

SECTION 00 45 13

BIDDER'S QUALIFICATIONS

Refer to Section 00 21 13 (Instructions to Bidders – Bidder Qualifications) for instructions. Add additional sheets, as necessary, to demonstrate compliance with the requirements specified in Section 00 21 13.

| | | |
|--|---|-------------------------|
| 1. BIDDER'S NAME: | | |
| 2. IS THIS A JOINT VENTURE? <input type="checkbox"/> Yes, <input type="checkbox"/> No; If "Yes," list name of each joint venture partner: | | |
| | | |
| 3. FEDERAL ID NO.: | 4. SF BUSINESS TAX REG. NO.: | |
| 5. NAME OF RESPONSIBLE MANAGEMENT OFFICER: | | |
| 6. DID BIDDER INSPECT THE PROJECT SITE? <input type="checkbox"/> Yes, <input type="checkbox"/> No; If "Yes," list name and phone of person who did the inspection: | | |
| NAME: | | PHONE NO: |
| 7. NUMBER OF YEARS BIDDER'S ORGANIZATION HAS HAD EXPERIENCE IN WORK COMPARABLE WITH THAT REQUIRED UNDER THE PROPOSED CONTRACT: _____ Years as a General Contractor _____ Years as a Subcontractor | | |
| 8. RECENT WORK SIMILAR IN CHARACTER TO THAT REQUIRED IN THE PROPOSED CONTRACT, WHICH BIDDER HAS COMPLETED IN THE PAST 10 YEARS: | | |
| (a) | | |
| PROJECT DESCRIPTION: | | |
| LOCATION: <i>Address, City, State</i> | | |
| START DATE: | PLANNED COMPLETION DATE: | ACTUAL COMPLETION DATE: |
| CONTRACT AMOUNT: \$ | CHANGE ORDER AMOUNT: \$ | |
| ROLE (Check One): <input type="checkbox"/> General Contractor <input type="checkbox"/> Subcontractor | IF GENERAL CONTRACTOR, LIST NAMES OF MAJOR SUBCONTRACTORS EMPLOYED: | |
| | | |
| | | |
| NAME OF OWNER'S REPRESENTATIVE: | | |
| TITLE: | | TELEPHONE: |
| BUSINESS ADDRESS: | | |

(b)

| | | |
|--|---|-------------------------|
| PROJECT DESCRIPTION: | | |
| LOCATION: <i>Address, City, State</i> | | |
| START DATE: | PLANNED COMPLETION DATE: | ACTUAL COMPLETION DATE: |
| CONTRACT AMOUNT: \$ | CHANGE ORDER AMOUNT: \$ | |
| ROLE (Check One): <input type="checkbox"/> General Contractor <input type="checkbox"/> Subcontractor | IF GENERAL CONTRACTOR, LIST NAMES OF MAJOR SUBCONTRACTORS EMPLOYED: | |
| | | |
| | | |
| NAME OF OWNER'S REPRESENTATIVE: | | |
| TITLE: | | TELEPHONE: |
| BUSINESS ADDRESS: | | |

(c)

| | | |
|--|---|-------------------------|
| PROJECT DESCRIPTION: | | |
| LOCATION: <i>Address, City, State</i> | | |
| START DATE: | PLANNED COMPLETION DATE: | ACTUAL COMPLETION DATE: |
| CONTRACT AMOUNT: \$ | CHANGE ORDER AMOUNT: \$ | |
| ROLE (Check One): <input type="checkbox"/> General Contractor <input type="checkbox"/> Subcontractor | IF GENERAL CONTRACTOR, LIST NAMES OF MAJOR SUBCONTRACTORS EMPLOYED: | |
| | | |
| | | |
| NAME OF OWNER'S REPRESENTATIVE: | | |
| TITLE: | | TELEPHONE: |
| BUSINESS ADDRESS: | | |

(Add sheets if necessary.)

9. LIST ALL CONTRACTS DURING THE PAST 10 YEARS FOR WHICH THE BIDDER, OR A MEMBER OF THE BIDDER'S ORGANIZATION, RECEIVED AN UNSATISFACTORY PERFORMANCE RATING, WAS CITED AND FINED FOR OSHA VIOLATIONS OR FAILED TO COMPLETE WORK.

(a)

| | |
|---------------------------------------|----------------|
| PROJECT: | NAME OF OWNER: |
| LOCATION: <i>Address, City, State</i> | |
| EXPLAIN: | |
| | |

(b)

| | |
|---------------------------------------|----------------|
| PROJECT: | NAME OF OWNER: |
| LOCATION: <i>Address, City, State</i> | |
| EXPLAIN: | |
| | |

(Add sheets if necessary.)

| 10. LIST MAJOR CONSTRUCTION EQUIPMENT, FACILITIES OR AIDS THAT BIDDER REPRESENTS IT POSSESSES OR CAN OBTAIN IN TIME TO PERFORM THE WORK; INDICATING WHETHER OWNED OR RENTED AND WHERE OBTAINED: | | | | | |
|---|--------------------------|--------------------------|--------------------------|----------------------|-----------|
| EQUIPMENT | OWNED | LEASED | RENTED | RENTAL AGENT NAME | TELEPHONE |
| (a) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| (b) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| (c) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| (d) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| (e) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

| 11. BIDDER REFERS TO THE FOLLOWING BANK(S) AS TO FINANCIAL RESPONSIBILITY OF BIDDER: | |
|--|------------|
| (a) | |
| NAME OF BANK: | |
| BUSINESS ADDRESS: | |
| CONTACT NAME: | TELEPHONE: |
| (b) | |
| NAME OF BANK: | |
| BUSINESS ADDRESS: | |
| CONTACT NAME: | TELEPHONE: |
| (c) | |
| NAME OF BANK: | |
| BUSINESS ADDRESS: | |
| CONTACT NAME: | TELEPHONE: |

| 12. INSURANCE AND SURETY COMPANIES AND AGENTS WHO WILL PROVIDE THE REQUIRED INSURANCE AND BONDS ON THIS CONTRACT: | |
|---|----------------------------|
| (a) | |
| NAME OF COMPANY: | TYPE OF INSURANCE OR BOND: |
| BUSINESS ADDRESS: | |
| AGENT'S NAME: | TELEPHONE: |
| (b) | |
| NAME OF COMPANY: | TYPE OF INSURANCE OR BOND: |
| BUSINESS ADDRESS: | |
| AGENT'S NAME: | TELEPHONE: |

(Add sheets if necessary.)

BIDDER understands and agrees that, if awarded the Contract, Contractor and each of Contractor's Subcontractors must maintain a current business tax registration number. If the Tax Collector determines that Contractor or any of Contractor's Subcontractors do not have or maintain current business tax registration numbers, the City may either cancel the Contract or withhold any payments due under the Contract. Refer to Section 00 73 73.

END OF SECTION