

Business Information Form

For U.C. ONLY (do not write in this area) Reviewed by: Date: AECID Code:

DESIGN PROFESSIONALS ONLY: To be completed by ALL FIRMS OR INDIVIDUALS PROPOSING TO DO BUSINESS WITH THE UNIVERSITY OF CALIFORNIA

COMPANY NAME: CONTACT PERSON:

STREET ADDRESS:

CITY, STATE & ZIP:

MAILING ADDRESS (if different from street address):

TELEPHONE NO.: () TOLL-FREE NO.: () FAX NO.: ()

E-MAIL: INTERNET HOME PAGE ADDRESS:

Employee Identification Number (EIN):

Are any of the owners or owners' relatives currently employed by the University of California?

PRINCIPALS (P) AND ASSOCIATES (A) (Check "P" or "A" for each) (Add additional pages if required.)

Name	P	A	Degree or Certificate	Institution

Indicate dollar range of projects in which your firm would be interested: (Check all that apply) UP TO \$50,000
 \$50,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 OVER \$5,000,000

- EXPERTISE - Registration No. _____ D1007 Interior Design; Space Planning
- D1001 Architecture D1008 Landscape Architecture
- D1002 Building/Facilities Programming D1009 Mechanical Engineering
- D1003 Civil Engineering D1010 Planning (Community, Regional, Area-wide & State)
- D1004 Electrical Engineering D1011 Planning (Site, Installation, and Project)
- D1005 Engineering D1012 Project Management, Scheduling
- D1006 Geotechnical Engineering D1013 Structural Engineering
- Other _____

OWNERSHIP OF BUSINESS (Check One)
 Corporation Partnership Individual / Sole Proprietorship Year established _____

Owner Status - Business is at least 51% Owned, Controlled, **and** Actively Managed by (check all business categories that apply, see Page 2 for definitions): LBE SBE DBE WBE DVBE

Ownership Status Categories: (Place an "X" in all boxes that describe your firm's ownership)

Type of Business	<input type="checkbox"/> Asian/Indian Asian/Pacific American	<input type="checkbox"/> White Caucasian American
	<input type="checkbox"/> Black African American	<input type="checkbox"/> Disabled Veteran
	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Socially & Economically Disadvantaged
	<input type="checkbox"/> Native American Indian	<input type="checkbox"/> Other

Large Business	<input type="checkbox"/> Woman Owned
	<input type="checkbox"/> Male Owned
Small Business	<input type="checkbox"/> Woman Owned
	<input type="checkbox"/> Male Owned

PLEASE RETURN THIS PROFILE TO UNIVERSITY OF CALIFORNIA, ARCHITECTS & ENGINEERS, ATTN: CONTRACT ADMINISTRATION.

SELF-CERTIFICATION

Initial the Business Categories That Apply:

_____ **LARGE BUSINESS ENTERPRISE (LBE):** A firm whose average gross receipts, taken for the last 3 fiscal years (total revenue compiled over the 3 year period divided by 3), EXCEEDS \$2,500,000 PER YEAR.

_____ **SMALL BUSINESS ENTERPRISE (SBE):** A business whose average gross receipts, taken for the last 3 fiscal years (total revenue compiled over the 3 year period divided by 3) DOES NOT EXCEED \$2,500,000 PER YEAR.

_____ **DISADVANTAGED BUSINESS ENTERPRISE (DBE):** A business concern which is at least 51% owned by one or more socially and economically disadvantaged individuals or, in the case of any publicly owned business, at least 51% of the stock of which is owned by such individuals and whose management and daily business operations are controlled by one or more such individuals. Socially disadvantaged individuals are those who have been subjected to racial or ethnic prejudice or cultural bias because of their identity as members of a group without regard to their individual qualities. Economically disadvantaged individuals are those socially disadvantaged individuals whose ability to compete in the free private enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same business area who are not socially disadvantaged. Business owners who certify that they are member of named groups (Asian-Indian Americans, Asian-Pacific Americans, Black Americans, Hispanic Americans, Native Americans) are to be considered socially and economically disadvantaged.)

_____ **WOMEN-OWNED BUSINESS ENTERPRISE (WBE):** A business that is at least 51% owned by a woman or women who also control and operate it. "Control" in this context means exercising the power to make policy decisions. "Operate" in this context means being actively involved in the day-to-day management.

_____ **DISABLED VETERAN BUSINESS ENTERPRISE (DVBE):** A business that is at least 51% owned by one or more disabled veterans or, in the case of any publicly owned business, at least 51% of the stock of which is owned by such individuals and whose management and daily business operations are controlled by one or more such individuals. A Disabled Veteran is a veteran of the military, naval or air service of the United States with a service-connected disability who is a resident of the State of California. To qualify as a veteran with a service-connected disability, the person must be currently declared by the United States Veterans Administration to be 10% or more disabled as a result of service in the armed forces.

PRIVACY NOTIFICATIONS

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University of California to provide the following information to individuals who are asked to supply information about themselves.

Furnishing all information requested on this form is mandatory; failure to provide all requested information will delay or may prevent evaluation of your firm's ability to do business with the University.

I hereby certify under penalty of perjury under the laws of the State of California that I have read this application and know the contents thereof, and that the business category and ethnicity indicated above reflect the true and correct status of the business in accordance with Federal Small Business Administration criteria and Federal Acquisition Regulations, FAR 19, pertaining to small, disadvantaged, woman, disabled, veteran, small and disadvantaged, and small and woman-owned business enterprises. I understand that falsely certifying the status of this business, obstructing, impeding, or otherwise inhibiting any University of California official who is attempting to verify the information on this form may result in suspension from participation in University of California business contracts for a period of up to five (5) years and the imposition of any civil penalties allowed by law. In addition, I understand that this business must notify the University of California in writing thirty (30) days in advance of any change in size, ownership, control, or operation which may affect this business's continued eligibility as a SBE, DBE, WBE, DVBE, SDBE, SWBE, or SDVBE.

INFORMATION FURNISHED BY: (Print or Type Name of Owner and/or Principal)

Name of Business: _____

Name: _____

Title: _____

Signature: _____

Date: _____

INSURANCE REQUIREMENTS

The companies affording policies must have a Best rating of A- or better and a financial classification of VIII or better, or a rating by Standard & Poor of AA or better, or a Moody's rating of AA or better.

TYPES OF INSURANCE

- 1) General Liability Insurance (Comprehensive or Commercial Form): Shall provide \$1,000,000 coverage for each of the following: Each Occurrence, Products/Complete Operations Aggregate, Personal and Advertising Injury, and General Aggregate.
- 2) Business Automobile Liability Insurance: For owned, scheduled, non-owned, or hired automobiles, with a combined single limit of no less than \$1,000,000 per accident
- 3) If insurance policies are cancelled for non-payment, University reserves the right to maintain policies in effect by continuing to make the policy payments; cost of so maintaining the policies will be assessed against Consultant.
- 4) Professional Liability Insurance: Required by Consultants who will be preparing design or construction documents. Amount of coverage required is determined by size of project; major capital projects require coverage of \$1,000,000 per claim and \$1,000,000 in the aggregate. Insurance policy must include Contractual Liability Coverage or endorsements to the policy for Contractual Liability Coverage.

ADDITIONAL INSURANCE REQUIREMENTS

- 1) Insurance company must complete University's certificate of Insurance form. This form provides that Consultant's insurance shall be the primary insurance as respects to the University and that any insurance or self-insurance maintained by the University shall be in excess of and non-contributory with Consultant's insurance.
- 2) Coverage may not be cancelled without ten (10) days advance written notice to the University.
- 3) If insurance policies are cancelled for non-payment, University reserves the right to maintain policies in effect by continuing to make the policy payments; cost of so maintaining the policies will be assessed against Consultant.
- 4) The General Liability Insurance policy and the Business Automobile Liability Insurance policy must name The Regents of the University of California as an Additional Insured.
- 5) All insurance policies shall apply to the negligent acts or omissions of Consultant, its officers, agents, and employees, and to consultant's legal responsibility for the negligent acts or omissions of its subconsultants and anyone directly or indirectly under the control, supervision, or employ of Consultant or subconsultants.

For Directory see <http://www.ucop.edu/matmgt/sbdir.html>