|  |  |  |
| --- | --- | --- |
| **QBS Submittal Booklet 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 acronym “N/A” (Not Applicable). |
| **3.** | **Print** the following copies on 8½" x 11" paper, and preferably in color: | |
|  | **3.1** | **Two (2) copies** of the *completed* **Cover Page.** |
|  | **3.2** | **One (1) copy** of the *completed* **Divisions 1 through 12**, including additional pages (if applicable). |
| **4.** | **Assemble one (1) QBS Submittal Booklet** as follows: | |
|  | **4.1** | 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 the 3-ring binder. |
|  | **4.3** | Insert **twelve (12) Numbered Tabs** into the 3-ring binder. |
|  | **4.4** | Insert a completed copy of the **Cover Page** in **front** of the **Division 1 Tab** in the 3-ring binder. |
|  | **4.5** | Insert the completed copies of **Divisions 1 through 12** behind the **Numbered Tabs** in the 3-ring binder. |
| **5.** | **Submit** the QBS Submittal Booklet by the designated **Due Date, Time,** and **Location** as stated in the **“QBS Submittal Deadline” and “QBS Submittal Location”** sections of the **specific DAS 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. Please note that if a Firm does not provide the required information, it may be deemed **Not Responsive** for this Pre-Selection. |
|  | **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 will maintain its confidentiality to the extent permitted by law. |
| **6.** | **Prospective Contractor Responses to DAS RFQ Web Advertisements:** All prospective Contractor Responses to DAS 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 DAS 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 **DAS RFQ Web Advertisement for SBE / MBE Contractor Pre-Selection** shall be posted on the State Contracting Portal (and on the DAS-DCS SBE/MBE Contractor Pre-Selection web page <http://das.ct.gov/DCS/CPS_RFQ_Grid.asp>) under the listing for the specific RFQ. | |

|  |  |
| --- | --- |
| **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 DAS 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 DAS Legal Unit. |

|  |  |  |
| --- | --- | --- |
| **CHECKLIST**  **(Did you complete the QBS Booklet Correctly?)** | | |
| **For your use only; do not submit.** | | |
| **Cover Page** | | |
|  |  | Insert one copy into the clear outside pocket of the 3-ring binder. |
|  |  | Insert one copy in front of the Division 1 Tab. |
| **Division 1** | | |
|  |  | Insert the Table of Contents behind the Division 1 Tab. |
| **Division 2** | | |
|  |  | Email the Division 2 page (with a completed “Current Contact Information” Table) to [rebecca.cutler@ct.gov](mailto:rebecca.cutler@ct.gov). |
|  |  | Insert the completed Division 2 page behind the Division 2 Tab. |
| **Division 3** | | |
|  |  | Answer Question 3.1 and provide information as required. |
| **Division 4** | | |
|  |  | Answer Question 4.1 and provide information as required. |
|  |  | Answer Question 4.2 and provide information as required. |
| **Division 5** | | |
|  |  | Answer Question 5.1 and provide information as required. |
|  |  | Answer Question 5.2 and provide information as required. |
| **Division 6** | | |
|  |  | Answer Question 6.1 and provide information as required. |
|  |  | Answer Question 6.2 and provide information as required. |
| **Division 7** | | |
|  |  | Answer Question 7.1 and provide information as required. |
|  |  | Answer Question 7.2 and provide information as required. |
| **Division 8** | | |
|  |  | Answer Question 8.1 and provide information as required. |
|  |  | Answer Question 8.2 and provide information as required. |
| **Division 9** | | |
|  |  | Answer Question 9.1 and provide information as required. |
|  |  | Answer Question 9.2 and provide information as required. |
| **Division 10** | | |
|  |  | Answer Question 10.1 and provide information as required. |
|  |  | Answer Question 10.2 and provide information as required. |
|  |  | Answer Question 10.3 and provide information as required. |
|  |  | Answer Question 10.4 and provide information as required. |
| **Division 11** | | |
|  |  | Answer Question 11 and provide information as required. |
| **Division 12** | | |
|  |  | Answer Question 12.1 and provide information as required. |
|  |  | Answer Question 12.2 and provide information as required. |

**END OF CHECKLIST**

|  |  |
| --- | --- |
| **Cover Page Instructions** | |
| **1.** | Complete the **Cover Page** (provided on the next page) and insert one copy into the clear outside pocket of the **QBS Submittal Booklet** and one copy **in front of the Division 1 Tab** of the QBS Submittal Booklet. |
| **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)**  **DAS RFQ Web Advertisement Number:**  **CPS-SBE/MBE-ELEV-01**  **Contractor Classification of Work:**  **Elevators**  **QBS Submittal Deadline Due Date:**  **Wednesday, April 20, 2016** | **1** |
| **2** |
| **3** |
| **4** |
| **5** |
| **6** |
| **7** |
| **8** |
| **9** |
| **10** |
| **11** |
| **12** |

**END OF COVER PAGE INSTRUCTIONS**

|  |
| --- |
| **Cover Page** |
| **Firm Name:**  **Firm Street Address:**  **Firm Town, State Zip:**  **Type of Legal Entity:**  **QBS Submittal Booklet**  **Selection Type:**  **SBE / MBE Contractor Pre-Selection**  **(Minor Capital Projects between $100,000 & $500,000)**  **DAS RFQ Web Advertisement Number:**  **CPS-SBE/MBE-ELEV-01**  **Contractor Classification of Work:**  **Elevators**  **QBS Submittal Deadline Due Date:**  **Wednesday, April 20, 2016** |

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

|  |  |  |
| --- | --- | --- |
| **Tab** | **Division** | **Title** |
|  |  |  |
| **-** | **-** | **Cover Page** |
|  |  |  |
| **1** | **Division 1** | **Table of Contents** |
|  |  |  |
| **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** | **Three (3) Comparable Projects in the Last Five (5) Years** |
|  |  |  |
| **5** | **Division 5** | **Connecticut Occupational Licenses or Registrations** |
|  |  |  |
| **6** | **Division 6** | **Surety Bonding** |
|  |  |  |
| **7** | **Division 7** | **Claims History** |
|  |  |  |
| **8** | **Division 8** | **Insurance Coverage Requirements** |
|  |  |  |
| **9** | **Division 9** | **Safety** |
|  |  |  |
| **10** | **Division 10** | **Prior Disqualification and Contract Termination** |
|  |  |  |
| **11** | **Division 11** | **Prospective SBE / MBE Contractor Explanations** |
|  |  |  |
| **12** | **Division 12** | **Acknowledgement & Notary Statement** |
|  |  |  |

|  |
| --- |
| **Division 2**  **QBS Email Registration for SBE / MBE Contractor Pre-Selection** |

|  |  |  |
| --- | --- | --- |
| **2.1.** | The purpose of this registration is to provide DAS with current contact information for the **SBE / MBE Contractor’s Firm**. All DAS responses and addendum to the QBS process for a specific RFQ shall be sent by the DAS 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 DAS. | |
| **INSTRUCTIONS FOR COMPLETING DIVISION 2:** | |
| **.1** | **Complete** the **“Current Contact Information”** Table below, ensuring that you list two (2) Contacts in the **SBE / MBE Contractor’s Firm** who DAS can contact for additional information. |
| **.2** | **Email one (1)** completed **“Division 2 - QBS Email Registration for SBE / MBE Contractor Pre-Selection”** any time ***before*** the QBS Submittal Booklet deadline to **Rebecca Cutler** at: [rebecca.cutler@ct.gov](mailto:rebecca.cutler@ct.gov) |
| **.3** | **Insert** **one (1)** completed hard copy of the **“Division 2 - QBS Email Registration for SBE / MBE Contractor Pre-Selection”** behind the **Division 2 Tab** in in the QBS Submittal Booklet. |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Contact Information** | | | |
| **1.** | **DAS RFQ Web Adv. Number:** | | CPS-SBE/MBE-ELEV-01 |
| **2.** | **Selection Type:** | | SBE/MBE Contractor Pre-Selection:  Minor Capital Projects between $100,000 & $500,000 |
| **3.** | **Contractor Classification of Work:** | | Elevators |
| **4.** | **QBS Submittal Deadline Due Date:** | | Wednesday, April 20, 2016 |
| **5.** | **1st Contact Name:** | |  |
| **5.1** | **1st Contact Phone Number:** |  |
| **5.2** | **1st Contact Email Address:** |  |
| **6.** | **2nd Contact Name:** | |  |
| **6.1** | **2nd Contact Phone Number:** |  |
| **6.2** | **2nd Contact Email Address:** |  |
| **7.** | **Firm Legal Name:** | |  |
| **8.** | **Firm Street:** | |  |
| **9.** | **Firm City:** | |  |
| **10.** | **Firm State:** | |  |
| **11.** | **Firm Zip Code:** | |  |

**END OF DIVISION 2**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 the QBS Submittal Booklet. | |
|  | | **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 the QBS Submittal Booklet. | |
|  | | **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) | | |
|  | |  | |  |

**END OF DIVISION 3**

|  |
| --- |
| **Division 4**  **Three (3) Comparable Projects in the Last Five (5) Years** |

|  |  |  |  |
| --- | --- | --- | --- |
| **4.1** | **Successful Completion of Three (3) Projects Of Comparable Scope & Cost**:  Can your Firm provide details that indicate successful completion in the last **five (5) years** 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?**  **Please note** that each Project listed must be an independent Project, and not parts of the same Project. | | |
|  | **YES** | If you answered **YES,** then complete all three (3) tables below. |
|  | **NO** | |
|  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4.2** | **Letters of Recommendation**:  Can your Firm provide Letters of Recommendation from the Owners/Representatives for **each** Project listed below? | | | |
|  | **YES** | If you answered **YES**, then insert a Letter of Recommendation for each Project listed below. | |
|  | **NO** | If you answered **NO,** provide a **written explanation** of why your Firm is **unable** to obtain the Letter(s) of Recommendation. Insert the written explanation behind this page in the **Division 4 Tab** of the QBS Submittal Booklet. | |
|  |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Successful Completion of Projects Of Comparable Scope & Cost** | | | |
|  |  |  | |
| **.1** | **Project #1:** |  | |
|  |  |  | |
| **.2** | **Project Location:** |  | |
|  |  |  | |
| **.3** | **Owner/Representative:** |  | |
|  |  |  | |
| **.4** | **Date of successful (100%) completion by Firm within the last five (5) years:** | |  |
|  |  | |  |
| **.5** | **Description of Scope of Work:** |  | |
|  |  |  | |
| **.6** | **Cost of Work:** |  | |
|  |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Successful Completion of Projects Of Comparable Scope & Cost** | | | |
|  |  |  | |
| **.1** | **Project #2:** |  | |
|  |  |  | |
| **.2** | **Project Location:** |  | |
|  |  |  | |
| **.3** | **Owner/Representative:** |  | |
|  |  |  | |
| **.4** | **Date of successful (100%) completion by Firm within the last five (5) years:** | |  |
|  |  | |  |
| **.5** | **Description of Scope of Work:** |  | |
|  |  |  | |
| **.6** | **Cost of Work:** |  | |
|  |  |  | |

(go to next page)

|  |
| --- |
| **Division 4**  **Three (3) Comparable Projects in the Last Five (5) Years**  (continued) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Successful Completion of Projects Of Comparable Scope & Cost** | | | |
|  |  |  | |
| **.1** | **Project #3:** |  | |
|  |  |  | |
| **.2** | **Project Location:** |  | |
|  |  |  | |
| **.3** | **Owner/Representative:** |  | |
|  |  |  | |
| **.4** | **Date of successful (100%) completion by Firm within the last five (5) years:** | |  |
|  |  | |  |
| **.5** | **Description of Scope of Work:** |  | |
|  |  |  | |
| **.6** | **Cost of Work:** |  | |
|  |  |  | |

**END OF DIVISION 4**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5.0** | The **Contractor** **Classification of Work** for this Pre-Selection requires the following **Connecticut Occupational License or Registration**: | | | | |
| **Table 5.0 “Contractor Classifications of Work” that require a CT License or Registration** | | | | |
| **Contractor Classification of Work** | | **License or Registration:** | **State of Connecticut Authority** | |
|  | **General Building Construction (Groups A, B, &/or C):** | Major Contractor Registration  (NOTE: The General Building Construction classification does not *require* Contractors to be registered as a Major Contractor with the Department of Consumer Protection. However, there may be specific projects within this classification that require a Major Contractor Registration) | Department of Consumer Protection  (DCP) | |
|  | **Electrical:** | Electrical Contractor License | DCP | |
|  | **Elevators:** | **Elevator Contractor License** | **DCP** | |
|  | **Fire Protection Sprinkler Systems:** | Fire Protection Contractor License | DCP | |
|  | **HVAC:** | Heating, Piping & Cooling Contractor License | DCP | |
|  | **Sewer & Water Lines:** | Plumbing & Piping License | DCP | |
|  | The **Contractor** **Classification of Work** for this Pre-Selection **does not** require any of the **Connecticut Occupational Licenses or Registrations** listed above. Please go to Division 6. | | | |
|  | | | | |
| ***IMPORTANT NOTE:***  *All applicable requirements for the* ***Connecticut Occupational License or Registration 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.* | | | |  |
|  |  | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5.1** | Does your Firm have a current, applicable, and valid **Connecticut Occupational License or Registration** forthe **“Contractor** **Classification of Work”** for this Pre-Selection? | | | |
|  | **YES** | If you answered **YES**, then insert a copy of your current, applicable, and valid **Connecticut Occupational License or Registration** behind this page in the **Division 5 Tab** of the QBS Submittal Booklet. | |
|  | **NO** | If you answered **NO,** provide a **written explanation** of why your Firm is **unable** to provide a current, applicable, and valid **Connecticut Occupational License or Registration** forthe **“Contractor** **Classification of Work”** for this Pre-Selection. Insert the written explanation behind this page in the **Division 5 Tab** of the QBS Submittal Booklet. | |
|  |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **5.2** | Has your Firm's Connecticut Occupational License or Registrationever been **suspended,** **revoked, and/or reinstated** by a Connecticut State Regulatory Agency? | | |
|  | **YES** | If you answered **YES**, thensubmit a **written explanation** of why your Firm’s Connecticut Occupational License or Registration was **suspended or revoked**. Also state if your Firm’s Connecticut Occupational License or Registration was **reinstated** prior to this Pre-Selection. Insert the written explanation behind this page in the **Division 5 Tab** of the QBS Submittal Booklet. |
|  | **NO** | |
|  | | |

**END OF DIVISION 5**

|  |
| --- |
| **Division 6 - Surety Bonding** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **6.1** | **Surety Bonding Capacity:**  Will your Firm be able to furnish to the State of Connecticut a **performance bond** and a **labor and materials bond** for a construction contract price range up to **$500,000**? | | | | | | |
|  | **YES** | | If you answered **YES**, then provide the following information: | | | |
| **.1** | Insert a **Notarized Declaration** from a Suretystating the amount of bonding capacity available to your Firm for a construction contract up to **$500,000** behind this page in the **Division 6 Tab** of the QBS Submittal Booklet. | | |
|  | **NO** | | If you answered **NO**, then provide the following information: | | | |
| **.1** | Provide a **written explanation** of why your Firm is **unable** to obtain the required bonding on 8½"x11" paper with your letterhead. Insert the written explanation behind this page in the **Division 6 Tab** of the QBS Submittal Booklet. | | |
|  |  | | ***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.* | | |  |
|  |  |  | | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **6.2** | **Contracts Taken Over by Surety Since 2010:**  Have any of your Firm’s Contracts ever been taken over by a Surety since **2010**? | | | | | |
|  | **YES** | | If you answered **YES**, then provide the following information on **all** sureties utilized since **2010**: | | |
| **.1** | Provide **written explanation(s)** of any such Contract(s) that were taken over by a Surety on 8½"x11" paper with your letterhead. Insert the written explanation(s) behind this page in the **Division 6 Tab** of the QBS Submittal Booklet. | |
| **.2** | Complete a “**Contracts Taken Over By Surety Since 2010”** table for **each** Surety. Use additional copies of this page as necessary. | |
| **.3** | Insert additional copies of the tables, if needed, behind this page in the **Division 6 Tab** of the QBS Submittal Booklet. | |
|  | **NO** | | | | |
|  |  |  | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**

|  |
| --- |
| **Division 7 - Claims History** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **7.1** | **Claims Against Firm:** Have there been Claim(s) against your Firmby ***only*** **“Owner(s)”** since **2010**?  **Do not** include Claims against your Firm by a Contractor or Supplier. | | | | | |
|  | **YES** | | If you answered **YES** to **Question No. 7.1**, then provide the following information on successful claims by an **“Owner”** against your Firm since **2010**. Include claims resolved by arbitration, or litigation. | | |
| **.1** | Provide a **written explanation(s)** of any such Claims on 8 ½” x 11” paper with your letterhead. Insert the written explanation(s) behind this page in the **Division 7 Tab** of the QBS Submittal Booklet. | |
| **.2** | Complete a “**Project Claim Information – Claims Against Firm”** table for **each** Claim. Use additional copies of this page as necessary. | |
| **.3** | Insert additional copies of the tables, if necessary, behind this page in the **Division 7 Tab** of the QBS Submittal Booklet. | |
|  | **NO** | | | | |
|  |  |  | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project Claim Information – Claims Against Firm** | | | | | | |
|  |  |  | | | | |
| **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:** | $ |  | , |  | Days. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project Claim Information – Claims Against Firm** | | | | | | |
|  |  |  | | | | |
| **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:** | $ |  | , |  | Days. |

(go to next page)

|  |
| --- |
| **Division 7 - Claims History** (continued) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **7.2** | **Claims By Your Firm:** Have there been Claim(s) by your Firm against ***only*** **“Owner(s)”** since **2010**?  **Do not** include Claims by your Firm against a Contractor or Supplier. | | | | | |
|  | **YES** | | If you answered **YES** to **Question No. 7.2**, then provide the following information on successful claims by your Firm against an **“Owner”** since **2010**. Include claims resolved by arbitration, or litigation. | | |
| **.1** | Provide a **written explanation(s)** of any such Claims on 8 ½” x 11” paper with your letterhead. Insert the written explanation(s) behind this page in the **Division 7 Tab** of the QBS Submittal Booklet. | |
| **.2** | Complete a “**Project Claim Information – Claims By Your Firm”** table for **each** Claim. Use additional copies of this page as necessary. | |
| **.3** | Insert additional copies of the tables, if needed, behind this page in the **Division 7 Tab** of the QBS Submittal Booklet. | |
|  | **NO** | | | | |
|  |  |  | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project Claim Information - Claims By Your Firm** | | | | | | |
|  |  |  | | | | |
| **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:** | $ |  | , |  | Days. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project Claim Information - Claims By Your Firm** | | | | | | |
|  |  |  | | | | |
| **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:** | $ |  | , |  | Days. |

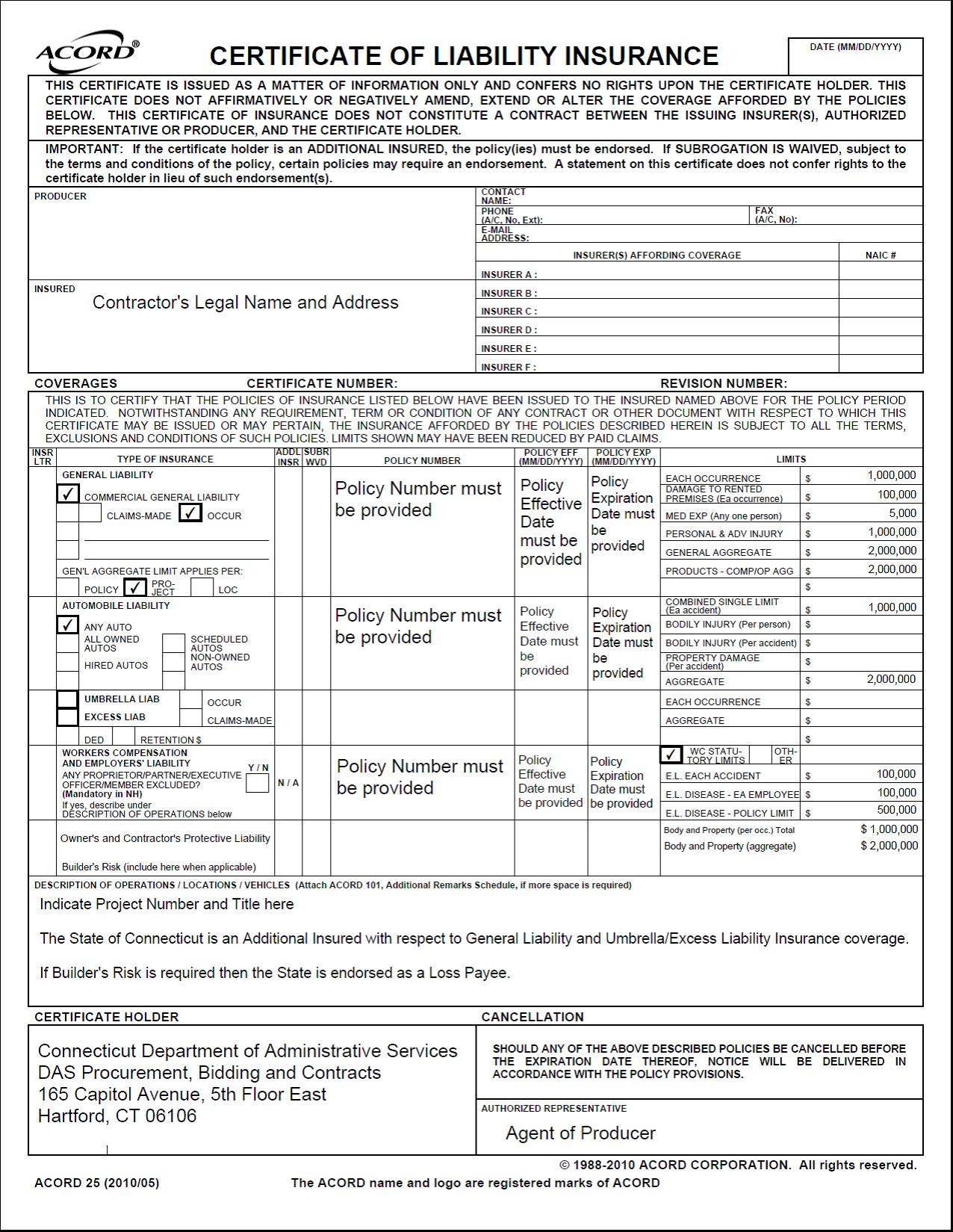
**END OF DIVISION 7**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **8.1** | **“Certificate of Liability Insurance” Form:**  Is your Firm able to obtain the insurance coverage in the indicated limits, as shown on the attached Acord® “Certificate of Liability Insurance” Form and indicated in Section 8.2 below? | | |
|  | **YES** | **Certificate(s) of Liability Insurance:** Provide copy(ies) of your **“Certificate(s) of Liability 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 on the attached Acord® “Certificate of Liability Insurance” Form and indicated in Section 8.2 below. Insert the **“Certificate(s) of Liability Insurance”** behind this page in the **Division 8 Tab** of the QBS Submittal Booklet. |
| ***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, if a contract is awarded,** **all of the types of required insurance** in the limits stated on the attached Acord® “Certificate of Liability Insurance” Form and indicated in Section 8.2 below. Insert the **“Notarized Declaration(s) of Insurance Coverage”** behind this page in the **Division 8 Tab** of the QBS Submittal Booklet. |
|  | **NO** | If you answered **NO,** provide a **written explanation** of why your Firm is **unable** to obtain the insurance coverage on 8½"x11" paper with your letterhead. Insert the written explanation behind this page in the **Division 8 Tab** of the QBS Submittal Booklet. |
|  |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **8.2** | **Insurance Coverage and Limits:** Does your Firm **have or is able to obtain, if a contract is awarded,** the following insurance (check appropriate box)? If you answer **YES**, then ensure that the appropriate coverage and limits are noted on your firm’s “Certificate of Liability Insurance” Form. If you answer **NO,** provide a **written explanation** of why your Firm is **unable** to obtain the insurance coverage from your Insurance Agent. Insert the written explanation behind this page. | | | | | | |
| **Item No.** | **Type of Insurance Coverage** | | **Limits** | | **YES** | **NO** |
| **.1** | **Commercial General Liability** **Insurance:** The State of Connecticut shall be named as an Additional Insured. | | See attached Acord® form. | |  |  |
| **.1** | If no, then what amount **Commercial General Liability** **Insurance** is your Firm able to obtain? | **$** |  |  |  |
|  |  |
| **.2** | **X-C-U Coverage:** Coverage for hazards of explosion, collapse and underground (X-C-U) and for asbestos abatement must also be included when applicable to the Work to be performed. | **$1,000,000** Each Occurrence. | |  |  |
| **.2** | **Automobile Liability Insurance:** | | See attached Acord® form. | |  |  |
| **.1** | If no, then what amount **Automobile Liability Insurance** is your Firm able to obtain? | **$** |  |  |  |
|  |  |
| **.3** | **Umbrella Liability Insurance:** The State of Connecticut shall be named as an Additional Insured. | | **$1,000,000** Each Occurrence;  **$1,000,000** Annual Aggregate. | |  |  |
| **.4** | **Workers Compensation and Employers’ Liability Insurance:** | | See attached Acord® form. | |  |  |
| **.5** | **Owner’s and Contractor’s Protective Liability Insurance:** | | See attached Acord® form. | |  |  |
| **.6** | **Builder’s Risk Insurance:** | | **$500,000 (**Maximum Value of Project) Property Damages Total (aggregate). | |  |  |
| **.7** | **Inland Marine/Transit Insurance:** | | For Property with values in excess of **$100,000**. | |  |  |
| **.8** | **Valuable Papers and Record Loss:** | | **$25,000** Each Occurrence. | |  |  |

(go to next page)



**END OF DIVISION 8**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **9.1** | **Safety Violation Citations:** | | |
| Has your Organization had three or more **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 Contractor Pre-Selection? | | |
|  | **YES** | If you answered **YES**, then provide **written explanation(s)** of any such **willful or serious violations** on 8 ½” x 11” paper with your letterhead.   * 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 set aside following appeal. * Also indicate if any safety violations were appealed and the status and/or disposition. * Insert the written explanation(s) behind this page in the **Division 9 Tab** of the QBS Submittal Booklet. |
|  | **NO** | |
|  |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **9.2** | Safety Convictions: | | |
| Has your organization had any criminal 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 8 ½” x 11” paper with your letterhead. Insert the written explanation(s) behind this page in the **Division 9 Tab** of the QBS Submittal Booklet. |
|  | **NO** | |
|  | | |

**END OF DIVISION 9**

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **10.1** | Has your Firm ever been formally **Disqualified, Found Not Responsible, or Debarred** 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:** | |  |
|  |  | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **10.2** | Has your Firm ever been formally **Disqualified, Found Not Responsible, or Debarred** 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.* | | | |  |
|  | | | | | |

(go to next page)

|  |
| --- |
| **Division 10**  **Prior Disqualification and Contract Termination** (Continued) |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:** | |  |
|  |  | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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.* | | | |  |
|  | | | | | |

**END OF DIVISION 10**

|  |  |  |
| --- | --- | --- |
| **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** of the QBS Submittal Booklet. | |

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

**END OF DIVISION 11**

|  |  |
| --- | --- |
| **Division 12**  **Acknowledgement & Notary Statement** | |
| **INSTRUCTIONS FOR DIVISION 12:** | |
| **1.** | Read and complete **Sections 12.1 and 12.2.** |
| **2.** | **Sign and/or notarize where indicated.** |
| **3.** | **Insert** the completed, signed, & notarized Division 12 page behind the **Division 12 Tab** ofthe QBS Submittal Booklet. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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)* |
|  | | | |  |  |
|  | | | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | |  | | |
|  |  | | |  | | | | | |  | |  | | |
|  |  | | |  | | | | | |  | |  | | |

**END OF DIVISION 12**

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