

have no liability whatsoever in respect of any losses or damages of any kind howsoever arising in relation to this RFEOI/SOQ.

SCHEDULE A – SCOPE OF SERVICES

Project Title: PRE-QUALIFICATION FOR PAVING CONTRACTORS FOR ARTERIAL, COLLECTOR AND LOCAL ROAD PAVING AND RELATED WORKS

Project Reference No.: 1220-050-2023-009

1. PROJECT DESCRIPTION

The pre-qualified paving contractors may be invited to tender on projects for the City's Engineering Department, Design & Construction and Operations Divisions. The project components included under this prequalification process will be tendered under various contracts. In general these contracts consist of paving of arterial, collector and local roads.

2. PRE-QUALIFICATION SERVICE AREAS AND ESTIMATED PROJECT VALUES

The current service areas and estimated project values are as follows:

<u>Service Areas</u>	<u>Estimated Project Values</u>
Tier 1 - Major Road / Arterial Projects	generally greater than \$3.5M
Tier 2 - Medium Road (Arterial/Collector/Local) Projects	generally \$1.0M up to \$3.5M
Tier 3 - Minor Road (Local Road/lane/Parking lot)	less than \$1.0M

3. PREFERRED EXPERIENCE, CAPABILITY, CAPACITY AND RESOURCES

The City prefers that the Respondent is a paving contractor that has a sound business structure, financial capability, resources, management systems, recent experience and good performance history with projects consisting of the following:

The work may include a) cold milling of existing paved surface; b) full depth reclamation; c) replacing / adjusting manholes, valve boxes, and catch basins to grade; d) supply and install granular materials; e) pavement patching and repairs; f) asphalt paving – MMCD, SuperPave, warm mix asphalt; g) concrete or asphalt curbs and walkways; h) utility trench paving, i) lane paving, j) parking lots, k) thermoplastic pavement markings; l) and all associated works.



SCHEDULE B – FORM OF SUBMISSION

REQUEST FOR EXPRESSIONS OF INTEREST AND STATEMENTS OF QUALIFICATIONS

Type of Pre-Qualification: Paving Contractor

This Request For Expressions of Interest and Statements of Qualifications (RFEOI/SOQ) will enable the City of Surrey (the “City”) to determine your relevant experience, capacity, resources, and financial capability for eligibility to submit tenders for **arterial, collector, and local road paving, and related works.**

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.

RFEOI/SOQ Project Title: PRE-QUALIFICATION FOR PAVING CONTRACTORS FOR ARTERIAL, COLLECTOR AND LOCAL ROAD PAVING AND RELATED WORKS

RFEOI/SOQ Reference No.: 1220-050-2023-009

To: CITY OF SURREY

City Representative: Sunny Kaila, Manager, Procurement Services

Email for PDF Files: 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 Respondent

2. _____
Business Address

3. Phone No.: _____ Fax No.: _____

4. Email _____ Website _____
Address: _____ 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, Incorporation Number

_____.

SECTION C. RESPONDENT'S 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 (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 paving projects for arterial, connector local road paving and related works contracts completed in each of the last five years:

Year	Value (Labour, Equipment and Materials)
	\$
	\$
	\$
	\$
	\$

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

33. Prequalification Service Areas and Estimated Project Values:

Respondents should tick below to indicate which prequalification service area or service areas are being applied for. Final estimated project values will be determined by the City.

<u>Service Areas</u>	<u>Estimated Project Values</u>
<input type="checkbox"/> Tier 1 Major Arterial Road Projects	generally greater than \$3.5M
<input type="checkbox"/> Tier 2 Medium Road (Arterial/Collector/Local) Projects	generally \$1.0M up to \$3.5M
<input type="checkbox"/> Tier 3 Minor Road (Local Road/Lane/Parking Lot) Projects	less than \$1.0M

SECTION D. RESPONDENT'S EXPERIENCE, REPUTATION AND RESOURCES

34. Respondents should provide details, in order of date, of relevant paving projects completed in the past five years – Listed in Appendix "A". (As attached)

35. Respondents should provide details, in order of date, of relevant paving projects underway as of Submission Date – Listed in Appendix B. (As attached)

36. Management and Key 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.

37. Subcontractors: Respondents should provide the following information on the background and experience of all preferred 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 SUBCONTRACT SERVICES	PREFERRED SUB-CONTRACTORS NAME	YEARS OF WORKING WITH SUBCONTRACTOR	TELEPHONE NUMBER AND EMAIL

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

38. Respondents should provide details of your approach to selecting subcontractors, material suppliers addressing in particular:

- The subcontractors and suppliers you have successfully used on previous paving 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:

39. 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:

40. 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):

<u>Comments:</u>

SECTION E. RESPONDENT'S TECHNICAL RESPONSE

41. Workers' Compensation Board Information:

Workers' Compensation Registration Number: _____

Letter of Good Standing attached: Yes No

42. 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

Asphalt Plant:

(a) Do you have your own asphalt plant? Yes No

(b) Distance from Surrey City Center in km's. _____

(c) Asphalt Plant Capacity: _____

(d) Indicate an average number of Tonnes of Warm Mix Asphalt (WMA) placed in the past three (3) years: _____ Tonnes.

(e) If no WMA placed, will you be able to do so in 2024 through to 2026. Yes No

(f) Do you have your own asphalt milling equipment? Yes No

(g) If Yes to the above, Respondent should provide a list of milling / reclaiming equipment.

(h) Respondent should indicate below (preferably three (3) projects where more than 1,000 Tonnes of asphalt placed in a single shift.

20 _____	\$ _____
----------	----------

20 _____	\$ _____
----------	----------

20 _____	\$ _____
----------	----------

(i) Do you produce / crush your own construction aggregates? (NOT SCREENED MATERIAL)
 Yes No

(j) Quality Control and Quality Assurance procedures for reclaimed asphalt pavement (RAP). Respondent should provide a description of their Quality Control/Quality Assurance (QC/QA) control documentation regarding the use of RAP materials in the production of hot mix asphalt:

Comments:

43. 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.

Comments:

44. 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.

45. 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).

46. 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).

47. 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):

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:

48. Scheduling:

(a) Does your firm use critical path scheduling method? Yes No

(b) Does your firm use computerized scheduling? Yes No

(c) If so, what software do you prefer to use? _____

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

Comments:

50. 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.

Comments:

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

Comments:

52. 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 _____, 2023.

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 Signatory)

(Print Name and Position of Authorized Signatory)

APPENDIX A

RESPONDENT'S RELEVANT ARTERIAL, COLLECTOR AND LOCAL ROAD PAVING OR REHABILITATION AND RELATED PROJECTS COMPLETED IN THE PAST FIVE YEARS:

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

Ref. #1. Project Title and Date: _____ **Date:** _____
Project Description: _____
Location of Project: _____
Original Contract Value: \$ _____ Final Contract Value: \$ _____
Project Manager: _____ Superintendent: _____
Subcontract Value: \$ _____
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 and Date: _____ **Date:** _____
Project Description: _____
Location of Project: _____
Original Contract Value: \$ _____ Final Contract Value: \$ _____
Project Manager: _____ Superintendent: _____
Subcontract Value: \$ _____
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 and Date: _____ **Date:** _____
Project Description: _____
Location of Project: _____
Original Contract Value: \$ _____ Final Contract Value: \$ _____
Project Manager: _____ Superintendent: _____
Subcontract Value: \$ _____
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

RESPONDENT'S RELEVANT ARTERIAL, COLLECTOR AND LOCAL ROAD PAVING OR REHABILITATION AND RELATED WORKS PROJECTS UNDERWAY AS OF SUBMISSION DATE:

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

Ref. #1. Project Title and Date: _____ **Date:** _____

Project Description: _____

Location of Project: _____

Original Contract Value (\$): _____ Subcontract Value (\$): _____

Project Manager: _____ Superintendent: _____

Scheduled Completion Date: _____ Percent (%) Completed: _____

Name of Contract Owner: _____

Refer To: _____

Telephone/Fax Numbers: Phone: _____ Fax: _____

E-Mail of Project Reference: _____

Name of Consultant: _____

Refer To: _____

Telephone/Fax Numbers: Phone: _____ Fax: _____

Telephone/Fax Numbers: Phone: _____ Fax: _____

Ref. #2. Project Title and Date: _____ **Date:** _____

Project Description: _____

Location of Project: _____

Contract Value (\$): _____ Subcontract Value (\$): _____

Project Manager: _____ Superintendent: _____

Scheduled Completion Date: _____ Percent (%) Completed: _____

Name of Contract Owner: _____

Refer To: _____

Telephone/Fax Numbers: Phone: _____ Fax: _____

E-Mail of Project Reference: _____

Name of Consultant: _____

Refer To: _____

Telephone/Fax Numbers: Phone: _____ Fax: _____

Ref. #3. Project Title and Date: _____ **Date:** _____

Project Description: _____

Location of Project: _____

Contract Value (\$): _____ Subcontract Value (\$): _____

Project Manager: _____ Superintendent: _____

Scheduled Completion Date: _____ Percent (%) Completed: _____

Name of Contract Owner: _____

Refer To: _____

Telephone/Fax Numbers: Phone: _____ Fax: _____

Name of Consultant: _____

Refer To: _____