

CONTRACTOR PRE-BID QUALIFICATION QUESTIONNAIRE

Information About Your Organization

The company identified below is submitting this Contractor Pre-bid Qualification Questionnaire for: Dept. of Corrections, MCC Building 7 Addition & Renovation

Company name:	<input type="text"/>		
Mailing address:	<input type="text"/>		
Physical address:	<input type="text"/>		
City:	<input type="text"/>		
Two-letter state code:	<input type="text"/>	Zip code:	<input type="text"/>
Phone no.:	<input type="text"/>	Fax no.:	<input type="text"/>
Contact person name:	<input type="text"/>		
E-mail address:	<input type="text"/>		

For the period of the last ten years, has your organization failed to qualify for bidding on any Maine State Government or public school project?

If "Yes," provide name of project:	<input type="text"/>
and date:	<input type="text"/>

CONTRACTOR PRE-BID QUALIFICATION QUESTIONNAIRE

1. Meeting Project Schedules

1. A. Provide information on the projects in which your organization, as the Contractor, *failed to meet the scheduled completion date* (defined by original contract or subsequent change order), during the period of the last ten years...

...Regarding late projects:

1

Project name:

Project location:

Project delivery method:

Project type:

Occupancy type:

Contract value:

Construction start date:

Original contract completion date:

Revised completion date by change order:

Substantial Completion date:

Contractor's Superintendent's name:

Owner's name: Phone no.:

Owner's Rep's name: Phone no.:

Architect's name: Phone no.:

Describe the nature of the circumstances:

Describe hardship created for the Owner as a result of the late completion date:

Were liquidated damages assessed?:

2

Project name:

Project location:

Project delivery method:

Project type:

Occupancy type:

Contract value:

Construction start date:

Original contract completion date:

Revised completion date by change order:

Substantial Completion date:

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Contractor's Superintendent's name:

Owner's name: Phone no.:

Owner's Rep's name: Phone no.:

Architect's name: Phone no.:

Describe the nature of the circumstances:

Describe hardship created for the Owner as a result of the late completion date:

Were liquidated damages assessed?:

Were there other late projects in addition to any shown above?:

2. Completion of Work

2. A. Provide information on the projects *or significant portion of a project* in which your organization, as the Contractor, *did not complete* during the period of the last ten years...

...Regarding unfinished projects:

I

Project name:

Project location:

Project delivery method:

Project type:

Occupancy type:

Contract value:

Construction start date:

Original contract completion date:

Revised completion date by change order:

Substantial Completion date:

Contractor's Superintendent's name:

Owner's name: Phone no.:

Owner's Rep's name: Phone no.:

Architect's name: Phone no.:

Describe the nature of the circumstances:

Describe hardship created for the Owner as a result of the incomplete work:

Was a bonding company or contractor used to complete any work?:

If "Yes," describe how another party became involved with the project:

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Was the contract considered in default, terminated or suspended?: please select...

If "Yes," describe the reasons for the default, termination or suspension:

2

Project name:

Project location:

Project delivery method: please select...

Project type: please select...

Occupancy type: please select...

Contract value:

Construction start date:

Original contract completion date:

Revised completion date by change order:

Substantial Completion date:

Contractor's Superintendent's name:

Owner's name:

Phone no.:

Owner's Rep's name:

Phone no.:

Architect's name:

Phone no.:

Describe the nature of the circumstances:

Describe hardship created for the Owner as a result of the incomplete work:

Was a bonding company or contractor used to complete any work?: please select...

If "Yes," describe how another party became involved with the project:

Was the contract considered in default, terminated or suspended?: please select...

If "Yes," describe the reasons for the default, termination or suspension:

Were there other unfinished projects or significant portions of projects in addition to any shown above?: please select...

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3. Resources

3. A. Provide information on up to five projects that your organization, as the Contractor, completed during the period of the last ten years which demonstrate experience with projects of a similar type and size to the subject project:

1	Project name:			
	Project location:			
	Project delivery method:	please select...		
	Project type:	please select...		
	Occupancy type:	please select...		
	Contract value:			
	Area of structure:		square feet	
	Construction start date:			
	Substantial Completion date:			
	Contractor's Superintendent's name:			
	Contractor's Project Manager's name:			
	Owner's name:		Phone no.:	
	Owner's Rep's name:		Phone no.:	
	Architect's name:		Phone no.:	
2	Project name:			
	Project location:			
	Project delivery method:	please select...		
	Project type:	please select...		
	Occupancy type:	please select...		
	Contract value:			
	Area of structure:		square feet	
	Construction start date:			
	Substantial Completion date:			
	Contractor's Superintendent's name:			
	Contractor's Project Manager's name:			
	Owner's name:		Phone no.:	
	Owner's Rep's name:		Phone no.:	
	Architect's name:		Phone no.:	
3	Project name:			

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Project location:	<input type="text"/>		
Project delivery method:	<input type="text" value="please select..."/>		
Project type:	<input type="text" value="please select..."/>		
Occupancy type:	<input type="text" value="please select..."/>		
Contract value:	<input type="text"/>		
Area of structure:	<input type="text"/>	square feet	
Construction start date:	<input type="text"/>		
Substantial Completion date:	<input type="text"/>		
Contractor's Superintendent's name:	<input type="text"/>		
Contractor's Project Manager's name:	<input type="text"/>		
Owner's name:	<input type="text"/>	Phone no.:	<input type="text"/>
Owner's Rep's name:	<input type="text"/>	Phone no.:	<input type="text"/>
Architect's name:	<input type="text"/>	Phone no.:	<input type="text"/>
4	Project name:	<input type="text"/>	
	Project location:	<input type="text"/>	
	Project delivery method:	<input type="text" value="please select..."/>	
	Project type:	<input type="text" value="please select..."/>	
	Occupancy type:	<input type="text" value="please select..."/>	
	Contract value:	<input type="text"/>	
	Area of structure:	<input type="text"/>	square feet
	Construction start date:	<input type="text"/>	
	Substantial Completion date:	<input type="text"/>	
	Contractor's Superintendent's name:	<input type="text"/>	
	Contractor's Project Manager's name:	<input type="text"/>	
	Owner's name:	<input type="text"/>	Phone no.: <input type="text"/>
	Owner's Rep's name:	<input type="text"/>	Phone no.: <input type="text"/>
	Architect's name:	<input type="text"/>	Phone no.: <input type="text"/>
5	Project name:	<input type="text"/>	
	Project location:	<input type="text"/>	
	Project delivery method:	<input type="text" value="please select..."/>	
	Project type:	<input type="text" value="please select..."/>	
	Occupancy type:	<input type="text" value="please select..."/>	
	Contract value:	<input type="text"/>	

CONTRACTOR PRE-BID QUALIFICATION QUESTIONNAIRE

Area of structure: square feet

Construction start date:

Substantial Completion date:

Contractor's Superintendent's name:

Contractor's Project Manager's name:

Owner's name: Phone no.:

Owner's Rep's name: Phone no.:

Architect's name: Phone no.:

3. B. Provide information on up to five significant construction projects that are **active** in which your organization is the Contractor:

1 Project name:

Project location:

Project delivery method:

Project type:

Occupancy type:

Contract value:

Area of structure: square feet

Construction start date:

Scheduled completion date:

Contractor's Superintendent's name:

Contractor's Project Manager's name:

Owner's name: Phone no.:

Owner's Rep's name: Phone no.:

Architect's name: Phone no.:

Billed amount complete: percent

Dollar amount of unfinished work to be billed:

2 Project name:

Project location:

Project delivery method:

Project type:

Occupancy type:

Contract value:

Area of structure: square feet

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Construction start date:

Scheduled completion date:

Contractor's Superintendent's name:

Contractor's Project Manager's name:

Owner's name: Phone no.:

Owner's Rep's name: Phone no.:

Architect's name: Phone no.:

Billed amount complete: percent

Dollar amount of unfinished work to be billed:

3

Project name:

Project location:

Project delivery method:

Project type:

Occupancy type:

Contract value:

Area of structure: square feet

Construction start date:

Scheduled completion date:

Contractor's Superintendent's name:

Contractor's Project Manager's name:

Owner's name: Phone no.:

Owner's Rep's name: Phone no.:

Architect's name: Phone no.:

Billed amount complete: percent

Dollar amount of unfinished work to be billed:

4

Project name:

Project location:

Project delivery method:

Project type:

Occupancy type:

Contract value:

Area of structure: square feet

Construction start date:

Scheduled completion date:

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Contractor's Superintendent's name: _____

Contractor's Project Manager's name: _____

Owner's name: _____ Phone no.: _____

Owner's Rep's name: _____ Phone no.: _____

Architect's name: _____ Phone no.: _____

Billed amount complete: _____ percent

Dollar amount of unfinished work to be billed: _____

5

Project name: _____

Project location: _____

Project delivery method: please select... _____

Project type: please select... _____

Occupancy type: please select... _____

Contract value: _____

Area of structure: _____ square feet

Construction start date: _____

Scheduled completion date: _____

Contractor's Superintendent's name: _____

Contractor's Project Manager's name: _____

Owner's name: _____ Phone no.: _____

Owner's Rep's name: _____ Phone no.: _____

Architect's name: _____ Phone no.: _____

Billed amount complete: _____ percent

Dollar amount of unfinished work to be billed: _____

3. C. Regarding your organization's bonding agency, provide:

Agency name: _____

Mailing address: _____

City: _____

Two-letter state code: _____ Zip code: _____

Phone no.: _____ Fax no.: _____

Contact person name: _____

E-mail address: _____

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Contractor's bondable limits, per project: _____ aggregate: _____
Dollar amount of unfinished work to be billed: _____

* Also provide as an attachment in the email submission of this questionnaire, the bonding agency's statement of opinion of the Contractor's financial ability to complete the proposed project, listing single project and aggregate limits.

3. D. Regarding your organization's bonding underwriter company, provide:

Underwriter company name: _____
Mailing address: _____
City: _____
Two-letter state code: _____ Zip code: _____
Phone no.: _____ Fax no.: _____
Contact person name: _____
E-mail address: _____

3. E. Provide information on your organization's personnel who will be assigned to this project. We require the assignment to be from groundbreaking to the completion of the project:

Superintendent assigned to this project: _____
Years of Superintendent experience: _____ Years with company: _____
Alternate Superintendent name: _____
Years of Superintendent experience: _____ Years with company: _____
Alternate Superintendent name: _____
Years of Superintendent experience: _____ Years with company: _____
Relevant experience for the assigned Superintendent proposed above:
I Project name: _____
Owner name: _____
Project location: _____
Project delivery method: please select... _____
Project type: please select... _____
Occupancy type: please select... _____
Area of structure: _____ square feet
Construction duration: _____ months

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Contract value:

This Superintendent had this experience with this company:

2

Project name:

Owner name:

Project location:

Project delivery method:

Project type:

Occupancy type:

Area of structure: square feet

Construction duration: months

Contract value:

This Superintendent had this experience with this company:

3

Project name:

Owner name:

Project location:

Project delivery method:

Project type:

Occupancy type:

Area of structure: square feet

Construction duration: months

Contract value:

This Superintendent had this experience with this company:

PM assigned to this project:

Years of Project Manager experience: Years with company:

Alternate Project Manager name:

Years of Project Manager experience: Years with company:

Alternate Project Manager name:

Years of Project Manager experience: Years with company:

Relevant experience for the assigned Project Manager proposed above:

1

Project name:

Owner name:

Project location:

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Project delivery method:
Project type:
Occupancy type:
Area of structure: square feet
Construction duration: months
Contract value:

This Project Manager had this experience with this company:

2 Project name:
Owner name:
Project location:
Project delivery method:
Project type:
Occupancy type:
Area of structure: square feet
Construction duration: months
Contract value:

This Project Manager had this experience with this company:

3 Project name:
Owner name:
Project location:
Project delivery method:
Project type:
Occupancy type:
Area of structure: square feet
Construction duration: months
Contract value:

This Project Manager had this experience with this company:

3. F. Indicate if this will be a joint venture with another organization:

If "Yes," provide separate questionnaires for each member of the joint venture.

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3. G. Indicate whether your organization, during the period of the last ten years, has sought protection under the bankruptcy laws:

please select...

If "Yes," provide detailed information regarding the matter.

* *This information is confidential and not subject to disclosure under Title 1 M.R.S.A., chapter 13, subchapter I, Freedom of Access.*

3. H. Indicate whether there have been any damage claims made against your organization which are still outstanding, including any litigation or arbitration proceedings which are still pending:

please select...

If "Yes", provide detailed information below.

Amount of the claim:

Nature of the dispute underlying the claim:

Status of the claim, litigation or arbitration:

Name of the adverse party:

Phone no.:

Summary of your position on the matter:

* *This information is confidential and not subject to disclosure under Title 1 M.R.S.A., chapter 13, subchapter I, Freedom of Access.*

Are there other claims or pending dispute resolution processes in addition to any shown above?:

please select...

3. I. Indicate whether your organization has a quality control program:

please select...

If "Yes", provide detailed information below.

Date first implemented:

Brief description of the program:

4. Misconduct

4. A. Indicate whether your organization, or any of its' officers, owners or key personnel, during the period of the last ten years, been convicted of, or plead or consented to a violation of a bid crime, including bid collusion or any other crime involving fraud or knowing misrepresentation:

please select...

If "Yes," provide detailed information below.

Jurisdiction where the judgment of conviction was entered:

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Date of judgement: _____

Brief description of the violation: _____

Are there other violations in addition to any shown above?: please select...

4. B. Indicate whether your organization, during the period of the last ten years, been debarred from bidding, or agreed to refrain from bidding on a contract:

please select...

If "Yes," provide detailed information below.

Name of project: _____

Owner name: _____

Date: _____

Brief description of the situation: _____

Are there other debarments in addition to any shown above?: please select...

4. C. Indicate whether your organization has received any citations or other notices of violation during the period of the last ten years, for Workers' Compensation or Labor law violations:

please select...

If "Yes," provide detailed information below.

Name of project: _____

Name of citation or notice: _____

Date of citation or notice: _____

Brief description of the situation: _____

Official resolution of the violation: _____

Are there other citations or notices in addition to any shown above?: please select...

4. D. Indicate whether your organization, or any of its' officers, owners or key personnel, during the period of the last ten years, been found to be in violation of any federal, state or local environmental law or regulation in which the authority ruled that the violator intentionally or knowingly committed the violation, or failed to comply after having been notified of the violation:

please select...

If "Yes," provide detailed information below.

Name of project: _____

Name of violation: _____

Date of violation: _____

Brief description of the situation: _____

Official resolution of the violation: _____

Are there other violations in addition to any shown above?: please select...

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4. E. Indicate whether your organization, or any of its officers, owners or key personnel, during the period of the last ten years, been convicted of any other civil or criminal violations relating to construction projects not addressed above:

please select...

If "Yes," provide detailed information below.

Name of project:	<input type="text"/>
Name of violation:	<input type="text"/>
Jurisdiction where the judgment of conviction was entered:	<input type="text"/>
Date of judgement:	<input type="text"/>
Brief description of the violation:	<input type="text"/>
Official resolution of the violation:	<input type="text"/>

Are there other violations in addition to any shown above?: please select...

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5. Safety Record

5. A. Indicate whether your organization has a safety program:

please select...

If "Yes," provide detailed information below.

Date first implemented:

Brief description of the program:

Frequency of work site safety meetings:

5. B. Indicate whether citations have been issued to your organization, during the period of the last ten years, for workplace safety law violations:

please select...

* If "Yes," provide as an attachment in the email submission of this questionnaire, for all of the names your company is known to OSHA, all OSHA Inspection Detail and Violation citations, or the OSHA Integrated Management Information System (IMIS) report for your organization.

5. C. Provide your organization's OSHA reportable incident rate:

If the above rate is greater than 3.0, provide an explanation for the high rating:

5. D. Provide your organization's current NCCI Employer Modification Rate (EMR):

* If the EMR is greater than 1.0, provide as an attachment in the email submission of this questionnaire, the NCCI rating information for the previous three years, with a written explanation of the high rating.

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Certification

By completing this questionnaire, the person named below certifies that they are a principal or agent of the company and that, to their best knowledge and belief, the information provided in the questionnaire is true, accurate, and complete. An incomplete questionnaire, or one found to contain material misrepresentation, may be the basis for disqualification.

Company name:

Name:

Title:

Date:

End of Questionnaire

CONTRACTOR PRE-BID QUALIFICATION QUESTIONNAIRE

The Pre-bid Qualification Procedure

Under the authority of Title 5 M.R.S.A., chapter 153, subchapter I, section 1747, “Questionnaire as pre-bid qualification” the Bureau of General Services (BGS) has elected to review qualifications of Contractors. A copy of the statute is included at the end of this questionnaire. This questionnaire addresses the requirements shown in section 1747.

All Contractors who meet the pre-bid qualification requirements, as determined by the Bureau of General Services, shall receive bid documents. Bid documents shall not be provided to any Contractor not meeting the requirements.

The Director of the Bureau of General Services will send a written notification to any Contractor determined to be disqualified. Such Contractor has the option to appeal to the Commissioner of the Department of Administrative and Financial Services within 5 days of receipt of notice from the Director, pursuant to Title 5 M.S.R.A., chapter 153, subchapter I, section 1749. The Contractor may receive the bid documents for the project during the period of the appeal with the understanding that any bid from that Contractor will be rejected if the appeal is denied.

An appeal must be reviewed, a hearing held, and a final determination made within 5 days of the Contractor’s written notice of appeal, unless extended by the Commissioner. The decision of the Commissioner is final and binding.

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All copyrights and other rights to statutory text are reserved by the State of Maine. The text included in this publication is current to the end of the 121st Legislature, which ended December 1, 2004, but is subject to change without notice. It is a version that has not been officially certified by the Secretary of State. Refer to the Maine Revised Statutes Annotated and supplements for certified text.

Title 5, Chapter 153: Public Improvements, §1747. Questionnaire as prebid qualification

The public official may require, from a firm proposing to bid on public work duly advertised, a standard qualification statement and a letter from a licensed bonding company confirming that the firm has the financial capacity to perform the work before furnishing that person with plans and specifications for the proposed public work advertised. [1997, c. 295, §1 (amd).]

The Director of General Services, after consultation with the appropriate department head or superintendent of schools, may refuse to release plans and specifications to a contractor for the purpose of bidding on a project: [1997, c. 295, §1 (amd).]

- 1. Untimely completion.** If, in the opinion of the director, there is evidence the contractor has not completed in a timely manner a prior construction project or projects and the resulting noncompletion clearly reflects disregard for the completion date and has created a hardship for the owner; [1997, c. 295, §1 (amd).]
- 2. Incomplete work.** If, in the opinion of the director, there is evidence the contractor has a history of inability to complete similar work; [1997, c. 295, §1 (amd).]
- 3. Insufficient resources.** If, in the opinion of the director, there is evidence the contractor does not have sufficient resources to successfully complete the work. The director may require additional information about the contractor's resources, including identification of major claims or litigation pending and whether the contractor has sought protection under the bankruptcy laws in the past 5 years. That information is confidential and not subject to disclosure under Title 1, chapter 13, subchapter 1. In evaluating the resources of a contractor, the director may consider the contractor's prior experience, including any significant disparity between the size and type of prior projects and the project or projects under consideration; [2003, c. 589, §1 (amd).]
- 4. Misconduct.** If the contractor has been convicted of collusion or fraud or any other civil or criminal violation relating to construction projects; [2001, c. 271, §3 (amd).]
- 5. Safety record.** If, in the opinion of the director, there is evidence of a history of inadequate safety performance and lack of formal safety procedures; [2001, c. 271, §4 (new).]
- 6. Material misrepresentation.** If, in the opinion of the director, there is evidence of a material misrepresentation on the contractor's prebid qualification statement; or [2001, c. 271, §4 (new).]
- 7. Termination, suspension, defaults.** If, in the opinion of the director, there is evidence that the contractor through its own fault has been terminated, has been suspended for cause, has been debarred from bidding, has agreed to refrain from bidding as part of a settlement or has defaulted on a contract or had a contract completed by another party. [2001, c. 271, §4 (new).]

If a contractor is disqualified for any of the reasons stated in subsection 1, 2, 4, 5, 6 or 7, the director may disallow the contractor from bidding on any similar public improvements for a period not to exceed one year. [2001, c. 271, §5 (amd).]

PL 1989, Ch. 483, §A20 (RPR).

PL 1993, Ch. 324, §1 (AMD).

PL 1997, Ch. 295, §1 (AMD).

PL 2001, Ch. 271, §2-5 (AMD).

PL 2003, Ch. 589, §1 (AMD).