

PRE-QUALIFICATION FORM

NOTE TO CONTRACTOR: Use typewriter or BLACK ink for completing this form.

The OWNER requires a statement as to financial ability, equipment, and experience to be completed and submitted by prospective general contractors and major subcontractors proposing to bid on this Work. No contractor is eligible to bid unless the following form has been completely filled out, submitted in accordance with the Invitation to Prequalify Contractors, and/or the respective contractor has been approved by the OWNER as exhibited by receipt of a letter of prequalification from the OWNER.

The information submitted in this form will be regarded as confidential.

Project Identification:

Submitted To: Washington Terrace City (OWNER)

Address: 5249 South Southpointe Drive, Washington Terrace City, 84405

Attention: Tom Hanson, City Manager

Submitted By: _____ A Partnership
CONTRACTOR An Individual

Contact Person: _____

Telephone Number: _____

Location: _____

Type of Work: _____

Principal Office: _____

CONTRACTOR's Surety: _____

CONTRACTOR's Insurance Company: _____

CONTRACTOR's Bank and Local Contract: _____

CONTRACTOR's LICENSE:

License Number: _____

License Classification: _____

License Expiration Date: _____

EXPERIENCE QUESTIONNAIRE

1. How many years has your organization been in business as a contractor under your present business name?

2. Has your company, parent company, or any subsidiary filed for bankruptcy in the past 10 years? _____ If so, list company, when, where, how, and present status? _____

3. How many years' experience in the proposed type and size of construction work has your organization under its current name had as a general contractor? _____

4. List the most recent projects your organization has had in construction work similar in type and size to the work proposed herein within the past 10 years:

CONTRACT AMOUNT	CLASS OF WORK	WHEN COMPLETED	NAME, CONTACT, & TELEPHONE OF OWNER

5. What other important projects has your organization completed within the past 5 years?

CONTRACT AMOUNT	CLASS OF WORK	WHEN COMPLETED	NAME, CONTACT, & TELEPHONE OF OWNER

6. Have you ever failed to complete any work awarded to you? _____.
If so, where and why?

7. Name the surety company, and the name and address of the local agent you expect to use in the event this contract is awarded to you:

8. What is the construction experience of the principal individuals of your organization who would be involved with the proposed project:

PROPOSED ASSIGNMENT FOR THIS PROJECT	INDIVIDUAL'S NAME	PRESENT POSITION OR OFFICE	YEARS OF CONSTRUCTION EXPERIENCE	MAGNITUDE & TYPE OF WORK	IN WHAT CAPACITY

9. List the major items of equipment that you own and which will be available for use on the proposed work:

10. List all major subcontractors proposed for this project. A major subcontractor is defined as any subcontractor who will perform 10 percent or more of the project work. List "self" if the category of work is to be performed by the prime contractor.

CATEGORY OF WORK	SUBCONTRACTOR NAME	SUBCONTRACTOR ADDRESS	SUBCONTRACTOR YEARS EXPERIENCE WITH CATEGORY OF WORK

11. List below the contracts which you, your company, or corporation were party during the previous

10 years that were involved in any litigation or dispute resolution of any type including, but not limited to, arbitration and mediation:

12. List any unresolved claims or disputes of which you, or your company, or corporation is party:

13. List below any projects that had change orders that increased the original contract amount by 5 percent or more:

PROJECT	OWNER'S NAME	OWNER'S ADDRESS & TELEPHONE	ORIGINAL CONTRACT AMOUNT	FINAL CONTRACT AMOUNT	REASON FOR CHANGE

14. List name, addresses and telephone numbers of at least two credit references:

15. What kind of safety programs does your company utilize?

16. In what type of work is your company's primary capability or specialty?

17. List the annual volume (in dollars) of work similar to that proposed which your company has completed within the past 5 years.

YEAR

TOTAL VOLUME

CONTRACTOR'S FINANCIAL STATEMENT

Condition at close of business _____, 20_____.

NOTE: Complete the following information or attach the last balance sheet that covers a 12-month period and has been audited by a Certified Public Accountant.

Certified Financial Statements may be submitted in lieu of preparation of this special financial statement if all requested information is contained therein.

ASSETS

CURRENT ASSETS:

1.	CASH	\$ _____
2.	NOTES RECEIVABLE	\$ _____
3.	ACCOUNTS RECEIVABLE FROM COMPLETED CONTRACTS, EXCLUSIVE OF CLAIMS NOT APPROVED FOR PAYMENT	\$ _____
4.	SUMS EARNED ON UNCOMPLETED CONTRACTS AS SHOWN BY ENGINEER'S OR ARCHITECTS ESTIMATE	\$ _____
5.	ACCOUNTS RECEIVABLE FROM OTHER THAN CONSTRUCTION CONTRACTS	\$ _____
6.	ACCOUNTS RECEIVABLE FROM OWNERS OR EMPLOYEES	\$ _____
7.	DEPOSITS FOR BIDS OR OTHER GUARANTEES	\$ _____
8.	INTERESTS ACCRUED ON LOADS, SECURITIES, ETC.	\$ _____
9.	NEGOTIABLE SECURITIES, STOCKS, BONDS, ETC.	\$ _____
10.	MATERIALS IN STOCK NOT INCLUDED IN ITEM 4	\$ _____
11.	REAL ESTATE	\$ _____
	TOTAL FIXED OR SECURED LIABILITIES	\$ _____
12.	OTHER LIABILITIES	\$ _____

13.	RESERVES	\$ _____
14.	CAPITAL STOCK PAID UP	\$ _____
15.	SURPLUS (NET WORTH)	\$ _____
TOTAL LIABILITIES AND CAPITAL		\$ _____

CONTINGENT LIABILITIES

1.	LIABILITY ON NOTES RECEIVABLE, DISCOUNTED, OR SOLD	\$ _____
2.	LIABILITY ON ACCOUNTS RECEIVABLE, PLEGDED, ASSIGNED OR SOLID	\$ _____
3.	LIABILITY ON BONDSMAN	\$ _____
4.	LIABILITY AS GUARANTOR ON CONTRACTS OR ON ACCOUNTS OF OTHERS	\$ _____
5.	OTHER CONTINGENT LIABILITIES	\$ _____
TOTAL CONTINGENT LIABILITIES		\$ _____

The undersigned hereby declares that the foregoing statements are true and that the foregoing financial statement is a true and accurate statement of the financial condition of said firm.

Dated at _____ This _____ Day of _____ 20 _____.

By _____

Title _____

Date _____

I have examined the financial records of the above company for the period ending _____ and, in my opinion, the statements present fairly the financial position of _____ At that date.

Certified Public Accountant

AFFIDAVIT FOR CORPORATION

STATE OF _____ }
 } SS.
COUNTY OF _____ }

I, _____, being duly sworn, depose and say that I am
_____ of the _____, the corporation
described herein and which executed the foregoing statement; that I am familiar with the books of the said
corporation showing its financial condition; that the foregoing financial statement, taken from the books
of said corporation, is a true and accurate statement of the financial condition of said corporation as of the
date thereof, and that the answers to the interrogatories of the equipment questionnaire are correct and
true as of the date of this affidavit; and that the statements and answers to the interrogatories of the
foregoing experience questionnaire are correct and true as of the date of this affidavit.

(Officer must also sign here)

Subscribed and sworn to before me this _____ Day of _____, 20 _____.

My commission expires:

Notary Public

END OF SECTION