

PREQUALIFICATION DOCUMENTS & FORMS

SAN BERNARDINO COMMUNITY COLLEGE DISTRICT
114 S. Del Rosa Drive
San Bernardino, CA 92410

ELEVATOR SERVICES FOR VALLEY AND CRAFTON HILLS COLLEGES

Due Date: 3/26/2013

I. Request for Prequalification of Bidders for Elevator/Vertical Conveyance Systems Services

As a condition of providing a proposal for this contract, and in accordance with California Public Contract Code section 20651.5, prospective companies are required to submit to the San Bernardino Community College District ("District") a completed set of prequalification documents by completing all of the documents and questions contained herein.

The District reserves the right to check all other available sources.

All information contained in the prequalification documents is not public record and is not open to public inspection.

II. Submission Instructions

Submit one original and two copies in a sealed envelope labeled "ELEVATOR PREQUALIFICATION" no later than 3:00 pm, on March 26, 2013, to the following address:

San Bernardino Community College District
Purchasing Department, Attention Benjamin Gamboa
114 S. Del Rosa Drive
San Bernardino, CA 92408

Questions regarding this pre-qualification are to be submitted via email to:

Scott Stark
jjohnson@valleycollege.edu

III. Description of Service to be Performed

Complete maintenance, repair, emergency telephone monitoring, and all testing and certification required by State of California regulatory agencies. This service will be provided to all equipment listed in Equipment Inventory, Appendix A of this document.

IV. Prequalification Sections

- A. Preliminary Questions
- B. License and Background Information
- C. Insurance Requirements
- D. Company Qualifications
- E. Mechanics Qualifications
- F. Declaration
- G. Equipment Inventory Appendix A

A. PRELIMINARY QUESTIONS

Instructions: Complete form below. A no answer to any of the following questions will result in immediate disqualification:

YES	NO	Question
		Does your firm possess current licenses with all regulatory agencies to perform this service in the State of California?
		Did you provide a letter from your insurance carrier indicating that your firm has or will have the required insurance at time of contract?
		Do the Service mechanics you will assign to our colleges have a minimum of 5 years journeyman experience and current CCCM certifications?
		Does your firm have a service facility with all applicable parts stock within 50 miles radius of both of our college campuses?
		Are all questions answered and sections completed in this Prequalification Document with Declaration page completed and signed by an authorized signatory of the firm?

B. VENDOR LICENSE & BACKGROUND INFORMATION

Instructions: Complete form below

Vendor Name: _____
(As appears on license)

Check one of the following:

- Corporation
- Partnership
- Sole Proprietorship
- Joint Venture
- Association

California License Numbers	Expiration Dates	Classifications

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Vendor Address

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City

State

Zip

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Phone

Email

Tax ID Number: _____

Date Business Formed: _____ Date Incorporated: _____

If a corporation, under the laws of what state was corporation organized: _____

How many years has your organization been in business in California under your present business name and license number?

Is your firm currently the debtor in a bankruptcy case? YES NO

If your firm is not currently in bankruptcy, was your firm in bankruptcy at any time during the last seven (7) years? YES NO

If yes, please explain:

Has there been any recent change (last four years) in control of your firm? YES NO

If yes, please explain:

Is your firm or its owners connected with other companies as a subsidiary, parent, association, holding or affiliate? YES NO

If yes, please explain:

Has any California State License held by your firm or it's Responsible Managing Employee (RME) or Responsible Managing Officer (RMO) been suspended or revoked within the past five years? YES NO

If yes, please explain:

C. INSURANCE

Instructions: Refer to the insurance requirements and *complete the form below.*

Insurance Requirements

CALIF. ADMITTED CARRIERS-FINANCIAL RATING A-VIII STATUS AS RATED IN THE RECENT BEST'S INSURANCE REPORTS

- GENERAL LIABILITY \$2,000,000 Aggregate
 \$1,000,000 Per Occurrence
- AUTO LIABILITY \$1,000,000-Combined Single Limit of Liability for
 bodily injury and property damage per accident
- EXCESS LIABILITY \$2,000,000 (contracts under \$500,000)
 \$5,000,000 (contracts over \$500,000)
- WORKMANS COMP Per State of California requirements

ADDITIONAL INSURED: The District, its officers and employees.

1. Are you able to provide the listed insurance requirements? YES NO

* Provide a letter from your carrier indicating that your firm has the required insurance.

Insurance Company:

Address

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City

State

Zip

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Phone

Contact Person

2. How long have you been with this insurance company?

If less than two years, please list prior insurance companies below:

Insurance Company	Address	Phone	Contact Person	Year(s)

3. In the last five years, has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm? YES NO

If yes, please explain:

D. COMPANY QUALIFICATIONS

Instructions: Complete the reference tables below. Use separate paper to respond to the questions.

Provide reference information for no less than 5 school districts or institutions of higher education that you are currently under contract with, including the following information:

	Name of Organization	City	Person to Contact	Phone No.	Email	# of conveyances
1						
2						
3						
4						
5						

Provide reference information for the 5 largest conveyance system maintenance contracts (non-education), that your firm currently maintains, including the following information:

	Name of Organization	City	Person to Contact	Phone No.	Email	# of conveyances
1						
2						
3						
4						
5						

Instructions: Use separate paper to respond to the questions.

1. How many years of experience does your firm have in maintenance of vertical conveyance systems in the state of California?
2. Does your firm have an office or facility with all applicable parts stock within 50 miles radius of each of our colleges? If yes, provide address and contact information for this office.
3. Provide a list of current job addresses and contact information that your company currently provides contracted monthly service on the following equipment:
 - Otis Gen II controller
 - Kone EcoSpace elevator
 - Kone KCM controller
 - ThyssenKrupp TAC 20 controller
4. Provide a description of your company's technical support team should the route mechanic need technical assistance?
5. Describe your technical support, procurement and expediting of parts for elevator types that are outside your company's ownership.
Refer to our inventory listing.
6. How many licensed, journeyman service mechanics do you have with full time route assignments working within a 30 mile radius of our campuses each weekday?
7. Provide a description of your company's emergency call dispatching system.
8. Describe your system of accountability to insure prescribed work has been completed for the owner.

E. MECHANICS QUALIFICATIONS

Instructions: Provide Yes or No and an explanation *if No on separate paper*.

1. Are the mechanics that you will assign to our colleges experienced with repair, maintenance, testing and certification of all of our conveyance systems including Otis Gen II controllers, ThyssenKrupp Tac 20 controllers, and Kone KCM 831 controllers?

YES NO

2. Do each of the mechanics that you will assign to our colleges have a minimum of 5 years of experience as a journeyman mechanic?

YES NO

Do each of the mechanics that you will assign to our colleges possess a current CCCM license with the State of California?

YES NO

F. DECLARATION

I, _____ (printed name) hereby declare that I am the _____ (title) of _____ (name of company) submitting this Prequalification statement; that I am duly authorized to execute this Prequalification Statement on behalf of the above-named company; and that all information set forth in this Prequalification Statement and all attachments hereto are, to the best of my knowledge, true, accurate, and complete as of its submission date. I acknowledge that any false statements, inaccuracies or failure to disclose are grounds for disqualification and may subject me to possible criminal action.

I declare, under penalty of perjury, that the foregoing is true and correct and that this declaration was Subscribed at _____ (location and city), County of _____, State of _____, on _____(date).

(Signature)

(If signed by other than the sole proprietor, a general partner or corporate officers, attach original notarized power of attorney or corporate resolution.)

All information submitted for prequalification evaluation will be considered official information acquired in confidence, and the District will maintain its confidentiality to the extent permitted by law.

G. EQUIPMENT INVENTORY

Crafton Hills College Elevator Equipment				
Elevator Conveyance #	Location	Manufacturer & Year	Stops	Type
054224	LADM	KONE	3	Hydro
054226	SSA	KONE 01	3	Hydro
064020	PAC West	OT & WLM 82	3	Hydro
064021	PAC East	OT & WLM 82	3	Hydro
066930	CHS	KONE 06	3	Hydro
103149	Gym	DOVER 91	2	Hydro
128660	SSB	OTIS 00	2	Hydro
157376	LRC 1 (Main Corridor)	KONE EcoSpace 09	2	Traction
157377	LRC 2 (Library)	KONE EcoSpace 09	3	Traction
157378	LRC 3 (East Tower)	KONE EcoSpace 11	2	Traction
157079	Aquatics Center	KONE EcoSpace 09	2	Traction
San Bernardino Valley College Elevators				
Elevator Conveyance #	Location	Manufacturer & Year	Stops	Type
138924	AD/SS	KONE	2	Hydro
139544	BB	KONE	2	Hydro
139769	CC	KONE	2	Hydro
138683	HLS	KONE	2	Hydro
131838	LIB	KONE	2	Hydro
051302	LA	MCE	2	Hydro
157084	NH	THYSSEN	3	Hydro
157085	NH	THYSSEN	3	Hydro
157347	NH		2	Wheelchair Lift
157488	PS	OTIS GEN II	3	Traction
157489	PS	OTIS GEN II	3	Traction