

At time of bid: Each Bidder must submit this completed and signed form (Part 1 only) with their bid acknowledging that the Contractor and all Subcontractors of any tier meet the qualifications herein. A copy of such form shall also be provided to the UCIP Administrator at the time of UCIP enrollment.

Following receipt of the Notice of Selection and prior to a Subcontractor proceeding with any portion of the work: Contractor must also forward this form with Part 2 completed by the CSR, as required, and by each Subcontractor of any tier, along with the UCIP Form 1-A (Notice of Contract Award) to the UCIP Administrator. Note that the Contractor must submit all such forms for all first-tier Subcontractors to the University prior to award of the Contract.

Project Name: _____ Project Number: _____

**DECLARATION OF BIDDER
MINIMUM OCCUPATIONAL SAFETY AND HEALTH QUALIFICATIONS**

Certification Pursuant to Government Code Section 4420

Part 1 – FOR CONTRACTORS:

1. The Workers' Compensation Experience Modification Rate (EMR) for each bidder must be considered. The University requires a 5 year average of 1.25 or below based on the current published EMR's. If bidder has been in business for less than five years, then the required average of 1.25 or below shall be on the current published EMR's for all years they have been in business.

By checking this box, you are certifying the bidding Contractor EMR average has been calculated as instructed above and is 1.25 or below.

It is further understood by the Contractor that any Subcontractor (of any tier) with an EMR average calculated as instructed above and found to NOT be 1.25 or below, shall be subject to additional safety oversight from the Contractor Safety Representative (CSR) at the expense of the Contractor. Contractor and Subcontractor shall develop and submit a written action plan to CSR to prevent/mitigate loss and injury. Contractor and Subcontractor must adhere to such written action plan at all times while performing Work as described in the Subcontract. Contractor and Subcontractor must coordinate with UCIP Loss Control Representatives to validate that an effective written action plan has been developed and implemented.

2. As a minimum occupational safety and health qualification, Contractor confirms that Contractor and each Subcontractor of any tier have had no Final Order (declared by OSHA) Willful violations in California of Part 1 Section 6300 of Division 5 of the Labor Code during the five (5)-year period prior to execution of this certification.

3. Contractor further confirms that Contractor and each Subcontractor of any tier have instituted an injury prevention program pursuant to Section 3201.5 or 6401.7 of the Labor Code and will provide University with a complete copy upon request.

The undersigned certifies that it meets the stated minimum occupational safety and health qualifications set forth above and declares, under penalty of perjury, that the foregoing is true and correct. Contractor expressly confirms that it will comply with all requirements herein.

Company Name: _____

List California License Classifications: _____

Company Address: _____

Authorized Signature: _____ Date: _____

Print Signature Name: _____ Title: _____

This declaration was duly executed on the above listed date at:

Name of City (if within a city)

County

State

PART 2 - FOR SUBCONTRACTORS (and CSRs where required):

- The Workers' Compensation Experience Modification Rate (EMR) for each bidder must be considered. The University prefers a 5 year average of 1.25 or below based on the current published EMR's. If bidder has been in business for less than five years, then the preferred average of 1.25 or below shall be on the current published EMR's for all years they have been in business.

Check the box that applies:

A. By checking this box, Subcontractor certifies that the Subcontractor's EMR average has been calculated as instructed above and is 1.25 or below.

OR

B. By checking this box, Subcontractor certifies that the Subcontractor's EMR average has been calculated as instructed above and is NOT 1.25 or below and that it is further understood by the Contractor and Subcontractor, that the Subcontractor shall be subject to additional safety oversight from the Contractor Safety Representative (CSR) at the expense of the Contractor. Contractor and Subcontractor shall develop and submit a written action plan to CSR to prevent/mitigate loss and injury. Contractor and Subcontractor must adhere to such written action plan at all times while performing Work as described in the Subcontract. Contractor and Subcontractor must coordinate with UCIP Loss Control Representatives to validate that an effective written action plan has been developed and implemented. The below Contractor Safety Representative (CSR) signature is required prior to the commencement of Work.

IF 1.B. above is checked, GENERAL CONTRACTOR SAFETY REPRESENTATIVE (CSR) SIGNATURE REQUIRED.

The undersigned Contractor Safety Representative (CSR) has acknowledged and will abide by the additional requirements contained in Part 2, 1.B. on behalf of the Contractor.

Name of (General) Contractor: _____

Printed Name of Contractor Safety Representative (CSR): _____ Title: _____

Signature of Contractor Safety Representative (CSR): _____ Date: _____

- As a minimum occupational safety and health qualification, Subcontractor confirms it has had no Final Order (declared by OSHA) Willful violations in California of Part 1 Section 6300 of Division 5 of the Labor Code during the five (5)-year period prior to execution of this certification.
- Subcontractor further confirms it has instituted an injury prevention program pursuant to Section 3201.5 or 6401.7 of the Labor Code and will provide University with a complete copy upon request.

The undersigned certifies that it meets the stated minimum occupational safety and health qualifications set forth above and declares, under penalty of perjury, that the foregoing is true and correct. Subcontractor expressly confirms that it will comply with all requirements herein.

Subcontracting Company Name: _____

List California License Classifications: _____

Company Address: _____

Authorized Signature: _____ Date: _____

Print Signature Name: _____ Title: _____

This declaration was duly executed on the above listed date at:

Name of City (if within a city)

County

State