

CITY OF DE PERE - BOARD OF PUBLIC WORKS

PREQUALIFICATION OF CONTRACTOR

This statement, submitted by the undersigned to the Board of Public Works of the City of De Pere, is made in accordance with Wis.Stats.§66.0901. It is understood that the contents of this statement shall be confidential and shall not be disclosed except upon the written order of the undersigned; or for necessary use by the Board of Public Works in qualifying the undersigned; or in cases of action against, or by the undersigned or the City of De Pere.

The undersigned, being duly sworn, does depose and say that they are an authorized representative of _____ and on

behalf of same submits the statement to obtain approval for bidding on construction projects in

20 _____ for the following:

- | | |
|-----------------------|----------------------|
| _____ concrete paving | _____ storm sewer |
| _____ asphalt paving | _____ sanitary sewer |
| _____ curb and gutter | _____ watermains |
| _____ sidewalks | _____ |
| _____ grading | _____ |

Complete all of the following items; if not applicable, print N/A.

1. Name of Bidder _____

2. Bidder's address _____

3. Any questions regarding information provided on this form should be directed to

_____ at (_____) _____
Area code Telephone number

_____ Fax number Mobile number

4. Type of organization (check one): Corporation _____

Partnership _____ Individual _____ Joint Venture _____

Other _____. If other, attach a brief statement describing the organization.

5. When organized? _____

6. If a corporation, when and where incorporated _____
_____.

7. Attach a statement listing the corporate officers, partners or other principal members of your organization and detailing the background and experience of the principal members of your personnel, including the officers.

8. How many years has your organization been engaged in the contracting business under the present firm name? _____.

9. General character of work performed by your firm _____
_____.

10. Attach a list of contracts on hand, for both public and private construction, including for each contract: the class of work; the contract amount; the percent completed; the estimated completion date; and the name and address of the owner or contracting officer.

11. Has your organization ever defaulted on a contract or failed to complete any work awarded to it? _____. If so, attach a statement explaining where and why.

12. Has any officer or partner of your organization been an officer or partner of some other organization within the past 10 years that failed to complete a construction contract during that period? _____. If so, attach a statement indicating the name of individual, other organization and reason therefore.

13. Has any officer or partner of your organization within the past 10 years failed to complete a construction contract handled in his or her own name? _____. If so, attach a statement indicating the name of individual, name of owner and reason therefore.

14. Attach a list of the major projects your organization has completed within the past 3 years, including for each project; the class of work; the contract amount; the completion date; and the name and address of the owner or contracting officer.

15. Attach a list of the major equipment which is available to your organization for the proposed work.

16. Attach a statement of your organization's experience in the construction of work similar in nature and importance to this project.

17. Credit available _____

Attach a letter from your bank(s) or other financial institution(s) advising line of credit set up for your organization.

18. Name of Bonding Company and name, address and telephone number of agent:

19. Financial Statement.

Condition at close of business on _____, 20_____.

A. Cash _____

B. Accounts receivable _____

C. Real estate equity _____

D. Materials in stock _____

E. Equipment, book value _____

F. Furniture and fixtures
book value _____

G. Other assets _____

TOTAL ASSETS _____

Liabilities

H. Accounts, notes and
interest payable _____

I. Other liabilities _____

TOTAL LIABILITIES _____

NET WORTH _____

20. Additional information may be submitted if desired.

Dated at _____ this _____ day of
_____, 20____.

Name of organization _____

By: _____

Title: _____

State of _____)

)ss.

County of _____)

_____ being duly sworn says that they are

_____ of _____
(Name of Organization)

and that the answers to the foregoing questions and all statements contained herein and in the
attachments are true and correct.

Signed _____

Subscribed and sworn to before me

this day of _____, 20_____.

Notary Public

My commission expires _____.