

Application of Hydro-Temp Mechanical, Inc.

(Applicant's Registered Company Name)

- Individual Sole Proprietorship
- General Partnership
- Corporation
- Joint Venture (JV)
- Member of Joint Venture
- Limited Liability Company (LLC)
- Limited Liability Partnership (LLP)
- Limited Partnership (LP)
- Assumed Business Name (ABN)

Address to which all correspondence should be mailed:

Contact Name Hydro-Temp Mechanical, Inc.

Physical Address 28465 SW Boberg Rd

PO Box _____

City Wilsonville State OR Zip Code 97070

Phone No. 503.582.8525

Fax No. 503.582.1914

Email Address JaredC@hydrotempmech.com

Date Application Prepared 5/20/2016

This Prequalification Application is submitted for the purpose determining the applicant's qualification to bid as general contractor for the project known as HB Lee Middle School HVAC Upgrade. The scheduled bid opening date is June 17, 2016.

1. BUSINESS STRUCTURE

Complete only sections that apply to applicant.

Assumed Business Name

If applicant is doing business under an assumed business name, complete this section.

Assumed business name _____

Owner's name & address _____

ABN Registration number and date _____

Sole Proprietorship

If applicant is a **sole proprietorship**, complete this section.

Individual's name & address _____

Signature _____

General Partnership

If applicant is a **general partnership**, complete this.

Date of organization _____
Partners' names and addresses _____

Foreign (out of state) partnership or persons domiciled in another state engaging in business in Oregon under an assumed name indicate whether the applicant is registered in compliance with ORS Chapter 648. Yes No

Printed names and titles of officers authorized to execute contracts:

Oregon Corporation

If applicant is an **Oregon corporation**, complete this section.

When incorporated 1985
Registry Number 21051719
President Kenneth A. Troyer
1st Vice President Stephanie A. Carkin
Secretary Valerie L. Troyer
Treasurer _____

Printed names and titles of officers authorized to execute contracts:
Kenneth A. Troyer, President
Valerie L. Troyer, CFO

Foreign Corporation

If applicant is a foreign corporation, complete this section.

When incorporated _____

State of incorporation _____

Is applicant authorized to transact business in Oregon? Yes No

Oregon registration no. _____

President _____

1st Vice President _____

Secretary _____

Treasurer _____

Printed names and titles of officers authorized to execute contracts:

Limited Liability Entity

If applicant is a limited liability entity, select one and complete this section.

Limited Liability Company

Limited Liability Partnership

Limited Partnership

When organized _____

Registration no. _____

Registered agent (R/A) _____

R/A address _____

Printed names of members authorized to execute contracts:

2. LICENSES AND REGISTRATIONS

Oregon Secretary of State Corporation
Division – Active Business Registry No.

www.filinginoregon.com/bizreg/index.htm

Phone: (503) 986-2200

21051719

Oregon Construction Contractors Board No.

www.ccb.state.or.us

Phone: (503) 378-4621

63907

City of Sandy Business License

If no City of Sandy Business License,

Applicant agrees to obtain such a license upon contract award.

Yes No

Other Licenses

License No. _____

License No. _____

3. INSURANCE

Provide certificates of insurance showing that applicant will be able to maintain insurance meeting the minimum project requirements as follows:

	Statutory Limits
a. Workers' Compensation.	
b. Employer's Liability.	
Each Accident:	\$1,000,000
Each Bodily Injury Disease:	\$1,000,000
Aggregate Bodily Injury Disease:	\$1,000,000
c. Commercial General Liability.	
Each Occurrence:	\$2,000,000
General Aggregate:	\$3,000,000
Product/Completed Operations:	\$2,000,000
Personal & Advertising Injury:	\$2,000,000
Fire Damage Limit:	\$2,000,000
Medical Expense Limit:	\$2,000,000
d. Automobile Liability.	
Combined Single Limit:	\$2,000,000

- e. Pollution Liability.
 - Single Limit: \$1,000,000
 - Aggregate: \$1,000,000
- f. Commercial Umbrella/Excess Coverage.
 - Each Occurrence: \$1,000,000

Liability insurance policies will include the District and its officers, employees, agents, volunteers, partners, successors, and assigns as additional insureds. The policy endorsement must extend premise operations and products/completed operations to the additional insureds. The additional insured endorsement for the CGL insurance must be written on ISO Form CG 2010 (11/85), a CG 2037 (07/04) together with CG 2033 (07/04), or the equivalent; but will not use the following forms: CG 20 10 (10 93) or CG 20 10 (03 94). Minimum A.M. Best rating of A VII

4. SURETY BONDS

Required minimum per project limit and remaining aggregate bonding capacity is \$ _____. Provide letter from applicant's surety, as listed below, indicating applicant's per project and aggregate bonding limits for like work, surety's record of successful continuous operations in Oregon for five years, and current A.M. Best rating of A VII or better.

Per project limit for public works payment and performance bonds: \$ 10,000,000

Aggregate limit for public works payment and performance bonds: \$ 25,000,000

Available limits for public works payment and performance bonds: \$ 15,000,000

State the name of the agent and name, address and telephone number of the surety company applicant expects to provide the bonds.

Agent's name: Phil Forker

Agent's address: 1204 SW 12th Ave #500 Portland, OR 97205

Agent's telephone #: 503.224.2500

Surety name: Anchor Insurance & Surety

Surety address: 1204 SW 12th Ave #500 Portland, OR 97205

Surety telephone #: 503.224.2500

5. EXPERIENCE

List all projects, commenced or completed within five years of the date of this application, in which the applicant performed or is performing as general contractor for new construction and major remodeling or renovation of HVAC and mechanical control systems, with initial contract values exceeding \$2,000,000.

Required minimum experience is the successful completion of at least 2 projects with initial contract values greater than \$2,000,000, and at least 2 public improvement projects in the five-year period.

PROJECT #1	Name, Address, Contact Name & Phone No. of Owner	Contract Value (initial contract price)	Month/Year Commenced	Month/Year Completed
	PIA Concourse D West HVAC Replacement 7000 NE Airport Way Portland, OR 97218	\$8,440,000.00	5/2016	Est. 12/2017
Architect/Engineer Name & Phone No. (if applicable)		Description of Project	Project Location	
DBC Architecture, Inc. 503-504-1230		Large indoor HVAC equip. and various other upgrades	Portland Int. Airport	
PROJECT #2	Name, Address, Contact Name & Phone No. of Owner	Contract Value (initial contract price)	Month/Year Commenced	Month/Year Completed
	Glencoe HS Phase II 2700 NW Glencoe Rd. Hillsboro, OR 97124 Jim Peterson 503.844.1320	\$2,100,000.00	6/2009	11/2010
Architect/Engineer Name & Phone No. (if applicable)		Description of Project	Project Location	
Herndon Engineering Ray Herndon 503.869.3727		Complete Mechanical upgrades on large HS	Hillsboro, OR	
PROJECT #3	Name, Address, Contact Name & Phone No. of Owner	Contract Value (initial contract price)	Month/Year Commenced	Month/Year Completed
	PSU- 4th Avenue Bldg HVAC 1900 SW 4th Ave. Portland, OR 97201	\$2,050,000.00	3/2009	9/2010
Architect/Engineer Name & Phone No. (if applicable)		Description of Project	Project Location	
Interface Engineering Andrew Lasse 503.382.2266		Large mechanical upgrades on occupied University bldg	Portland, OR	
PROJECT #4	Name, Address, Contact Name & Phone No. of Owner	Contract Value (initial contract price)	Month/Year Commenced	Month/Year Completed
	Marion County Jail HVAC Renovations 4000 Aumsville Hwy Salem, OR 97317	\$1,300,000.00	5/2016	6/2016
Architect/Engineer Name & Phone No. (if applicable)		Description of Project	Project Location	
SolarC Engineering Glen Ohmart 541.349.0966		Extensive energy upgrades of occupied jail & courthouse	Salem, OR	

PROJECT #5	Name, Address, Contact Name & Phone No. of Owner	Contract Value (initial contract price)	Month/Year Commenced	Month/Year Completed
Center St. Garage Radiant Heating 4400 SE 17th Ave Portland, OR 97202		\$884,000	9/2015	1/2016
Architect/Engineer Name & Phone No. (if applicable)		Description of Project	Project Location	
PAE Engineers		Complete new radiant heat system for main Triment bus barn	Portland, OR	
PROJECT #6	Name, Address, Contact Name & Phone No. of Owner	Contract Value (initial contract price)	Month/Year Commenced	Month/Year Completed
Woodburn HS HVAC 1785 N Front St Woodburn, OR 97071		\$880,000.00	5/2011	6/2011
Architect/Engineer Name & Phone No. (if applicable)		Description of Project	Project Location	
McCann Engineering Andy McCann 503.243.2242		Design-build RTU & duct upgrades with hydronics	Woodburn, OR	
PROJECT #7	Name, Address, Contact Name & Phone No. of Owner	Contract Value (initial contract price)	Month/Year Commenced	Month/Year Completed
PDX Concourse A HVAC Capacity Upgrade 7000 NE Airport Way Portland, OR 97218		\$848,000.00	5/2012	1/2013
Architect/Engineer Name & Phone No. (if applicable)		Description of Project	Project Location	
Port of Portland Engineer		Add VRF system to entire Concourse A	Portland, OR	
PROJECT #8	Name, Address, Contact Name & Phone No. of Owner	Contract Value (initial contract price)	Month/Year Commenced	Month/Year Completed
COLUMBIA COUNTY COURTHOUSE 230 Strand Street St Helens, OR 97051		\$772,400	7/2011	2/2012
Architect/Engineer Name & Phone No. (if applicable)		Description of Project	Project Location	
Interface Engineering - Andrew Lassee 503.382.2266		Complete equipment replace with controls & electrical	St. Helens	
PROJECT #9	Name, Address, Contact Name & Phone No. of Owner	Contract Value (initial contract price)	Month/Year Commenced	Month/Year Completed
Oak Hills Elem. School 2625 NW 153rd Ave Beaverton, OR 97006		\$ 737,237	6/2006	5/2016
Architect/Engineer Name & Phone No. (if applicable)		Description of Project	Project Location	
Crow/Clay & Associates Inc		Replacement of all HVAC RTU's and hydronic system	Beaverton, OR	

6. PERFORMANCE AND INTEGRITY

Applicant must answer each of the following questions. Any “yes” response may result in denial of prequalification. Any unanswered question will be deemed a “yes” response for purposes of this application. For each “yes” response, the applicant may submit an explanation detailing the circumstances and resolution of the matter which the District may, but is not obligated to, consider in evaluating this application. If no explanation is provided, the prequalification application will be denied.

- A.** Has the applicant, or any principal, officer, director, or member of applicant been convicted, or received a citation, under any state or federal antitrust statutes?
(Check one) Yes No **If yes, please attach an explanation.**
- B.** Has the applicant, or any principal, officer, director, or member of applicant, been convicted of a criminal offense as an incident in obtaining or attempting to obtain a public or private contract, or in the performance of such contract?
(Check one) Yes No **If yes, please attach an explanation.**
- C.** Has the applicant, or any principal, officer, director, or member of applicant, been convicted under state or federal statutes of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property or any other offense indicating a lack of business integrity or business honesty?
(Check one) Yes No **If yes, please attach an explanation.**
- D.** Has the business license, or construction contractor’s license of any applicant’s firm, or any firm with which any applicant principal, officer, director, or member was previously associated, been revoked within the last 5 years? (Check one) Yes No **If yes, please attach an explanation.**
- E.** Within the last five years, has the applicant ever been denied prequalification, disqualified or had prequalification suspended or revoked by any state, local or federal agency in this or any other state?
(Check one) Yes No **If yes, please attach an explanation.**
- F.** Within the last five years, has the applicant, or any firm with which any officer or partner of the applicant was previously associated, been debarred from bidding on contracts by any state, local or federal agency in this or any other state under any state or federal law?
(Check one) Yes No **If yes, please attach an explanation.**
- G.** Within the last five years, has the applicant, or any firm with which any officer or partner of the applicant was previously associated, failed or refused to honor a bid for a state, local or federal public improvement contract; failed to complete work under a public improvement contract; had a state, local or federal public improvement contract terminated for cause or otherwise had its rights to proceed under such a contract terminated; or been otherwise declared in material breach or default of a state, local or federal public improvement contract by the contracting agency?
(Check one) Yes No **If yes, please attach an explanation.**

H. Within the last three years has the applicant, or any officer, principal, agent or employee of applicant been found to have violated any state or federal prevailing wage statute or regulation (including the federal Davis-Bacon and related Acts and ORS 279C.800 et. seq.) in any Final Order issued by the Oregon Bureau of Labor and Industries or the United States Department of Labor, or by any court of competent jurisdiction?

(Check one) Yes No **If yes, please attach an explanation.**

I. Within the last three years has the applicant, or any officer, principal, agent or employee of applicant been found to have violated any state or federal statute or regulation, including but not limited to Environmental Protection Agency, Department of Environmental Quality, US Fish and Wildlife Service, Department of Fish and Wildlife, US Army Corps of Engineers, Division of State Lands, Department of Agriculture or Department of Interior, or any permit issued by one of these agencies, in any agency Final Order or by any court of competent jurisdiction?

(Check one) Yes No **If yes, please attach an explanation.**



Dane Struve
Account Executive
Travelers Bond & Specialty
Insurance
4000 Kruse Way Pl, Suite 125
Lake Oswego, OR 97035
Phone: 503-534-4347
Fax: 866-584-5241
dstruve@travelers.com

May 24, 2016

Reynolds School District No. 7
Attn: Rachel Hopper
1204 NW 201st Avenue
Fairview, OR 97024

Re: Hydro-Temp Mechanical, Inc.

To Whom It May Concern:

It has been the privilege of Travelers Casualty and Surety Company of America (Travelers) to provide surety bonds on behalf of Hydro-Temp Mechanical, Inc. for over 25 years, during which time Hydro-Temp Mechanical, Inc. has performed and we have issued performance and payment bonds for a number of technical and challenging projects. In our opinion, Hydro-Temp Mechanical, Inc. remains properly financed, well equipped, and capably managed.

At the present time, Travelers provides a \$15,000,000.00 single project / \$25,000,000.00 aggregate surety program to Hydro-Temp Mechanical, Inc. At their request, we will give favorable consideration to providing any required performance and payment bonds.

As always, Travelers reserves the right to perform normal underwriting at the time of any bond request, including, without limitation, prior review and approval of relevant contract documents, bond forms, and project financing. We assume no liability to you or to third parties if for any reason we do not execute such bonds.

Travelers Casualty and Surety Company of America is an A++ FSC XV rated firm by A.M. Best and is listed on the Treasury Department Circular 570.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Dane Struve". The signature is fluid and cursive, with a large, stylized initial "D".

Dane Struve
Travelers Bond & Specialty Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/24/2016

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 Anchor Insurance & Surety, Inc. 1201 SW 12th Ave. Suite 500 Portland, OR 97205	CONTACT NAME: Charris Sonne-Phinney	
	PHONE (A/C, No, Ext): (503) 224-2500 FAX (A/C, No): (503) 224-9830 E-MAIL ADDRESS: CSPhinney@anchorias.com	
INSURED HYDRO-TEMP MECHANICAL, INC. 28465 SW BOBERG ROAD WILSONVILLE, OR 97070	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : National Fire Ins. of Hartford	20478
	INSURER B : American Fire & Casualty Co.	24066
	INSURER C : Continental Casualty Co.	20443
	INSURER D : SAIF Corporation	36196
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> WA STOP GAP GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	5088404468	10/01/2015	10/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Stop Gap \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	BAA 55 27 73 71	10/01/2015	10/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	5085453206	10/01/2015	10/01/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	786072	10/01/2015	10/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Builders Risk/Instal			5088404468	10/01/2015	10/01/2016	Deduct 2,500/Blanket 1,000,000

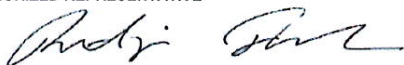
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: GENERAL CONTRACTOR PREQUALIFICATION APPLICATION - HB LEE MIDDLE SCHOOL HVAC UPGRADES

CERTIFICATE HOLDER AND ALL REQUIRED ENTITIES ARE ADDITIONAL INSURED WHEN REQUIRED BY WRITTEN CONTRACT. ENDORSEMENTS ATTACHED: CNA74705XX 01/15, CNA75079XX 01/15, CA8810 01/10, WC000313.

CERTIFICATE HOLDER

CANCELLATION

Reynolds School District No. 7 Attn: Rachel Hopper 1 1204 NE 201st Avenue Fairview, OR 97024	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 

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AFFIDAVIT

STATE OF Oregon

ss.

County of Clackamas

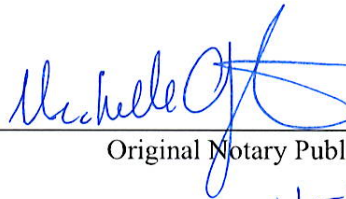
I, Kenneth A. Troyer being duly sworn, certify that I am President *(Title)*

of the applicant herein and that the foregoing statements and answers in all sections of this application are correct and true as of the date of this affidavit, and that any additional information submitted to process this application will be correct and true; that should there be a material reduction in my ability to carry out the project for which I intend to submit a bid, I will give written notice of such change or changes to the public office to whom this statement is submitted at least 10 days prior to the bid opening; and that it is understood that such notice may change my eligibility to submit the bid.



(Original Signature of Individual Authorized to Execute Bids and Contracts)

Subscribed and sworn to before me on this 25 day of May, 2016.



Original Notary Public Signature

My Commission expires: 6/05/2017

