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| **QBS Submittal Booklet for SBE/ MBE Contractor Pre-Selection – Instructions** | | | |
| **1.** | **Download** the **“1862 QBS Submittal Booklet for SBE / MBE Contractor Pre- Selection”** (“QBS Submittal Booklet”) from the website and **save** to your computer **PRIOR** to editing. | | |
| **2.** | **Complete the Cover Page and Divisions 1 through 12** by answering **all** questions, completing **all** tables (if applicable), and providing **all** requested information. Remember to keep saving to your computer. | | |
|  | **2.1** | | If a question or request for information does not pertain to your organization in any way, then use the symbol “NA” (Not Applicable). |
| **3.** | **Print** the following copies on 8-1/2"x11" paper, and preferably in color: | | |
|  | **3.1** | | **Four (4) copies** of the *completed* **Cover Page.** |
|  | **3.2** | | **Two (2) copies** of the *completed* **Divisions 1 through 12**, including additional pages (if applicable). |
| **4.** | **Assemble two (2) QBS Submittal Booklets** as follows: | | |
|  | **4.1** | For **each** QBS Submittal Booklet, use a white, 3-ring binder, 1” max.size, with a slant ring and clear outside pocket. | |
|  | **4.2** | Insert a completed copy of the **Cover Page** into the **clear outside pocket** of each 3-ring binder. | |
|  | **4.3** | Insert **twelve (12) Numbered Tabs** into each 3-ring binder. | |
|  | **4.4** | Insert a completed copy of the **Cover Page** in **front** of the **Division 1 Tab** in each 3-ring binder. | |
|  | **4.5** | Insert the completed copies of **Divisions 1 through 12** behind the **applicable Numbered Tabs** in each 3-ring binder. | |
| **5.** | **Submit** the two (2) QBS Submittal Booklets by the designated **Due Date, Time,** and **Location** as stated in the **“QBS Submittal Deadline” and “QBS Submittal Location”** sections of the **specific DCS RFQ Web Advertisement** for this Contractor Pre-Selection. | | |
|  | **5.1** | ***Note:*** Insert all required information as specified. A Firm that does not submit any required information must insert a brief statement in its place in the appropriate Division of the Booklet explaining why it was not used in the submittal. | |
|  | **5.2** | ***Note:*** Each QBS Submittal Booklet shall contain **all** of the required information **IN THE SPECIFIED FORMAT** and be received at the designated location by the deadline, or the Firm may be deemed **Not Responsive** for this Pre-Selection. | |
|  | **5.3** | ***Note:*** All information submitted in this booklet will be considered official information acquired in confidence, and the State of Connecticut Department of Administrative Services / Division of Construction Services will maintain its confidentiality to the extent permitted by law. | |
| **6.** | **Prospective Contractor Responses to DCS RFQ Web Advertisements:** All prospective Contractor Responses to DCS RFQ Web Advertisements are due within a **maximum of thirty-five (35) \*Calendar Days** from the date of the RFQ Web Advertisement. The Contractor Response **Due Date** and **Time** are stated in the **“QBS Submittal Deadline”** section of the **specific DCS RFQ Web Advertisement for this Contractor Pre-Selection.**  **\*Calendar Day** meansall days in a month, including weekends and holidays.” | | |
| **7.** | **SBE / MBE Contractors Pre-Selected to Bid:** Results of each **DCS RFQ Web Advertisement for SBE / MBE Contractor Pre-Selection** shall be posted on the State Contracting Portal (and the DCS SBE / MBE Contractor Pre-Selection web page) under the listing for the specific RFQ Web Advertisement. | | |

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| **NOTE: Unsatisfactory Responses May Result in Not Pre-Selected to Bid:** | |
| **1.** | **Questions Not Answered and/or Information Not Provided:** Any prospective **SBE / MBE Contractor** who does not answer any question or provide required information may be deemed **Not Responsive** for this Pre-Selection and therefore **Not** **Pre-Selected to Bid** at the sole discretion of the State of Connecticut Department of Administrative Services / Division of Construction Services (DCS). |
| **2.** | **Unsatisfactory Answers:** Any prospective **SBE / MBE Contractor** with unsatisfactory answers will be notified of which answers were unsatisfactory and will be given **seven (7) calendar days** to respond. If no response is received within the **seven (7) calendar days**, the prospective **SBE / MBE Contractor** will be deemed **Not Qualified** for this Pre-Selection and therefore **Not** **Pre-Selected to Bid**. |
| **3.** | **Notice of Determination:** Any prospective **SBE / MBE** **Contractor** found to be **Not** **Pre-Selected to Bid** as a result of their answers in this booklet will receive a written **Notice Of Determination** response from the DCS explaining the decision. |
| **4.** | **Debriefing:** An **SBE / MBE** **Contractor** who was **not** **Pre-Selected to Bid** can request a meeting to discuss the decision with the DCS Process Management Unit. |

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| **Cover Page Instructions** | |
| **1.** | Complete the **Cover Page** (provided on the next page) and insert one copy into the clear outside pocket of **each of the two (2) QBS Submittal Booklets** and one copy **in front of the Division 1 Tab** in **each of the two (2) QBS Submittal Booklets.** |
| **2.** | Insert **Divisions 1 through 12**, *after* the **Cover Page.** |
|  | |
| **Example of Cover Page Format and Division Tab Sequence** | |

|  |  |  |
| --- | --- | --- |
|  | *12 Division Tab Numbers*  *3-Ring Binder*  **Firm Name**  *Insert*  *Precise Firm’s Legal Name*  **Firm Street Address**  **Firm Town, State Zip**  **Type of Legal Entity**  ***Examples:***  *Insert Firms Limited Liability Partnership, Corporation,*  *Limited Partnership,*  *Sole Proprietor and etc.*  *as applicable)*  **QBS Submittal Booklet**  **Selection Type:**  **SBE / MBE Contractor Pre-Selection**  **(Minor Capital Projects between $100,000 & $500,000)**  **DCS RFQ Web Advertisement Number:**  **CPS-SBE/MBE-GBCA-01**  **Contractor Classification of Work:**  **General Building Construction (Group A)**  **QBS Submittal Deadline Due Date:**  **Friday, May 29, 2015** | **1** |
| **2** |
| **3** |
| **4** |
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| **7** |
| **8** |
| **9** |
| **10** |
| **11** |
| **12** |

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| **Cover Page** |
| **Insert Firm Name**  **Insert Firm Street Address**  **Insert Firm Town, State Zip**  **Insert Type of Legal Entity**  **QBS Submittal Booklet**  **Selection Type:**  **SBE / MBE Contractor Pre-Selection**  **(Minor Capital Projects between $100,000 & $500,000)**  **DCS RFQ Web Advertisement Number:**  **CPS-SBE/MBE-GBCA-01**  **Contractor Classification of Work:**  **General Building Construction (Group A)**  **QBS Submittal Deadline Due Date:**  **Friday, May 29, 2015** |

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| **Division 1**  **Table of Contents** |

|  |  |  |
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| **Tab** | **Division** | **Title** |
|  |  |  |
| **-** | **-** | **Cover Page** |
|  |  |  |
| **1** | **Division 1** | **Table of Contents** |
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| **2** | **Division 2** | **QBS Email Registration for SBE / MBE Contractor Pre-Selection** |
|  |  |  |
| **3** | **Division 3** | **CT DAS SBE or MBE Certification or Both** |
|  |  |  |
| **4** | **Division 4** | **DAS Contractor Performance Evaluations and/or Letters of Recommendation Demonstrating Successful Completion Of At Least (3) Three Projects Of Comparable Scope & Cost** |
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| **5** | **Division 5** | **Connecticut Occupational Licenses, Registrations, or Certifications** |
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| **9** | **Division 9** | **Safety** |
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| **10** | **Division 10** | **Prior Disqualification and Contract Termination** |
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| **11** | **Division 11** | **Prospective SBE / MBE Contractor Explanations** |
|  |  |  |
| **12** | **Division 12** | **Acknowledgement & Notary Statement** |
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| **Division 2**  **QBS Email Registration for SBE / MBE Contractor Pre-Selection** |

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| **2.1.** | The purpose of this registration is to provide DCS with current contact information for the **SBE / MBE Contractor’s Firm**. All DCS responses and addendum to the QBS process for a specific RFQ shall be sent by the DCS Process Management Unit to the 1st. Contact’s email address. The 1st Contact’s email address should be continuously monitored by the Contactor to ensure timely receipt of all communications from DCS. | |
| **INSTRUCTIONS FOR COMPLETING DIVISION 2:** | |
| **.1** | **Complete** the **“Current Contact Information”** Table, ensuring that you list two (2) Contacts in the **SBE / MBE Contractor’s Firm** who DCS can contact for additional information. |
| **.2** | **Print two (2) copies** of the completed **“Division 2 - QBS Email Registration for SBE / MBE Contractor Pre-Selection”**. |
| **.3** | **Email one (1)** completed **“Division 2 - QBS Email Registration for SBE / MBE Contractor Pre-Selection”** by the QBS Submittal Booklet deadline to **Rose Mitchell** at: [rose.mitchell@ct.gov](mailto:rose.mitchell@ct.gov) |
| **.4** | **Insert** a completed hard copy of the **“Division 2 - QBS Email Registration for SBE / MBE Contractor Pre-Selection”** behind the **Division 2 Tab** in **each** of the **two (2)** QBS Submittal Booklets. |
|  | |

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| **Current Contact Information** | | | |
| **1.** | **DCS RFQ Web Adv. Number:** | | CPS-SBE/MBE-GBCA-01 |
| **2.** | **Selection Type:** | | SBE/MBE Contractor Pre-Selection - Minor Capital Projects between $100,000 & $500,000 |
| **3.** | **Contractor Classification of Work:** | | General Building Construction (Group A) |
| **4.** | **1st Contact Name:** | |  |
| **4.1** | **1st Contact Phone Number:** |  |
| **4.2** | **1st Contact Email Address:** |  |
| **5.** | **2nd Contact Name:** | |  |
| **5.1** | **2nd Contact Phone Number:** |  |
| **5.2** | **2nd Contact Email Address:** |  |
| **6.** | **Firm Legal Name:** | |  |
| **7.** | **Firm Street:** | |  |
| **8.** | **Firm City:** | |  |
| **9.** | **Firm State:** | |  |
| **10.** | **Firm Zip Code:** | |  |

**END OF DIVISION 2**

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| **Division 3**  **CT DAS SBE or MBE Certification or Both** |

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| --- | --- | --- | --- | --- | --- |
| **3.1.** | Is your Firm a **“Small Business Enterprise (SBE)”** or a **“Minority Business Enterprise (MBE)” or both,** registered with the **State of Connecticut Department of Administrative Services (DAS)**? | | | | |
|  | | **YES** | If you answered **YES**, then insert a copy of your Firm’s **DAS SBE or MBE Certification or Both** behind this page in the **Division 3 Tab** of each of the **two (2)** QBS Submittal Booklets. | |
|  | | **PENDING** | If you answered **PENDING**, then insert a copy of your Firm’s **Supplier Diversity Certification Application** behind this page in the **Division 3 Tab** of each of the **two (2)** QBS Submittal Booklets. | |
|  | | **NO** | | |
|  | | | | |
|  | ***IMPORTANT NOTE:*** *SBE / MBE Contractor Pre-Selection is contingent upon the prospective SBE / MBE Contractor being Certified**by the**Connecticut**Department of Administrative Services as an* ***SBE or MBE or Both by the Bid Opening Date****.* | | |  |
| [**What qualifies a company to be certified as a Small Business Enterprise (SBE)?**](http://das.ct.gov/fp1.aspx?page=119)  A Small Business Enterprise (SBE) is defined as a company that has:   * Its principal place of business is in Connecticut. * Gross revenues not exceeding $15,000,000 during its most recently completed fiscal year; and * Is “independent.”   To be “independent,” the viability of the SBE must not depend upon another person, as determined by an analysis of the small contractor’s relationship with any other person in regards to the provision of personnel, facilities, equipment, other resources and financial support, including bonding.  **What qualifies a company as a Minority Business Enterprise (MBE)?**  A Minority Owned Business (MBE) is defined as:   * A small contractor (must meet the above-stated SBE criteria) with at least 51% ownership by one or more persons who:   + - 1. exercises operational authority over daily affairs of the business;       2. has the power to direct the management and policies and receive the beneficial interests of the business;       3. possess managerial and technical competence and experience directly related to the principal business activities of the enterprise and       4. is a member of a “minority,” as that term is defined in [C.G.S. 32-9n(a)](http://cga.ct.gov/current/pub/chap_578.htm#sec_32-9n) or who is **\***An Individual With A Disability.   **Who is considered a minority?**  Under the CT Statutes for small & minority businesses, a minority is a:   * Black American, including all persons having origins in any of the Black African racial groups not of Hispanic origin; · * Hispanic American, including all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race; · * Person having origins in the Iberian Peninsula, including Portugal, regardless of race; · * Woman; · * Asian Pacific American and Pacific islander; · * American Indian and persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification; or ·   **\*An Individual With A Disability:** An"Individual with a disability" means an individual (A) having a physical or mental impairment that substantially limits one or more of the major life activities of the individual or (B) having a record of such an impairment. | | |
| *For more information about* ***SBE and MBE Certification*** *see the Department of Administrative Services Website:* [***http://das.ct.gov/cr1.aspx?page=34***](http://das.ct.gov/cr1.aspx?page=34) | | |
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**END OF DIVISION 3**

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| **Division 4**  **DAS Contractor Performance Evaluations and/or Letters of Recommendations Demonstrating Successful Completion Of At Least (3) Three Projects Of Comparable Scope & Cost** |

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| **4.1** | Can your Firm provide **DAS Contractor Performance Evaluations** and/or **Letters of Recommendation** from at least **three (3)** Ownersdemonstrating successful completion of at least **(3) three projects** for work that your Firm has performed that is similar to the “**Contractor** **Classification of Work”** for this Pre-Selectionand **“Cost of Work Range”** between **$100,000** and **$500,000?** | | |
|  | **YES** | If you answered **YES,** then insert the **DAS Contractor Performance Evaluations** and/or **Letters of Recommendation** from at least **three (3)** Owners demonstrating successful completion of at least **(3) three projects** of comparable scope & cost behind this page in the **Division 4 Tab** of each of the **two (2)** QBS Submittal Booklets |
|  | **NO** | |
|  | | |

**END OF DIVISION 4**

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| **Division 5**  **Connecticut Occupational Licenses, Registrations, or Certifications Required for the Contractor Classification of Work** |

|  |  |  |  |  |
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| **5.1** | Does the **“Contractor** **Classification of Work”** for this Pre-Selectionrequire a **Connecticut Occupational License, Registration, or Certification** with a Connecticut State Regulatory Agency? | | | |
|  | **YES** | If you answered **YES**, then insert a copy of your current, applicable, and valid **Connecticut Occupational License, Registration, or Certification** behind this page in the **Division 5 Tab** of each of the **two (2)** QBS Submittal Booklets. | |
|  | **NO** | | |
|  | | | |
| ***IMPORTANT NOTE:***  *All applicable requirements for the* ***Connecticut Occupational License, Registration, or Certification MUST*** *be met by all prospective* ***SBE / MBE Contractors*** *by the* ***QBS Submittal Due Date*** *as stated in the* ***“1850 - RFQ Web Advertisement for SBE / MBE Contractor Pre-Selection”*** *for this Pre-Selection.* | | |  |
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| **5.2** | If you answered **YES** to **Question 5.1,** has your Firm's **Connecticut Occupational License, Registration, or Certification** ever been **suspended** or **revoked** by a Connecticut State Regulatory Agency? | | |
|  | **YES** | If you answered **YES**, thensubmit a written explanation of why your Firm’s **Connecticut Occupational License, Registration, or Certification** was suspended or revoked. Insert the written explanation behind this page in the **Division 5 Tab** of each of the **two (2)** QBS Submittal Booklets. |
|  | **NO** | |
|  | | |

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| --- | --- | --- | --- |
| **5.3** | **FOR INFORMATION PURPOSES ONLY:**  **Connecticut Occupational License, Registration, and Certification Requirements:** The following types of “Contractor Classifications” require a State of Connecticut License, Registration, or Certification: | | |
| **Contractor**  **Classification of Work** | **Occupational License, Registration or Certification Requirement** | **State of Connecticut Authority** |
| **Electrical:** | Electrical Contractor License | Department of Consumer Protection |
| **Fire Protection Sprinkler Systems:** | Fire Protection Contractor License | Department of Consumer Protection |
| **HVAC:** | Heating, Piping & Cooling Contractor License | Department of Consumer Protection |

**END OF DIVISION 5**

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| **Division 6 - Surety Bonding** |

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| **6.1** | **Surety Bonding Capacity:**  Is your Firm able to obtain the required bonding for **100% of the labor and material amount** of a contract price range up to **$500,000.00**? | | | |
|  | **YES** | If you answered **YES**, then insert a **Notarized Declaration** from a Suretystating the amount of bonding capacity available to your Firm for a construction contract up to **$500,000.00** behind this page in the **Division 6 Tab** of each of the **two (2)** QBS Submittal Booklets. | |
|  | **NO** | If you answered **NO**, then provide a **written explanation** of why your Firm is **unable** to obtain the required bonding on an 8 ½” x 11” sheet(s) with your letterhead. Insert the written explanation behind this page in the **Division 6 Tab** of each of the **two (2)** QBS Submittal Booklets. | |
| ***IMPORTANT NOTE:*** *Responding* ***NO*** *to* ***Question No. 6.1*** *is* ***not*** *a**cause for a* ***prospective SBE / MBE Contractor*** *to be deemed* ***Not*** *Pre-Selected to Bid.* |  |
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| **6.2** | **Contracts Taken Over by Surety Since 2010:**  If you answered **YES** to **Question No. 6.1** then have any of your Firm’s Contracts ever been taken over by a Surety since **2010**? | | | | |
|  | **YES** | | If you answered **YES**, then provide **written explanation(s)** of any such Contract(s) that were taken over by a Surety on an 8 ½” x 11” sheet(s) with your letterhead. Insert the written explanation(s) behind this page in the **Division 6 Tab** of each of the **two (2)** QBS Submittal Booklets. | |
|  | **NO** | | | |
|  |  |  | |  |

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| --- | --- | --- | --- | --- |
| **6.3** | **Contracts Taken Over by Surety Since 2010 – Surety Information:**  If you answered **YES** to **Question No. 6.2,** then provide the following information on **all** sureties utilized since **2010**. | | | |
| **.1** | Complete a “**Contracts Taken Over By Surety Since 2010”** table for **each** Surety. Use additional copies of this page as necessary. | | |
| **.2** | Insert additional copies behind this page in the **Division 6 Tab** of each of the **two (2)** QBS Submittal Booklets. | | |
| **.3** |  | **Not Applicable** | Check “Not Applicable” if none of your Firm’s Contracts have ever been taken over by a Surety since **2010**. |
|  | | | |

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| --- | --- | --- | --- | --- | --- |
| **Contracts Taken Over By Surety Since 2010** | | | | | |
|  |  |  | | | |
| **.1** | **Surety Name:** |  | | | |
|  |  |  | | | |
| **.2** | **Surety Phone No.:** |  | | | |
|  |  |  | |  |  |
| **.3** | **Period covered by surety:** |  | | **to** |  |
|  |  |  | |  |  |
| **.4** | **Maximum amount of bonding capacity provided by surety:** | **$** |  | | |
|  |  |  | | | |
| **.5** | **Number of construction contracts taken over by surety for completion:** |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Contracts Taken Over By Surety Since 2010** | | | | | |
|  |  |  | | | |
| **.1** | **Surety Name:** |  | | | |
|  |  |  | | | |
| **.2** | **Surety Phone No.:** |  | | | |
|  |  |  | |  |  |
| **.3** | **Period covered by surety:** |  | | **to** |  |
|  |  |  | |  |  |
| **.4** | **Maximum amount of bonding capacity provided by surety:** | **$** |  | | |
|  |  |  | | | |
| **.5** | **Number of construction contracts taken over by surety for completion:** |  | | | |

**END OF DIVISION 6**

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| **Division 7 - Claims History** |

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| **7.1** | **Claims:**  Have there been successful Claims against your Firmby **“Owner(s)”** **or** by your Firm against an **“Owner(s)”** since **2010**? | | | | |
|  | **YES** | | If you answered **YES**, then provide **written explanation(s)** of any such Claims on an 8 ½” x 11” sheet(s) with your letterhead. Insert the written explanation(s) behind this page in the **Division 7 Tab** of each of the **two (2)** QBS Submittal Booklets. | |
|  | **NO** | | | |
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| **7.2** | **Project Claim Information:**  If you answered **YES** to **Question No. 7.1,** then provide the following information on successful claims by an **“Owner”** against your Firm **or** by your Firm against an **“Owner”** since **2010**. Include claims resolved by arbitration, or litigation. | | | |
| **.1** | Complete a “**Project Claim Information”** table for **each** Claim. Use additional copies of this page as necessary. | | |
| **.2** | Insert additional copies behind this page in the **Division 7 Tab** of each of the **two (2)** QBS Submittal Booklets. | | |
| **.3** |  | **Not Applicable** | Check “Not Applicable” if there have been no Claims against your Firmby **“Owner(s)”** **or** by your Firm against an **“Owner(s)”** since **2010**. |
|  | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Project Claim Information** | | | | | | |
|  |  |  | | | | |
| **1.** | **Project Name:** |  | | | | |
|  |  |  | | | | |
| **2.** | **Project Address:** |  | | | | |
|  |  |  | | | | |
| **3.** | **Project City/Town, State:** |  | | | | |
|  |  |  | | | | |
| **4.** | **“Owner” Name:** |  | | | | |
|  |  |  | | | | |
| **5.** | **“Owner” Phone No.:** |  | | | | |
|  |  |  | | | | |
| **6.** | **Contract Amount:** | **$** |  | | | |
|  |  |  | | | | |
| **7.** | **Contract Time** (calendar days)**:** |  | | | | |
|  |  |  | | | | |
| **8.** | **Nature of Claim** (brief explanation)**:** |  | | | | |
|  |  |  | | | | |
| **9.** | **Amount of claim in money and time:** | $ |  | , |  | Days. |
|  |  |  | | | | |
| **10.** | **Final resolution of claim for your Firm:** | $ |  | , |  | Days. |
|  |  |  | | | | |
| **11.** | **Final resolution of claim against your Firm:** | $ |  | , |  | Days. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project Claim Information** | | | | | | |
|  |  |  | | | | |
| **1.** | **Project Name:** |  | | | | |
|  |  |  | | | | |
| **2.** | **Project Address:** |  | | | | |
|  |  |  | | | | |
| **3.** | **Project City/Town, State:** |  | | | | |
|  |  |  | | | | |
| **4.** | **“Owner” Name:** |  | | | | |
|  |  |  | | | | |
| **5.** | **“Owner” Phone No.:** |  | | | | |
|  |  |  | | | | |
| **6.** | **Contract Amount:** | **$** |  | | | |
|  |  |  | | | | |
| **7.** | **Contract Time** (calendar days)**:** |  | | | | |
|  |  |  | | | | |
| **8.** | **Nature of Claim** (brief explanation)**:** |  | | | | |
|  |  |  | | | | |
| **9.** | **Amount of claim in money and time:** | $ |  | , |  | Days. |
|  |  |  | | | | |
| **10.** | **Final resolution of claim for your Firm:** | $ |  | , |  | Days. |
|  |  |  | | | | |
| **11.** | **Final resolution of claim against your Firm:** | $ |  | , |  | Days. |

**END OF DIVISION 7**

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| **Division 8**  **Insurance Coverage Requirements:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **8.1** | **Insurance Coverage:**  Is your Firm able to obtain the following insurance in the following limits (check appropriate box)? | | | | | | |
|  | | | | | | |
| **Item No.** | **Type of Insurance Coverage** | | **Amount** | | **YES** | **NO** |
| **.1** | **Commercial General Liability** **Insurance:** Insurance including contractual liability, products/completed operations, broad form property damage and independent Contractors. Coverage for hazards of explosion, collapse and underground (X-C-U) and for asbestos abatement when applicable to this Contract, must also be included when applicable to the Work to be performed. | | **$1,000,000.00**. Combined Single Limit Each Occurrence, and | |  |  |
| **$2,000,000.00**. Annual Aggregate/On a per Project Basis | |  |  |
| **$2,000,000** total (aggregate) limit of for all damages arising out of bodily injury to or death of persons in all accidents or occurrences and out of injury to or destruction of property during the policy period. | |  |  |
| **.1** | If no, then what amount **Commercial General Liability** **Insurance** is your Firm able to obtain? | **$** |  |  |  |
|  |  |
| **.2** | **Automobile Liability Insurance:** Including Bodily Injury and Property Damage (Owned, Hired and Non-Owned) | | **$1,000,000.00**. Combined Single Limit Each Occurrence, and | |  |  |
| **$2,000,000.00** total aggregate | |  |  |
| **.1** | If no, then what amount **Automobile Liability Insurance** is your Firm able to obtain? | **$** |  |  |  |
|  |  |
| **.3** | **Workers Compensation:** Coverage applies in the state work is performed. | | **$100,000** each occurrence, | |  |  |
| **$500,000** disease policy limit and **$100,000** disease each employee | |
| **.4** | **Umbrella Liability:** Umbrella Liability Insurance, including a drop down provision covering any exhausted underlying aggregate limits in the specified amount shown below of combined single limit each occurrence in excess of the coverages described in subsections **.1 Commercial General Liability Insurance**, **.2 Automobile Liability**, and **.4 Workers’ Compensation and Employer’s Liability.** | | Contract amounts of **$1.00** to **$500,000.00**;  **$1,000,000.00** Each Occurrence;  **$1,000,000.00** Annual Aggregate. | |  |  |
| **.5** | **Special Hazards Insurance:** This includes coverage for explosion, collapse or underground damage and for asbestos abatement when applicable to this Contract. | | **$1,000,000** each occurrence. | |  |  |
| **.6** | **Inland Marine/Transit Insurance**: Inland marine insurance (transportation insurance) coverage for (1) property damage or destruction of an insured's property and (2) liability exposure of an insured for damage or destruction of someone else's property under his or her care, custody, or control. The insured (shipper) needs this insurance because the carrier (who can also be the insured and purchase inland marine insurance) may be found not at fault for damage to a property; or the carrier may not have any insurance or adequate insurance. Perils covered include fire, lightning, windstorm, flood, earthquake, landslide, theft, collision, derailment, overturn of the transporting vehicle, and collapse of bridges. | | Property with values in excess of **$100,000** which is rigged, hauled or situated at the site pending installation, the Contractor shall maintain inland marine/transit insurance provided the coverage is not afforded by a Builder’s Risk policy | |  |  |

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| **8.1** | **Insurance Coverage Requirements:** (Continued)  Is your Firm able to obtain the following insurance in the following limits (check appropriate box)? | | | | |
|  | | | | |
| **Item** | **Type of Insurance Coverage** | **Amount** | **YES** | **NO** |
| **.7** | **Valuable Paper and Record Loss:** An "all risk" insurance coverage that covers the cost of research to reconstruct damaged records, as well as the cost of new paper and transcription. The term "valuable papers" refers to written, printed, or otherwise inscribed documents and records, including books, maps, films, drawings, abstracts, deeds, mortgages, and manuscripts. | **$25,000** each occurrence. |  |  |
| **.8** | **Builders Risk:** Builders Risk Insurance insures a building under construction. The contractor normally purchases a builders risk policy to cover their materials and the property under construction until it is claimed by the owner. Builders Risk policies cover new construction or remodeling projects. Builders risk policies are project specific and are purchased in addition to a contractor's general liability insurance. | **$500,000** Maximum Value of Project |  |  |
|  | | | | |

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| **8.2** | Did you answer **YES** to **all of the above** insurance requirements? | | |
|  | **YES** | **Certificates of Insurance:** Provide copies of your **“Certificates of Insurance”** from each of your insurance carriers stating that your Firm has or is able to obtain **all of the types of required insurance** in the limits stated above. Insert the **“Certificates of Insurance”** behind this page in the **Division 8 Tab** in each of the **two (2)** QBS Submittal Booklets. |
| ***OR*** | | |
|  | **YES** | **Notarized Declaration(s) of Insurance Coverage:** Provide a **“Notarized Declaration(s) of Insurance Coverage”** fromeach of your insurance carriers or from your insurance agent stating that your Firm has or is able to obtain **all of the types of required insuranc**e in the limits stated above. Insert the **“Notarized Declaration(s) of Insurance Coverage”** behind this page in the **Division 8 Tab** in each of the **two (2)** QBS Submittal Booklets. |
|  | **NO** | |
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**END OF DIVISION 8**

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| **Division 9**  **Safety** |

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| --- | --- | --- | --- | --- |
| **9.1** | **Safety Violation Citations:** | | | |
| Has your Organization had any **willful or serious violation citations** of any **Occupational Safety and Health Act (OSHA)** standard, order or regulation promulgated pursuant to such act, during the **three (3)** year period preceding this RFQ for SBE / MBE Contractor Pre-Selection? | | | |
|  | **YES** | If you answered **YES**, then list all **willful or serious violations** of any **Occupational Safety and Health Act (OSHA)** standard, order or regulation promulgated pursuant to such act, during the **three (3) year period** preceding this Pre-Selection. (State if such violations were cited in accordance with the provisions of any State Occupational Safety and Health Act or Occupational Safety and Health Act of 1970). Indicate whether these were abated within the time fixed by the citation or whether the citation was appealed. Also indicate if any safety violations were appealed and the status and/or disposition. Use additional copies of this page as necessary. Insert additional copies behind this page in the **Division 9 Tab** in each of the **two (2)** QBS Submittal Booklets. | |
|  | **NO** | | |
|  | | | |
| **Violation** | | | **Status** |
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| **9.2** | Safety Convictions: | | |
| Has your organization had any safety convictions related to the injury or death of any employee in the three (3) year period preceding this RFQ for SBE / MBE Contractor Pre-Selection? | | |
|  | **YES** | If you answered **YES**, then provide **written explanation(s)** of any such convictions on an 8 ½” x 11” sheet(s) with your letterhead. Insert the written explanation(s) behind this page in the **Division 9 Tab** in each of the **two (2)** QBS Submittal Booklets. |
|  | **NO** | |
|  | | |

**END OF DIVISION 9**

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| **Division 10**  **Prior Disqualification and Contract Termination** |

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| **Prior Disqualification:** |
| **NOTE:** See “**Public Agency”** definition at the end of **Question 10.2.** Use additional copies of these pages as necessary. |

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| **10.1** | Has your Firm ever been formally **Disqualified** from performing work for a **“Public Agency”**? | | | |
|  | **YES** | If you answered **YES**, then provide the following information for **each** such **“Disqualification”:** | |
|  | **NO** | | |
|  | | | |
| **1.** | **State Agency Name:** | |  |
|  |  | |  |
| **2.** | **State Project No.:** | |  |
|  |  | |  |
| **3.** | **Project Name/Location:** | |  |
|  |  | |  |
| **4.** | **Date of Disqualification:** | |  |
|  |  | |  |
| **5.** | **Duration of Disqualification:** | |  |
|  |  | |  |
| **6.** | **Reason for Disqualification:** | |  |
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| **10.2** | Has your Firm ever been formally **Disqualified** from performing work for **any contracting entity other than** a **“Public Agency”**? | | | | | |
|  | | **YES** | If you answered **YES**, then provide the following information for **each** such **“Disqualification”:** | | |
|  | | **NO** | | | |
|  | | | | | |
| **1.** | | **Contracting Entity Name:** | |  | |
|  | |  | |  | |
| **2.** | | **Project No.:** | |  | |
|  | |  | |  | |
| **3.** | | **Project Name/Location:** | |  | |
|  | |  | |  | |
| **4.** | | **Date of Disqualification:** | |  | |
|  | |  | |  | |
| **5.** | | **Duration of Disqualification:** | |  | |
|  | |  | |  | |
| **6.** | | **Reason for Disqualification:** | |  | |
|  | |  | |  | |
|  | **Definition :C.G.S. § 1-200 (1):** ***“Public Agency”*** *or “agency” means: (A) Any executive, administrative or legislative office of the state or any political subdivision of the state and any state or town agency, any department, institution, bureau, board, commission, authority or official of the state or of any city, town, borough, municipal corporation, school district, regional district or other district or other political subdivision of the state, including any committee of, or created by, any such office, subdivision, agency, department, institution, bureau, board, commission, authority or official, and also includes any judicial office, official, or body or committee thereof but only with respect to its or their administrative functions, and for purposes of this subparagraph, “judicial office” includes, but is not limited to, the Division of Public Defender Services.* | | | |  |
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| **Division 10**  **Prior Disqualification and Contract Termination** (Continued) |

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| **Prior Contract Termination:** |
| **NOTE:** See “**Public Agency”** definition at the end of **Question 10.4.** Use additional copies of these pages as necessary. |

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| **10.3** | Has your Firm ever been formally **Terminated** from performing work for a **“Public Agency”**? | | | |
|  | **YES** | If you answered **YES**, then provide the following information for **each** such **“Termination”:** | |
|  | **NO** | | |
|  | | | |
| **1.** | **State Agency Name:** | |  |
|  |  | |  |
| **2.** | **State Project No.:** | |  |
|  |  | |  |
| **3.** | **Project Name/Location:** | |  |
|  |  | |  |
| **4.** | **Date of Termination:** | |  |
|  |  | |  |
| **5.** | **Duration of Termination:** | |  |
|  |  | |  |
| **6.** | **Reason for Termination:** | |  |
|  |  | |  |

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| **10.4** | Has your Firm ever been formally **Terminated** from performing work for **any contracting entity other than** a **“Public Agency”**? | | | | | |
|  | | **YES** | If you answered **YES**, then provide the following information for **each** such **“Termination”:** | | |
|  | | **NO** | | | |
|  | | | | | |
| **1.** | | **Contracting Entity Name:** | |  | |
|  | |  | |  | |
| **2.** | | **Project No.:** | |  | |
|  | |  | |  | |
| **3.** | | **Project Name/Location:** | |  | |
|  | |  | |  | |
| **4.** | | **Date of Termination:** | |  | |
|  | |  | |  | |
| **5.** | | **Duration of Termination:** | |  | |
|  | |  | |  | |
| **6.** | | **Reason for Termination:** | |  | |
|  | |  | |  | |
|  | **Definition :C.G.S. § 1-200 (1):** ***“Public Agency”*** *or “agency” means: (A) Any executive, administrative or legislative office of the state or any political subdivision of the state and any state or town agency, any department, institution, bureau, board, commission, authority or official of the state or of any city, town, borough, municipal corporation, school district, regional district or other district or other political subdivision of the state, including any committee of, or created by, any such office, subdivision, agency, department, institution, bureau, board, commission, authority or official, and also includes any judicial office, official, or body or committee thereof but only with respect to its or their administrative functions, and for purposes of this subparagraph, “judicial office” includes, but is not limited to, the Division of Public Defender Services.* | | | |  |
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**END OF DIVISION 10**

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| **Division 11**  **Prospective SBE / MBE Contractor Explanations** | | |
| **INSTRUCTIONS FOR DIVISION 11:** | | |
| **1.** | The following **Division 11** space is provided for further explanations or elaborations of the answers to any questions asked in this **1862 - QBS Submittal Booklet for SBE / MBE Contractor Pre- Selection**. | |
| **1.1** | If you have no further explanation or elaborations, check the box labeled **“Not Applicable”.** |
| **1.2** | If you would like to provide additional explanations or elaborations, check the box labeled **“Additional Explanations/Elaborations Provided Below”** and insert your information in the space provided below. |
| **2.** | **Insert** copies of this page behind the **Division 11 Tab** in each of the **two (2)** QBS Submittal Booklets | |

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|  | **Not Applicable** |
|  | **Additional Explanations/Elaborations Provided Below:** |
|  | |

**END OF DIVISION 11**

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| **Division 12**  **Acknowledgement & Notary Statement** | |
| **INSTRUCTIONS FOR DIVISION 12:** | |
| **1.** | Read and complete **Sections 12.1 and 12.2.** |
| **2.** | **Print** **two copies** of Division 12 and **sign / notarize where indicated** in 12.1 and 12.2 on ***both*** copies. |
| **3.** | **Insert** the completed, signed, & notarized copies behind the **Division 12 Tab** in each of the **two (2)** QBS Submittal Booklets. |

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| **12.1** | **Document Submittal Requirements for SBE / MBE Contractor Pre-Selection:** In accordance with the Connecticut General Statutes and Governor Dannel P. Malloy’s “Business Friendly Initiative,” found in Public Act No. 11-229, each Firm is required to **(1) create a BizNet Account** on the DAS website and **(2)** **electronically upload** certain Affidavits and Nondiscrimination Forms to their DAS BizNet Account **prior to the due date of their QBS Submittal Booklet (“QBS Submittal Deadline”)**. Questions concerning the electronic uploading of documents to DAS BizNetcan be directed to DAS Procurement Services at (860) 713-5095. Instructions for creating a BizNet Account are as follows: | | | | | | |
|  | **Create a DAS BizNet Account:** | | | | | |
|  | Click here: <https://www.biznet.ct.gov/AccountMaint/Login.aspx> | | | | | |
|  | (How-to guide: <http://das.ct.gov/images/1090/Upload%20Instructions.pdf>) | | | | | |
|  | (How-to video: <http://das.ct.gov/videohelp/procurement/createbiznetacct/createbiznetacct.html>) | | | | | |
| Does your Firm acknowledge that they understand and accept the **Document Submittal Requirements for SBE / MBE Contractor Pre-Selection?** | | | | | | |
|  | | **YES** | If you answered **YES**, then sign the **“12.1 Acknowledgement”** below. | | | |
|  | | **NO** | | | | |
|  | | | | | | |
| **12.1 Acknowledgement:** “I acknowledge that I understand and accept the **Document Submittal Requirements for SBE / MBE Contractor Pre-Selection** in accordance with the Connecticut General Statutes and Governor Dannel P. Malloy’s “Business Friendly Initiative,” found in Public Act No. 11-229 .” | | | | | | |
|  | | | | | |  |
|  | | | |  |  |  |
| *(Printed Name)* | | | |  | *(Printed Title)* |
|  | | | |  |  |  |
| *(Signature)* | | | |  | *(Date)* |
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| **12.2** | **Notary Statement:** | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
|  | Mr./Mrs./Ms. |  | | | | | | | | | being duly sworn | | | |
|  |  | | | | | | | | | | | | | |
|  | deposes and says that he/she is the | | | | |  | | | | | | | | of |
|  |  |  | | | | (Position or Title) | | | | | | | |  |
|  |  | | | | | | | | | | | | | |
|  |  | | | | | | | , and that the answers to the foregoing | | | | | | |
|  | (Firm Name) | | | | | | |  | | | | | | |
|  |  | | | | | | | | | | | | | |
|  | Questions and all statements therein contained are true and correct. | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
|  | Subscribed and sworn before me this | | | |  | | day of | |  | | | | 20 |  |
|  |  | |  | | | | |  | | | | | | |
|  | Notary Public | |  | | | | | | | | | | | |
|  |  | |  | | | | |  | | | | | | |
|  | My Commission Expires | | |  | | | | | | 20 | |  | | |
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|  |  | | |  | | | | | |  | |  | | |

**END OF DIVISION 12 &**

**End of 1862 QBS Submittal Booklet for SBE / MBE Contractor Pre- Selection**