

**PUBLIC BUILDING COMMISSION OF CHICAGO**



**STATEMENT OF QUALIFICATIONS AND FINANCIAL CONDITION  
FOR MICHAEL REESE HOSPITAL DEMOLITION AND ABATEMENT  
CONTRACTOR WORK**

**REQUEST FOR QUALIFICATIONS ("RFQ")**

Submittal due date: **Thursday, April 23, 2009**

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

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

City, State, ZIP: \_\_\_\_\_

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

Contact Name & Title: \_\_\_\_\_

Email / Fax: \_\_\_\_\_

This pre-qualification process is unique to the projects described herein and notwithstanding other pre-qualification by the Public Building Commission, all contractors wishing to bid the project(s) must be pre-qualified as defined in this RFQ.

April 2009

## TABLE OF CONTENTS

<b>Item</b>	<b>Page No.</b>
Key Information about this RFQ	3
Submission Checklist	4
Project Work Overview	5
Letter of Interest and Commitment	8
Evaluation Overview	9
Instructions for Preparing and Submitting Responses	12
Part I. General Information	14
Section A. History of the Contractor	14
Section B. Licensing	16
Section C. Surety Bonding	16
Section D. Licensing	16
Section E. Wrecker's Bond	16
Section F. MBE/WBE Certifications	17
Section G. Insurance Requirements	17
Section H. Anti-Collusion	19
Part II. Technical Competence	21
Section A. Non Projects Experience	21
Section B. PBC Projects Experience	22
Section C. Key Personnel	23
Section D. Safety	23
Part III. Legal Actions	24
Section A. Legal Actions	24
Part IV. Financial Capacity	25
Section A. Banking	25
Section B. Gross Revenues	25
Section C. Financial Statement	25
Attachment 1. Site Map	

**KEY INFORMATION ABOUT THIS RFQ**

- 1. **RFQ CONTACT:** The RFQ Contact, identified below, is the sole point of contact regarding the RFQ from the date of issuance until selection of the successful Contractor.

Senior Contract Officer  
Janice Meeks  
**Public Building Commission of Chicago**  
50 West Washington, Room 200  
Chicago, Illinois 60602  
Fax (312) 744-3572  
janicemeeks@cityofchicago.org

- 2. **QUESTIONS:** Please direct all written questions (and requests for American Disabilities Act accommodations) to the RFQ Contact. We will post the answer in the Public Building Commission website, which may be viewed at [www.pbcchicago.com](http://www.pbcchicago.com).

- 3. **SUBMISSION DEADLINE AND PROCUREMENT TIMETABLE:** The following dates are set forth for informational and planning purposes; however, the Public Building Commission reserves the right to change the dates. Notice of any changes will be provided via addendum.

Issue RFQ .....April 10, 2009  
Pre-Submittal Conference .....April 15, 2009  
**Due Date and Time for Submissions.....April 23, 2009 at 4:00 PM Local Time**

- 4. **PRE-SUBMITTAL CONFERENCE:** A Pre-Submittal Conference will be held on Wednesday, April 15, 2009, at 10:00 a.m., central time, at the Public Building Commission of Chicago – 2<sup>nd</sup> Floor Board Room. The Public Building Commission of Chicago is located at 50 West Washington Street, Chicago, Illinois 60602. Attendance at the Pre-submittal Conference is optional. The purpose of the Pre-submittal Conference is to discuss with prospective Contractors the work to be performed and allow prospective Contractors an opportunity to ask questions regarding the RFQ. Oral discussions at the Pre-submittal Conference will not be considered part of the RFQ unless confirmed in writing by the Public Building Commission in an addendum and incorporated into this RFQ.

- 5. **NUMBER OF COPIES:** Submit a signed original copy, five copies and four copies on compact disk (CD) of the Submission in a sealed envelope or container.

- 6. **SUBMIT QUALIFICATION TO:**

Janice Meeks, Sr. Contract Officer  
Public Building Commission  
50 West Washington Street, Room 200  
Chicago, Illinois 60602

- 7. **RIGHT TO CANCEL:** The PBC reserves the right to cancel this procurement process whenever the best interest of the PBC is served. The PBC shall not be liable for costs incurred by Contractors associated with this procurement process.

## SUBMISSION CHECKLIST

Please review submission and ascertain that all applicable forms are complete and additional required documentation is attached. The submission must be signed by an authorized officer of the firm.

1. \_\_\_\_\_ Letter of Interest and Commitment
2. \_\_\_\_\_ Executive Summary
3. \_\_\_\_\_ Part I – General Information
4. \_\_\_\_\_ Copy of Joint Venture Agreement (if applicable)
5. \_\_\_\_\_ Copy of each applicable license
6. \_\_\_\_\_ Copy of current MBE/WBE certification letter (if applicable)
7. \_\_\_\_\_ Part II – Section A – NON-PBC Projects Experience for Michael Reese Hospital Demolition Contractor Work
8. \_\_\_\_\_ Part II – Section B - PBC Projects Experience
9. \_\_\_\_\_ Part II – Section C Key Personnel (Attach resumes of Key Personnel and detailed organization chart.)
10. \_\_\_\_\_ Part II- Section D Safety (Attach a copy of table of contents from Contractors' written safety program)
11. \_\_\_\_\_ Part III- Legal Actions (Attach additional information as necessary.)
12. \_\_\_\_\_ Part IV – Financial Capacity (Attach audited, reviewed or compiled financial statement)

# Project Work Overview

## 1.0 Introduction

The Public Building Commission of Chicago (PBC) is seeking contractor’s qualifications for the demolition and abatement of the structures on the Michael Reese Hospital campus located at 29<sup>th</sup> Street and Cottage Grove Avenue in Chicago, Illinois. The campus includes 29 structures totaling approximately 1.6 million square feet.

Contractors will have the option to seek pre-qualification for Zone 2 only, Zone 3 only or both Zone 2 and 3. The PBC will determine if an applicant is qualified for one or more zones.

## 2.0 PBC Overview

The PBC is committed to providing business opportunities and broadening the participation of minority owned firms, women owned firms and businesses owned by persons with disabilities (collectively, “M/W/D firms”). In concert with the City and Chicago 2016, the PBC has set procurement objectives for M/W/D firms at 30% participation for minority-owned firms and firms owned by persons with disabilities, and 10% participation for women-owned firms. **Given the scope of work and magnitude of this project, the PBC expects contractors to work with the PBC to exceed this goal and maximize disadvantaged, minority, veteran, persons with disabilities and women-owned participation in the project.**

The demolition package associated with the Michael Reese Hospital property provides a unique opportunity to demonstrate the City’s ability to overachieve the following established goals and maximize:

- a. Disadvantaged, Minority, Veteran, Persons with Disabilities and Women Owned Business Participation.
- b. The representation of minorities, individuals with disabilities and women on the engagement team that you would propose for this assignment;
- c. Maximize the employment opportunities for:
  - a. Minorities
  - b. Females
  - c. City of Chicago and Community Residents
  - d. Veterans, and
  - e. Individuals with disabilities

The Contractor is required to submit a three - four paragraph statement in the Executive Summary on the Contractor’s approach to meeting the aforementioned goals, as well as outline examples of projects that demonstrate past performance in economic opportunity and impact programs.

## 3.0 Michael Reese Hospital Project Site Information – See Attachment #1: Site Map

No.	Building Name	Address	Approx. Sq. Ft.	Date Built	Stories	Known Basements	Zone
01	Administration Services Center	26 <sup>th</sup> & Vernon Ave.	57,542	1962	1	1	1
02	Baumgarten Pavilion	2939 S. Cottage Grove	119,308	1963	7	1	3
03	Ben Singer General Services Building - Receiving Area	2801 S. Ellis Ave.	56,657	1965	2	1	2
03a	Laundry	2801 S. Ellis Ave.	25,950	1949	3	1	2
04,14	Blum Pavilion, KND Building	515 E. 29 <sup>th</sup> Place	52,682	1981	2	1	3
05	Cummings Research Pavilion	2912 S. Ellis Ave.	28,176	1958	7	1	3

No.	Building Name	Address	Approx. Sq. Ft.	Date Built	Stories	Known Basements	Zone
06	Dreyfuss Research Laboratories	504 E. 29 <sup>th</sup> St.	92,824	1965	13	1	3
07	Emergency Department Entrance	500E. 29 <sup>th</sup> St.	12,000	1960	2	1	2
08	Florsheim Professional Building	2800 S. Ellis Ave.	15,375	1960	4	1	2
09	Florsheim Memorial Library	3033 S. Cottage Grove	19,639	1935	6	1	3
10	Friend Pavilion	3001 S. Cottage Grove	21,122	1957	3	1	3
11	Kaplan Pavilion	2929 S. Ellis Ave.	101,888	1955	7	1	3
12	Kaplan Surgical Wing	2929 S. Ellis Ave.	78,241	1958	4	1	3
13,15	Klein Woman's Hospital, Kunstader Children's Hospital	539 E. 29 <sup>th</sup> St.	181,720	1970	13	1	3
16	Laz Chapman Pathology Institute	505 E. 29 <sup>th</sup> St.	14,390	1965	3	1	3
17	Levinson Building	530 E 31 <sup>st</sup> St.	53,402	1953	3	1	3
18	Radiation Oncology	2839 S. Ellis Ave.	24,645	1960	3	1	2
19	Main Reese	2839 S. Ellis Ave.	231,422	1907	9	1	2
20	Mandel Clinic	500 E. 29 <sup>th</sup> St.	45,711	1928	7	1	2
21	Meyer House	547 E. 29 <sup>th</sup> St.	53,752	1927	6	1	3
22	Parking Structure	30 <sup>th</sup> & Vernon Ave.	48,00	1970	4	0	3
23	Power Plant	27 <sup>th</sup> & Ellis Ave.	6,186	1952	3	1	2
25	Rothchild Center	2816 S. Ellis Ave.	193,822	1928	8	1	2
26	Siegel Pavilion	3033 S. Cottage Grove	30,953	1970	3	1	3
27	Singer Pavilion	2959 S. Ellis Ave.	77,741	1951	7	1	3
28	Wexler Pavilion	2960 S. Lake Park	12,069	1962	2	1	3
29	Tunnels	Varies	-----	1952	N/A	N/A	All

### 3.1 Scope Descriptions by Zones

#### 3.1.1 Site fencing, signage and pest control not included.

#### 3.1.2 Zone #1 – Not included as part of this RFQ

#### 3.1.3 Zone #2 – Demolition with Asbestos Abatement

The project scope within Zone #2 will require abatement within each of the buildings prior to its physical demolition. These buildings were built between 1905 and 1960 and are a combination of steel and concrete structure, exterior masonry walls, interior gypsum drywall partitions and concrete floors, terrazzo flooring, acoustical ceiling tile and other finish materials typical of a medical facility built during this era. Zone #2 includes the buildings and all underground tunnels and structures within this Zone.

#### 3.1.4 Zone #3 – Demolition with Asbestos Abatement

The project scope within Zone #3 will require abatement within each of the buildings prior to its physical demolition. These buildings were built between 1905 and 1981 and are a combination of

steel and concrete structure, exterior masonry walls, interior gypsum drywall partitions and concrete floors, terrazzo flooring, acoustical ceiling tile and other finish materials typical of a medical facility built during this era. Zone #3 includes the buildings and all underground tunnels and structures within this Zone.

#### **4.0 Project Work Schedule**

The contractor will gain access to the site in July 2009 and all work related to the abatement and demolition is to begin immediately and be substantially completed by October 1, 2010.

## Letter of Interest and Commitment

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

### Public Building Commission of Chicago

Richard J. Daley Center  
50 West Washington Street, Room 200  
Chicago, Illinois 60602

### RE: Identification of Zones of Interest and Commitment to comply with all Requirements

We have reviewed the current Request for Qualifications for Demolition Contractors (RFQ) documents, understand the conditions, and commit to meet the requirements for pre-qualification for the PBC.

**Below apply a check for the project(s) for which qualifications are being submitted.** Contractor is to demonstrate their firm's qualification and summarize their approach to the work in each zone checked below.

#### Zone #2 - Demolition with Asbestos Abatement

The project scope within Zone #2 will require the abatement of asbestos within each of the buildings prior to its physical demolition. These buildings were built between 1905 and 1960 and are a combination of steel and concrete structure, exterior masonry walls, interior gypsum drywall partitions and concrete floors, terrazzo flooring, acoustical ceiling tile and other finish materials typical of a medical facility built during this era. #2 includes the buildings and all underground tunnels and structures within this Zone.

**Technical Competence- Experience and past performance on at least (3) public/ private Demolition projects with abatement experience on with costs greater than \$10,000,000.00.**

#### Zone #3 - Demolition with Asbestos Abatement

The project scope within Zone #3 will require the abatement of asbestos within each of the buildings prior to its physical demolition. These buildings were built between 1905 and 1981 and are a combination of steel and concrete structure, exterior masonry walls, interior gypsum drywall partitions and concrete floors, terrazzo flooring, acoustical ceiling tile and other finish materials typical of a medical facility built during this era. Zone #3 includes the buildings and all underground tunnels and structures within this Zone.

**Technical Competence- Experience and past performance on at least (3) public or private Demolition projects which included abatement with costs greater than \$10,000,000.00.**

We agree to comply with all Public Building Commission of Chicago contract requirements if awarded a contract.

Signed by: \_\_\_\_\_

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

An authorized officer of:

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



## EVALUATION OVERVIEW

### I. EVALUATION PROCESS

The intent of this RFQ is to pre-qualify Contractors for the abatement and demolition of the former Michael Reese Hospital property. The PBC intends to solicit bids from the Contractors deemed pre-qualified as a result of this RFQ.

The PBC is looking for creative solutions to meet and/or exceed all the objectives outlined in this RFQ. Contractors are encouraged to highlight specific solutions to unique issues that the Contractor has successfully implemented on comparable projects.

The PBC representatives will review qualification submittals in accordance with the evaluation criteria set forth herein. PBC representatives may also request additional documentation in order to seek clarification of the submittal, and/or request one or more meetings with Contractors, and/or perform site visits in order to clarify Contractors' qualifications and capabilities for this Program. After evaluating all information, the PBC representatives will determine pre-qualification eligibility of each Contractor. The Executive Director will report eligible Contractors to the Board of Commissioners. Once reported to the Board of Commissioners, Contractors will be notified of the results of the evaluation.

The PBC reserves the right to reject any and all qualification submittals and to waive any informality in the submitted qualification submittals whenever it determines such rejection or waiver is in its best interest.

### II. EVALUATION CRITERIA

The PBC shall review and evaluate the qualifications of each Contractor in accordance with the following criteria:

**A. Responsiveness.** Contractor's compliance with all submission requirements and commitment to comply with all contract requirements if awarded a contract.

**B. Technical Competence.**

Contractor's experience acting in a prime role as a demolition contractor on projects with significant abatement requirements exceeding \$10,000,000.00.

If Contractor's intent is to be found qualified to provide the services required in this RFQ for all zones, Contractor must demonstrate experience acting in a prime role as a demolition contractor on projects with significant abatement requirements exceeding \$20,000,000.00.

Contractor's past performance on at least (3) public and (3) private projects that demonstrate your firm's ability to perform the work covered in this RFQ on projects with a similar scope of work to this project. Include illustrations, i.e. equipment inventories to show your capacity to perform the work. Experience must include abatement and demolition in addition to projects involving LEED certification.

**C. Past Performance.** Past performance as a demolition contractor with significant abatement requirements on PBC projects, other government agencies, and private owners demonstrating the Contractor's ability to successfully administer, manage, schedule, and coordinate projects in order to control cost and meet the terms outlined in the contract requirements.

Contractor must disclose Contractor's history regarding defaults or terminations on projects; failure to complete projects on schedule; litigation history, including judgments and outstanding lawsuits; and violation

of laws. The PBC may solicit, from current and past clients or any available resources, relevant information concerning the Contractor's record of past performance.

- D.** Executive Summary. Quality, completeness and demonstration of experience as contained in the executive summary.
- E.** Financial Capacity. Adequacy of financial resources to successfully undertake and complete projects.
- F.** Bonding Capacity. Contractor's bonding capacity meeting or exceeding the value of the projects covered by this RFQ and the Contractor's current projects.
- G.** Licensing. Contractor's Demolition Contractor's license is required for the demolition and/or deconstruction of the projects listed in this RFQ.
- H.** Wrecker's Bond. Record of an approved Wrecker's Bond and Comprehensive Liability and Property Damage Insurance.
- I.** Insurance Requirements. Confirmation of Contractor's ability to meet the insurance requirements as set forth in Part I. - Section G Insurance Requirements
- J.** Minority owned firms, women owned firms and businesses owned by persons with disabilities (collectively, "M/W/D firms") participation.
  - a. Contractor's proposed strategy to maximize the utilization of M/W/D firms during the demolition and abatement of Michael Reese Hospital;
  - b. The representation of M/W/D firms on the team that you propose for this pre-qualification opportunity.

Additional elements to be evaluated include the following:

Levels of participation achieved on previous projects as demonstrated in Part II – Section A. PBC Experience and Section B. – Non-PBC Experience.

- K.** Equal Employment Opportunity and City of Chicago Residency Participation.
  - a. Project Workforce. Contractor's proposed strategy to maximizing the employment of minority, veteran, individuals with disabilities, females and City of Chicago residents during the demolition and abatement of Michael Reese Hospital;
  - b. Proposer's Workforce. The representation of minorities, veterans, individuals with disabilities and women within your firm.
  - c. Apprenticeships. Commitment to have 10% of the construction hours worked by minority/low or moderate income apprentices who have matriculated from the Chicago Public Schools or the City Colleges of Chicago.
  - d. Creation and/or Development of Employment Training Programs. The level of demonstrated support for a workforce development and training program, including skills assessment, the development and publication of apprenticeship opportunities, and the provision of access to industry-specific training programs. The level of support demonstrated by Contractors to participate in a centralized training program intended to bring together local unions, community-based organizations, private and public entities in an effort to promote apprenticeships in respective trade and union sectors.

Additional elements to be evaluated include the following:

Levels of participation achieved on previous projects as demonstrated in Part II – Section A. PBC Experience and Section B. – Non-PBC Experience.

- L. References. The quality of responses received from Owner's identified in Part II Section A: Non-PBC Experience and Project Managers identified in Section B: PBC Experience.

## INSTRUCTIONS FOR PREPARING AND SUBMITTING SUBMISSIONS

### 1. GENERAL INSTRUCTIONS:

- 1.1 These instructions prescribe the format and content of the Submission. They are designed to facilitate a fair and uniform review process. Failure to adhere to this format will affect our evaluation and may result in disqualification of the Submission.
- 1.2 The response completed, signed and returned will constitute the Submission. A signed original and the designated number of copies of each Submission are required (see "Key Information about this RFQ"). Failure to submit the required number of copies may prevent the Submission from being evaluated within the allotted time.
- 1.3 Attachments must be referenced in the Submission.

### 2. SUBMITTAL REQUIREMENTS

- 2.1 **RESPONSIVENESS.** Contractor's compliance with all submission requirements.

### 3. TECHNICAL SUBMISSION: The following documents and responses will be included in the Technical Submission and tabbed as such in the order given below:

- 3.1 **LETTER OF INTEREST AND COMMITMENT:** An individual authorized to legally bind the Contractor must sign the Letter of Interest and Commitment. The person who signs the Letter of Interest and Commitment will be considered the contact person for all matters pertaining to the Submission unless the Contractor designates another person in writing.
- 3.2 **TABLE OF CONTENTS:** The Contractor must include a table of contents in its Submission. Submissions must be page numbered sequentially from front to back.
- 3.3 **EXECUTIVE SUMMARY:** The Contractor must prepare an Executive Summary and overview of the services it is proposing including all of the following information:
  - 3.3.1 Demonstrate that the Contractor understands the services as specified in RFQ, "Project Overview". **Please limit to one page.**
  - 3.3.2 An overview of the Contractor's qualifications for Michael Reese Hospital Demolition Contract Work, experience in supervising significant abatement work, past performance, creative approach and level of commitment to provide and maximize **M/W/D firms** participation, as well as evidence and support of maximum inclusion of minorities, females, individuals with disabilities, females and City of Chicago residents in the project workforce. **Please limit to one page.**
  - 3.3.3 Creation and/or Development of Employment Training Programs. In an effort to promote a "living wage" and sustainable jobs, the development of workforce development and training programs, including skills assessment, the development and publication of apprenticeship opportunities, and the provision of access to industry-specific training programs. **Please limit to one page.**

### 4. REQUIRED FORMS:

#### 4.1 PART I – GENERAL INFORMATION

- 4.1.1 Copy of Joint Venture Agreement (if applicable)

- 4.1.2 Copy of each applicable license
- 4.1.3 Copy of letter from Surety Company
- 4.1.4 Copy of Demolition License. Copy of General Contractor License (if applicable)
- 4.1.5 Copy of approved Wrecker's Bond
- 4.1.6 Copy of sample insurance certificate or statement of ability to comply with insurance requirements identified in Part I – Section G
- 4.1.7 Copy of current MBE/WBE certification letter (if applicable)
- 4.2 **PART II – SECTION A - NON-PBC PROJECTS EXPERIENCE**
- 4.3 **PART II – SECTION C – KEY PERSONNEL**
  - 4.3.1 Attach resumes of Key Personnel and detailed organization chart
- 4.4 **PART II – SECTION D - SAFETY**
  - 4.4.1 Attach a copy of table of contents from Contractors' written safety program
- 4.5 **PART II – SECTION E – ANTI-COLLUSION AFFIDAVIT**
- 4.6 **PART III – LEGAL ACTIONS**
  - 4.6.1 Attach additional information as necessary.
- 4.7 **PART IV – FINANCIAL CAPACITY**
  - 4.7.1 Attach audited, reviewed or compiled financial statement

## DISCLOSURE AFFIDAVIT

### Part I. GENERAL INFORMATION

#### Section A. History of the Contractor

Name of Contractor: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Submittal is for:** \_\_\_\_ Parent Company \_\_\_\_ Subsidiary \_\_\_\_ Division \_\_\_\_ **Joint Venture\*** \_\_\_\_ Branch Office  
\*If a joint venture, attach a copy of joint venture agreement.

Parent Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 How many years has the Contractor or venture been in business under its present name? \_\_\_\_\_  
 Under what other names, if any, has the Contractor or venture operated? \_\_\_\_\_  
 Contractor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 FEIN or S.S. #: \_\_\_\_\_

#### DISCLOSURE OF OWNERSHIP INTERESTS

Pursuant to Resolution No. 5371 of the Board of Commissioners of the PBC, all submission shall provide the following information with their submission. If the question is not applicable, answer "NA". If the answer is none, please answer "none".

Bidder/Proposer/Contractor is a:

<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC
<input type="checkbox"/> Partnership	<input type="checkbox"/> LLP
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Not-for-Profit Corporation
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

#### FOR PROFIT CORPORATION

State of Incorporation \_\_\_\_\_  
 Authorized to do business in the State of Illinois: Yes  No

Names of all officers of corporation (Or attach list):		Names of all directors of corporation (Or attach list):	
Name (Print or Type)	Title (Print or Type)	Name (Print or Type)	Title (Print or Type)
_____	_____	_____	_____
_____	_____	_____	_____

Is the corporation owned partially or completely by one or more other corporations? Yes  No   
 If "yes" provide the above information, as applicable, for each such corporation.

Indicate here or attach a list names and addresses of all shareholders owning shares equal to or in excess of seven and one-half percent (7.5%) of the proportionate ownership of the corporation and indicate the percentage interest of each.

Name of Shareholders (Print or Type)	Percentage Interest
_____	_____ %
_____	_____ %

**PARTNERSHIPS**

- a. If the bidder/proposer or Contractor is a partnership, indicate the name of each partner and the percentage of interest of each therein. Also indicate, if applicable, whether general partner (GP) or limited partner (LP)

Name of Partners (Print or Type)	Percentage Interest
_____	_____ %
_____	_____ %

**SOLE PROPRIETORSHIP**

- a. The bidder/proposer or Contractor is a sole proprietorship and is not acting in any representative capacity on behalf of any beneficiary: Yes [ ] No [ ]  
If NO, complete items b. and c. of this Section 3.
- b. If the sole proprietorship is held by an agent(s) or a nominee(s), indicate the principal(s) for whom the agent or nominee holds such interest.

Name(s) of Principal(s). (Print or Type)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- c. If the interest of a spouse or any other party is constructively controlled by another person or legal entity, PBC the name and address of such person or entity possessing such control and the relationship under which such control is being or may exercised.

Name(s)	Address(es)
_____	_____
_____	_____
_____	_____

**Section B. Licensing**

Is your firm licensed to do business in the City of Chicago, Cook County, Illinois? Yes \_\_\_ No \_\_\_

List categories in which the Contractor or venture is licensed to do business and indicate registration or license numbers, if applicable. Please indicate which government entity issued the license. Attach a copy of each license listed.

Category	Registered License (or license number)	Organization Issuing License	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

**Section C. Surety Bonding**

Prequalification is contingent upon the applicant having a surety (performance) bond capacity authorized only by a surety company acceptable to PBC. Surety companies that are listed in AM Bests Key Rating Guide and/or are listed in the Treasury Circular are considered acceptable.

Provide the current level of performance bonding (in dollar amount) authorized by the surety as of the date of this Qualification Submittal (or as of the date last bonded, including said date):

Single Limit: \_\_\_\_\_ Maximum Limit: \_\_\_\_\_ A.M. Best Rating: \_\_\_\_\_

Total Bonding Capacity: \_\_\_\_\_ as of: \_\_\_\_\_

Provide information regarding the surety that will provide the Payment and Performance Bond for project(s) to be awarded by or on behalf of the PBC.

Name of Surety: \_\_\_\_\_

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

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

Telephone No: (\_\_\_\_) \_\_\_\_\_ Fax No: (\_\_\_\_) \_\_\_\_\_

**Section D. License**

Does your firm have a Demolition License? Yes \_\_\_ No \_\_\_

If yes, provide a record of an approved Demolition License.

Does your firm have a General Contractor License? Yes \_\_\_ No \_\_\_

If yes, provide a record of an approved General Contractor License.

**Section E. Wrecker's Bond**

Does your firm have a Wrecker's Bond? Yes \_\_\_ No \_\_\_

If yes provide a record of an approved Wrecker's Bond and Comprehensive Public Liability and Property Damage Insurance.



**Section F. DBE/MBE/VBE/BEP/WBE Certifications**

Is your organization currently certified as a MBE, BEP or WBE with any of the following agencies or organizations?

- City of Chicago yes
- Cook County yes
- Chicago Minority Business Development Council (MBE only) yes
- State of Illinois – Central Management Services yes
- Women’s Business Development Center (WBE only) yes

\* If yes, please check and attach copy of current Letter of Certification.

List others, (attach a copy of certification) \_\_\_\_\_

**Section G. Insurance**

Does your firm have the ability to comply with the following Insurance requirements? Yes \_\_\_ No \_\_\_

If yes, provide a statement of confirmation or a sample insurance certificate that demonstrates your Firm’s ability to comply.

The Successful Contractor must provide and maintain at Contractor’s own expense, the minimum insurance coverage and requirements specified below, insuring all operations related to the Contract. The insurance must remain in effect from: the date of the notice to proceed until Substantial Completion of the project, during completion of Punch List, as well as any time Contractor returns to perform additional work regarding warranties or for any other purpose.

**INSURANCE TO BE PROVIDED**

- 1) **Workers’ Compensation and Employers Liability**  
Workers’ Compensation Insurance, as prescribed by applicable law covering all employees who are to provide a service under this Contract and Employers Liability coverage with limits of not less than \$500,000 each accident, illness or disease.
  
- 2) **Commercial General Liability (Primary and Umbrella)**  
Commercial General Liability Insurance or equivalent with limits of not less than \$10,000,000 per occurrence for bodily injury, personal injury, and property damage liability. Coverage must include the following: All premises and operations, products/completed operations (for minimum of two (2) years following project completion), flood, explosion, collapse, underground, separation of insureds, defense, and contractual liability with no limitation endorsement. The PBC, Chicago 2016 and the City of Chicago must be named as additional insureds on a primary, non-contributory basis for any liability arising directly or indirectly from the work.  
  
Subcontractors performing work for Contractor must maintain limits of not less than \$2,000,000 per occurrence with the same terms herein.
  
- 3) **Automobile Liability (Primary and Umbrella)**  
When any motor vehicles (owned, non-owned and hired) are used in connection with work to be performed, the Contractor must provide Automobile Liability Insurance, with limits of not less than \$5,000,000 per

occurrence for bodily injury and property damage. The PBC, Chicago 2016 and the City of Chicago must be named as additional insureds on a primary, non-contributory basis.

Subcontractors performing work for Contractor must maintain limits of not less than \$2,000,000 per occurrence with the same terms herein.

4) **Contractors Pollution Liability**

Contractors Pollution coverage is required with limits of not less than \$5,000,000 per occurrence for any portion of the services, which may entail, exposure to any pollutants, whether in the course of sampling, remedial work or any other activity under this contract,. Coverage must include bodily injury, property damage and other losses caused by pollution conditions that arise from the Contract scope of services, completed operations, contractual liability, defense, excavation, environmental cleanup, remediation and disposal. When policies are renewed or replaced, the policy retroactive date must coincide with or precede, start of work on the Contract. A claims-made policy, which is not renewed or replaced, must have an extended reporting period of two (2) years. The PBC, Chicago 2016 and the City of Chicago must be named as additional insureds on a primary, non-contributory basis. Subcontractors performing work for Consultant must maintain limits of not less than \$2,000,000 per occurrence with the same terms herein.

5) **Professional Liability**

When any architects, engineers, construction managers or other professional consultants perform work in connection with this Contract, Professional Liability Insurance covering acts, errors, or omissions must be maintained with limits of not less than \$1,000,000. When policies are renewed or replaced, the policy retroactive date must coincide with, or precede, start of work on the Contract. A claims-made policy, which is not renewed or replaced, must have an extended reporting period of two (2) years.

6) **Property**

The Contractor is responsible for all loss or damage to PBC, Chicago 2016 and City of Chicago property at full replacement cost. The Contractor is responsible for all loss or damage to personal property including but not limited to materials, equipment, tools, and supplies owned, rented, or used by Contractor.

7) **Railroad Protective Liability**

When any work is to be done adjacent to or on railroad or transit property, Contractor must provide, with respect to the operations that Contractor or subcontractors perform, Railroad Protective Liability Insurance in the name of railroad or transit entity. The policy must have limits of not less than the requirement of the operating railroad/transit entity for losses arising out of injuries to or death of all persons, and for damage to or destruction of property, including the loss of use thereof.

8) **Asbestos Abatement Liability**

When any asbestos abatement work is performed in connection with this Contract, Asbestos Abatement Liability Insurance must be provided with limits of not less than \$5,000,000 per occurrence insuring bodily injury, property damage and environmental cleanup. When policies are renewed or replaced, the policy retroactive date must coincide with or precede, start of work on the Contract. A claims-made policy which is not renewed or replaced must have an extended reporting period of one (1) year. The PBC, Chicago 2016 and the City of Chicago are to be named additional insureds on a primary and non-contributory basis.

Subcontractors performing work for Consultant must maintain limits of not less than \$2,000,000 per occurrence with the same terms herein.

**B. ADDITIONAL REQUIREMENTS**

The Contractor must furnish the PBC Procurement Department, Richard J. Daley Center, Room 200, Chicago, IL 60602, original Certificates of Insurance, or such similar evidence, to be in force on the date of this Contract, and

Renewal Certificates of Insurance, or such similar evidence, if any insurance policy has an expiration or renewal date occurring during the term of this Contract. The Contractor must submit evidence of insurance to the PBC prior to Contract award. The receipt of any certificate does not constitute agreement by the PBC that the insurance requirements in the Contract have been fully met or that the insurance policies indicated on the certificate are in compliance with all Contract requirements. The failure of the PBC to obtain certificates or other insurance evidence from Contractor is not a waiver by the PBC of any requirements for the Contractor to obtain and maintain the specified insurance. The Contractor will advise all insurers of the Contract provisions regarding insurance. Non-conforming insurance does not relieve Contractor of the obligation to provide insurance as specified in this contract. Nonfulfillment of the insurance conditions may constitute a breach of the Contract, and the PBC retains the right to stop work until proper evidence of insurance is provided, or the Contract may be terminated.

The PBC reserves the right to obtain copies of insurance policies and records from the Contractor and/or its subcontractors at any time upon written request.

The insurance must provide for 60 days prior written notice to be given to the PBC in the event coverage is substantially changed, canceled, or non-renewed.

Any deductibles or self-insured retentions on referenced insurance must be borne by Contractor.

The Contractor agrees that insurers waive their rights of subrogation against the PBC, Chicago 2016 and City of Chicago, their respective Board members, employees, elected officials, officers, or representatives.

The insurance coverage and limits furnished by Contractor in no way limit the Contractor's liabilities and responsibilities specified within the Contract or by law.

Any insurance or self-insurance programs maintained by the PBC, Chicago 2016 and City of Chicago, do not contribute with insurance provided by the Contractor under the Contract.

The required insurance to be carried is not limited by any limitations expressed in the indemnification language in this Contract or any limitation placed on the indemnity in this Contract given as a matter of law.

If contractor is a joint venture or limited liability company, the insurance policies must name the joint venture or limited liability company as a named insured.

The Contractor must require all subcontractors to provide the insurance required herein, or Contractor may provide the insurance for subcontractors. All subcontractors are subject to the same insurance requirements of Contractor unless otherwise specified in this Contract.

If Contractor or subcontractor desires additional coverage, the party desiring the additional coverage is responsible for the acquisition and cost

The PBC maintains the rights to modify, delete, alter or change these requirements.

## **Section H. Anti-Collusion**

The Contractor, its agents, officers, or employees have not directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with this Submission or contract. Failure to attest to this section as part of the bid will make the bid non-responsive and not eligible for award consideration.

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Title)

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 2009

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

(SEAL)

\_\_\_\_\_  
(Title)

My Commission expires:

## PART II TECHNICAL COMPETENCE

### LIST COMPARABLE EXPERIENCE

#### Section A. NON-PBC Projects- Experience

Describe your experience and past performance as a demolition contractor managing the abatement on at least (6) projects of similar complexity, size and type. Describe how the projects you deem similar are comparable in scope and complexity to the demolition and abatement project described in this RFQ.

#### PLEASE PROVIDE THE FOLLOWING INFORMATION.

Project Name: \_\_\_\_\_

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

Project Role (specify, ADC, Sub, CM etc): \_\_\_\_\_

Project Description: \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_ Completed: Mo/Yr: \_\_\_\_\_

Was Project Work self-performed?  Yes  No  Other (explain): \_\_\_\_\_

Did project receive LEED certification? Yes ( ) Level: \_\_\_\_\_ No ( )

Names of abatement subcontractor: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Contact (name & current phone number): \_\_\_\_\_

\_\_\_\_\_ % MBE Participation \_\_\_\_\_ % WBE Participation

\_\_\_\_\_ % Minority Tradeworker Participation \_\_\_\_\_ % Female Tradeworker Participation

\_\_\_\_\_ % City of Chicago Residency

Project Name: \_\_\_\_\_

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

Project Role (specify, ADC, Sub, CM etc): \_\_\_\_\_

Project Description: \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_ Completed: Mo/Yr: \_\_\_\_\_

Was Project Work self-performed?  Yes  No  Other (explain): \_\_\_\_\_

Did project receive LEED certification? Yes ( ) Level: \_\_\_\_\_ No ( )

Names of abatement subcontractor: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Contact (name & current phone number): \_\_\_\_\_

\_\_\_\_\_ % MBE Participation \_\_\_\_\_ % WBE Participation

\_\_\_\_\_ % Minority Tradeworker Participation \_\_\_\_\_ % Female Tradeworker Participation

\_\_\_\_\_ % City of Chicago Residency

Project Name: \_\_\_\_\_

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

Project Role (specify, ADC, Sub, CM etc): \_\_\_\_\_

Project Description: \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_ Completed: Mo/Yr: \_\_\_\_\_

Was Project Work self-performed?  Yes  No  Other (explain): \_\_\_\_\_

Did project receive LEED certification? Yes ( ) Level: \_\_\_\_\_ No ( )

Names of abatement subcontractor: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Contact (name & current phone number): \_\_\_\_\_

\_\_\_\_\_ % MBE Participation \_\_\_\_\_ % WBE Participation

\_\_\_\_\_ % Minority Tradeworker Participation \_\_\_\_\_ % Female Tradeworker Participation

\_\_\_\_\_ % City of Chicago Residency

## PART II TECHNICAL COMPETENCE

### Section B. PBC Projects- Experience

Identify all comparable projects completed by the Applicant within the last five years. Comparable projects include only those that are both comparable based on dollar value (inflation adjusted) and complexity are preferred.

Project Name: \_\_\_\_\_  
Role: General or Sub: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Completed: Mo/Yr: \_\_\_\_\_  
PBC Project Manager: \_\_\_\_\_  
If General Contractor:  
% of MBE Attainment: \_\_\_\_\_ % of WBE Attainment: \_\_\_\_\_  
Liquidated Damage Assessment for M/WBE Non-Compliance: \$ \_\_\_\_\_  
Liquidated Damage Assessment for EEO Non-Compliance: \$ \_\_\_\_\_  
Liquidated Damage Assessment for City of Chicago Residency Non-Compliance: \$ \_\_\_\_\_

Project Name: \_\_\_\_\_  
Role: General or Sub: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Completed: Mo/Yr: \_\_\_\_\_  
PBC Project Manager: \_\_\_\_\_  
If General Contractor:  
% of MBE Attainment: \_\_\_\_\_ % of WBE Attainment: \_\_\_\_\_  
Liquidated Damage Assessment for M/WBE Non-Compliance: \$ \_\_\_\_\_  
Liquidated Damage Assessment for EEO Non-Compliance: \$ \_\_\_\_\_  
Liquidated Damage Assessment for City of Chicago Residency Non-Compliance: \$ \_\_\_\_\_

Project Name: \_\_\_\_\_  
Role: General or Sub: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Completed: Mo/Yr: \_\_\_\_\_  
PBC Project Manager: \_\_\_\_\_  
If General Contractor:  
% of MBE Attainment: \_\_\_\_\_ % of WBE Attainment: \_\_\_\_\_  
Liquidated Damage Assessment for M/WBE Non-Compliance: \$ \_\_\_\_\_  
Liquidated Damage Assessment for EEO Non-Compliance: \$ \_\_\_\_\_  
Liquidated Damage Assessment for City of Chicago Residency Non-Compliance: \$ \_\_\_\_\_

Project Name: \_\_\_\_\_  
Role: General or Sub: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Completed: Mo/Yr: \_\_\_\_\_  
PBC Project Manager: \_\_\_\_\_  
If General Contractor:  
% of MBE Attainment: \_\_\_\_\_ % of WBE Attainment: \_\_\_\_\_  
Liquidated Damage Assessment for M/WBE Non-Compliance: \$ \_\_\_\_\_  
Liquidated Damage Assessment for EEO Non-Compliance: \$ \_\_\_\_\_  
Liquidated Damage Assessment for City of Chicago Residency Non-Compliance: \$ \_\_\_\_\_

**Note: Duplicate form as necessary.**

### Section C. Key Personnel

Provide the names of key personnel currently employed by the Applicant who worked on the projects listed in Part II sections A&B of this statement of qualifications. Attach resumes of all individuals listed.

Name	Role	Project

### Section D. Safety

PBC is committed to working with safe Abatement and Demolition Contractors. To that end, the PBC has developed a safety questionnaire to aid in selection of Abatement and Demolition Contractors with good safety records. As a part of the Abatement and Demolition Contractor solicitation process you must answer the questions below.

1. Does your organization have a safety program? Yes  No   
 If yes, provide the following information:
  - Month and Year first implemented \_\_\_\_\_
  - Method of review of program \_\_\_\_\_
  - Whether regular work site safety meetings are held and how frequently \_\_\_\_\_
  - Copy of table of contents of safety/loss control manual
  
2. Have any citations been issued to your organization during the period of the last three years for workplace safety law violation. Yes  No  If yes, provide detailed information for each occurrence regarding:
  - The nature of the violation for which your organization was cited.
  - Summary of your position of the matter.
  - Official resolution of violation
  
3. Provide your organization's OSHA reportable incident rate: \_\_\_\_\_. If this is greater than 3.0, please attach your OSHA Form 300A Summaries for the last three years and a written explanation to the qualification questionnaire (attach as necessary).
  
4. Provide a copy of your organization's NCCI current experience modification rating (EMR) worksheet. If the rating is greater than 1.0 please attach the NCCI rating information for the last 3 years and a written explanation to the qualification questionnaire. As a follow up, you may be asked to provide your written safety plan.

## PART III LEGAL ACTIONS

### Section A. Legal Actions

**Please provide the information below. If the answer to any of the questions is “Yes”, provide a brief description or explanation on a separate sheet.**

Question	Yes	No
1. Has the Contractor or venture been issued a notice of default on any contract awarded in the last three years?		
2. Does the Contractor or venture have any judgments, claims (liquidated damages, or other), arbitration proceedings or suits pending or outstanding against the Contractor or venture or its officers?  If yes, include the dollar amount of claims or judgments and the contract value of the contract on which the claim was filed. Attach explanation.		
3. Within the past three years, has the Contractor or venture been a party to any lawsuits or arbitration proceedings with regard to any contracts?		
4. Within the last three years, has any officer or principal of the Contractor or venture ever been an officer or principal of another organization that failed to complete any contract as a result of termination, litigation, arbitration or similar matter?		
5. Has any key person with the Contractor or venture or its predecessor ever been convicted of or charged with any state or federal crime (excluding traffic violations), including but not limited to, embezzlement, theft, forgery, bribery, falsification or destruction of records, receipt of stolen property, criminal anti-trust violations, bid rigging or bid-rotating?		
6. Has the Contractor or venture ever been temporarily or permanently debarred from a contract awarded by any federal, state, or local agency?		
7. Within the last three years, has the Contractor or venture been assessed penalties for any statutory or administrative violations, including MBE, WBE and EEO?		
8. Has the Contractor or venture ever failed to complete any work awarded to it?		



## PART IV FINANCIAL CAPACITY

### Section A. Banking

Provide the following information about the Contractor's or ventures primary commercial bank.

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

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Fax No.: \_\_\_\_\_

Contact Officer: \_\_\_\_\_ Phone No.: \_\_\_\_\_

In what year was the banking relationship established? \_\_\_\_\_

Does your firm or venture have access to a line of credit? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate upper limit. \$ \_\_\_\_\_ How much is currently available? \$ \_\_\_\_\_

Other sources of capital: \_\_\_\_\_

### Section B. Gross Revenues

Indicate below the amount of revenues earned by the Contractor or venture from construction-related activities for the last three (3) years.

Year	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

### Section C. Financial Statement

Attach your firm's audited, reviewed or compiled financial statement with notes for the last fiscal year. If a joint venture, submit financial statement for the joint venture name and each joint venture partner. Independent accountant may provide a copy of a complete financial statement. All notes and schedules must be provided.

#### Independent Accountant Information

Year ending financial statement date: \_\_\_/\_\_\_/\_\_\_  Audited  Reviewed  Compiled

Consolidated financial statement:  Yes  No

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

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

Phone No. \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

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

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