



SUBCONTRACTOR PREQUALIFICATION CSULB TOCA 003

This prequalification is only valid for the above-mentioned project and will not be considered as a basis for prequalification on other Brascia Builders, Inc. projects. Please complete and submit to the individual listed below.

Brascia Builders, Inc.
2801 E Anaheim Street
Long Beach, CA 90804
ATTN: Mary Tassielli
mary@brasciabuilders.com

Once your firm has been prequalified for this project, your firm's name will be posted to a list of prequalified subcontractors which will be published.

Subcontractor Prequalification Submitted By:

Firm Name	
Street Address	
City, State, Zip	
Contact Name	
Email Address	
Telephone Number	
Fax Number	
CSLB License Number	
License Expiration Date	
Classification(s)	
DIR Number	
DIR Expiration Date	

Each subcontractor must answer all the questions contained herein and on each Project Data Sheet. Subcontractors shall fill out all information fields accurately, completely, and truthfully. Upon your failure to do so, Brascia Builders, Inc. will deem your application non-responsive, and your firm will not be technically prequalified to bid this project. The decision made by Brascia Builders, Inc. cannot be appealed.



General Business Information (5 points):

Years In Business:

Number of Employees:

Public Institution Experience (2.5 Points): YES NO

Diversification (SBE, MBE, WBE, DVBE) (2.5 Points)
(must submit certification)

SAFETY QUALIFICATION: Provide the Average Lost Workday Incident Rates, Average Recordable Incident Rates and most recent Experience Modification Rate in the spaces provided on this page. In addition, each subcontractor is required to submit complete copies of OSHA form no. 300 and form no. 300A under item 5 of this section.

The Average Lost Workday Incident Rate (LWIR) and the Average Recordable Incident Rate (RIR) are requested for evaluation of the safety history relating to subcontractor's construction operations only. Home office staff labor hours and the corresponding injury and illness figures for home office staff shall not be included in the calculation of these rates. Similar information for parent companies, subsidiaries, or other company divisions not directly engaging in construction activities shall not be considered in these rate calculations. All data used in the calculations shall be specific to the contracting entity listed on page 1; inclusion of data from sub-tier contractors is not acceptable.

The Experience Modification Rate (EMR) is established by the subcontractor's worker's compensation insurance carrier, and is based on the subcontractor's loss history. Subcontractors are to provide their Intrastate EMR, which is used for evaluation of subcontractors in the State of California. Provide all requested information in the spaces provided.

Basis of Prequalification: The LWIR and RIR are assigned a maximum of 20 points each, EMR 10 points maximum, and those scores decrease as the rate increases. For example:

an LWIR that equals 0 will receive a score of 20, and one that is greater than or equal to 9.5 will score 0;

an RIR that is less than 1.0 will receive a score of 20, and one that is greater than 19.9 will score 0;

an EMR that is .5 or less will score 10, and one that is greater than 1.4 will score 0 points.

An overall score of 25 points is required; failure to achieve an overall score of 25 points will result in denial of your firm's prequalification application. Important Note: Small firms that have less than ten employees and report an average Total Employee Hours Worked that is less than 20,000 hours, are not required to report recordable incidents and lost workday incidents for their firms herein. Instead, these firms shall submit their most current year of Intrastate EMR or a copy of their worker's compensation insurance carrier's documentation of their most current year of Intrastate EMR, and must have an EMR of 1.00 or less to prequalify with Brascia Builders, Inc.



1. Average Lost Workday Incident Rate (LWIR). Calculate your firm's LWIR for the past three (3) complete years. The lost workday information is listed on your OSHA forms no. 300 and 300A and is available from your worker's comp. insurance carrier.

$$\text{LWIR} = \frac{\text{Total number of lost workday incidents} \times 200,000}{\text{Total employee hours worked}}$$

Year	# of Lost Workday Incidents	Total Employee Hours Worked	Lost Workday Incident Rate
1-20__			
2-20__			
3-20__			
Total			

2. Average Recordable Incident Rate (RIR). Calculate your firm's RIR for the past three (3) complete years. The Incident Rate information is listed on your OSHA forms no. 300 and 300A and is available from your worker's comp. insurance carrier.

$$\text{RIR} = \frac{\text{Total number of recordable incidents} \times 200,000}{\text{Total employee hours worked}}$$

Year	# of Recordable Incidents	Total Employee Hours Worked	Recordable Incident Rate
1-20__			
2-20__			
3-20__			
Total			

3. Experience Modification Rate (EMR).

Enter your firm's EMR for the most recent year (this information is provided by your worker's comp. insurance carrier).

Year	EMR
20__	

<p>Is Your Firm Self-Insured in California?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes Self-Insured No. _____</p>

*Attach certification.



4. Name of Worker's Comp. Insurance Carrier(s): _____

Address: _____

Agent Name: _____ Telephone No.: _____

5. In addition to the information provided above, submit copies of your firm's OSHA No. 300, Log of Work-Related Injuries and Illnesses, and OSHA form no. 300A, Annual Summary of Work-Related Injuries and Illnesses, covering each of the past three (3) years.

CONSTRUCTION EXPERIENCE (25 Points):

Submit a project data sheet for (2) projects, listed projects must have been managed and constructed under the business name submitted. Projects completed by employees for former employers are not acceptable.

**Subcontractor Prequalification Questionnaire
Project Data Sheet**

Project Specifics/Technical Data for Projects That Were Begun and Completed in California within the Past Five Years:

Project Name:	Project Location:
Project Description:	
Project Start Date:	Actual Project Completion Date:
Project Completion per Notice to Proceed:	Total Project Construction Estimate:
Base Subcontract Value, without Change Orders:	Total Subcontract Value, with Change Orders:

General Contractor Firm:

Address:	Phone Number:
City & State:	Fax Number:
Email Address:	
Name of Contractor's Senior Project Manager:	
Name of Contractor's Senior Project Superintendent:	
Name of Project Mechanical, Electrical, Plumbing (MEP) Coordinator:	

Sample Prequalification Questions:

Was the project constructed a public works project?
What project delivery method was used?
Did you submit shop and production drawings utilizing CADD? Attach sample.
Did this project require formal commissioning of all building systems?
Did this project require design of systems?
Did this project include adherence to critical path scheduling? Attach final schedule.
Describe mitigation measures implemented on this project.

Did the Contractor assess liquidated damages? If so, state number of days and value on the line below.

No. of Days Project Overran:	Value of LDs Assessed:
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Were there any unresolved claims associated with this project subsequent to substantial completion? (explain below)

Was your firm involved in any litigation associated with this project? (explain below)

Additional comments and clarification of responses provided above

Note: Subcontractor's failure to furnish complete, accurate, and truthful data may result in disqualification.

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Address:	Phone Number:
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CERTIFICATION

The submitter of the prequalification questionnaire certifies that the information contained within this questionnaire is complete and accurate. By signing below, the submitter certifies and declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF AN OFFICER OR PARTNER OF A CORPORATION

Executed this _____ day of _____, _____ in the
(Day) (Month) (Year)

City of _____, County of _____,

State of _____.

Signature of Applicant _____

with the title of _____
(Title) (Company Name)