

To: Edward St. Peter, General Manager
Kenosha Water Utility
4401 Green Bay Road
Kenosha, Wisconsin 53144

Re: Submission of Prequalification Forms for the Year

Gentlemen:

Submitted herewith please find our statement for your consideration in determining whether our firm is qualified to bid, perform and furnish the necessary labor materials and skill on the basis of our work record, experience, equipment, staff and financial resources including bond ability, as required to enter upon and complete those various types of projects indicated below as may be awarded by the Kenosha Water Utility during the calendar year above specified.

It is understood that the determinations and decisions of the Kenosha Water Utility with regard to qualifications shall be final, and further, that the information herein will be considered confidential. A finding of "qualified" for one project does not bind the Kenosha Water Utility on other projects, and the Kenosha Water Utility expressly reserves the right to determine if a bidder is qualified on a project by project basis.

Sincerely yours,

Officer

Firm

APPLICANT _____

To: All Bidders on Kenosha Water Utility Projects
From: Edward St. Peter, General Manager
Subject: Prequalification Statements

In addition to the attached prequalification statement, please answer the following questions:

- (1) Your Wisconsin Unemployment Compensation Number _____
- (2) Outline the construction projects your organization has in progress as of the date of this statement. (If contract is as a sub., give name of prime contractor, amount of total contract and amount of sub.)

| Amt. of Contract | Type of Work | Scheduled Date of Completion | Owner |
|------------------|--------------|------------------------------|-------|
| (a) _____ | _____ | _____ | _____ |
| (b) _____ | _____ | _____ | _____ |
| (c) _____ | _____ | _____ | _____ |
| (d) _____ | _____ | _____ | _____ |

- (3) Have any of your contracts resulted in law suits? _____
If so, describe the case _____

- (4) What volume of work do you currently have unfinished? _____
- (5) How much cash or credit does this require? \$ _____
- (6) How much cash or credit does this leave free for other work? _____

PREQUALIFICATION STATEMENT

To:

There is submitted herewith for your consideration, pursuant to Sec. 66.0901(2) Wis. Stats., a statement of qualifications of the undersigned to furnish the necessary labor, materials and skills required to enter upon and complete public works contracts to be let by the Municipality through its several departments.

A. Official Firm Name _____

B. Telephone _____ FAX _____

C. Address _____
(Street) (City) (State) (Zip Code)

D. Number of years in business under present firm name _____

E. Class of Work in which firm is seeking qualification _____

F. Please check (1), (2), or (3):

(1) A Corporation _____

(2) A Co-Partnership _____

(3) An Individual _____

G. Principal Individuals:

If a Corporation answer below:

If a Co-Partnership answer below:

President _____

Name of Partner _____

Vice-Pres. _____

Name of Partner _____

Secretary _____

If a Sole Trader answer below:

Treasurer _____

Name of Sole Trader _____

H. If a corporation answer below:

(1) Licensed to do business in Wisconsin _____ Year _____

(2) When Incorporated _____

(3) In what State _____

2. EXPERIENCE

A. Tabulation of major contracts which your firm has completed during the past five years:

| <i>Year</i> | <i>Class of Work</i> | <i>Contract Amount</i> | <i>Location of Work</i> | <i>For Whom Performed Name, Mailing Address Telephone No.</i> |
|-------------|----------------------|------------------------|-------------------------|---|
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B. Tabulation of Construction Experience of Principal Individuals in Organization:

| <i>Individual's Name</i> | <i>Present Position or Office</i> | <i>Years of Experience</i> | <i>Class of Work</i> |
|--------------------------|---------------------------------------|--------------------------------|----------------------|
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Average number of employees during the last 12 months:

Office _____ Skilled _____ Unskilled _____

3. EQUIPMENT

A. List below major pieces of equipment owned and available when needed for proposed work:

| <i>Quantity</i> | <i>Item</i> | <i>Description, Size, Capacity, etc.</i> | <i>Condition (Good or Fair)</i> | <i>Years of Service</i> |
|-----------------|-------------|--|---------------------------------|-------------------------|
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4. CONTRACTUAL RESPONSIBILITY

A. Has firm ever failed in the past ten years to complete on time work awarded to it? _____

If so, state:

(1) Date _____

(2) Owner _____

(3) Owner's Mailing Address _____
(At that time, or now -- preferably now if there is a difference.)

(4) Full particulars in each instance: _____

B. Has any officer or partner or firm ever failed in the past ten years to complete on time a construction contract handled in his own name?

-
- (1) Date _____
 - (2) Name of Officer or Partner _____
 - (3) Owner _____
 - (4) Owner's Mailing Address _____
(At that time, or now -- preferably now if there is a difference.)
 - (5) Full particulars in each instance: _____

C. Has any officer or partner of firm ever been an officer or partner of some other organization during the past ten years that failed to complete on time a construction contract?

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- If so, state:
- (1) Date _____
 - (2) Name of Officer or Partner _____
 - (3) Name and Mailing Address of Organization _____
 - (4) Name and Mailing Address of Owner _____
(Above addresses at that time, or now -- preferably now if there is a difference.)
 - (5) Full particulars in each instance: _____

D. Has firm asked to be relieved from a bid submitted by it to a public awarding authority during the past 10 years? _____

If so, state:

(1) Date _____

(2) Owner _____

(3) Owner's mailing Address _____
(At that time, or now -- preferably now if there is a difference.)

(4) Full particulars in each instance: _____

E. Has firm ever been charged with or convicted of a violation of any wage schedule? _____

If so, state:

(1) Date _____

(2) Claimant _____

(3) Claimant's Mailing Address _____
(At that time, or now -- preferably now if there is a difference.)

(4) Full particulars in each instance: _____

5. BONDING RESPONSIBILITY

A. (1) Names and addresses of all bonding companies which generally execute bid and surety bonds:

(2) Names and addresses of all bonding companies other than those listed in A (1) above which have written bid and surety bonds during the last five years:

B. Has any bonding company ever taken over a contract, or made any payments, because of firm's failure to carry out a contract? _____

If so, state:

(1) Date _____

(2) Name of Bonding Company _____

(3) Bonding Company's Mailing Address _____

(4) Full particulars in each instance _____

6. CONTRACTOR'S FINANCIAL STATEMENT

- A. Itemize your current assets as of latest balance sheet date. Give date.
(Include copy of balance sheet)
- B. Itemize your current liabilities as of latest balance sheet date. Give date.
- C. Who prepared such balance sheet? _____
- D. Are any of your assets assigned -- if so, which are assigned?

For what purpose are they assigned? _____

7. DATA

- A. Are you familiar with the provisions of the form of contract used by this Municipality?

- B. With its terms and conditions? _____
- C. With its specifications? _____
- D. With the regulations of the Municipality relating to bidding and awarding of contracts?

Contractor Safety Qualification Form

Contractor Name: _____

Does your firm have a written Safety and Health Program? Yes _____ No _____

If yes, please attach a copy of the program. Do not attach a copy if previously submitted.

Does the program address the following key elements:

- Management commitment and expectations? Yes _____ No _____
- Clearly defined goals and objectives? Yes _____ No _____
- Employee participation and involvement? Yes _____ No _____
- Accountability and responsibility for managers, supervisors and employees? Yes _____ No _____
- Resources for meeting safety and health requirements? Yes _____ No _____
- Periodic safety and health performance appraisals for all employees? Yes _____ No _____
- Safety recognition program? Yes _____ No _____
- Hazard recognition program? Yes _____ No _____
- Disciplinary action? Yes _____ No _____

Does the program include the following components:

- Safety and health orientation? Yes _____ No _____ N/A _____
- Medical evaluation and monitoring? Yes _____ No _____ N/A _____
- Substance abuse program? Yes _____ No _____
- Industrial hygiene program? Yes _____ No _____ N/A _____

Does the program include the following practices:

- Hazard control? Yes _____ No _____
- Hazard reporting? Yes _____ No _____
- Preventive maintenance of equipment? Yes _____ No _____ N/A _____
- Trend analysis of injury and illness rates? Yes _____ No _____
- Routine self-inspections/evaluations? Yes _____ No _____ N/A _____

Highest ranking health and safety professional in the company: Name: _____
 Title: _____
 Telephone: _____
 Fax: _____

Do you have or provide:

- o Designated Safety/Health Director? Yes _____ No _____
- o Designated Site Safety/Health Director? Yes _____ No _____
- o Designated Job Safety/Health Coordinator? Yes _____ No _____
- o Certified safety and health professionals and other licensed health care professionals, as needed? Yes _____ No _____

Injury and Illness Data: Please attach copies of your OSHA 300A forms for the last three years.

| | 2008 | 2009 | 2010 |
|--|------|------|------|
| Employee Hours | | | |
| Number of Employees | | | |
| Total No. of Recordable Injuries/Illnesses | | | |
| Total No. of Fatalities | | | |
| OSHA Recordable Incident Rate* | | | |
| Experience Modification Rating (EMR)** | | | |

*Use the following formula to calculate Incident Rate:

$$\frac{\text{Number of recordable cases} \times 200,000 \text{ hours}}{\text{Number of annual hours worked}} = \text{Incident Rate}$$

**If EMR is 1.0 or above, please explain why. If you do not have an EMR, please explain.

Has your firm received any regulatory citations in the last three years? (OSHA, EPA, etc.)? Yes _____ No _____

If yes, please attach copies of each citation, including fines levied as well as pertinent information documenting corrective action measures for regulatory compliance.

Attachment Checklist:

Did you include the following with your submittal?

- Safety Program _____ Previously Submitted
- OSHA 300A Forms for Last Three Years
- Regulatory Citation(s) for Last Three Years, If Applicable

Contractor Certification

Note: Certification of the accuracy of this document must be made by an Officer of the firm.

Name of Officer: _____

Signature: _____

Title: _____

Date: _____