



KERN HEALTH SYSTEMS

CALIFORNIA UNIFORM PUBLIC CONSTRUCTION COST ACCOUNTING ACT (CUPCAA)

INFORMAL BIDDING PREQUALIFICATION APPLICATION

FOR THE 2019 CALENDAR YEAR

Return Application to:

By Mail:

**Kern Health Systems
Purchasing Department
Attn: Alonso Hurtado
9700 Stockdale Highway
Bakersfield, CA 93311**

Or by Email:

rfp@khs-net.com



INTRODUCTION

Kern Health Systems (Agency) has elected to become subject to the California Uniform Public Construction Cost Accounting Act (“CUPCCAA”). The Agency hereby invites all licensed contractors who can meet the Agency’s prequalification requirements to submit information for inclusion on the Agency’s qualified bidders’ list for CUPCCAA work in the following areas:

- Class A – General Engineering Contractors;
- Class B – General Building Contractors;
- Class C – Specialty Contractors, including but not limited to
 - Insulation and Acoustical; Boiler and Hot-water Heating; Framing and Rough Carpentry; Cabinet, Millwork and Finish Carpentry; Low Voltage Systems; Concrete: Electrical; Elevator: Earthwork and Paving; Fencing; Flooring; Fire Protection; Glazing; HVAC; Building Moving/Demolition; Ornamental Metal; Landscaping, Lock and Security Equipment, Painting, Plumbing, Refrigeration, Roofing, Signs; etc.;
- Class C--Limited Specialty Classifications, including, but not limited to:
 - Elevated Floors; Synthetic Products; Hardware, Locks and Safes; Machinery and Pumps; Doors, Gates, and Activating Devises; Paperhanging; pole Installation and Maintenance; Prefabricated Equipment; Pool and Spa Maintenance; Tree Service; Window Coverings; Hydroseed Spraying; Construction Cleanup; etc.; and Communication Systems, including Telephone and Data.

CONTRACTOR INFORMATION

1.0 Company Information

1.1. Company Name: _____

Type of Company (check one): Corporation _____ Partnership _____
Individual ____ Sole Proprietorship _____

Contact Person(s): _____.

1.2. Company Address: _____

1.3. Company Mailing Address: _____

1.4. Company Telephone: _____ Fax Number: _____

1.5. Email: _____

IMPORTANT: Please note that all notifications will go out via email

1.6. Federal Tax ID No.: _____

1.7. Department of Industrial Relations Number: _____

1.8. Business License Number: _____

2.0 Corporate Officers/Partners/Proprietor/Owners/Key Personnel

Please list all company owners, partners, officers, and other key personnel:

2.1 Name: _____ Title/Position: _____

2.2 Name: _____ Title/Position: _____

2.3 Name: _____ Title/Position: _____

3.0 Contractor's License Numbers (Add additional page if necessary)

3.1 License No.: _____ Trade Category: _____

Name/Tile of Qualifying Individual: _____

3.2 License No.: _____ Trade Category: _____

Name/Tile of Qualifying Individual: _____

3.3 License No.: _____ Trade Category: _____

Name/Tile of Qualifying Individual: _____

4.0. Trade Categories.

As appropriate, please check below the any and all of the trade categories for which the Applicant is eligible and would like to be contacted:

Selection	Trade Category	Required CA License
<input type="checkbox"/>	Grading, drainage, site utilities, asphalt paving	A General Engineering
<input type="checkbox"/>	General Construction	B General Building
<input type="checkbox"/>	General Construction	C-2 Insulation/Acoustical
<input type="checkbox"/>	Cabinetry, Millwork, Finish Carpentry	C-6 Cabinet/Finish Carpentry
<input type="checkbox"/>	General Low Voltage Electrical/ Data Cabling	C-7 Low Voltage/Electrical
<input type="checkbox"/>	Concrete paving	C-8 Concrete
<input type="checkbox"/>	General Electrical	C-10 Electrical
<input type="checkbox"/>	Earthwork/Paving	C-12 Earthwork/ Paving
<input type="checkbox"/>	Fence	C-13 Fencing
<input type="checkbox"/>	Flooring	C-15 Floor and Flooring
<input type="checkbox"/>	Fire Protection/Fire Alarms	C-16 Fire Protection
<input type="checkbox"/>	Glass	C-17 Glazing
<input type="checkbox"/>	HVAC	C-20 HVAC
<input type="checkbox"/>	Moving/Demolition	C-21 Building Moving/Demo
<input type="checkbox"/>	Landscaping/Irrigation	C-27 Landscaping
<input type="checkbox"/>	Doors, Locks, Security	C-28 Lock/Security Equip
<input type="checkbox"/>	Masonry	C-29 Masonry
<input type="checkbox"/>	Parking Lot	C-32 Parking/Highway Improvement
<input type="checkbox"/>	Painting	C-33 Painting/ Decorating
<input type="checkbox"/>	General Construction	C-35 Lathing and Plastering
<input type="checkbox"/>	Plumbing	C-36 Plumbing
<input type="checkbox"/>	Refrigeration	C-38 Refrigeration
<input type="checkbox"/>	Roofing	C-39 Roofing
<input type="checkbox"/>	Sheet Metal	C-43 Sheet Metal
<input type="checkbox"/>	Signage	C-45 Sign
<input type="checkbox"/>	Solar	C-46 Solar
<input type="checkbox"/>	Ceramic Tile	C-54 Tile
<input type="checkbox"/>	Welding	C-60 Welding

5.0. Contractor's Public Works Experience

Please list the Applicant's two largest public work projects completed within the past 2 years:

- 5.1 Public Agency Name: _____
Project Title: _____
Value of Applicant's contract or Applicant's subcontract: \$ _____
Date of completion of this work: _____
Public Agency Contact Name: _____ Phone: _____

- 5.2 Public Agency Name: _____
Project Title: _____
Value of Applicant's contract or Applicant's subcontract: \$ _____
Date of completion of this work: _____
Public Agency Contact Name: _____ Phone: _____

6.0 Bonding, Insurance and Banking Information.

- 6.1. Surety Company: _____
Contact: _____
Address: _____
Telephone: _____ Fax: _____

- 6.2. Surety Brokerage Company: _____
Contact: _____
Address: _____
Telephone: _____ Fax: _____

- 6.3. Commercial General Liability Insurer: _____
Broker: _____ Current Policy No.: _____
Contact: _____
Address: _____
Telephone: _____ Fax: _____

- 6.4. Workers' Compensation Insurer: _____
Broker: _____ Current Policy No.: _____
Contact: _____
Address: _____
Telephone: _____ Fax: _____

- 6.5. Bank Name: _____
Contact: _____
Address: _____
Telephone: _____ Fax: _____
Line of credit: \$ _____ Unused portion: _____
Expiration date: _____

7.0 References:

Owner References (public agencies preferred)

7.1 Owner Name: _____
Contact: _____
Address: _____
Telephone: _____ Fax: _____
Project Description/Scope of Work:

7.2 Owner Name: _____
Contact: _____
Address: _____
Telephone: _____ Fax: _____
Project Description/Scope of Work:

7.3 Owner Name: _____
Contact: _____
Address: _____
Telephone: _____ Fax: _____
Project Description/Scope of Work:

ESSENTIAL REQUIREMENTS FOR QUALIFICATION

NOTE: Contractor shall be disqualified if the answer to questions number 1 through 3 is “NO”

1. Do you have a liability insurance policy with policy limit of at least \$1 Million per occurrence and \$2 Million aggregate?

YES NO

2. Do you have a current Workers Compensation Insurance policy as required by the State of California Labor Code or is legally Self Insured pursuant to Labor Code Section 3700 et seq?

YES NO

3. Are you a DIR Registered contractor?

YES NO

NOTE: Contractor shall be disqualified if the answer to questions number 4 through 6 is “YES”

4. Has your license been revoked at any time in the last five (5) years?

YES NO

5. Has the Surety firm completed a contract on your behalf, or paid for completion because your firm was default terminated by the Owner within the last five (5) years?

YES NO

6. At the time of submitting this Pre-Qualification form, is your firm ineligible to bid on or be awarded a public works contract, or perform as a Sub-Contractor on a public works contract, pursuant to either Labor Code Section 1777.1 (Violation of public works labor laws) or Labor Code Section 1777.7 (Violation of apprenticeship requirements)?

YES NO

If YES, state beginning and ending dates of the period of debarment.

Beginning: _____ Ending: _____

NOTE: A Contractor disqualified solely because of a “YES” answer given to question 4, 5, or 6 may appeal the disqualification and provide an explanation of the relevant circumstance during the appeal procedure.

ORGANIZATION, HISTORY, PERFORMANCE COMPLIANCE WITH CIVIL AND CRIMINAL LAW

NOTE: If answer to any of the following questions is “YES”, please explain on a separate signed sheet.

1. Is your firm **currently** the debtor in a bankruptcy case? Has your firm been in a bankruptcy case at any time during the last five (5) years?

___ YES ___ NO

2. Has your license(s) been suspended by the California State License Board (CSLB) or any of your Responsible Managing Employee (RME) or Officer (RMO) been suspended within the last five (5) years?

___ YES ___ NO

3. Has your firm been assessed and paid Liquidated Damages after completion of a project under a construction contract with either public or private owner within the last five (5) years?

___ YES ___ NO

4. In the last five (5) years, has your firm, or any firm with which any of your company’s owners, officers, or partners were “associated with”, been debarred, disqualified, removed, or otherwise prevented from bidding on, or competing at any government agency or public works project for any reason?

___ YES ___ NO

(NOTE: “Associated With” refers to another construction firm in which an owner, partner, or officer of your firm held similar position.)

5. In the last five (5) years, has your firm been denied an award of a public works contract based on a finding by a public agency that your firm was **NOT** a **RESPONSIBLE** bidder?

___ YES ___ NO

6. In the past five (5) years, has any claim **against** your firm concerning your firm’s work on a construction project been **filed in court or arbitration**?

___ YES ___ NO

7. At any time during the past five (5) years, has any surety company made any payments on your firm’s behalf as a result of a default to satisfy any claims made against a performance or payment bond issued on your firm’s behalf in connection with a construction project, either public or private?

___ YES ___ NO

8. In the last five (5) years, has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm?

___ YES ___ NO

9. During the last five (5) years, has your firm ever been denied bond coverage by a surety company, or has there been a period of time when your firm had no surety bond in place during a public construction project when one was required?

___ YES ___ NO

10. Has CAL OSHA cited and assessed penalties against your firm for any “serious,” “willful” or “repeat” violations of its safety or health regulations in the past five years?

___ YES ___ NO

(NOTE: If you have filed an appeal of a citation, and the Occupational Safety and Health Appeals Board has not yet ruled on your appeal, you need not include information about it.)

11. Has the federal Occupational Safety and Health Administration cited and assessed penalties against your firm in the past five years?

___ YES ___ NO

(NOTE: If you have filed an appeal of a citation and the Appeals Board has not yet ruled on your appeal, or if there is a court appeal pending, you need not include information about the citation.)

12. Has the EPA or any Air Quality Management District or any Regional Water Quality Control Board cited and assessed penalties against either your firm or the owner of a project on which your firm was the contractor, in the past five years?

___ YES ___ NO

(NOTE: If you have filed an appeal of a citation and the Appeals Board has not yet ruled on your appeal, or if there is a court appeal pending, you need not include information about the citation.)

13. Has there been more than one occasion during the last five years in which your firm was required to pay either back wages or penalties for your own firm’s failure to comply with the **state’s** prevailing wage laws?

___ YES ___ NO

(NOTE: This question refers only to your own firm’s violation of prevailing wage laws, not to violations of the prevailing wage laws by a subcontractor.)

14. During the last five years, has there been more than one occasion in which your own firm has been penalized or required to pay back wages for failure to comply with the **Federal Davis-Bacon** prevailing wage requirements?

___ YES ___ NO

15. At any time during the last five years, has your firm been found to violate any provision of California apprenticeship laws or regulations, or the laws pertaining to use of apprentices on public works?

___ YES ___ NO

CERTIFICATION AS TO ACCURACY AND AUTHORITY

The undersigned is duly authorized to execute this Informal Bidding Prequalification Application under penalty of perjury on behalf of the above-identified Applicant. The undersigned warrants and represents that he/she has personal knowledge of each of the responses to this Informal Bidding Prequalification Application and/or that he/she has conducted all necessary and appropriate inquiries to determine the truth, completeness, and accuracy of responses to this Informal Bidding Prequalification Application.

The undersigned certifies under penalty of perjury under the laws of the State of California that the responses to this Informal Bidding Prequalification Application are complete and accurate; there are no omissions of material fact or information that render any response to be false or misleading and there are no misstatements of fact in any of the responses. The above-identified Applicant acknowledges and agrees that if KHS determines that any response herein is false or misleading or contains misstatements of fact, the Applicant will not be deemed qualified to participate in KHS's Informal Bidding procedures.

By: _____
Name: _____
Title: _____
Date: _____

INSURANCE REQUIREMENTS

Minimum Insurance Coverage Requirements for 2019 Prequalification

The Contractor shall obtain and maintain the following insurance coverages with minimum coverage amounts as set forth in the table below for the duration of the contract and for 7 years thereafter, insurance against claims for injuries to persons or damaged to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees, or sub-contractors:

MINIMUM SCOPE AND LIMITS OF INSURANCE:

Coverage shall be at least as broad as:

INSURANCE POLICY	MINIMUM COVERAGE AMOUNT (\$)
Commercial General Liability Including: Products and completed operations, property damage, bodily injury, personal & advertising injury, and blanket contractual.	\$1,000,000 Per Occurrence. If a general aggregate applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit will be twice the required per occurrence limit
Auto Liability Including: 1. Owned, non-owned and hired vehicles; 2. Workers' Compensation and Employer's Liability	Combined Single Limit, Bodily Injury and Property Damage Per Occurrence: One Million Dollars (\$1,000,000) Statutory limits and One Million Dollars (\$1,000,000), per claim and in accordance to the laws of the State of California
Builder's Risk	All risk coverage form, with limits equal to the completed value of the project and no coinsurance penalty provisions. Contractor will be responsible for any deductibles. Seismic coverage: <input type="checkbox"/> Not Required <input type="checkbox"/> Required

Specified per Job

Professional Liability (if Design/Build), with limits no less than \$1,000,000 per occurrence or claim, and \$2,000,000 policy aggregate.

Contractors' Pollution Legal Liability with limits no less than \$1,000,000 per occurrence or claim, and \$2,000,000 policy aggregate.

If the contractor maintains broader coverage and/or higher limits than the minimums shown above, then owner requires, owner shall be entitled to the broader coverage and/or higher limits maintained by the Contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the Owner.

Self-Insured Retentions

Self-insured retentions must be declared to and approved by the Owner. At the option of the Owner, either: the contractor shall cause the insurer shall reduce or eliminate such

self-insured retentions as respects the Owner, its officers, officials, employees, and volunteers; or the Contractor shall provide a financial guarantee satisfactory to the Owner guaranteeing payment of losses and related investigations, claim administration, and defense expenses. The policy language shall provide, or be endorsed to provide, that the self-insured retention may be satisfied by either the named insured or Entity.

Other Insurance Provisions

As required (per job):

The following sentence shall be included in the additional insurance endorsement under in the Certificate of Insurance:

“Kern Health Systems, its Board of Trustees and their employees, representatives, inspectors (including without limitation Project Inspector), consultants (including without limitation Architect/Engineer, Construction Manager/General Contractor, Development Consultant and their consultants), and agents, as individuals and as an entity, its officers, directors, employees, agents, and volunteers, are hereby named as additional insured, with respect to all work performed by or on behalf of the named insured under its contract with the Certificate Holder.”

1. For any claims related to this project, the **Contractor’s insurance coverage shall be primary** insurance coverage at least as broad as ISO CG 20 01 04 13 as respects the Owner, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the Owner, its officers, officials, employees, or volunteers shall be excess of the Contractor’s insurance and shall not contribute with it.
2. Each insurance policy required by this clause shall provide that coverage shall not be canceled, except with notice to the Owner.

Builder’s Risk (Course of Construction) Insurance

Contractor may submit evidence of Builder’s Risk insurance in the form of Course of Construction coverage. Such coverage shall **name the Contract as a loss payee** as their interest may appear.

Claims Made Policies – (If at all possible avoid and require occurrence type CGL policies)

If any coverage required is written on a claims-made coverage form:

1. The retroactive date must be shown, and this date must be before the execution date of the contract or the beginning of contract work.
2. Insurance must be maintained and evidence of insurance must be provided for at least five (5) years after completion of contract work.
3. If coverage is canceled or non-renewed, and not replaced with another claims-made policy form with a retroactive date prior to the contract effective, or start of work date, the Contractor must purchase extended reporting period coverage for a minimum of five (5) years after completion of contract work.
4. A copy of the claims reporting requirements must be submitted to the Owner for review.

5. If the services involve lead-based paint or asbestos identification/remediation, the Contractors Pollution Liability policy shall not contain lead-based paint or asbestos exclusions. If the services involve mold identification/remediation, the Contractors Pollution Liability policy shall not contain a mold exclusion, and the definition of Pollution shall include microbial matter, including mold.

Acceptability of Insurers

Insurance is to be placed with insurers with a current A.M. Best rating of no less than A: VII, unless otherwise acceptable to the Entity.

Waiver of Subrogation

Contractor hereby agrees to waive rights of subrogation which any insurer of Contractor may acquire from Contractor by virtue of the payment of any loss.

Contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation. **The Workers' Compensation policy shall be endorsed with a waiver of subrogation** in favor of the Owner for all work performed by the Contractor, its employees, agents and subcontractors.

Verification of Coverage

Contractor shall furnish the Owner with original certificates and amendatory endorsements, or copies of the applicable insurance language, effecting coverage required by this contract. All certificates and endorsements are to be received and approved by the Entity before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive the Contractor's obligation to provide them. The Owner reserves the right to require complete, certified copies of all required insurance policies, including endorsements, required by these specifications, at any time.

Subcontractors

Contractor shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein, and Contractor shall ensure that Owner is an additional insured on insurance required from subcontractors. For CGL coverage subcontractors shall provide coverage with a format least as broad as CG 20 38 04 13.

Surety Bonds

Contractor shall provide the following Surety Bonds:

1. Bid bond
2. Performance bond
3. Payment bond
4. Maintenance bond

The Payment Bond and the Performance Bond shall be in a sum equal to the contract price. If the Performance Bond provides for a one-year warranty a separate Maintenance Bond is not necessary. If the warranty period specified in the contract is for longer than one year a Maintenance Bond equal to 10% of the contract price is required. Bonds shall be duly executed by a responsible corporate surety, authorized to issue such bonds in the State of California and secured through an authorized agent with an office in California.

Special Risks or Circumstances

Owner reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other circumstances.