



**UNIFORM PUBLIC CONSTRUCTION COST ACCOUNTING
ACT CONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE**
Contact: Will Hamilton – whamilton@beverlyhills.org

CONTRACTOR INFORMATION

Firm Name: _____
(as it appears on license)

D B A: _____

Address: _____

Contact Person(s): _____

Telephone No: _____ Fax: _____

Email Address: _____

Check One: Corporation Partnership Sole Proprietorship

Years in business in California as a Contractor under your present business name: _____ years

If Firm is a Sole Proprietor or Partnership:

Owner (s) of Firm: _____

License Number(s):	Classification:	Expiration Date:
_____	_____	_____
_____	_____	_____

Primary Type of Work Interest: _____
(List only ONE. Example: Mechanical, Electrical, Plumbing, General Engineering, General Building)

Secondary Type of Work Interest: _____
(List MORE than one. Example: Mechanical, Electrical, Plumbing, General Engineering, General Building)

Bonding Capacity (per Contract): \$ _____

Name of Bonding Company: _____ Phone: _____

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I, the undersigned, certify and declare that I have read all the foregoing answers to the qualification questionnaire and know their contents. The matters stated in the questionnaire answers are true to the best of my knowledge and belief. I declare under penalty of perjury under the laws of the State of California, that the foregoing is correct.

Authorized Signature: _____ Date: _____

Print Name / Title: _____



CATEGORIES OF WORK

CSLB Licensing Classification	Description	Check if Interested in Work
A	General Engineering Contractor	<input type="checkbox"/>
C	Specialty Contractor	<input type="checkbox"/>
C-5	Framing and Rough Carpentry Contractor	<input type="checkbox"/>
C-7	Low Voltage Systems Contractor	<input type="checkbox"/>
C-8	Concrete Contractor	<input type="checkbox"/>
C-10	Electrical Contractor	<input type="checkbox"/>
C-12	Earthwork and Paving Contractors	<input type="checkbox"/>
C-13	Fencing Contractor	<input type="checkbox"/>
C-16	Fire Protection Contractor	<input type="checkbox"/>
C-21	Building Moving/Demolition Contractor	<input type="checkbox"/>
C-23	Ornamental Metal Contractor	<input type="checkbox"/>
C-27	Landscaping Contractor	<input type="checkbox"/>
C-28	Lock and Security Equipment Contractor	<input type="checkbox"/>
C-31	Construction Zone Traffic Control Contractor	<input type="checkbox"/>
C-32	Parking and Highway Improvement Contractor	<input type="checkbox"/>
C-33	Painting and Decorating Contractor	<input type="checkbox"/>
C-34	Pipeline Contractor	<input type="checkbox"/>
C-36	Plumbing Contractor	<input type="checkbox"/>
C-42	Sanitation System Contractor	<input type="checkbox"/>
C-43	Sheet Metal Contractor	<input type="checkbox"/>
C-45	Sign Contractor	<input type="checkbox"/>
C-49	Tree and Palm Contractor	<input type="checkbox"/>
C-51	Structural Steel Contractor	<input type="checkbox"/>
C-57	Well Drilling Contractor	<input type="checkbox"/>
C-60	Welding Contractor	<input type="checkbox"/>
HAZ	Hazardous Substance Removal Certification	<input type="checkbox"/>
Other		<input type="checkbox"/>
Other		<input type="checkbox"/>
Other		<input type="checkbox"/>



ESSENTIAL REQUIREMENTS FOR QUALIFICATION

NOTE: Contractor shall be disqualified if the answer to questions number 1 through 2 is “NO”

1. Do you have an insurance policy or policies of Comprehensive General Liability Insurance, with minimum limits of Two Million Dollars (\$2,000,000) for each occurrence, combined single limit, against any personal injury, death, loss or damage resulting from the wrongful or negligent acts with policy limit of at least \$2 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

NOTE: Contractor may be disqualified if the answer to questions number 3 through 5 is “YES”

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

YES NO

4. 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

5. 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 Subcontractor 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 3, 4, or 5 may appeal the disqualification and provide an explanation of the relevant circumstance during the appeal procedure.