

**Title: Request for Qualifications for General Contracting Services
for the Eastside Branch Library**

RFQ No:

RFQ Deadline:

GENERAL INVITATION

Leon County (hereinafter the "County") invites the submission of responses from firms ("Respondents") that wish to provide General Contracting Services for the construction of the Eastside Branch Library. The County reserves the right to reject any and all responses.

A firm may respond both as a joint venture and independently as a single respondent. If a joint venture response is rejected, no firm which has participated in the joint response can be considered to provide services unless it has separately submitted a response.

PROJECT SCOPE OF SERVICES

Any Respondent who has been deemed pre-qualified by the County through this RFQ process shall be eligible to bid on the project, General Contracting Services for the Eastside Branch Library. The project shall be awarded to the lowest, responsive, responsible bidder. The bid solicitation for the project will contain the specific services required for the project, including, but not limited to, the following:

1. Performing general construction contracting services required by the scope of work identified in the bid solicitation in compliance with all applicable laws, rules, codes and regulations.
2. Procuring of all permits, licenses and approvals.
3. Planning, coordinating, administering and supervising of the work.
4. Procuring of all materials, equipment, labor and vendor services required for the project.
5. Providing required documents for the required insurance and providing the payment and performance bonds required for the project.
6. Performing change order, corrective work and closeout completion.
7. Preparing and submitting timely status and progress reports and updating project completion schedules when requested by the County.
8. Meeting with County representatives regularly as required to discuss work in progress and other matters.
9. Providing all required M/WBE Documentation when responding to the bid solicitation and throughout the project.

VENDOR INSTRUCTIONS

Responses shall be submitted in sealed envelopes or packages. The outside of the envelope must clearly indicate the RFQ number, the time and date specified for receipt (October __, 2009 at 2:00 P.M.), and the name and address of the Respondent. Where responses are sent by mail to the Purchasing Division, the Respondent shall be responsible for their delivery to the Purchasing Division before the advertised date and hour for the receipt of the responses. If the mail is delayed beyond the date and hour set for the response receipt, responses thus delayed will not be considered and will be returned unopened.

**SIX (6) COPIES OF THE RESPONSE ARE TO BE PROVIDED, INCLUDING ONE (1)
ORIGINAL SIGNATURE SET TO BE SWORN TO BEFORE A NOTARY PUBLIC.**

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Responses will not be accepted in electronic form.

All Responses Shall Be Addressed and Returned To:

Leon County Purchasing Division
2284 Miccosukee Road
Tallahassee, Florida 32308

CONTACT INFORMATION

Questions pertaining to procedures or regarding the specifications should be addressed to Keith Roberts telephone (850) 606-1610 or Don Tobin, telephone (850) 606-1600; Fax (850) 606-1601; E-mail: robertsk@leoncountyfl.gov or tobind@leoncountyfl.gov.

SPECIAL ACCOMMODATION

Any person requiring a special accommodation at any public meeting with the Purchasing Division because of a disability should call the Division of Purchasing at (850) 606-1600 at least five (5) workdays prior to such meeting. If you are hearing or speech impaired, please contact the Purchasing Division by calling the County Administrator's Office using the Florida Relay Service which can be reached at 1(800) 955-8771 (TDD).

ADDENDA

If a Respondent is in doubt as to the true meaning of a part of this RFQ, a written request for interpretation thereof may be submitted to the Purchasing Director. Any revisions of this RFQ deemed necessary by the Purchasing Director will be made only by an addendum issued by the Purchasing Division prior to the due date of this RFQ.

If any addenda are issued after the initial release of this document, the County will post the addenda on the Leon County website at <http://www.co.leon.fl.us/purchasing/>. Respondents are responsible for checking the web site for clarifications and/or addenda. Failure to obtain clarifications and/or addenda from the web site shall not relieve such Respondents from being bound by additional terms and conditions in the clarifications and/or addenda, if any, or from considering additional information contained therein in preparing their responses. Note that there may be multiple clarifications and/or addenda. Any harm to a Respondent resulting from such failure shall not be valid grounds for a protest against decisions or award(s) made under this RFQ. It is the responsibility of the Respondent prior to submission of any response to check the above website or contact the Leon County Purchasing Division at (850) 606-1600 to verify whether or not any addenda have been issued.

Failure on the part of the Respondent to receive any written addenda will not be grounds for withdrawal of a RFQ. Respondent must acknowledge receipt of each addendum issued on the RFQ Response Cover Sheet (page 7 herein). Oral clarifications offered by any Board employees will not be binding on the Board.

WITHDRAWAL OF SUBMITTAL

A submittal may be withdrawn by written request received from Respondent prior to the time fixed for opening. Negligence on the part of the Respondent in preparing the submittal confers no right for the withdrawal of the submittal after it has been opened.

SUBMITTAL REQUIREMENTS

Responses may be deemed non-responsive and not be further considered for failing to submit a response and/or documentation that addresses each and every paragraph cited in this RFQ or in the Application for Pre-Qualification. The County does not desire to receive marketing materials or items not requested

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within this document as a part of a Respondent's submission. Information submitted beyond the requirements of the Application will not be considered.

Document pages shall be 8-1/2 inches by 11 inches in size or folded to such a size. Responses are to be submitted in three ring binders or bound by binder clips only. No manner of plastic, comb or wire bindings or staples are acceptable.

All submittals shall contain the following elements, clearly divided into the lettered sections and presented in the order given. Only responses that comply will be considered to comprise a COMPLETE response to this Request for Qualifications:

- TAB A. 1. Completed RFQ RESPONSE COVER SHEET (page 7 of this document).
 2. Cover letter, if desired by Respondent

- TAB B Completed Application for Pre-Qualification Services (Attachment A) and all items requested therein.

- TAB C Completed W-9 Form (Attachment B): A current W-9 Form must be completed and signed and submitted with this Response.

- TAB D If submitting as a Joint Venture, a copy of the executed joint venture agreement, if applicable, must be submitted as well as the Federal Identification Number as a joint venture (or proof that one had been applied for).

Discussions may be conducted with Respondents who submit responses determined to have a reasonable possibility of being qualified and thus identified as a pre-qualified Respondent. All Respondents shall be accorded fair and equal treatment with respect to the RFQ process.

PRE-QUALIFICATION PROCESS

- 1. The Pre-Qualification Criteria is listed in the Application for Pre-Qualification for Construction Services.

- 2. Competency of Respondent: No pre-qualification status will be awarded to any person, firm or corporation that is in arrears or is in default with the Leon County upon any debt or contract, or that is a defaulter upon any obligation to the County, or has failed to perform faithfully on any previous contract with the County.

- 3. Consideration of Responses: The Purchasing Director shall represent the County in all matters pertaining to this RFQ. The Purchasing Director reserves the right to reject any response or portion thereof or to disregard any informality in such response when, in his opinion, the best interest of the County will be served by such action.

- 4. Qualifications Review Committee: A Qualifications Review Committee will review responses, in accordance with the evaluation criteria and submit its recommendation to the County Administrator, who in turn will review and make a final determination of those respondents meeting the County's criteria be awarded pre-qualification status.

MINORITY/WOMEN BUSINESS ENTERPRISE PARTICIPATION

It is the policy of the Leon County Board of County Commissioners to institute and maintain an effective Minority Business Enterprise Program. This program shall:

- 1. Eliminate any policies and/or procedural barriers that inhibit M/WBE participation in our procurement process.

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2. Established goals designed to increase M/WBE utilization.
3. Provide increased levels of information and assistance available to M/WBEs.
4. Implement mechanisms and procedures for monitoring M/WBE compliance by prime contractors.

All Respondents are to be aware that Leon County has specific aspirational targets for M/WBE participation levels for the procurement of all goods and services. The targets for the project will be contained in the Invitation To Bid for the Construction of the Eastside Branch Library and are to be addressed as part of that process. For additional information regarding Leon County's Minority/Women and Small Business Program or any technical assistance, please contact Iranetta Burnett, Leon County M/WBE Director, phone (850) 606-1650; fax (850) 606-1651; E-mail burnetti@leoncountyfl.gov.

INSURANCE

Respondent's attention is directed to the County insurance requirements below. Respondents should confer with their respective insurance carriers or brokers to determine in advance of submission of the Pre-Qualification Application the availability of insurance certificates and endorsements as prescribed and provided herein. If a vendor fails to comply strictly with the insurance requirements, that vendor may be not be pre-qualified and/or disqualified from award of any contract.

Insurance Policy Statement : Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors. The cost of such insurance shall be included in the Contractor's pricing.

1. Minimum Limits of Insurance: Contractor shall maintain limits no less than:
 - a. General Liability: \$1,000,000 combined, single limit per occurrence for bodily injury, personal injury and property damage. If Commercial General Liability Insurance or other form with a general aggregate limit is used, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.
 - b. Automobile Liability: \$1,000,000 combined, single limit per accident for bodily injury and property damage. (Non-owned, Hired Car).
 - c. Workers' Compensation and Employers Liability: Insurance covering all employees meeting Statutory Limits in compliance with the applicable state and federal laws and Employer's Liability with a limit of \$500,000 per accident, \$500,000 disease policy limit, \$500,000 disease each employee. Waiver of Subrogation in lieu of Additional Insured is required.

2. Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions must be declared to and approved by the County. At the option of the County, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects the County, its officers, officials, employees and volunteers; or the Contractor shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.

3. Other Insurance Provisions The policies are to contain, or be endorsed to contain, the following provisions:

- a. General Liability and Automobile Liability Coverages (County is to be named as Additional Insured).
 1. The County, its officers, officials, employees and volunteers are to be covered as insureds as respects; liability arising out of activities performed by or on behalf of the Contractor, including the insured's general supervision of the Contractor; products and

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completed operations of the Contractor; premises owned, occupied or used by the Contractor; or automobiles owned, leased, hired or borrowed by the Contractor. The coverage shall contain no special limitations on the scope of protections afforded the County, its officers, officials, employees or volunteers.

2. The Contractor's insurance coverage shall be primary insurance as respects the County, its officers, officials, employees and volunteers. Any insurance of self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.
3. Any failure to comply with reporting provisions of the policies shall not affect coverage provided to the county, its officers, officials, employees or volunteers.
4. The Contractor's insurance shall apply separately to each insured against whom claims is made or suit is brought, except with respect to the limits of the insurer's liability.

b. All Coverages

Each insurance policy required by this clause shall be endorsed to state that coverage shall not be suspended, voided, canceled by either party, reduced in coverage or in limits except after thirty (30) days' prior written notice by certified mail, return receipt requested, has been given to the County.

4. Acceptability of Insurers. Insurance is to be placed with insurers with a Best's rating of no less than A:VII.
5. Verification of Coverage. Contractor shall furnish the County with certificates of insurance and with original endorsements effecting coverage required by this clause. The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. All certificates and endorsements are to be received and approved by the County before work commences. The County reserves the right to require complete, certified copies of all required insurance policies at any time. Certificates of Insurance acceptable to the County shall be filed with the County prior to the commencement of the work. These policies described above, and any certificates shall specifically name the County as an additional Insured and shall contain a provision that coverage afforded under the policies will not be canceled until at least thirty (30) days prior to written notice has been given to the County.

Cancellation clauses for each policy should read as follows: *Should any of the above described policies be canceled before the expiration date thereof, the issuing company will mail thirty (30) days written notice to the Certificate Holder named herein.*

6. Subcontractors. Contractors shall include all subcontractors as insureds under its policies or shall furnish separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to all of the requirements stated herein.

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RFQ RESPONSE COVER SHEET

The Board of County Commissioners, Leon County, reserves the right to accept or reject any and/or all submittals in the best interest of Leon County.

Keith M. Roberts
Purchasing Director

Bryan Desloge
Chairman

This Application for Pre-Qualification for Contracting Services is submitted by the below named firm/individual by the undersigned authorized representative who shall be the Primary Contact on behalf of the Respondent.

BY

(Firm Name)

(Manual Signature of Authorized Representative)

(Printed or Typed Name)

ADDRESS

TELEPHONE

FAX

E-MAIL

ADDENDA ACKNOWLEDGMENTS: (IF APPLICABLE)

Addendum #1 dated _____ Initials _____

Addendum #2 dated _____ Initials _____

Addendum #3 dated _____ Initials _____

Ordinal Process Rating Systems for Public Presentations

System With Inclusion of MWBE and Local Preference

Consultant/Reviewer	A	B	C	D	E	Sub-total Rating	MWBE Points	MWBE Rating	Local Pref.	LP Rating	Total Score
Consultant A	1	1	2	2	1	1.40	10	1	5	1	1.34
Consultant B	2	3	1	1	2	1.80	10	1	5	1	1.68
Consultant C	3	2	3	4	4	3.20	8	2	3	2	3.02
Consultant D	4	4	4	3	5	4.00	8	2	3	2	3.70
Consultant E	5	5	5	5	3	4.60	6	3	3	2	4.31

Reviewer A:
Reviewer B:
Reviewer C:
Reviewer D:
Reviewer E:



**Application for
Pre-Qualification for Construction Services
for Project Name
Board of County Commissioners
Leon County, Florida**

Leon County is accepting applications for Pre-Qualification of Bidders for construction services for (project). The Pre-Qualification is for the prime contractor only; pre-qualifications packages will not be accepted from subcontractors.

Purpose: To provide Leon County with reasonable assurances that prospective bidders on the Leon County (project) have the financial assets, resources, work force, safety record, and appropriate work experience to successfully complete such projects.

The term Applicant shall be defined as: "an individual, partnership, or corporation which submits an application for Pre-Qualification." Only Applicants who have been pre-qualified in accordance with the procedures herein will be allowed to submit bids for (project). Bids received from those who have not been pre-qualified will not be considered.

PRE-QUALIFICATION PROCESS

Applicants shall complete and submit an Application for Pre-qualification in accordance with the requirements identified herein. The County may, in its discretion, contact an Applicant during the review process for clarification of any entries in the Application for Pre-Qualification submitted by the Applicant and may request additional information. Such additional information must be submitted to the County no later than five (5) business days after the request. The decision to pre-qualify an applicant shall not, however, constitute a determination the Applicant is responsible, and such Applicant may be subsequently rejected as non-responsible on the basis of subsequently discovered information.

CRITERIA

In reviewing each Application for Pre-Qualification, the County will consider, by way of illustration and not limitation, the following criteria:

1. The Applicant possesses a valid, current and appropriate Florida Certified General Contractor's license(s).
2. The Applicant or any officer, director, owner, or qualifying agent (either primary or secondary) thereof has not had judgments entered against him/her within the past ten (10) years for the breach of contract for a project, including, but not limited to, design-build or construction management.
3. During the past five years, the Applicant has not: had a contract terminated for cause; and/or had a paid claim against a performance bond.
4. The Applicant or any owner, officer, director, project manager, procurement manager or chief financial official thereof has not been convicted within the past ten (10) years of a crime related to construction or contracting, including, but not limited to a violation of federal, state or local laws.
5. The Applicant or any officer, director or owner thereof is not currently debarred pursuant to an established debarment procedure from bidding or contracting by any public body, agency of another state or agency of the federal government.
6. The Applicant performing as a prime general contractor shall have completed in the past seven (7) years at least five (5) new projects for the construction of 10,000 square feet of conditioned space with a construction value of no less than \$3 million. The project samples may not include modular structures/systems.

7. The Applicant's designated project manager, site superintendent, and project engineer must have a minimum of five (5) years experience in those respective capacities in no less than two (2) projects of at least 10,000 sq. ft. of conditioned office/commercial space. No less than two (2) of these individuals must have performed in no less than two (2) of projects submitted as sample works for the firm.
8. The Applicant shall be able to obtain Performance and Payment Bonds.

APPLICATION PROCESS

Applications will be reviewed in accordance with the criteria listed herein. Any of the established criteria noted above not met shall be sufficient cause to deny pre-qualification to an Applicant for construction services.

Prior to the issuance of a written determination to deny pre-qualification the County will notify the Applicant in writing of the results of the review and disclose the basis thereof. Within five (5) business days after receipt of the County's notice concerning pre-qualification, the Applicant may submit additional or rebuttal information relative to deficiencies stated in the County's written notice.

If a final determination is made to deny pre-qualification, the Applicant may, within five (5) days after notification of such determination, notify the County in writing and appeal such determination to the Leon County Procurement Appeals Board. The County's determination may be reversed by the Procurement Appeals Board only if the Applicant establishes that the determination was arbitrary or capricious or not in accordance with the policies, procedures, and laws of Leon County, Florida and the State of Florida. In the event that the County's determination is reversed by the Procurement Appeals Board, the sole relief will be the declaration of the Applicant as pre-qualified to bid. Other than an appeal in accordance with this Section, a determination that an Applicant is "not qualified to bid" shall not be the basis for any claim against the County, its officers, officials or employees.

APPLICANT ACKNOWLEDGMENTS

Applicant agrees that once pre-qualified, all criteria and requirements contained herein shall be maintained by the Applicant throughout the project. All materials submitted by the Applicant shall become the property of the County and will not be returned. By submitting an application, the Applicant agrees that the County may research and/or verify information provided and contact any applicable entities or persons associated with such information.

**APPLICATION FOR PRE-QUALIFICATION
LEON COUNTY, FLORIDA**

Project: _____

All materials submitted shall be original plus four copies. This page shall be the cover page for each copy submitted. All required attachments and any additional information requested in this application must be attached to each copy submitted.

Applicant Name: _____

Street Address: _____

City, State, Zip: _____

Mailing Address (if different): _____

City, State, Zip: _____

Signature*: _____

Printed or Typed Name and Title: _____

Telephone: _____ (Fax) _____

E-mail address: _____



- * An authorized signature must be submitted. Those authorized to sign are as follows:
 - If a sole proprietorship, the owner may sign.
 - If a general partnership, any general partner may sign.
 - If a limited partnership, a general partner must sign.
 - If a limited liability company, a "member" may sign or "manager" must sign if so specified by the articles of incorporation.
 - If a regular corporation, the CEO, President, or Vice-President must sign.

Others may be granted authority to sign but the County requires that a corporate document authorizing that individual to sign must be submitted with the Application.

DISCLAIMER

By signing above and submitting this Application, the above named Applicant for Pre-Qualification for Construction Services for Leon County, Florida, absolves all rights to appeal a determination deemed "not qualified to bid" for a particular project if the Application for Pre-Qualification for Construction Services is not received timely on the due date posted for the pre-qualification process.

APPLICANT'S PRE-QUALIFICATION STATEMENT

PRINCIPAL CONTACT

Principal Contact's Name: _____
Title: _____
Street Address: _____
City, State, Zip: _____
Mailing Address (if different): _____
City, State, Zip: _____
Telephone: _____ Fax: _____
E-mail address: _____
Company Website Address: _____

ORGANIZATION

1. Business Type (select one):
- Corporation
 - Joint Venture
 - Sole Proprietor
 - Other (indicate) _____
 - Partnership
- The Applicant may attach additional information deemed appropriate to respond.*
2. Tax ID No: _____
3. How many years has your organization been in business as a construction contractor? _____
4. How many years has your organization been in business under its present business name? _____
5. Under what other former names has your organization operated?

6. If your organization is a corporation, please indicate:
- Date of incorporation _____
- State of incorporation _____
- President's name: _____
Vice President's name(s): _____

- Secretary's name: _____
- Treasurer's name: _____

7. If your organization is a partnership, please indicate:

Type of partnership: _____

Date of organization: _____

Name(s) of general partners: _____

8. If your organization is a sole proprietorship, please indicate:

Date of organization: _____

Name of owner: _____

9. If the form of your organization is other than those listed above, describe it and name the principals:

10. Is the Applicant related to another firm as a parent, subsidiary or affiliate? Yes No
 If yes, give the name and addresses of all affiliated parent an/or subsidiary companies. Indicate the relationship of each to your organization.

11. Judgment. Has the Applicant or any officer, director, owner, or qualifying agent thereof had any judgments entered against him/her within the past ten years for breach of contracts for construction, including, but not limited to, design-build or construction management? If yes, provide details on any such judgment. Yes No

12. During the past five years has the Applicant had a contract terminated for cause? If yes, provide details of such instance. Yes No

13. During the past 5 years has the Applicant had a paid claim against a performance bond? If yes, provide details of such instance. Yes No

14. Convictions. Has the Applicant or any officer, director, owner or qualifying agent thereof been convicted within the past ten (10) years of a crime related to construction or contracting, including but not limited to, a violation of Florida contracting or ethics laws or any substantially similar laws of the United States or another state? If yes, provide details on any such conviction. Yes No

15. Debarment. Is the Applicant or any officer, director, owner or qualifying agent thereof currently debarred pursuant to an established debarment procedure from bidding or contracting by any public body, agency of another state, or agency of the federal government? If yes, provide details. Yes No

17. Financial Statements. Include a copy of your firm's most recent audited financial statements. Financial statements submitted by an Applicant in connection with this pre-qualification process shall not be subject to the disclosure under Section 119.071 F.S.

Note: Confidential and Proprietary Information. Trade secrets or proprietary information submitted by an Applicant in connection with this pre-qualification process shall not be subject to the disclosure under Chapter 119, F.S., only whenever such information is specifically excluded in that Chapter or another section of the Florida Statutes. However, pursuant to any statutory requirements, Applicant must invoke the protections of any such section(s) prior to or upon submission of the date or other materials to be protected and state the specific statutory citation and the reasons why protection is necessary. Failure to abide by this procedure may result in disclosure of the Applicant's information.

PROJECT EXPERIENCE

Provide accurate information representing each construction project used to demonstrate prior project experience. The County may contact the individual to verify experience and satisfactory performance of services by the Applicant. Applicant hereby releases all listed references from all claims and liability for damages that may result from the information provided by the reference.

Similar Projects

Using copies of the Similar Project Form on page 7, provide the information requested on five projects in which the Applicant, performing as the prime general contractor, completed in the past seven (7) years. Each project must have been for the construction of 10,000 square feet of conditioned space with a construction value of no less than \$3 million. The project samples may not include modular structures/systems.

Assigned Team

Using copies of the Experience of Assigned Team Form on page 9, provide the information requested for the proposed Project Manager, Project Superintendent, and Project Engineer.

DRAFT

Similar Projects and Project Team Form:

Similar Project: performing as a prime general contractor, shall have completed in the past seven years at least five new projects for the construction of no less than 10,000 sq. ft. of conditioned office/commercial space with a construction value of no less than \$3.0 million. One of the five projects must have been constructed within Leon County. The project samples may not include modular structures/systems.

	Project #1	Project #2	Project #3	Project #4	Project #5
Project Name					
Project Location					
Contact Person/Phone Number					
Brief Description (construction type, etc. attach no more than 1 page for each project if necessary)					
Size in gross sq. ft.					
Total construction cost					
Date Completed					
Project Team for Eastside Library	For the projects listed above, check which projects the project engineer, manager and superintendent worked on. No less than 2 of the persons must have performed on no less than 2 of the projects.				
Project Engineer Name:					
Years of Experience:					
Project Manager Name:					
Years of Experience:					
Project Superintendent Name					
Years of Experience:					

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Attachment # 1
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EXPERIENCE OF ASSIGNED TEAM FORM

Indicate position: Project Manager Project Superintendent Project Engineer

Name and Address		Years of Experience in Role	Years of Experience in Role with this Firm
License Number	Type	Expiration	
Certifications			Date Completed
Training			Date Completed
DRAIN			
<p>List all projects in the last five years on which the individual served in this role while employed with this firm. Identify with an asterisk (*) each project listed as relevant experience for any project listed as a Similar Project.</p>			
Project Name	Location	Contract Value	Completion Date

FLORIDA CONSTRUCTION INDUSTRIES LICENSING BOARD

Applicant must provide evidence that Applicant holds an appropriate state licensing unless work is exempt under section 489.103 F.S. or contractor is not domiciled in Florida and can satisfactorily show that he will comply with sections 489.117(3) and 489.131 F.S.

1. Please provide the following information for all licenses required by Florida statutes of the Prime Contractor for the performance of the work in this project.

Qualified Business License Name:	
License Type:	
License Number:	Expiration Date:
Primary Qualifying Agent:	
License Type:	
License Number:	Expiration Date:
Secondary Qualifying Agent:	
License Type:	
License Number:	Expiration Date:
Secondary Qualifying Agent:	
License Type:	
License Number:	Expiration Date:
Secondary Qualifying Agent:	
License Type:	
License Number:	Expiration Date:
Financially Responsible Officer:	
License Type:	
License Number:	Expiration Date:

Bidder may use additional sheets to provide information for all applicable licenses.

FLORIDA CONSTRUCTION INDUSTRIES LICENSING BOARD, cont.

2. Are there any disciplinary actions against the qualifier(s) or Financially Responsible Officer (FRO) for your company within the past five (5) years? Yes No

If the answer is yes, please detail each action below.

3. Is there a FRO or any qualifier agreements? Yes No

If so, attach a copy and/or provide details below:

DRAFT

SURETY INFORMATION

List companies from whom you obtain surety bonds. For each company listed, please provide a notarized Surety Statement(form on page 13) as to the Applicant's ability to acquire Bid, Performance and Payment Bonds.

Surety Company 1

Company Name	
Contact's Name	
Telephone	
Fax	
Address	

<p>Present Amount of Bonding Coverage (\$):</p> <p>Individual Project(s):</p> <p>Commitments:</p> <p>Aggregate Amount:</p>	<p>Has your application for surety bond ever been declined? (if yes, please provided detailed information on reverse)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>During the past 2 years, have you been charged with a failure to meet the claims of your subcontractors or suppliers? (if yes, please provided detailed information on reverse)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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SURETY STATEMENT

_____ has been a client of _____
Name of Applicant Name of Surety Company

for over _____ years. During that time we have supported this firm in their pursuit of projects in the

\$ _____ range and total programs in excess of \$ _____.

We are prepared to provide Bid, Performance and Payment bonds for the Applicant for Leon County projects, provided Applicant accepts an award of the contract and makes application to us on or about the time work is to commence, and we are satisfied with the prevailing underwriting conditions, including, but not limited to, acceptable contract terms and job specifications, acceptable bonds forms, and confirmation of full financing.

We also possess certificates of authority as an acceptable surety authorized to do business in the State of Florida and have a Best's Key Rating of Level A or better and in a financial size category of Class VIII or higher.

Signature of Attorney-in-Fact

Name of Surety

Date
DRAFT

INSURANCE CERTIFICATION

To indicate that Applicant understands and is able to comply with the County's required levels of insurance, Applicant shall complete and submit this form.

- 1. The Insurer(s) to be used for all required insurance (except Workers' Compensation) must be listed by Best with a rating of no less than A:VII.

Commercial General Liability Best Rating: _____
Best Financial Classification: _____

Business Auto: Best Rating: _____
Best Financial Classification: _____

- 2. The Workers' Compensation insurer must be listed by Best with a rating of no less than A:VII.

Indicate Best Rating: _____
Indicate Best Financial Classification: _____

- 3. Is the Respondent able to obtain insurance in the following limits (next page) as required by Leon County for construction services contractors?

YesNo Coverage Type

- General Liability: \$1,000,000 combined single limit per occurrence for bodily injury, personal injury and property damage per occurrence with a \$2,000,000 annual aggregate. Completed operations coverage will be provided for a period of three (3) years beyond termination and/or completion of the project. Coverage must include bodily injury and property damage, including Premise/operations; a per location aggregate; Broad Form Contractual Liability; Broad Form Property Damage; Fire Legal Liability; Independent contractors coverage; Cross liability & severability of Interest Clauses; and Personal Injury (deleting employee and contractual exclusions) and coverage for explosion, collapse, and underground (X, X, U).
- Automobile Liability: \$1,000,000 combined single limit per accident for bodily injury and property damage. (Non-owned, Hired Car).
- Workers' Compensation and Employers Liability: Workers' Compensation insurance covering all employees and meeting statutory requirements in compliance with the applicable state and federal laws and Employer's Liability with a limit of \$500,000 per accident, \$500,000 disease policy limit, \$500,000 disease each employee. Waiver of Subrogation in lieu of Additional Insured is required.

- 4. Please mark the appropriate box:

Coverage is in place Coverage will be placed, without exception

AFFIDAVIT OF ACCURACY

The undersigned swears or affirms under the penalty of perjury and upon personal knowledge that the contents of the Application for Pre-Qualification are true and correct.

The undersigned swears or affirms under the penalty of perjury that the Applicant, its agents, servants and/or employees, to the best of his/her knowledge and belief, have not in any way colluded with anyone for and on behalf of the Applicant an unfair advantage over others, nor have they colluded with anyone for and on behalf of the Applicant, or themselves, to gain any favoritism in the award of any contract resulting from this bid.

Name of Applicant: _____

Representative's Signature: _____

Typed or Printed Representative's Name/Title: _____

Date: _____

STATE OF _____
COUNTY OF _____
The foregoing instrument was acknowledged before me this _____ day of _____, 20____.

By _____ of _____
(Name of officer or agent, title of officer or agent) (Name of corporation acknowledging)

a _____ corporation, on behalf of the corporation. He/she is personally
(State or place of incorporation)

known to me or has produced _____ as identification.
(type of identification)

Signature of Notary

Print, Type or Stamp Name of Notary

Title or Rank

Serial Number, If Any

AUTHORIZATION STATEMENT

On behalf of:

Name Of Organization:

Address:

The undersigned hereby authorizes and requests any public official, engineer, architect, surety company, bank, depository, material or equipment manufacturer or distributor or any person, firm or corporation to furnish any pertinent information requested by Leon County, Florida and deemed necessary to verify the statements made in the Organizations' Application for Pre-Qualification or regarding the standing and general reputation of the applicant.

Dated this _____ day of _____, 20____.

Signature of authorized person

Title of Person Signing

D R A M