

# Berkeley Unified School District



## PURCHASING DEPARTMENT

1720 Oregon Street, Berkeley, California 94703 • (510) 644-6430 • Fax: (510) 644-8703

### New Vendor Application - PUBLIC WORKS CONTRACTOR

#### SECTION 1 - General Information

Company And Contact Information			
Company Name (as name appears on license): _____			
Web Site Address: _____			
Mailing Address _____			
City _____		State _____	Zip _____ - _____
Remit To Address _____			
City _____		State _____	Zip _____ - _____
Contact Name _____		Title _____	
Phone (____) _____ - _____		Ext _____ Fax (____) _____ - _____	
E-mail Address: _____			
License #: _____		Class: _____	Exp. Date: _____
Supplemental classification(s) held, if any, and license number(s): _____			
Have you ever been licensed in California under a different name or different license number? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list all name(s) and license number(s) on a separate sheet.)			
In the past 10 yrs., what other business has the principal been involved in? _____			
Has there been any recent change in control of company: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain on separate signed page.)			
Is the company or its owners connected with other companies as a subsidiary, parent, holding or affiliate? (If yes, explain on separate signed page.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Corporate Officers / Partners / Proprietor / Owners / Key Personnel:			
Name	Position	Years with Firm	% of Ownership
_____	_____	_____	_____
_____	_____	_____	_____
In what type of construction do you specialize? _____			
What was the largest amount of work complete in one year?			
Dollar Amount	No of Jobs	Year	Largest Job
\$ _____	_____	_____	_____
List annual gross income for last three (3) years:			
Year: _____	\$ _____	Year: _____	\$ _____
Year: _____	\$ _____	Year: _____	\$ _____

**SECTION 2 - Performance**

What size projects do you feel your company can undertake: Single job: \$ _____ Total work in Progress: \$ _____				
List the two (2) largest <u>public works</u> contracts completed in the past seven (7) years:				
Owner	Contact & Phone#	Job Description	Contract \$	Year Comp
List the two (3) largest contracts completed in the past seven (7) years:				
Owner	Contact & Phone#	Job Description	Contract \$	Year Comp
List all projects completed for <u>School Districts</u> in the last seven (7) years (Attach separate sheet if needed.)				
Owner	Contact & Phone #,	Job Description	Contract \$	Year Comp
List 2 current principal Suppliers and 3 current principal Subcontractors:				
Company	Material or Service Provided	Contact	Phone #	
			(    )	
			(    )	
			(    )	
			(    )	
			(    )	

**SECTION 3 – Experience**

1. How many years has your organization been in business in California, as a contractor under your present business name and license number? _____ Years
2. How many years experience as a general contractor? _____ Years
3. Are the owners or principals of your firm in good standing with the Contractors State License Board or have they ever had their contractor's licenses suspended, put on probation, or revoked?  <input type="checkbox"/> Good Standing <input type="checkbox"/> Suspended <input type="checkbox"/> Probation <input type="checkbox"/> Revoked
4. How much experience does your organization have as a General Contractor under the California Division of the State Architect (DSA) Rules and Regulations? _____ Years
5. How many stop notices have been filed in court and lost by your firm? _____ Filed, _____ Lost
6. Has your firm ever failed to complete a project in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. In your three most current completed contracts, how many unresolved change orders resulted in a claim? _____
8. Has your firm been assessed liquidated damages in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has your firm ever had insurance terminated by a carrier in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. How many OSHA citations has your firm received on your three most current completed contracts? _____
11. Does your firm have a CAL OSHA compliant safety plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. What is your current Worker's Compensation modification rate? _____ Rate

13. How many school projects has your firm completed in the past 5 years? \_\_\_\_\_

14. Within the past 5 years, has any employee or entity filed a complaint against your firm with the California Contractors License Board? If yes, how many complaints were filed?  Yes  No \_\_\_\_\_ Complaints

15. Within the past 5 years, has any employee filed a complaint with the Labor Board? If yes, how many complaints were filed?  Yes  No \_\_\_\_\_ Complaints

16. Has your firm or any officer of your firm been found guilty of violating any federal, state or local law, rule or regulation regarding a construction contract?  Yes  No

Are you currently pre-qualified with any school district in California?  Yes  No  
 If yes, which one(s)? \_\_\_\_\_ Dollar rating? \$ \_\_\_\_\_  
 I hereby allow you to contact the district(s) above to discuss my rating/prequalification.

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**SECTION 4 - Insurance**

Do you currently have a minimum of \$1,000,000 Combined Comprehensive Single Limit Liability Insurance?  
 Yes  No Amt of Ins \$ \_\_\_\_\_ Yrs with Ins Co.: \_\_\_\_\_ (Please provide a Certificate of Insurance as verification)

Insurance Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

*Note: If less than two years with company, please list prior insurance companies on a separate page, including phone numbers and contact names.*

**Application Submitted by:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR PURCHASING USE ONLY – DO NOT WRITE BELOW THIS LINE**

Received \_\_\_\_/\_\_\_\_/\_\_\_\_ By \_\_\_\_\_  
 Vendor No. \_\_\_\_\_  New  Update Reviewed \_\_\_\_/\_\_\_\_/\_\_\_\_ By \_\_\_\_\_

License Verified by: \_\_\_\_\_ on \_\_\_\_\_ License Clear:  Yes  No  
 Insurance Verified by \_\_\_\_\_ on \_\_\_\_\_ Spoke to: \_\_\_\_\_  
 Certificate of Insurance attached?  Yes  No Expiration date of insurance: \_\_\_\_\_

**Supplier Reference Verification**

**Supplier #1** Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Annual Vol: \$ \_\_\_\_\_  
 Paid at terms:  Yes  No Last usage date: \_\_\_\_\_ Ver. by \_\_\_\_\_ on \_\_\_\_\_

**Supplier #2** Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Annual Vol: \$ \_\_\_\_\_  
 Paid at terms:  Yes  No Last usage date: \_\_\_\_\_ Ver. by \_\_\_\_\_ on \_\_\_\_\_