

**SMJUHSD
PROJECT INFORMATION FORM (PIF)**

The information on this form is used to complete the Dept. of Industrial Relations (DIR) form PWC-100. For specific information regarding applicable projects, please view the DIR website at www.dir.ca.gov Public Works section. The PWC-100 form must be submitted before the contractor has workers employed on the project or within 30 days of award of the project, whichever is sooner.

A CONTRACTOR MAY NOT START WORK ON THE PROJECT UNTIL A DIR PROJECT ID HAS BEEN ISSUED TO THE CONTRACTOR.

GRAY AREAS FOR DISTRICT USE ONLY

BRIEF DESCRIPTION OF PROJECT:

PROJECT LOCATION:

ALL INFORMATION BELOW IS REQUIRED

Contractor Information

Name	
Address	
City, State, Zip	
Phone	
FAX	
Contact Email Address	
DIR Registration Number	
CSLB Number	
CSLB License Classification	

Mark the circle for all labor classifications below that will be performing services for this project.

(At least one classification must be marked).

<input type="radio"/> Asbestos	<input type="radio"/> Drywall/Lathers	<input type="radio"/> Operating Engineers	<input type="radio"/> Sound/Comm
<input type="radio"/> Boilermaker	<input type="radio"/> Electricians	<input type="radio"/> Painters	<input type="radio"/> Surveyors
<input type="radio"/> Bricklayers	<input type="radio"/> Elevator Mechanic	<input type="radio"/> Pile Drivers	<input type="radio"/> Teamster
<input type="radio"/> Carpenters	<input type="radio"/> Glaziers	<input type="radio"/> PIPE Trades	<input type="radio"/> Tile Workers
<input type="radio"/> Carpet/Linoleum	<input type="radio"/> Iron Workers	<input type="radio"/> Plasterers	
<input type="radio"/> Cement Masons	<input type="radio"/> Laborers	<input type="radio"/> Roofers	
<input type="radio"/> Drywall Finisher	<input type="radio"/> Millwrights	<input type="radio"/> Sheet Metal	

ADDITIONAL INFORMATION AND/OR REQUIREMENTS

- Contract price or Construction cost (if applicable)
- Upon award of bid/quote, all subcontractors shall be required to complete this form.
- Current Form W9
- Payment and Performance Bonds (If the project cost exceeds \$25,000)
- List of all tiers of subcontractors, to include DIR Registration numbers

*****THIS FORM MUST BE SUBMITTED WITH BID OR QUOTE*****

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Form PWC-100 Filing Requirement: Labor Code sec. 1773.3 (replacing form DAS-13 notification) and 8 Cal. Code Reg. Sec. 16451(a) requires the completion of a DAS PWC-100 for all public works projects that 1) exceed \$15,000 for maintenance projects OR 2) exceed \$25,000 for construction projects by the awarding body. The information requested on this form is required by the district to comply with this requirement.

Public Works Notification: This Project is a public works project, as defined in Labor Code section 1720, and must be performed in accordance with the requirements of Labor Code sections 1720 to 1815 and Title 8 CCR Sections 16000 to 17270, which govern the payment of prevailing wage rates on public work projects.

Prevailing Wage: The District has obtained from the Director of the Department of Industrial Relations the general prevailing rate of per diem wages applicable to this work as set forth in the schedule, including holiday and overtime work and employer payments for health and welfare, pension, vacation, and similar purposes. Copies of schedules of prevailing wage rates to determined are on file and available to any interested party upon request at the District’s Facilities Planning Department and the following website: www.dir.ca.gov/slsr/pwd. In accordance with Sections 1773.2 of the California Labor Code, the Contractor shall post a copy of the determination of prevailing rate of wages at each job site. The schedule of per diem wages is based upon a working day of eight (8) hours. The rate for holiday and overtime work shall be at time and one-half. The Contractor and any subcontractor(s) shall pay not less than the specified prevailing rates of wages to all workers employed by them in the execution of the contract. Questions pertaining to prevailing wage rates should be directed to the Division of labor Statistics and Research at the following respective addresses: DLSR, PO Box 420603, San Francisco, CA 94124; Phone: (415) 73-4774; FAX: (415) 703-4771; Email: statistics@dir.ca.gov

Contractor Registration: No contractor or subcontractor may submit or be listed on a bid proposal for a public works project unless registered with the Department of Industrial Relations pursuant to labor Code sections 1725.5. This project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

It is the Contractor’s responsibility to submit Certified Payroll Records to the DIR.

I certify that I have read the above information			
	Contractor Signature	Print name	Date
<i>(Principal or Owner)</i>			
For District Use Only			
Project Initiator:		Facilities Dept.	
Quote Date		Project Number	
Estimated Project Start Date		Project Title	
Estimated Project Duration		Purchase Order Number	
Project Type			
<input type="radio"/> Maintenance	<input type="radio"/> Demolition	<input type="radio"/> Repair	
<input type="radio"/> New Construction	<input type="radio"/> Remodel/Alteration		

INSURANCE REQUIREMENTS

PROJECTS LESS THAN \$25,000

The following coverage noted on the left with an "X" are required (Certificate or Endorsement) with the Combined Single Limits (CSL) as noted on the right. Comparable split limits may be accepted.

CERTIFICATE / ENDORSEMENT	MINIMUM COMBINED SINGLE LIMITS
<input checked="" type="checkbox"/> / <input type="checkbox"/> Workers' Compensation	Insured.....Statutory Self-Insured.....\$5,000,000
<input checked="" type="checkbox"/> / <input type="checkbox"/> Employer's Liability	\$1,000,000
<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/> Commercial General Liability (Occurrence Form CG 00 01 04 13/ISO CG 20 10 07 04 additional insured endorsement) (X) Premises and Operations (X) Contractual Liability (X) Independent Contractors (X) Products/Completed Operations (X) Broad Form Property Damage (X) Personal Injury (X) Broad Form Liability Endorsement () Fire Legal Liability () Explosion Hazard () Collapse Hazard () Underground Hazard (X) Owned Automobiles (X) Non owned Automobiles (X) Hired Automobiles	\$1,000,000 per occurrence, per project \$2,000,000 aggregate, per project
<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/> Automobile Liability (if not included in General Liability coverage checked above) (Form CA 00 01 63 01 Symbol 1/ISO CG 20 10 07 04 additional insured endorsement)	\$1,000,000 combined single limit

A

B

C

ADDITIONAL INSTRUCTIONS AND REQUIREMENTS

- 1** Carrier must be licensed to do business in the State of California and be rated A:VII, or better.
- 2** Santa Maria Joint Union High School District (SMJUHSD) must be named as an additional insured on both the General Liability and Automobile Policies. Endorsements are required.
- 3** Certificate must be in Acord format.
- 4** Certificate must indicate carrier NAIC numbers.
- 5** Description and location of work to be performed must be identified in Description area of form. If applicable, District Project Title and Project Number must be identified in this area.
- 6** Certificates and notices must be mailed to:
 Santa Maria Joint Union High School District
 Facilities and Construction Dept.
 2560 Skyway Dr.
 Santa Maria, CA 93455

Letters and Numbers in "red" refer to the areas on the attached "SAMPLE" Certificate.

SAMPLE



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/15/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER ALL NATION INSURANCE COMPANY 1234 LINCOLN AVENUE NEW YORK, NY 10125	CONTACT NAME: Mr. Insurance Broker	
	PHONE (A/C. No. Ext.): (805) 780-0011 FAX (A/C. No.): (805) 780-0012	
INSURED BOB BUILDER BOB'S CONSTRUCTION, INC. 1234 ANY STREET CITY, ST 90502	E-MAIL ADDRESS: mrbroker@allnationins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Hartford Fire Ins. Co.	19882
	INSURER B: American Automobile Ins. Co. 1	21849 4
	INSURER C: Lexington Ins. Co.	19437
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR B	2	Y	57CEROA2014	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 1,000,000 B DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 B PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT B <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS C	2	Y	57UUNU0069	01/01/2016	01/01/2017	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 C BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	WZR81024752	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 A E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	PROFESSIONAL LIABILITY		Y	013001511	01/01/2016	01/01/2017	\$1,000,000/per Claim \$2,000,000/Annual Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

[SMJUHSD PROJECT TITLE e.g., XXHS-XXX Project Name] **5**
[SMJUHSD PROJECT NUMBER e.g., #XX-XXX]

CERTIFICATE HOLDER Santa Maria Joint Union High School District Facilities & Construction Department 2560 Skyway Drive Santa Maria, CA 93455 6	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Mr. Insurance Broker</i>
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