

GLYNN COUNTY
PREQUALIFICATION QUESTIONNAIRE

NAME OF PROPOSED CONTRACTOR: _____

INSTRUCTIONS:

All questions must be fully answered and must be responsive to the question asked. If the question does not apply, “Not Applicable” or “None Applicable” is an acceptable response. Contractors will be evaluated only upon the answers given in the questionnaire or attachments thereto. Answers that refer to information or documents that are not attached or to information or documents that are available upon request will automatically be deemed non-responsive. Failure to answer a question shall also render an answer non-responsive. If any answers are deemed non-responsive in the sole opinion of the Purchasing agent, the Purchasing Agent shall be entitled to either disqualify the Contractor entirely or to send the Prequalification Application Packet back to the Contractor with directions to correct the non-responsiveness.

Answers should be typewritten or handwritten in ink. If additional space for answers is needed, additional pages should be attached and clearly labeled. Copies of other documents that will answer a question may also be attached if clearly labeled.

Glynn County may contact each and every reference provided, as well as any entity referenced in response to any question. The contractor, by completing this questionnaire, expressly agrees that any information concerning its qualifications, which is in the possession of other entities and references, may be made available to the County.

The contractor warrants that, to the best of its knowledge and belief, the responses contained herein are true, accurate, and complete. The contractor also acknowledges that Glynn County is relying on the truth and accuracy of the responses contained herein. If it is later discovered that any material information given in response to a question provided by the contractor is false, it shall constitute grounds for immediate termination or rescission by the County of any subsequent agreement between the county and the contractor. A contractor discovered providing false material information in this questionnaire shall also be disqualified from submitting a bid or proposal on any Glynn County project for a period of five (5) years.

If there are any questions concerning the completion of this form, the contractor is encouraged to contact the Glynn County Purchasing Agent.

If the contractor is a corporation, this questionnaire must be signed by either the president or vice-president of the corporation and attested to by either the secretary or

assistant secretary. If the contractor is a partnership, then at least one (1) of the partners must provide a notarized signature. If the contractor is an individual, then he or she must have his or her signature notarized.

The prequalification application packet, which shall consist of a completed prequalification questionnaire and any necessary attachments, must be completed and returned in a sealed envelope with project name, contractor name and "Prequalification Application Packet" clearly labeled on the outside, no later than _____, 20 ____ to: Glynn County Purchasing Agent, 1725 Reynolds Street, Brunswick, Georgia 31520.

This form, its completion by the contractor and its use by the County, shall not give rise to any liability on the part of Glynn County to the contractor or any third party or person. Information and answers given in response to the questions contained in this form shall be treated as confidential only to the extent permitted by Georgia's Open Records Act. Bonding and bank information shall be considered confidential and will not be subject to disclosure pursuant to the Open Records Act.

No guarantee is made or implied that the project will be constructed in whole or in part or that a contract will be awarded.

The contractor accepts all risk and costs associated with the completion of the prequalification packet.

Potential bidders or offerors submitting prequalification packets shall be notified whether they are prequalified or disqualified. The decision of the Purchasing Agent shall be final. Only prequalified bidders or offerors may submit bids or proposals. Disqualified bidders may respond to their disqualification by a letter to the Purchasing Agent within ten (10) days of notice of disqualification. The opportunity for a disqualified potential bidder or offeror to provide a letter is for name-clearing purposes only; it shall not be construed as a right to appeal, to be reinstated, or to protest the process or the award of the project. The Purchasing Agent shall include a copy of the letter in the contract file and provide copies to any party requesting such information.

GENERAL BACKGROUND

1. Current name and address of contractor, e-mail, telephone, and contact person:

2. If a joint venture, list all of the participants:

3. Previous name or address of contractor, if any:

-
4. (a) Current president or chief executive officer: _____
(b) Years in that position: _____

5. Number of permanent employees: _____

6. Name and addresses of current affiliated companies (parent, subsidiary, divisions):

7. List all state licenses and certifications held by contractor and contractor's employees:

ROAD, DRAINAGE, AND BRIDGE PROJECTS

8. Is the contractor currently prequalified by the Georgia Department of Transportation? _____ If yes, please attach a copy of a valid and current certificate of qualification issued by the Georgia Department of Transportation to the back of this questionnaire.

If the contractor desires only to become prequalified for horizontal projects (those projects for which road, drainage, or bridge work is anticipated by the Purchasing Agent to account for eighty percent (80%) or more of the total project work) and has attached a valid and current Certificate of Qualification issued by the Georgia Department of Transportation, the contractor does not need to answer any further questions in this Questionnaire and may stop here. However, if the contractor does not possess a valid and current Certificate of Qualification issued by the Georgia Department of Transportation or if the contractor desires to become prequalified for projects other than, or in addition to, horizontal projects, please continue and fully answer the remaining questions.

FINANCIAL STATUS

9. Has the contractor, or any of its parents or subsidiaries, ever had a bankruptcy petition filed in its name, voluntarily or involuntarily? If so, please specify the date, circumstances and resolution.

10. Has any majority shareholder ever had a bankruptcy petition filed in his/her name voluntarily or involuntarily? If yes, please specify the date, circumstances and resolution.

11. Is contractor currently in default on any loan agreement or financing agreement with any bank, financial institution, or other entity? If yes, please specify the details, circumstances and prospects for resolution.

12. (a) What is contractor's current bonding capacity? _____
(b) What is contractor's current unencumbered bonding capacity? _____

13. Please identify the contractor's surety company.

14. Please give the name, address, and telephone number of the contractor's current surety agent and underwriter.

15. Have performance or payment bond claims ever been made to a surety for this contractor on any project, past or present? If so, please state the approximate date of each claim and identify whether the surety paid anything.

16. In the past five (5) years, has any surety company refused to bond the contractor on any project? If so, please specify the reasons given for that refusal, the name and

address of the surety company, a contact name and number at the surety company, and the date and name of the project.

17. In the past five (5) years, has any surety company refused to bond the contractor's parent or subsidiaries on any project? If so, please specify the reasons given for that refusal, the name and address of the surety company, a contact name and number at the surety company, and the date and name of the project.

18. Does Contractor maintain the following types of insurance coverage procured from insurance companies authorized to do business in Georgia and having an A.M. Best's rating of B+ or better:

a) General liability insurance of at least Two Million (2,000,000) Dollars (Combined Single Limit per occurrence) and Three Million (3,000,000) Dollars aggregate? _____. If yes, please give the name and contact number of such insurance company. _____

b) Automobile liability insurance of at least One Million (1,000,000) Dollars (Combined Single Limit per accident for bodily injury or property damage)? _____. If yes, please give the name and contact number of such insurance company. _____

c) Worker's Compensation Insurance as will protect contractor from workmen's compensation acts? _____. If yes, please give the name and contact number of such insurance company. _____

REFERENCES

19. Please have at least one (1) bank give a written reference. Attach such reference or references to the back of this questionnaire.

20. Please have at least two (2) major subcontractors complete the Subcontractor Reference Forms located in the back of this questionnaire. The completed references must be submitted along with this questionnaire.

21. Please have at least two (2) major suppliers complete the Supplier Reference Forms found in the back of this form. The completed references must be submitted along with this questionnaire.

22. Please provide references from owners of at least three (3) projects of various sizes for which contractor was the prime contractor. Include governmental owners if possible. If the contractor has performed any work for the Glynn County Board of Commissioners within the past five (5) years, at least one (1) of the three (3) owner references must be from the appropriate party within the Glynn County Government. The Owner Reference Forms may be found in the back of this questionnaire. The completed references must be submitted along with this questionnaire.

(a) Project Name: _____
Location: _____
Contract Price: _____
Owner: _____
Address: _____
City and State: _____
Contact: _____
Phone: _____
Architect or Engineer: _____
Contact: _____
Phone: _____
Facsimile: _____
Email: _____

(b) Project Name: _____
Location: _____
Contract Price: _____
Owner: _____
Address: _____
City and State: _____
Contact: _____
Phone: _____
Architect or Engineer: _____
Contact: _____
Phone: _____
Facsimile: _____
Email: _____

(c) Project Name: _____
Location: _____
Contract Price: _____

worked) = incidence rate.). Specify the rates for: (a) fatalities; (b) injuries and illnesses with lost work days; and (c) injuries and illnesses with restricted work days.

29.

- (a) Does contractor have a written safety program? If so, attach outline of program. _____
- (b) Is documentation of health and safety training required by the safety program? _____
- (c) Does the safety program require health and safety training of subcontractors? _____
- (d) Does contractor have a Hazard Communication Program (29 CFR 1910.1200, CCR Title 8, Section 5194)? _____
- (e) Does contractor have a Confined Space Entry and Rescue Program (29 CFR 1910.146, CCR Title 8, Section 5156-5159)? _____
- (f) Does contractor have a "Hot Work" permit program (19 CFR 1910.146, CCR Title 8, Section 5156-5159)? _____
- (g) Does contractor have a "Lock-Out/Tag-Out" program (29 CFR 1910.417)? _____
- (h) Does contractor have a program requiring employees take the OSHA 500 10 hour Construction Safety Course? _____

30. Does contractor have an equipment maintenance program for:

- (a) Ladders? _____
- (b) Scaffolds? _____
- (c) Heavy Equipment? _____
- (d) Vehicles? _____
- (e) Miscellaneous construction tools and equipment? _____

31. Does contractor have a new employee safety orientation program? _____
If so, does it include instruction on:

- (a) Contractor's safety policy? _____
- (b) Contractor's safety rules? _____
- (c) Safety meeting attendance? _____
- (d) Contractor's safety record? _____
- (e) Hazard recognition? _____
- (f) Hazard reporting? _____
- (g) Injury reporting? _____
- (h) Non-injury accident reporting? _____
- (i) Personal protective equipment? _____
- (j) Respiratory protection? _____
- (k) Fire protection? _____
- (l) Housekeeping? _____
- (m) Toxic substance? _____

- (n) Electrical safety? _____
- (o) Fall protection? _____
- (p) Driving safety? _____
- (q) First-aid/CPR? _____
- (r) Hearing conservation? _____
- (s) Lock-out/tag-out? _____
- (t) Blood borne pathogens? _____
- (u) Asbestos? _____
- (v) Confined spaces? _____
- (w) Hazard communication? _____

32. Does contractor conduct safety meetings for employees? How often?

33. Does contractor conduct health and safety audits of works in progress? If so, how often are the audits conducted? Who conducts the audits?

34. Is safety a criterion in evaluating the performance of employees? Supervisors? Management?

35. Does contractor have a drug and alcohol testing policy? If yes, please describe.

36. Please identify any lawsuits, administrative proceedings, or hearings initiated by the Internal Revenue Service or any state revenue department or other taxing authority concerning the tax liability of the contractor (other than audits) in the past seven (7) years. Identify the nature of any proceeding and its ultimate resolution.

38. Have any criminal proceedings or investigations been brought against the Contractor or principals in the past ten (10) years? If the answer is yes, please attach a complete and detailed report with your responses to this questionnaire.

40. Have the contractor or any subcontractors been called upon to perform any warranty work on any project within the past 3 years. If so, please explain the nature and scope of the work as well as if it was completed to the satisfaction of the owner.

PROPOSED PROJECT PERSONNEL

41. Does Contractor use Job Superintendents? _____? If not, why?

42. If Contractor uses Job Superintendents, Contractor shall only use Job Superintendents on Glynn County projects that have successfully served as a Job Superintendent on a minimum of three (3) projects within the past three (3) years. Successfully served means that the Job Superintendent served on each project for at least seventy percent (70%) of the total project term and that the project was completed on time, within budget, and to the satisfaction of the owner. Please state whether all Job Superintendents used by Contractor on Glynn County projects will meet this requirement._____.

43. Does Contractor use a Project Manager? _____? If not, why?

44. Contractors shall only use those subcontractors on Glynn County projects that have successfully served as a prime or major subcontractor in their proposed field on a minimum of three (3) projects within the past three (3) years. Successfully served means that the work performed by the subcontractor was completed on time, within budget, and to the satisfaction of the owner. Please state whether all subcontractors proposed to be used by Contractor on Glynn County projects will meet this requirement._____. It is the sole responsibility of the Contractor to ensure compliance with this requirement.

I certify to Glynn County and to any construction or permanent lender of the project that the information and responses provided on this questionnaire are true, accurate, and complete. Glynn County or any construction or permanent lender or insurer of the project may contact any entity or reference listed in this questionnaire. Each entity or reference may make any information concerning the contractor available to Glynn County or to any lender of Glynn County.

Dated _____, 20__.

CONTRACTOR:

By: _____

Title: _____

(SEAL)

Sworn to and subscribed
Before me this ____ day
of _____, 20__.

NOTARY PUBLIC
My Commission Expires:

**REFERENCE QUESTIONNAIRE
PROJECT OWNERS**

Please submit the following reference questionnaire to the project owners you are listing as references.

Upon completion, please attach this questionnaire to your Pre-qualification Questionnaire.

Contractor Contract Information: _____

Project Name: _____

Est. Value: _____

1. Was the project completed on time? _____

2. Was the project completed within budget? _____

3. Were there any change orders initiated by the contractor? _____

4. Did you encounter any problems with the contractors or sub-contractors? _____

5. Are you aware of any warranty work that has been required of the contractor or any of his sub-contractors? _____

6. Was the project completed to the satisfaction of the owner? _____

7. Overall how would you rate this contractor?
Unsatisfactory _____ Satisfactory _____ Good _____

8. Would you hire this contractor for future projects? _____

Comments: (Please attach additional pages if necessary) _____

Reference Name: _____

Full Address: _____

Ph: _____ Fax: _____ Email: _____

By _____

Title _____

Date _____

**REFERENCE QUESTIONNAIRE
SUB-CONTRACTORS**

Please submit the following reference questionnaire to the sub-contractors you are listing as references.

Upon completion, please attach this questionnaire to your Pre-qualification Questionnaire.

Contractor Contact Information: _____

Does the above named contractor:

- 1. Provide payment in a timely manner? _____
- 2. Enforce workplace safety regulations? _____
- 3. Inspect your work? _____
- 4. Require that your work be completed on time, within budget and to the Owner's satisfaction? _____

Comments: (Attach additional pages if necessary) _____

Reference Name:

Full Address:

Ph: _____ ; Fax: _____ ; Email: _____

By

Title

Date

**REFERENCE QUESTIONNAIRE
SUPPLIERS**

Please submit the following reference questionnaire to the suppliers you are listing as references.

Upon completion, please attach this questionnaire to your Pre-qualification Questionnaire.

Contractor Contact Information: _____

1. Has the above named contractor ever failed to submit payment in a timely manner? _____

2. Has your firm, for any reason whatsoever, refused to deliver material or equipment to the above named contractor? _____
If the answer to questions #2 is yes, please explain the circumstances.

Comments: (Attach additional sheets if necessary)

Reference Information

Name: _____

Address: _____

Ph: _____ **Fax:** _____ **Email:** _____

By: _____

Title

Date