

## **BIDDER PREQUALIFICATION SPECIFICATION**

Satisfactory evidence of the following items must be submitted in duplicate for prequalification approval. Bidders who: 1) do not submit all requested data, 2) do not meet criteria shown or 3) who present inaccurate data, may not be offered a subcontract. Submission of a bid proposal shall be evidence the Bidder understands and agrees that the Construction Manager has the right to reject as non responsive any bid proposal which is not in full compliance with these criteria.

### **I. Financial Criteria:**

- A. Net Worth: Provide audited or reviewed financial statements for the last two fiscal years.
- B. Work-in-Progress Schedule: Provide a complete work-in-progress schedule for all work under contract, showing % complete, notice of any claims in process, resolved, or anticipated. (See sample form which follows).
- C. Describe current banking arrangements and contact information.

Complete Granger Construction Company Prequalification Form found within this specification section. This completed form along with the requested attachments will be utilized by the Owner and the Construction Manager to determine if a bidder is qualified for award of contract. If requested and submitted at least fourteen (14) days prior to bid, the CM will provide this evaluation before a bidder tenders a proposal. Bidders who elect to be qualified after a proposal is submitted understand the CM has the right to not qualify a bidder and thus reject a proposal as non-responsive against the Owner, the CM or the Architect.

### **II. Insurance:**

- A. A letter from your agent or actual certificate of insurance which provides the following coverages and limits:
  - Commercial general liability: \$1 million Occurrence, \$2 million Aggregate coverage naming the Owner and all of its employees, agents and consultants and CM or General Contractor as additionally insured parties.
  - Auto Liability: \$1 Million Combined Single Limit coverage (or \$1 million Bodily Injury and \$1 million Property Damage).
  - Employer's Liability: \$500,000.
  - Worker's Compensation: Statutory coverage for the state in which the work is performed.
- B. Insurance shall be proffered by U.S. domiciled firm, licensed to conduct business within the State of Michigan and rated by A.M. Best as A-, financial category FSC IV or better.
- C. Policy shall not be canceled or withdrawn unless it is replaced by a policy with no lapse in coverage which meets the same criteria for the duration of the contract through completion of the one year warranty obligation.

### **III. Bonds:**

- A. Provide a bid bond from a surety acceptable to the Project Manager and Owner.
- B. Bonds shall be proffered by U.S. domiciled firm licensed to conduct business within the State of Michigan, U.S. Treasury listed, and rated by A.M. Best as A-, financial category FSC IV or better.

### **IV. Safety:**

- A. Provide evidence of worker's compensation experience modification rating (EMR). An EMR of less than one ( $EMR \leq 1.0$ ) is desired. Provide explanation for any  $EMR > 1.0$ .
- B. Evidence that the worker's compensation agent and carrier will provide statutory coverage for this project and Employer's Liability Coverage with policy limits not less than \$500,000 per occurrence per person.

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- C. Provide a copy of the firm's written safety policy accompanied with an attestation by a corporate officer to fully comply with Granger Construction Company's Safety Policy, all MIOSHA regulations, and other published work rules on this project.

**V. Work Experience and Technical Ability:**

- A. Provide a list of at least three (3) contracts of similar size and complexity all of which was under this firm's contractual responsibility. Other factors which would indicate risk management of adjacent operations, protection of active utilities and maintenance of site security will also be considered as evidence of technical ability. Identify client, property owner, designer and/or engineer, scheduled completion date and actual completion date, and contact person(s) for these contracts.
- B. Provide the resume of all supervisory or key personnel who will commit at least 50% of their time to this project. Minimum related experience should be one (1) year for each \$100,000 of project contract. For contracts exceeding \$1 million, minimum required experience is ten (10) years.
- C. Certify your firm's intent to perform at least thirty (30) percent of this Work with your own forces. Describe any work you may subcontract. (Note: No single subcontract may exceed fifty 50% of your contract with out Project Manger and Owner written authorization).
- D. How long has your firm been in business? At this location? Under this name (Describe other names)?
- E. Have you ever failed to complete a contract? (If YES- describe).
- F. Have you ever placed a claim against a client or had a claim placed against your firm?
- G. Has your firm ever been involved in a litigated or arbitrated case.
- H. On one page or less, describe any other unusual expertise, equipment or ability of your firm to perform this contract.

**SEE FORM WHICH FOLLOWS**

# BIDDER PREQUALIFICATION FORM

**Subcontractors:** Please complete the following information. This information will assist Granger in selecting subcontractors who are eligible to participate in Granger projects.

## I. GENERAL INFORMATION AND CORPORATE HISTORY

A. Firm Name and Address:

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

B. Years in business under present name: \_\_\_\_\_

C. Primary areas of work you will be bidding: \_\_\_\_\_

D. Contact names and phone numbers in your firm for inquiries (Please list direct dial, mobile and fax numbers if available):

	<u>Name</u>	<u>Office #</u>	<u>Mobile #</u>	<u>Fax #</u>
Project Executive:	_____	_____	_____	_____
Project Manager:	_____	_____	_____	_____
Project Superintendent:	_____	_____	_____	_____
Project Accountant:	_____	_____	_____	_____

E. Total number of staff employed by firm: 1) Office: \_\_\_\_\_ 2) Field: \_\_\_\_\_

F. Is your firm in compliance with EEO requirements? Yes  No

G. Do you have a State of Michigan Dept. of Civil Rights Certificate of Awardability? Yes  No

H. Is your firm a minority business enterprise or owned by any other recognized, disenfranchised group (e.g. women, handicapped, etc.)? Yes  No   
If so, please describe your ownership and what outside agency has certified the business ownership of your firm.  
\_\_\_\_\_  
\_\_\_\_\_

I. Has your firm ever worked for Granger before? Yes  No   
If so, what job and what year was it completed?  
\_\_\_\_\_  
\_\_\_\_\_

J. List three supplier references for work completed in the last two years:

<u>Firm/Products Supplied</u>	<u>Contact Person</u>	<u>Telephone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**II. FINANCIAL CRITERIA**

- A. Attach complete independently audited or reviewed financial statement, for the last two fiscal years:
- B. Attach a Work in Progress Schedule.
- C. List Annual sales for last three years:

<u>Year/Amount</u>	<u>Year/Amount</u>	<u>Year/Amount</u>

D. Are payroll taxes and fringe benefits paid to date? Yes  No   
 If not, please explain: \_\_\_\_\_

E. Bank Reference. How long has your firm used this bank as its primary bank? \_\_\_\_\_ Years

<u>Name/Address</u>	<u>Contract Person</u>	<u>Telephone No.</u>

F. What is your current line of credit? \_\_\_\_\_ How much is currently outstanding? \_\_\_\_\_

**III. INSURANCE**

- A. Name, Address and Telephone Number of General Liability and Workers Compensation/Employer Liability Insurance Carrier:  
\_\_\_\_\_
- B. Name, Address and Telephone Number of General Liability and Workers Compensation/Employer Liability Insurance Agent:  
\_\_\_\_\_

**IV. BONDING**

- A. Name, Address and Telephone Number of Bonding Company:  
\_\_\_\_\_
- B. How long have you had a relationship with your Bonding Company?  
\_\_\_\_\_
- C. Name, Address and Telephone Number of Bonding Agent:  
\_\_\_\_\_
- D. Total bonding capacity:  
\_\_\_\_\_
- E. Single project bonding limit:  
\_\_\_\_\_
- F. Value of work currently bonded:  
\_\_\_\_\_

**V. SAFETY**

A. Workers Compensation experience modifier in the last three years:

<u>Year</u>	<u>EMR</u>	<u>Year</u>	<u>EMR</u>	<u>Year</u>	<u>EMR</u>

**VI. WORK EXPERIENCE AND TECHNICAL ABILITY**

A. In the last three years, list the three most significant projects completed of a similar type, size or complexity to the project you are pursuing.

Project Name/ Address	CM/GC	CM/GC's Contact	Architect	Architect's Contact
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. List owner references for the above three largest projects:

Owner	Project Name	Contract Amount	Completi on Date	Contact Person	Phone Number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

C. Who will be your Supervision to be used on the project (attach resume):

\_\_\_\_\_

D. List all signatory union affiliations and/or typical trades to be used if not union:

\_\_\_\_\_

E. Percent of work to be performed by your own forces (ie. Not subcontracted):

\_\_\_\_\_

F. Contracts:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Has firm ever been terminated by a client?                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Has firm failed to complete a contract?                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Has firm been involved in bankruptcy or reorganization?                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Has your firm ever been involved in claims, litigation or arbitration? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

\* If you answered yes to any of the above questions, please submit details on a separate sheet.

ATTEST: \_\_\_\_\_

THE BIDDER UNDERSTANDS THAT GRANGER WILL USE BOTH SUBJECTIVE AND OBJECTIVE CRITERIA TO EVALUATE YOUR FIRM'S QUALIFICATIONS FOR THIS PROJECT. I UNDERSTAND THAT GRANGER MAY NOT ACCEPT OUR BID PROPOSAL IF WE DO NOT MEET GRANGER'S WRITTEN BIDDER PREQUALIFICATION CRITERIA AND THAT BY SIGNATURE BELOW, I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS CORRECT. I UNDERSTAND THAT INACCURATE DATA MAY BE GROUNDS TO REJECT OUR BID PROPOSAL.

**\* To be signed by an officer of the company or an individual authorized by an officer of the company.**

SIGNATURE: \_\_\_\_\_  
 TYPED OR PRINTED NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

END OF SECTION