

PREQUALIFICATION FORM

**DOG RIVER PIPELINE CONSTRUCTION PROJECT
CONTRACT No. 2022-001**

1) BIDDER'S GENERAL INFORMATION

Contractor's Name: _____

Doing business as: _____
(An Individual, Partnership, Corporation, LLC)

Oregon Secretary of State Corp. Div. Registry No. _____

Address 1: _____

Address 2: _____

Phone: _____ Fax: _____

Application prepared by: _____

Preparer's Email: _____

Oregon Construction Contractors Board No. (CCB) _____

Other State License No. _____

2) BONDING

Surety Company: _____

Agent Name: _____

Address 1: _____

Address 2: _____

Phone: _____ Fax: _____

Bonding Capacity: Per Project \$ _____ Aggregate \$ _____

3) **WORK EXPERIENCE**

A. How many years has your firm been in business under its present name?

As a prime contractor? _____ As a subcontractor? _____

B. How many years' experience in construction work has your firm had?

As a prime contractor? _____ As a subcontractor? _____

C. **Attach to this form** the experience resumes of the persons who will be designated on-site construction superintendent and project manager. Change of contractor's project manager to be approved by City.

D. List recently completed projects that involve work of similar type and complexity meeting the following requirements (attach sheets as needed):

- Project using Butt Fused, Solid Wall HDPE pipe construction, greater than 18-inch diameter and greater than 2,000 feet (or more) in alignment length (one project minimum)
- Pipeline projects of 18-inch diameter or greater (any material), exceeding 3,000 feet (or more) in alignment length (three projects minimum)
- Project with difficult terrain or site access (narrow with areas of steep cross slopes), road maintenance and management of tight or awkward working areas. (two projects minimum)

PROJECT #1

Owner Name, Project Name	Contract Price	Date of Completion
Contact Name, Address and Phone of Owner	Describe Work Performed	
Describe how this project was similar in type and complexity to this project.		

PROJECT #2

Owner Name, Project Name	Contract Price	Date of Completion
Contact Name, Address and Phone of Owner	Describe Work Performed	
Describe how this project was similar in type and complexity		

PROJECT #3

Owner Name, Project Name	Contract Price	Date of Completion
Contact Name, Address and Phone of Owner	Describe Work Performed	
Describe how this project was similar in type and complexity		

PROJECT #4

Owner Name, Project Name	Contract Price	Date of Completion
Contact Name, Address and Phone of Owner	Describe Work Performed	
Describe how this project was similar in type and complexity		

PROJECT #5

Owner Name, Project Name	Contract Price	Date of Completion
Contact Name, Address and Phone of Owner	Describe Work Performed	
Describe how this project was similar in type and complexity		

PROJECT #6

Owner Name, Project Name	Contract Price	Date of Completion
Contact Name, Address and Phone of Owner	Describe Work Performed	
Describe how this project was similar in type and complexity		

PROJECT #7

Owner Name, Project Name	Contract Price	Date of Completion
Contact Name, Address and Phone of Owner	Describe Work Performed	
Describe how this project was similar in type and complexity		

4) SUPPLEMENTAL QUESTIONS – Attach written explanations as appropriate

A. Was your company able to attend the mandatory pre-bid meeting for the project held on **October 14th, 2021**?

Yes ____ No ____

B. Has your company changed its name during the past 5 years? Yes ____ No ____

If yes, provide your company's former name: _____

C. Has your company ever been denied prequalification by any state, local or federal agency in this or any other state?

Yes ____ No ____ **if yes, please attach an explanation**

D. Has your company ever failed to complete a state, local or federal public improvement contract?

Yes ____ No ____ **if yes, please attach an explanation**

E. Has your company had any claims placed against one of your payment bonds or performance bonds in the past 5 years?

Yes ____ No ____ **if yes, please attach an explanation**

F. Have you or your company ever been debarred from bidding on contracts by any state, local or federal agency in this or any other state?

Yes ____ No ____ **if yes, please attach an explanation**

G. Has your company filed for bankruptcy in the past 5 years?

Yes ____ No ____ **if yes, please attach an explanation**

H. Has your company had any willful OSHA violations in the past 5 years?

Yes ____ No ____ **if yes, please attach an explanation**

I. Within the last 5 years has the applicant, or any parent, subsidiary or affiliate, been found in breach of a local, state or federal contract?

Yes ____ No ____ **if yes, please attach an explanation**

- J.** Within the last 5 years have you, your company or any officers, agents or employees of your company been found to have violated any State or Federal prevailing wage statute, regulation (including the federal Davis-Bacon and Related Acts and ORS 279C.830 et. seq.) in any Final Order of the Oregon Bureau of Labor and Industries or the US Department of Labor, by any other state or federal agency, or by any court of competent jurisdiction?

Yes ____ No ____

If yes, provide copies of the final order or judgment and explain in detail the following:

- the circumstances behind any violation, including the amount not yet paid
- whether the amounts have now been paid
- the reasons for the violation
- all efforts undertaken to ensure that future violations will not occur

- K.** Does your firm have available the appropriate financial, material, equipment, facility and personnel resources and expertise, or ability to obtain the resources and expertise, necessary to demonstrate the capability of the firm to meet all contractual responsibilities?

Yes ____ No ____ **if yes, please provide supporting documentation**

- L.** Is your firm experiencing financial distress or having difficulty securing financing?

Yes ____ No ____

- M.** Does your firm have sufficient cash flow to fund day-to-day operations throughout the proposed contract period?

Yes ____ No ____

- N.** Within the last 5 years, has your firm completed previous contracts of a similar nature with a satisfactory record of performance? [For purposes of this question, a satisfactory record of performance means that to the extent that the costs associated with and time available to perform a previous contract remained within your firm's control, your firm stayed within the time and budget allotted for the procurement and otherwise performed the contract in a satisfactory manner.]

Yes ____ No ____ **if no, please attach an explanation**

- O. Does your firm have all required licenses, insurance and/or registrations, if any, and is the firm legally authorized to do business in the State of Oregon?

Yes ____ No ____ **if no, please attach an explanation**

- P. Does your firm have the ability to obtain and maintain for the duration of the project the liability and other required insurance in the amounts listed below after the notice of award has been issued?

Yes ____ No ____

Type of Insurance

Limits of Liability

Worker's Compensation

- | | |
|---|--|
| • State: | Statutory |
| • Federal: | Statutory |
| • Jones Act coverage, if applicable | |
| • Bodily Injury by Accident, each accident: | \$500,000 (CSL), \$1,000,000 (aggregate) |
| • Bodily Injury by Disease: | \$1,000,000 (aggregate) |
| • Employer's Liability | |
| • Bodily Injury by Accident, each accident: | \$500,000 (CSL), \$1,000,000 (aggregate) |
| • Bodily Injury by Disease, each employee: | \$500,000 (CSL), \$1,000,000 (aggregate) |
| • Bodily Injury/Disease Aggregate: | \$1,000,000 |
| • Stop-gap liability: | \$1,000,000 |
| • Foreign Voluntary Worker Compensation: | Statutory |

Contractor's General Liability

- | | |
|--|-------------------------------|
| • General Aggregate: | \$5,000,000 |
| • Products - Completed Operations: | \$5,000,000 (aggregate) |
| • Personal Injury Per Person/Organization: | \$500,000 (each occurrence) |
| • Bodily Injury and Property Damage: | \$2,000,000 (each occurrence) |

Property Damage liability insurance will provide Explosion, Collapse, and Underground coverages where applicable.

Automobile Liability

- | | |
|--------------------------|-----------------------------|
| • Bodily Injury: | \$500,000 (each person) |
| | \$1,000,000 (each accident) |
| • Property Damage: | \$500,000 (each accident) |
| • Combined Single Limit: | \$1,000,000 |

Excess or Umbrella Liability:

\$5,000,000 (aggregate)
\$2,000,000 (each occurrence)

Pollution Liability

\$2,000,000 (aggregate)
\$2,000,000 (each occurrence)

Q. Does your firm qualify as a carrier-insured employer or a self-insured employer under ORS 656.407 or has elected coverage under ORS 656.128?

Yes ____ No ____

R. Has your firm complied with the tax laws of the State or a political subdivision of the State, including ORS 305.620 and ORS Chapters 316, 317 and 318?

Yes ____ No ____

5) CERTIFICATION STATEMENT

I certify that the foregoing statements and information provided in all sections of this application are correct and true as of the date of this application and that I am authorized to bind this company contractually. I further certify that any additional information requested by the City to process this application will be true and correct.

Name

Title

Signature

Date

Company Name