

**HARTNELL COMMUNITY COLLEGE DISTRICT INFORMAL  
BIDDING - CONTRACTOR APPLICATION FORM - 2019- 2020**

**INSTRUCTIONS:** Hartnell College has adopted the California Uniform Public Construction Act, (Public Contract Code Section 22000 et seq.) This Act is commonly referred to as "The Informal Bidding Act". In accordance with the Act, Hartnell College will maintain a list of qualified contractors who will be asked to informally bid on any public works project of less than \$125,000 that pertains to their area of expertise. In order to be included on this list, you must fully complete this application and return it as a scanned e-mail attachment (preferred method) to Marc Riggillo <[mriggillo@hartnell.edu](mailto:mriggillo@hartnell.edu)> or by mail to Hartnell College Facilities Dept. at the address below (application available at: <https://www.hartnell.edu/about/facilities/index.html>)

Attn: Facilities, Operations Maintenance & Asset Management  
Hartnell Community College District – Bldg. L  
411 Central Ave.  
Salinas, CA 93901  
Phone: 831-755-6950

**I. Contractor Information**

**I.1. Company Name:** \_\_\_\_\_

**I.2. Address (physical office/shop location)**

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

City, State and Zip Code: \_\_\_\_\_

**I.3. Mailing Address (if different than address above):**

Street Address or PO Box: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

**I.4. Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**I.5. Web Address:** \_\_\_\_\_

**I.6. Federal Tax ID No:** \_\_\_\_\_

**I.7. Contractor's principal contacts:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**I.8. Length of time firm has been in business: \_\_\_\_\_ years**

**2. Contractor Licenses:** List all your current licenses by classification below. If you need additional space, provide an attachment.

Trade Category	Classification #	License #

Trade Category	Classification #	License #

- 3. Non-Contractor Licenses:** If you are not a construction contractor, provide type of business and business license number:

Type of Business	Business License #

**4. Bonding, Insurance and Banking Information:**

**4.1. Bonds and Insurance:**

**4.1.1. Surety:**

**Surety Company:** \_\_\_\_\_

**Surety Contact:** \_\_\_\_\_

**Surety Address:** \_\_\_\_\_

**Surety Telephone No.:** (\_\_\_\_) \_\_\_\_\_

**Surety Fax No.:** (\_\_\_\_) \_\_\_\_\_

**4.1.2. Surety Broker.**

**Broker Company:** \_\_\_\_\_

**Broker Contact:** \_\_\_\_\_

**Broker Address:** \_\_\_\_\_

**Broker Telephone No.:** (\_\_\_\_) \_\_\_\_\_

**Broker Fax No.:** (\_\_\_\_) \_\_\_\_\_

**4.1.3. Commercial General Liability Insurance**

**Insurer:** \_\_\_\_\_

**Current Policy No.:** \_\_\_\_\_

**General Liability Insurance Broker:**

**Address:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

Fax No.: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**4.1.4. Workers' Compensation Insurance.**

Insurer: \_\_\_\_\_

Current Workers' Compensation Insurance Policy No.:

Workers' Compensation Insurance Broker:

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

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**4.2. Banking**

Bank Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**5. Reference (2 required by category):**

Material Suppliers			
Supplier Name	Address	Telephone No.	Contact Name

Public Agency Owners (K-12 school districts or community college districts preferred)			
Owner Name	Address	Telephone No.	Contact Name

**6. Qualification Questionnaire:**

**6.1. Essential Requirements.** A Contractor will not be deemed qualified to participate in the Informal Bid Process if the answers to any of questions 7.1.1 through 7.1.3 is "no."

- 6.1.1. Contractor possesses a valid and currently in good standing California Contractors' license for the trade categories checked in Paragraph 2 above.

\_\_\_\_\_ Yes \_\_\_\_\_ No

- 6.1.2. Contractor maintains a commercial general liability insurance policy with a coverage amount of at least \$1,000,000 per occurrence and \$2,000,000 aggregate.

\_\_\_\_\_ Yes \_\_\_\_\_ No

- 6.1.3. Contractor has a current workers' compensation insurance policy as required by the Labor Code or is legally self-insured pursuant to Labor Code § 3700.

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Contractor is exempt from this requirement, because it has no employees.

## **7. Accuracy and Authority:**

The undersigned declares and certifies that he/she is duly authorized to execute this Informal Bidding Qualification Application under penalty of perjury on behalf of the above-identified Contractor. The undersigned warrants and represents that he/she has personal knowledge of each of the responses to this Informal Bidding Qualification Application and/or that he/she has conducted all necessary and appropriate inquiries to determine the truth, completeness and accuracy of responses to this Informal Bidding Qualification Application.

The undersigned declares and certifies that the responses to this Informal Bidding Qualification Application are complete and accurate; there are no omissions of material fact or information that render any response to be false or misleading and there are no misstatements of fact in any of the responses. The above-identified Contractor acknowledges and agrees that if the District determines that any response herein is false or misleading or contains misstatements of fact, the Contractor will not be deemed qualified to participate in the District's Informal Bidding procedures.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ at \_\_\_\_\_  
(City and State)

I declare under penalty of perjury under California law that the foregoing is true and correct.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed or printed name)