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**SCHEDULE B – FORM OF SUBMISSION**

**RESPONDENT’S REQUEST FOR EXPRESSIONS OF INTEREST**

**AND**

**STATEMENTS OF QUALIFICATIONS**

**Type of Pre-Qualification: CIVIL Contractor (CIPP)**

This Request for Expressions of Interest and Statements of Qualifications (RFEOI/SOQQ) will enable the City of Surrey (the “City”) to determine your relevant experience, capacity, resources, and financial capability for eligibility to submit tenders for contractor work packages for the City of Surrey Watermain Rehabilitation by CIPP Lining.

Materially incomplete RFEOI/SOQ submissions may be deemed to fail the qualification process. Respondents may supplement information requested with additional sheets if required. All information provided should be relevant to the prequalification.

**Project Description:**

**Project Title:** Pre-Qualification for CIVIL Contractor for the City of Surrey Watermain Rehabilitation by Cured in Place Pipe (CIPP) Lining.

**Project Reference No.: 1220-050-2017-027**

The City invites experienced and qualified “civil” contractors (CIPP) for the general construction works associated with the installation of CIPP watermain lining including, but not limited to, all labour, materials, and equipment costs associated with the isolation and plugging of all relevant watermains and water services, installation and maintenance of a temporary bypass system, watermain removal and replacement where necessary to install the CIPP liner, hydrant and valve replacement, and all additional works associated with the installation of CIPP watermain liner.

**Submitted To:**

City Representative: Richard D. Oppelt, Purchasing Manager

Address: Surrey City Hall

Finance & Technology Department – Purchasing Section

Reception Counter, 5th Floor West

13450 – 104 Avenue, Surrey, B.C., V3T 1V8, Canada

Telephone: 604-590-7274

Fax: 604-599-0956

Email for PDF Files: [purchasing@surrey.ca](mailto:purchasing@surrey.ca)

|  |  |
| --- | --- |
| SECTION A. | GENERAL INFORMATION |

This document is intended to provide information on the capacity, skill, and experience of the Respondent. Respondents may supplement information requested with additional sheets if required.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. | |  | | | | |
|  | | Full Legal Name of Firm | | | | |
| 2. | |  | | | | |
|  | | Business Address | | | | |
| 3. | Phone No.: | |  |  | Fax No.: |  |
| 4. | Email Address: | |  |  | Website  Address: |  |

5. Contact for prequalification inquiries (full name, position and email address):

6. Contact for general inquiries (full name, position and email address):

7. Membership of industry associations (please list):

|  |  |
| --- | --- |
| SECTION B. | COMPANY PROFILE |

8. How many years has your organization been in business as a contractor? \_\_\_\_\_\_\_\_\_\_\_\_

9. How many years has your organization been in business under its present business name? \_\_\_\_\_\_\_\_\_\_\_

10. Form of Business Organization

Corporation \_\_\_\_\_\_\_\_\_\_\_\_\_ Partnership \_\_\_\_\_\_\_\_\_\_\_\_\_ Sole Proprietorship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. If Corporation/Partnership, year incorporated/established: \_\_\_\_\_\_\_\_\_\_\_\_\_

12. If the Respondent is a company, the company name indicated above is registered with the Registrar of Companies in the Province of British Columbia, Canada, and Incorporation Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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| SECTION C. | FINANCIAL CAPACITY |

**Insurance Reference:**

13. Name of Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Telephone/Fax Numbers: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Are you able to provide General Liability Insurance, on an occurrence basis, in the amount of not less than $5,000,000 (CAD) with an insurer licensed in British Columbia for bodily injury, (including death) and damage to property including loss of use thereof?  Yes  No

18. Are you able to provide Automobile Liability Insurance for a limit of not less than $3,000,000 (CAD) for all owned, leased or rented licensed vehicles used in the performance of Work and shall include third party liability?  Yes  No

19. Are you able to provide All Risk Course of Construction (Builder’s Risk) Insurance for the value of the work performed and the full value of products specified by the City, if any, for incorporation into contract works?  Yes  No

20. Are you able to provide Contractor's Equipment Insurance covering at least the actual cash value of owned or leased construction machinery and equipment used in the performance of the Work and shall include a waiver of rights of subrogation against the Owner and the Consultant?  Yes  No

21. Do you carry Professional Errors and Omissions Insurance?  Yes  No If “Yes”, provide the following details:

(i) Amount of coverage:

(a) Per Occurrence / Claim: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) Aggregate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ii) Detail specific exclusions (if any):

|  |
| --- |
| Comment: |

(iii) Detail whether there is a limit on the number of claims per annum:

|  |
| --- |
| Comment: |

Note: Refer also to the City’s sample insurance certificate form available on the City's web site at [www.surrey.ca](http://www.surrey.ca) (search "Insurance Certificates") titled City of Surrey Certificate of Insurance Standard Form.

**Bonding Reference:**

22. Name of Bonding Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

24. Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

25. Telephone/Fax Numbers: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

26. Email of Surety Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

27. Can your firm provide a Bid Bond?  Yes  No BONDING LIMIT ($) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

28. Can your firm provide a Performance Bond?  Yes  No BONDING LIMIT ($) \_\_\_\_\_\_\_\_\_\_\_\_

29. Can your firm provide a Labour & Material Payment Bond?  Yes  No BONDING LIMIT ($) \_\_\_\_\_\_\_\_\_\_\_\_

30. Current Bonding In Effect: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annual Project Volumes:**

31. Approximate annual value of construction projects completed in each of the last five years:

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** |  |  | **Value (Labour, Equipment and Materials)** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | $ |  |

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| --- | --- | --- | --- |
|  |  | $ |  |
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|  |  | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | $ |  |

32. Indicate the dollar volume of work for which you presently have contracts, but have not started or completed to date: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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| SECTION D. | WORK EXPERIENCE PROFILE |

33. Respondents should provide details, in order of date, of relevant project experience over the past five years – Schedule B – Appendix A (data sheet).

33. Respondents should provide details, in order of date, of relevant CIPP projects completed in the past five years – Schedule B – Appendix B (data sheet). Respondents should provide as many projects as required to demonstrate that the minimum lining requirements have been met.

35. Management and Personnel: Qualifications and relevant experience of senior management and key technical staff:

(a) brief resume identifying each individual’s qualifications and relevant professional experience and the number of years they have worked for the Respondent;

(b) specific projects worked on; and

(c) details of the training that will be provided to field personnel.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 36. Subcontractors: Respondents should provide the following information on the background and experience of all sub-contractors (including consultants and material suppliers) proposed to undertake a portion of the Services (use the spaces provided and/or attach additional pages, if necessary):   |  |  |  |  | | --- | --- | --- | --- | | **DESCRIPTION OF SERVICES** | **SUB-CONTRACTORS NAME** | **YEARS OF WORKING WITH RESPONDENT** | **TELEPHONE NUMBER AND EMAIL** | | Excavation |  |  |  | | Hydrovac Excavation |  |  |  | | Lining |  |  |  | | Water Service Replacement |  |  |  | | Asphalt |  |  |  | | Landscape Restoration |  |  |  | | Traffic Control |  |  |  | | Water Disinfection and Testing |  |  |  | | CIPP Liner Testing |  |  |  |   Do you evaluate the ability of subcontractors to comply with applicable Health, Safety and Environment requirements as part of the selection process?  Yes  No  Do you include subcontractors in:   * Audits?  Yes  No * Health, Safety and Environment Meetings?  Yes  No * Health, Safety and Environment Orientation?  Yes  No * Inspections?  Yes  No * Do your subcontractors have a written Health, Safety and Environment Management Program or System?  Yes  No * Do you use Health, Safety and Environment performance criteria in the selection of subcontractors?  Yes  No     37. Respondents should provide details of your approach to selecting subcontractors, suppliers addressing in particular:   * + - The subcontractors and suppliers you have successfully used on previous construction and related works projects that could be used in the future on various procurement opportunities that may arise within the time period of this RFEOI/SOQ; and     - Your approach to achieve competitive pricing and excellent quality:  |  |  |  | | --- | --- | --- | |  | | | | Comments: |   38. Management of consultants, subcontractors and material supplier(s). Respondents should provide details of the approach to the management of its consultants, subcontractors and material suppliers: | | |
| Comments: |

39. Respondent should describe the availability of staff to work on this project including your capacity to undertake project, in terms of maximum available crew size (Estimated):

|  |
| --- |
| Comments: |

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| SECTION E. | TECHNICAL CAPACITY |

40. Workers’ Compensation Board Information:

Workers’ Compensation Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Letter of Good Standing attached:  Yes  No

41. Equipment and Materials:

Do you maintain a list of the major equipment (e.g., cranes, forklifts) your company has available for work at this site, and the method of establishing the competencies to operate this equipment?

Yes  No. Respondent should provide a representative list of major equipment and size.

Do you conduct inspections on operating equipment (e.g., cranes, forklifts) in compliance with the regulatory requirements?  Yes  No

Do you have a system for establishing the applicable Health, Safety and Environmental specifications for the acquisition of materials and equipment?  Yes  No

Do you maintain operating equipment in compliance with the manufacturer’s and any local legislative requirements?  Yes  No

Do you maintain the applicable inspection and maintenance certification records for operating equipment?  Yes  No

42. Quality Control Program: Respondents should provide a description of their quality control program; how it works, personnel who provide it, standards by which the effectiveness of the program can be measured, record of results on previous projects, etc.

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| Comments: |

43. Health and Safety: Utilization of Occupational Health and Safety (OH&S) – Respondents should provide evidence of a current program in place, a sample or example OH&S program with a general construction safety program for all workers.

Do you have specific Health and Safety Training Program for supervisors?  Yes  No

Have your employees received the required Health and Safety training and retraining?

Yes  No

Corporate OH&S policy attached (please tick to confirm).

Has your company received any awards for health and safety performance achievement?

Yes  No

If Yes, please list.

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44. Utilization of Waste Management & Reduction Policy and Plan: Respondents should provide evidence of a system in place, a sample or example Waste Management & Reduction Plan.

Corporate Waste Management & Reduction policy attached (please tick to confirm).

Corporate Waste Management & Reduction Plan attached (please tick to confirm).

45. Utilization of Traffic Management: Respondents should provide evidence of a system in place, a sample or example traffic management policy and appropriate procedures.

Corporate Traffic Management policy attached (please tick to confirm).

Corporate Traffic Management Plan attached (please tick to confirm).

46. Contracts:

(a) Has your firm or any predecessor firm defaulted on a contract or had work terminated for non-performance within the last five (5) years?  Yes  No If “Yes”, Respondent should briefly describe the project, owner, date and the circumstances/reason(s):

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| --- |
| Comments: |

(b) Respondent should identify projects where there were any outstanding deficiencies. List any contractor charge backs or liquidated damages assessed for failure to complete on time:

|  |
| --- |
| Comments: |

(c) Respondent should briefly describe any work that was rejected by an owner or that was not paid for or had to be removed and replaced.

|  |
| --- |
| Comments: |

(d) Respondent should briefly describe any work that conditionally accepted by an owner but with a contractor charge back or partial payment:

|  |
| --- |
| Comments: |

47. Scheduling:

|  |  |
| --- | --- |
| (a) Does your firm use the critical path method? | Yes  No |
| (b) Does your firm use computerized scheduling? | Yes  No |
| (c) If so, what software is used? |  |

|  |
| --- |
| Comments: |

48. Respondent should list the categories of work that your organization normally performs with its own forces.

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| --- |
| Comments: |

49. Customer Service: Respondents should briefly describe your company’s standards and associated process with respect to response time regarding resolution of service issues. This includes but is not limited to technical support, warranty claims, non-conformance, and order placement issues.

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| Comments: |

50. Technical Support Service: Respondents should provide an overview of technical support services available from your company, such as product assessment, identification of specification changes, and troubleshooting problems.

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| Comments: |

51. What other information is not requested here but which you think the City should consider in evaluating your company?

|  |
| --- |
| Comments: |

**I/We confirm** that this Submission is accurate and true to best of my/our knowledge.

This Submission is submitted this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_.

I/We have the authority to bind the Respondent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Respondent ) (Name of Respondent)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Authorized Signatory) (Signature of Authorized Signatory)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name and Position of Authorized (Print Name and Position of Authorized Signatory) Signatory)

**Last Modified: October 3, 2016**

**RDO**

**APPENDIX A**

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| --- |
| RESPONDENTS RELEVANT GENERAL CONTRACTING EXPERIENCE (in order of date) IN THE PAST FIVE YEARS: |

Attach additional pages, if necessary as follows (as applicable).

**Ref. #1. Project Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year**: \_\_\_\_\_\_\_\_\_\_\_\_

Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Project Value: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Contract Value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Planned Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Actual Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Contract Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/Fax Numbers: **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Consultant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/Fax Numbers: **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ref. #2. Project Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year**: \_\_\_\_\_\_\_\_\_\_\_\_

Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Project Value: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Contract Value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Planned Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Actual Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Contract Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/Fax Numbers: **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Consultant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/Fax Numbers: **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ref. #3. Project Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year**: \_\_\_\_\_\_\_\_\_\_\_\_

Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Project Value: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Contract Value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Planned Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Actual Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Contract Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/Fax Numbers: **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Consultant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/Fax Numbers: **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**APPENDIX B**

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| --- |
| **CIPP LINER INSTALLATION EXPERIENCE (in order of date) IN THE PAST FIVE YEARS:** |

Attach additional pages, if necessary as follows (as applicable).

**Ref. #1. Project Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year**: \_\_\_\_\_\_\_\_\_\_\_\_

Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Project Value: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Contract Value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CIPP Liner Installation**: 150 mm diameter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ m

200 mm diameter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ m

300 mm diameter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ m

400 mm diameter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ m

Original Planned Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Actual Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was CIPP Installation completed by Respondent?  Yes  No

If NO, provide details of Lining Sub-contractor: Name of sub-contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Contract Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/Fax Numbers: **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Consultant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/Fax Numbers: **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ref. #2. Project Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year**: \_\_\_\_\_\_\_\_\_\_\_\_

Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Project Value: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Contract Value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CIPP Liner Installation**: 150 mm diameter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ m

200 mm diameter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ m

300 mm diameter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ m

400 mm diameter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ m

Original Planned Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Actual Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was CIPP Installation completed by Respondent?  Yes  No

If NO, provide details of Lining Sub-contractor: Name of sub-contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Contract Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/Fax Numbers: **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Consultant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/Fax Numbers: **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ref. #3. Project Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year**: \_\_\_\_\_\_\_\_\_\_\_\_

Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Project Value: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Contract Value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CIPP Liner Installation**: 150 mm diameter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ m

200 mm diameter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ m

300 mm diameter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ m

400 mm diameter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ m

Original Planned Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Actual Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was CIPP Installation completed by Respondent?  Yes  No

If NO, provide details of Lining Sub-contractor: Name of sub-contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Contract Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/Fax Numbers: **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Consultant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/Fax Numbers: **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_