

# MURRIETA DEVELOPMENT CO., INC.

GENERAL COMPANY INFORMATION	
Company Name:	_____
Address:	_____ City: _____ State: _____ Zip: _____
Telephone:	_____ Fax: _____ Federal ID No: _____ Duns No: _____
Under what other of former names has your organization operated?	_____
If Corporation: Date of Incorporation:	_____ State of Incorporation: _____
If Partnership: (State whether General or Limited Partnership)	_____
Website:	_____ Number of Employees: _____
Submitted By:	_____ Email: _____

Please list principals of your organization:

Name:	Title:
Phone No:	Email:
Name:	Title:
Phone No:	Email:
Name:	Title:
Phone No:	Email:

Contractors License No:	State:	Class:
Contractors License No:	State:	Class:
Contractors License No:	State:	Class:

Preferred Project Size:	<input type="checkbox"/> \$10K - \$250K	<input type="checkbox"/> \$251K - \$500K	<input type="checkbox"/> \$1M	<input type="checkbox"/> \$2M	<input type="checkbox"/> \$5M+
Line of Business:	_____				
Trade(s) NAICS Codes:	_____				
CSI Codes:	_____				

Areas you work: *check boxes*

<input type="checkbox"/> Southern California	<input type="checkbox"/> San Diego County	<input type="checkbox"/> Orange County	<input type="checkbox"/> Colorado
<input type="checkbox"/> Northern California	<input type="checkbox"/> Los Angeles County	<input type="checkbox"/> San Bernardino County	<input type="checkbox"/> New Mexico
<input type="checkbox"/> Central California	<input type="checkbox"/> Riverside County	<input type="checkbox"/> Arizona	<input type="checkbox"/> Nevada

Type of work: *check boxes*

<input type="checkbox"/> Military	<input type="checkbox"/> Hospital	<input type="checkbox"/> Commercial
<input type="checkbox"/> Military - Renovation	<input type="checkbox"/> Hospital - Renovations	<input type="checkbox"/> Schools/Universities

Please list three construction references (provide list of current and past projects):

Name: _____	Email: _____	Telephone: _____
Project Location: _____	Amount: \$ _____	Yr. Comp: _____
Name: _____	Email: _____	Telephone: _____
Project Location: _____	Amount: \$ _____	Yr. Comp: _____
Name: _____	Email: _____	Telephone: _____
Project Location: _____	Amount: \$ _____	Yr. Comp: _____

# MURRIETA DEVELOPMENT CO., INC.

Company Name: \_\_\_\_\_

## BANK REFERENCE

Bank Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## SURETY

Surety Company: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Bondable:  Yes  No Aggregate Capacity: \_\_\_\_\_ Rate: \_\_\_\_\_  
 Single Capacity: \_\_\_\_\_

If you are attempting to qualify for an anticipated subcontract value in excess of \$250K, submit a letter from your Surety indicating the single project and aggregate amounts for which they will issue a performance and payment bond (SCI is not asking for the bonds at this time)

## FINANCIALS

Accounting Firm: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please submit the following information: Include copy of your most recent financial statement. Incomplete financial statements will delay the qualification process and may result in your rejection as a SCI qualified subcontractor.

1. If you are attempting to qualify for an anticipated subcontract value less than \$100,000, Financial Statements are not required, but may be requested.
2. If you are attempting to qualify for an anticipated subcontract value up to \$1M, submit CPA reviewed Financial Statements
3. If you are attempting to qualify for an anticipated subcontract value in excess of \$1M, submit CPA audited Financial Statements

## EXPERIENCE

1. Has your company had experience with a LEED project?  Yes  No
2. Have you had Litigation in the past 5 years?  Yes  No (If yes, provide details/unresolved issues)
3. Are there any judgments, claims or suits pending or outstanding against you?  Yes  No
4. Ever failed to complete a project?  Yes  No (If yes, provide and details/unresolved issues)
5. List your company's backlog (total work in progress and under contract, but not yet started) as of today and for the next two years:  
 Backlog as of today: \$ \_\_\_\_\_ 0-12 months: \$ \_\_\_\_\_ 12-24 months: \$ \_\_\_\_\_
6. Project Size: Largest: \$ \_\_\_\_\_ Smallest: \$ \_\_\_\_\_ Average: \$ \_\_\_\_\_  
 Total for the Past Five Years \$ \_\_\_\_\_
7. Provide Experience Modification Rate (EMR)

Current EMR:	2009 EMR:	2008 EMR:	2007 EMR:
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# MURRIETA DEVELOPMENT CO., INC.

Company Name:

## VERIFICATION STATEMENT OF BUSINESS SIZE STATUS

Information provided may be verified against federal, state and local records including California's Contractor License Status Check and Central Contractor Registration to determine accuracy. Verification Statement will be required annually.

Please note that with the exception of HUBZone, Small Business designations can be self-certified.

(Check all that apply)

- Small Business (SB)
- Women-Owned Small Business (WOSB)
- Veteran-Owned Small Business (VOSB)
- Service-Disabled Veteran-Owned Small Business (SDVOSB)
- Small Disadvantaged Business (SDB)
- 8(a)
- Historically Underutilized Business Zone (HUBZone) – Must be approved through SBA
- None of the Above (Large Business)
- Alaska Native Corporation/ Indian Tribe-Certified by SBA as a SDB: Yes  No  Large: Yes  No
- Historically Black College / Minority Institution (HBCU/MI)
- AbilityOne (Formerly JWOD) – Must be approved through SBA

I \_\_\_\_\_, a principal Owner/Operator of \_\_\_\_\_,

hereby certify under penalty of perjury that said business qualifies for the Small Business designation/certification listed above and meets the size standard requirements for or Industry Group as defined by the Small Business Administration.

*Please verify your size standard by accessing the Table of Size Standards located on the Small Business Administration's web site at:  
[http://www.sba.gov/idc/groups/public/documents/sba\\_homepage/serv\\_sstd\\_tablepdf.pdf](http://www.sba.gov/idc/groups/public/documents/sba_homepage/serv_sstd_tablepdf.pdf)*

# MURRIETA DEVELOPMENT CO., INC.

Company Name:		
<b>SAFETY</b>		
Name of Safety Professional:		
Title:		
Phone Number:	Fax:	Email:
1. Drug Free Work Policy <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Have had an OSHA citation, fine, or violation in past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide details/unresolved issues)</i>		
3. Does your company have a written safety plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Do you have and have you implemented the EM 385-1-1 Safety and Health training requirements for your employees, <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it documented? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Do you have on-site personnel trained to perform First Aid and CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Does your competent person have the proper certification cards? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Do you have regular site safety inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Do you subcontract work out to others? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, do you insure they follow the proper safety requirements?)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
To order your free copy of EM 385-1-1 Safety and Health Requirements Manual fax your request to:  <b>USACE PUBLICATIONS (301)394-0084</b>  Include your name and address and the manual will be mailed directly to you.		

I hereby certify that the pre-qualification information provided herein is accurate, correct and true.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

### VERIFICATION STATEMENT OF SMALL BUSINESS CERTIFICATION

Information provided may be verified against federal, state and local records including California's Contractor License Status Check and Central Contractor Registration to determine accuracy. Verification Statement will be required annually.

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Line of Business: \_\_\_\_\_

Products & Services: \_\_\_\_\_

NAICS Code(s): \_\_\_\_\_

License# \_\_\_\_\_ DUNS# \_\_\_\_\_

Principal Owner/Operator Name: \_\_\_\_\_

Principal Owner/Operator Phone: \_\_\_\_\_

Principal Owner/Operator Email: \_\_\_\_\_

Type of Small Business: (Check all that apply)

**Please note that with the exception of HUBZone, Small Business designations can be self-certified.**

- Small Business (SB)
- Women-Owned Small Business (WOSB)
- Veteran-Owned Small Business (VOSB)
- Service-Disabled Veteran-Owned Small Business (SDVOSB)
- Small Disadvantaged Business (SDB)
- Historically Underutilized Business Zone (HUBZone) – Must be approved through SBA
- None of the Above (Large Business)

I \_\_\_\_\_, a principal Owner/Operator of \_\_\_\_\_, hereby verify that said business qualifies for the Small Business designation/certification listed above and meets the size standard requirements for or Industry Group as defined by the Small Business Administration.

<u>Industry Group</u>	<u>Size Standard</u>
Manufacturing	500-1,500 employees*
Wholesale Trade	100 employees*
General & Heavy Construction	\$33.5 million*
Special Trade Contractors	\$14.0 million*
Architectural, Engineering & Surveying	\$4.5 – 27 million*

\*Exceptions apply in all categories. Please verify your size standard by accessing the Table of Size Standards located on the Small Business Administration's web site at:

[http://www.sba.gov/idc/groups/public/documents/sba\\_homepage/serv\\_sstd\\_tablepdf.pdf](http://www.sba.gov/idc/groups/public/documents/sba_homepage/serv_sstd_tablepdf.pdf)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Name & Title