CITY OF SPRINGFIELD
OFFICE OF PUBLIC WORKS
SEWER DIVISION
SPRINGFIELD, ILLINOIS
BIDDER'S PREQUALIFICATION FORM
(CONFIDENTIAL)

Name of Contractor or Subcontractor_____

Business Address_____

Incorporated or Organized Year_____ State_____

Check One:

- ❑ A Corporation
- ❑ A General Co-Partnership
- ❑ A Limited Co-Partnership
- ❑ An Individual

1. How many years have you operated under the above name?_____

2. List all partners and/or principal officers:

Name & Title	Address	Fractional Interest in Firm

3. List any other businesses in which any officer or partner is engaged:

Name of other Company	Partner or Officer Interested	Extent of Interest

4. List of key personnel and their construction status:

Name	Position	Age	Year Hired	Present Position

5. Experience Record:

List at least three projects involving sewer rehabilitation and sewer construction performed by your company. You may want to cite additional projects.

a. Name and address of client_____

Type of work_____

Approximate amount of contract_____
Name and address of engineer_____
Date started_____ Date completed_____
Time allowed_____ Engineers Report_____

b. Name and address of client_____

Type of work_____

Approximate amount of contract_____
Name and address of engineer_____
Date started_____ Date completed_____
Time allowed_____ Engineers Report_____

c. Name and address of client_____

Type of work_____

Approximate amount of contract_____
Name and address of engineer_____
Date started_____ Date completed_____
Time allowed_____ Engineers Report_____

The clients listed may be contacted regarding efficiency and overall quality of work performed by your company. Please give complete addresses.

6. This project is now under contract for the following projects:

Project	Client	Contract Amount	Percent Complete	Required Completion Date

7. What equipment do you own that is available for sewer work?

Quantity	Item	Description, Size, Capacity, etc.	Approximate Cost

8. Are there any judgments, suits or claims against you? _____Yes _____No
If so, give details.

_____

_____

Dated this _____ day of _____, 20____.

_____
Name of Organization

By:_____
Title

STATE OF ILLINOIS)
)
COUNTY OF_____) SS.

_____, being duly sworn, deposes and says that he is _____
(Title)
of _____ and that the answers to the foregoing questions and
(Name of Company)

all statements therein contained are true and correct.
Signed and sworn to before me this _____ day of _____, 20____.

_____
Notary Public

My Commission Expires:

_____

(SEAL)

CONTRACTORS FINANCIAL STATEMENT

STATEMENT OF ASSETS AND LIABILITIES AS OF _____, 20____

ASSETS:

1. Cash in Bank(s)_____

   Name of Bank(s)_____

2. Cash on Hand_____
3. Certified bid checks or deposits_____
4. Accounts Receivable from sources other than contracts_____
5. Accounts Receivable-construction contracts_____
   a. completed contracts_____
   b. earned estimates-upcoming contracts_____
   c. retained percentages-uncompleted contracts_____
6. Materials and supplies on hand_____
7. Cash surrender value of life insurance_____
8. Marketable securities_____
9. Other securities_____
   Total Current Assets_____
10. Notes Receivable_____
11. Prepaid expenses_____
12. Land and buildings (net book value)_____
13. Equipment (net book value)_____
14. Furniture and fixtures_____
15. Other assets_____
    Total Current Assets_____

LIABILITIES AND NET WORTH:

16. Notes Payable_____
    a. Banks (exclusive of equipment obligations)_____
    b. Material, equipment suppliers_____
    c. Others_____

17. Accounts Payable_____
    a. Material suppliers_____
    b. Subcontractors_____
    c. Others_____

18. Accrued payrolls, interest, other expenses_____
19. Accrued taxes_____
    a. Withholding tax_____
    b. Estimated federal income tax_____
    c. Social Security taxes_____
    d. Other_____
20. Mortgages due within one year_____
    Total Current Liabilities_____
21. Mortgages (due after one year)_____
22. Equipment Notes (due after one year)_____
23. Reserves (explain)_____
24. Other liabilities_____
25. Capital stock (paid up) if a corporation_____
26. Net worth_____
    Total Liabilities and Net Worth_____

CERTIFICATE OF AUDIT

(I, We) have audited the accounts of _____
Name Address
for the period beginning _____, 20____ and ending _____, 20____ and (I, We) certify that the attached Balance Sheet agrees with the book and records, that the book and records are maintained on a double entry basis, and in (my, our) opinion sets forth the financial condition of _____ _____ as of _____, 20____.

Name of Accountant or Firm_____
Illinois Registration Number_____
Signed by_____
Date_____