRICT**  
**BUILDING 600 (ADMINISTRATION)**  
**FAIRFIELD, CA**

**ATTACHMENT RFQ-1**  
**REQUEST FOR QUALIFICATIONS DECLARATION**

1. This response is submitted by the entity listed below. All correspondence regarding this Request for Qualifications and the related Request for Proposals should be sent by the District to:

\_\_\_\_\_  
(Name of Contractor)

\_\_\_\_\_  
(Primary Contact for RFQ Correspondence)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(E-mail Address)

\_\_\_\_\_  
(Telephone/FAX)

2. The undersigned acknowledges that the following Amendment No(s). \_\_\_\_\_ to the Request for Qualifications (RFQ) have been received.
3. The undersigned certifies that the proposing Contractor takes no exception to the terms of the Request for Qualifications or the Amendments to the RFQ issued by the District.
4. All information submitted for evaluation will be considered official information acquired in confidence, and the District will maintain its confidentiality to the extent permitted by law.
5. It is critical that the prospective proposer fill out all required information accurately, completely, truthfully and to the best of its knowledge. Ambiguous or incomplete information may lead to an unfavorable rating and subsequent disqualification of the contractor. Should the District discover any material misrepresentations in Contractor's response to the Request for Qualification that would have resulted in the contractor not being selected, the District reserves the right to make a claim for "fraud in the inducement" and seek to recover all fees paid to Contractor, in addition to any other false claims/breach of contract remedies it may seek.
6. **Licensing Requirements (pass/fail):** In response to RFQ Section 9, article H, answer the following questions based upon data for your entire company and provide any required information in the format requested.

- A. Does your firm hold a State of California Contractor's License classification: B - GENERAL CONTRACTOR, which is current, valid, and in good standing with the California Contractor's State License Board?

YES  NO

Note: A "no" answer to this question will result in disqualification from further participation in the RFQ/RFP.

Provide the following information about your firm's contractor's licenses:

- (1) Name of license holder exactly as on file with the California Contractor's State License Board: \_\_\_\_\_
- (2) License Classification and Code: \_\_\_\_\_
- (3) License Number: \_\_\_\_\_
- (4) Date Issued: \_\_\_\_\_
- (5) Expiration Date: \_\_\_\_\_
- (6) Type of Ownership: \_\_\_\_Corporation \_\_\_\_Partnership \_\_\_\_Sole Proprietor

- B. Can you truthfully state that your firm's contractor's license under your classification has never been suspended, revoked, or been subject to disciplinary actions by the California Contractor's State License Board within the last ten (10) years?

YES  NO

If the answer is no, please explain on a separate, signed and dated page and **attach to this RFQ-1**. Provide the reason(s) for the suspension, revocation, or suspension action including the effective dates, and the current status.

- C. Can you truthfully state that your firm has not had a complaint filed with the Contractor's State License Board against your company that required a formal hearing or inquiry within the last ten (10) years?

YES  NO

If the answer is no, please explain on a separate, signed and dated page and **attach to this RFQ-1**. Identify the complaint in complete detail and the finding by the Contractor's State License Board.

- D. Can you truthfully state that your firm, or any of your firms' owners, officers or partners associated with the firm, has not been disqualified or barred from business with a public agency within the last five (5) years? The term "associated with" refers to another construction firm in which an owner, partner or officer of your firm held a similar position. Note: A "no" answer to this question will result in disqualification from further participation in the RFQ/RFP.

YES  NO

- E. Can you truthfully state that in the last five (5) years your firm has not been denied an award of a public works contract based upon a finding by a public agency that your firm was not a responsible bidder? Note: A "no" answer to this question will result in disqualification from further participation in the RFQ/RFP.

YES  NO

- F. Can you confirm that your firm or any officer or partner thereof, has not been terminated by an owner, owner's representative or contracting party, or otherwise failed to complete a contract?

YES  NO

If the answer is no, explain on a separate, signed and dated page and **attach to this RFQ-1**. Identify the year of the event, the owner, the project, and the basis for the termination or failure to complete the contract.

- G. At any time in the last five (5) years have you or your firm been assessed or paid liquidated damages with either a public or private owner?

YES  NO

If the answer is yes, explain on a separate, signed and dated page and **attach to this RFQ-1**. Identify each project by owner, owner's address, date of project completion, amount of liquidated damages assessed, amount paid, contract amount, and other information that fully explains why the liquidated damages were assessed.

Additionally, state the total number of projects completed by your firm in the last five years and the cumulative dollar value of those projects.

7. **Claims History (10 points):** In response to RFQ Section 9, article H, answer the following questions based upon data for work performed by your company in California and provide any required information in the format requested.

Note: The questions refer only to disputes between your firm and the owner of a project, or between your firm and a supplier, another contractor, or a subcontractor. You may omit reference to all disputes for amounts less than the values noted in each question.

- A. In the past five (5) years has any claim that was mediated, arbitrated, or filed in court by an Owner that concerns your firm's work on a construction contract resulted in a settlement, judgment, or award amount greater than \$25,000 against your firm?

YES  NO

Additionally, state the total number of projects completed by your firm in the last five years and the cumulative dollar value of those projects:

- B. In the past five (5) years has any claim that was mediated, arbitrated or filed in court by a subcontractor against your firm on a construction contract resulted in a settlement, judgment, or award in excess of \$25,000 against your firm?

YES  NO

Additionally, state the total number of projects completed by your firm in the last five years and the cumulative dollar value of those projects:

- C. In the past five (5) years, how many claims and / or arbitration, mediation, or litigation actions were initiated by your firm against an Owner? \_\_\_\_\_

Additionally, state the total number of projects completed by your firm in the last five years and the cumulative dollar value of those projects: \_\_\_\_\_

In response to items 8A, 8B, and 8C, create charts using the format on the next page, identify all claims that name Contractor as a plaintiff or defendant (both pending and resolved) by providing the project name, date of the claim, name of the entity (or entities) who filed the claim, a brief description of the nature of the claim, the court in which the case was filed including case #, and a brief description of the status of the claim. **Attach page(s) to this RFQ-1.**

**OWNER CLAIMS GREATER THAN \$25,000 IN WHICH CONTRACTOR IS A NAMED DEFENDANT**

CASE INFORMATION (indicated defendant and plaintiff information, case #, and disputed dollar amount)	PROJECT INFORMATION Project Name, Address, Owners Contact, Telephone #, etc.	BRIEF DESCRIPTION of the type of claim and date of claim	METHOD OF RESOLUTION <ul style="list-style-type: none"> <li>• Mediation</li> <li>• Arbitration</li> <li>• Court System</li> </ul>	RESOLUTION STATUS AND SETTLEMENT (expand as needed to sufficiently detail)

**SUBCONTRACTOR CLAIMS GREATER THAN \$25,000 IN WHICH CONTRACTOR IS A NAMED DEFENDANT**

CASE INFORMATION (indicated defendant and plaintiff information and disputed dollar amount)	PROJECT INFORMATION Project Name, Address, Owners Contact, Telephone #, etc.	BRIEF DESCRIPTION of the type of claim and date of claim	METHOD OF RESOLUTION <ul style="list-style-type: none"> <li>• Mediation</li> <li>• Arbitration</li> <li>• Court System</li> </ul>	RESOLUTION STATUS AND SETTLEMENT (expand as needed to sufficiently detail)

**CONTRACTOR CLAIMS AGAINST OWNER**

CASE INFORMATION (indicated defendant and plaintiff information and disputed dollar amount)	PROJECT INFORMATION Project Name, Address, Owners Contact, Telephone #, etc.	BRIEF DESCRIPTION of the type of claim and date of claim	METHOD OF RESOLUTION <ul style="list-style-type: none"> <li>• Mediation</li> <li>• Arbitration</li> <li>• Court System</li> </ul>	RESOLUTION STATUS AND SETTLEMENT (expand as needed to sufficiently detail)

8. **Safety Record (10 points):** In response to RFQ Section 9, article H, answer the following questions based upon data for your entire company and provide any required information in the format requested.

A. Does your firm have a written safety program that meets CAL/OSHA and Labor Code requirements & California Labor Code Section 3201.5 or 6401.7? Note: A “no” answer to this question will result in disqualification from further participation in the RFQ/RFP.

YES  NO

**Attach one (1) copy of the current safety program – either printed or on a CD – to the original, unbound set of the SOQ documents only.**

B. Has your firm been cited by CAL/OSHA in the past ten (10) years?

YES  NO

If the answer is yes, on a separate signed and dated page, list each citation and attach to this RFQ-1. Identify the citation defining the applicable code issue and the amount noted, the date of citation and resultant resolution date, and any information necessary to fully explain the circumstances and outcome of the citation.

C. List all serious and willful violations of Division 5, Part 1, Chapter 1 of the California Labor Code (commencing with Labor Code Section 6300) during the past ten (10) year period. Attach additional pages as necessary and **attach to this RFQ-1**. If no violations, note “NONE” on Line 1 below.

1. \_\_\_\_\_  
Violation

\_\_\_\_\_   
Project Name

2. \_\_\_\_\_  
Violation

\_\_\_\_\_   
Project Name

D. What is your firm’s current Experience Modification Factor (EMF)? \_\_\_\_\_

Note: An Experience Modification Factor of more than 1.0 will result in disqualification from further participation in this RFQ/RFP.

Important: You must provide a letter from your insurance company that states your firm’s EMF and **attach to this RFP-1**.

10. **Financial Information (pass/fail & 9 points):** In response to RFQ Section 9, article H, complete the following questionnaire and provide any required information in the format requested.

Note: Failure of the Contractor to demonstrate their financial viability based on the table below and business construction gross receipts\* with a three (3) year average of at least \$12 million annually (excluding any and all legal awards) for the past three (3) years, will result in the Contractor being disqualified. Failure to submit Statements of Financial Condition will result in the Contractor being disqualified.

- A. Can you truthfully state that your firm has had business construction gross receipts\* with a three (3) year average of at least \$15 million annually (excluding any and all legal awards)? Note: A “no” answer to this question will result in disqualification from further participation in this RFQ/RFP.

\$15 million annually                      YES  NO

\*Business construction gross receipts shall be defined as payments to prospective firm from Owners and/or Contractors for construction services rendered.

- B. Complete and submit one (1) complete copy of the Contractors Audited or Reviewed Financial Statements for each of the most recent three (3) years, and include the attached Declaration of Financial Condition (Attachment RFQ-2). **Attach one (1) set of the most recent three years of statements to the original, unbound set of the SOQ documents only.** Only one complete set is required. This is a mandatory requirement and respondents cannot substitute a meeting with the District for submission of the required three years of financial statements. Note: Failure to fully comply with this submission requirement will result in disqualification from further participation in this RFQ/RFP.

- C. Based on the average of the Contractor’s Audited or Reviewed Financial Statements for the most recent three (3) years, provide summary financial information in the table below.

Financial Ratio	Ratio Formula	Contractor’s Ratio	Points Received
Current Debt Ratio	$\frac{\text{Current Assets}}{\text{Current Liabilities}}$		Ratio less than 1 will be disqualified from further participation in this RFQ/RFP
Profitability	$\frac{\text{Net Income}}{\text{Net Sales}}$		Net loss will be disqualified from further participation in this RFQ/RFP
Liquidity Ratio	$\frac{\text{Current Assets} - (\text{Inventories} + \text{Prepaid})}{\text{Current Liabilities}}$		Ratio less than 1 will be disqualified from further participation in this RFQ/RFP

11. **Bonding Information (pass/fail & 6 points):** In response to RFQ Section 9, article H, complete the following questionnaire and provide any required information in the format requested.

A. Is your firm able to obtain total bonding capacity up to and including a total project value of \$8,000,000? A “no” answer to this question will result in disqualification of your firm from further participation in this RFQ/RFP.

YES  NO

B. What is your firm’s bonding rate for a project of at least \$8,000,000? \_\_\_\_\_

C. What is your firm’s total combined bonding capacity? \_\_\_\_\_

D. Will projects that you are planning to start in the next six to twelve months change or negatively impact your firm’s bonding capacity? Please provide written confirmation that sufficient capacity will remain to bond the District’s Project. **Attach written confirmation to this RFQ-1.**

YES  NO

E. Is it true that any Surety (past or present) has not paid out any monies for the construction activities of the firm within the last ten (10) years?

YES  NO

If no, please explain the dates, amount & Payees, and current status on a separate, signed and dated page and **attach to this RFQ-1.**

F. How long has your firm been with its current Surety? \_\_\_\_\_ Years

G. Provide the name, address, and telephone number of the Surety (not the Bonding/Broker agent) proposed to be used on this construction contract. Note: Failure to provide this information will result in disqualification from further participation in this RFQ/RFP.

Company Name: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

H. The Surety must be a Secured admitted surety insurer in the State of California. The District reserves the right to require Contractors to submit copies of the documents described in the Code of Civil Procedure 995.660 (a) 1, 2, and 4 (see below). The District reserves the right to reject any proffered surety insurer.

California Code of Civil Procedure 995.660.

(a) If an objection is made to the sufficiency of an admitted surety insurer on a bond or if the bond is required to be approved, the insurer shall submit to the court or officer the following documents:

(1) The original, or a certified copy, of the unrevoked appointment, power of attorney, bylaws, or other instrument entitling or authorizing the person who executed the bond to do so, within 10 calendar days of the insurer's receipt of a request to submit the instrument.



- (2) A certified copy of the certificate of authority of the insurer issued by the Insurance Commissioner, within 10 calendar days of the insurer's receipt of a request to submit the copy.
- (3) A certificate from the clerk of the county in which the court or officer is located that the certificate of authority of the insurer has not been surrendered, revoked, canceled, annulled, or suspended or, in the event that it has, that renewed authority has been granted, within 10 calendar days of the insurer's receipt of the certificate.
- (4) Copies of the insurer's most recent annual statement and quarterly statement filed with the Department of Insurance pursuant to Article 10 (commencing with Section 900) of Chapter 1 of Part 2 of Division 1 of the Insurance Code, within 10 calendar days of the insurer's receipt of a request to submit the statements.
- (b) If the admitted surety insurer complies with subdivision (a), and if it appears that the bond was duly executed, that the insurer is authorized to transact surety insurance in the state, and that its assets exceed its liabilities in an amount equal to or in excess of the amount of the bond, the insurer is sufficient and shall be accepted or approved as surety on the bond, subject to Section 12090 of the Insurance Code.

12. **Insurance Information (pass/fail):** Complete the following questionnaire and provide any required information in the format requested. Note: Failure of the Contractor to demonstrate the ability to obtain necessary limits of insurance will result in the Contractor being disqualified.

A. Is your firm able to obtain the following insurance in the limits stated?

YES  NO

	<u>Minimum Requirements</u>
<b>Commercial General Liability Insurance:</b>	
Per Occurrence	\$10,000,000
Aggregate	\$10,000,000
Product Completed Operations Aggregate*	\$10,000,000
Personal Injury	\$10,000,000
<b>Automobile Liability Insurance**</b>	
Bodily injury per person	\$10,000,000
Bodily injury per accident	\$10,000,000
Property Damage	\$10,000,000
<b>Builders Risk</b>	Contract Amount
<b>Worker Compensation/Employers Liability Insurance</b>	
Each accident	\$10,000,000
Disease - each employee	\$10,000,000
Disease – policy limit	\$10,000,000

B. If your answer to question 12A is “Yes”, provide a declaration from the Insurance Company or from the broker/agent, stating that your firm is able to obtain insurance or has insurance in the limits stated above from the Insurance Company or from the broker/agent. **Attach to this RFQ-1.**

Note: A failure to answer “yes” to this question and/or a failure to provide the required declaration from the insurance company or from the broker/agent, will result in disqualification from further participation in this RFQ/RFP.

Provide the following information regarding your Insurance Company/carrier(s) (not the Broker/Agent). Note: Failure of your insurance carrier to meet the rating and classification requirements shown below, except for Builders Risk which is optional, will result in your company’s disqualification from further participation in this RFQ/RFP.

For General Liability/Auto Liability/Excess Liability (Insurance carrier must have at least an A-, VII rating):

Company Name \_\_\_\_\_

Indicate AM Best Rating: \_\_\_\_\_

Indicate AM Best Financial Classification: \_\_\_\_\_

For Worker's Compensation & Employers' Liability: (Insurance carrier must have at least an A-, VII rating):

Company Name \_\_\_\_\_

Indicate AM Best Rating: \_\_\_\_\_

Indicate AM Best Financial Classification: \_\_\_\_\_

For Builders Risk (Insurance carrier must have at least an A-, VII rating):

Company Name \_\_\_\_\_

Indicate AM Best Rating: \_\_\_\_\_

Indicate AM Best Financial Classification: \_\_\_\_\_

13. **Certification:**

**IMPORTANT: If the below is signed by other than the sole proprietor, a general partner or corporate officer, attach original notarized Power of Attorney or Corporate Resolution.**

Check the one of the following:

I, the undersigned:

- Am the sole proprietor. \_\_\_\_\_
- Am a general partner. \_\_\_\_\_
- Am a corporate officer. \_\_\_\_\_
- Am none of the above and have attached an original notarized Power of Attorney or Corporate Resolution as required above. \_\_\_\_\_

**NOTE: Failure to return a properly completed Declaration will result in disqualification of the Contractor.**

I, \_\_\_\_\_, hereby declare that I am the  
(Printed Name)  
\_\_\_\_\_ of \_\_\_\_\_  
(Title) (Name of Firm)

submitting this response to the Request for Qualifications; that I am duly authorized to sign this response on behalf of the above named firm; and that all information set forth in this response 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 information submitted with this form is true and correct and that this declaration was executed in \_\_\_\_\_ County, California, on \_\_\_\_\_.  
(Date)

\_\_\_\_\_  
(Signature)