



Attachment 1

**Contractor Pre-Qualification Form
Hwy 212 Water Main Project**

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APPLICANTS MUST COMPLETE ALL ITEMS OF THIS FORM. Use additional pages as needed to provide full and complete responses.

Contractor Name:

1. OREGON CONSTRUCTION CONTRACTORS BOARD LICENSING: CCB# Exp. date: ___/___/___

How many years has your company operated under your current license number: years

2. LAWSUITS/JUDGMENTS: Within the past five (5) years, has your company had any lawsuits filed against it involving contract disputes? For the purposes of this request, "lawsuits" include requests for arbitration and "judgments" includes arbitration awards (mark accordingly): ___ YES ___ NO

If "YES" indicate dates and ultimate resolution of suit (with regard to judgments, include jurisdiction and date of final judgment or dismissal.)

3. BANKRUPTCY: Has your company ever filed a bankruptcy action, filed for reorganization, or had an action of insolvency made against it? ___ YES ___ NO

If "YES" supply filing dates, jurisdictions, type of action, ultimate resolution, and dates of judgment or dismissal, if applicable.

4. LAWSUITS BY CREDITORS: Within the past five (5) years, has your company had any lawsuits filed against it by creditors? ___ YES ___ NO

If "YES" indicate dates and ultimate resolution of suit (with regard to judgments include jurisdiction and date of final judgment or dismissal).

5. DEBARMENT: Has your company been debarred by any public agency within the past five (5) years? ___ YES ___ NO
If "YES" identify the public agencies:

6. NON-COMPLETION: Has your company failed to complete a contract in the last five (5) years? ___ YES ___ NO
If "YES" identify the project(s).

7. COMPLETION BY SURETY: Has your company ever defaulted on a contract forcing a surety to suffer a loss? ___ YES ___ NO If "YES" identify the project(s):

8. SUSPENSION, DISMISSAL, DEFAULT: Has your company been suspended, dismissed or declared in default from a project during the last five (5) years? ___ YES ___ NO If "YES" identify the project(s) and the type of action taken:

9. BONDABILITY REQUIREMENT: Is your company prepared to obtain a payment bond and performance bond for 100% of the contract amount to be issued by a surety which is authorized to transact business in the State of Oregon and which has an A.M. Best "A" or better rating. ___ YES ___ NO

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10. DEMAND ON PERFORMANCE BOND: In the last five (5) years, has any owner/client ever made a demand on your performance bond? YES NO If "YES" identify the owner/client, date(s), and project(s).

11. BONDABILITY REQUIREMENT: Is your company prepared to obtain a payment bond and performance bond for 100% of the contract amount to be issued by a surety which is authorized to transact business in the State of Oregon and which has an A.M. Best "A" or better rating. YES NO

12. TERMINATION OF BONDING/INSURANCE COVERAGE: In the last five years, has a surety or insurance company terminated your company's existing bonding and/or insurance coverage due to excessive claims history and/or nonpayment of premiums? YES NO

If "YES" identify the date(s) and reasons for termination:

13. LIENS AND SURETY CLAIMS: In the past five (5) years), have there been any liens or surety claims against your company on any contracts which have been performed or are in the course of being performed? YES NO

If "YES" identify the project and explain the nature of the claims:

14. REVOKED LICENSE: Has your company or any key person in your company, had a license revoked by the Oregon Construction Contractors Board? YES NO

If "YES" explain the underlying reason for the revocation of the license:

15. CRIMINAL OFFENSE: Has your company or any key person in the company been convicted of a crime involving fraud, material misrepresentation or any crime involving the awarding of a contract for a government construction project or the bidding or performance of a government contract? YES NO

If "YES" identify the conviction date, court of jurisdiction and nature of crime:

16. WORKER'S COMPENSATION: CARRIER-INSURED EMPLOYER OR SELF-INSURED EMPLOYER.

Does your company qualify as a carrier-insured employer or self-insured employer under [ORS 656.407](#)?

If neither, has your company elected coverage under [ORS 656.128](#)? YES NO

17. SAFETY VIOLATIONS: Within the past 5 years has your company received one or more Willful safety violation(s) from the Federal or State (Oregon) Occupational Safety and Health Administration (OSHA)? YES NO

If "YES" indicate dates and details regarding the violation(s):

18. CITATIONS OR ENFORCEMENT ACTIONS. Within the last five (5) years, have you or your company been cited or subject to any enforcement action for violation of any applicable law or regulations related to its performance of a prior construction contract? For the purposes of this section, "applicable law or regulations" includes without limitation, any building, zoning, environmental, site development, or Oregon Public Contracting Code regulations with which a prior project was required to comply, including non-discrimination regulations and prevailing wage requirements YES NO

If "YES", please state the date, nature, and final resolution of every such citation or enforcement action:

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19. EXPERIENCE/PERFORMANCE: This project requires deep excavation and live service transfer in the ODOT right of way night work. Qualified Contractor's must provide details of **at least three (3) similar pipeline projects** of at least 1,000+ ft of 12-inch ductile iron installation, at least one (1) project requiring night work in Oregon Department of Transportation (ODOT) right of way and at least one (1) project requiring at least 5 live service transfers and/or abandonments performed by your company in the past five (5) years. Include relevant data such as the owner/client, project dates, general description, and type of work. Also indicate if each project was completed within 105% of the original contract time or required an extension in time greater than this amount. (Use separate sheet if additional space is needed):

Client/Owner (Name)	Construction Dates (Mo/Yr to Mo./Yr)	Description Length (ft.)/Dia. (in.)	Construction Cost (Dollar Amount)	12-Inch Ductile Iron Water Main (1000+ ft)	ODOT Night Work Required	Live Service Transfer Required	Completed within 105% of Contract Time
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide any additional details or explanations as needed (below):

Completed forms should be submitted to:

Sunrise Water Authority
 Attn: Elizabeth Edgar
 10602 SE 129th Ave.
 Happy Valley, OR 97086

Or electronically to: eedgar@sunrisewater.com
Electronic submittals are encouraged