

Date: \_\_\_\_\_

To: Tom Earle  
Director of Public Works  
City of Lake Geneva  
c/o 361 W. Main Street, P.O. Box 187  
Lake Geneva, WI 53147

Submission of Pre-qualification Forms for the Year \_\_\_\_\_

Dear Mr. Earle,

Submitted herewith please find our pre-qualification application and class of work application for your consideration in determining whether our firm is qualified and capable to bid, perform and furnish the necessary labor, materials and skill on the basis of our work record, experience, equipment and staff as required to enter upon and complete those various types of projects indicated below as may be awarded by the City of Lake Geneva and its Utilities, referenced herein as "Municipality", during the current calendar year.

It is understood that the determinations and decisions of the Municipality with regard to qualifications shall be final, and further, that the information herein will be considered confidential. The Municipality also expressly reserves the right to reverse its findings later in the year.

It is further understood that the undersigned firm is under a continuing obligation to report to the Municipality any circumstances which may affect the "qualified" status. Examples include but are not limited to bankruptcy, notices of claims, AG or DA referrals, lawsuits, and failure to complete projects. Failure to provide such an update may result in the City rescinding the "qualified" status for that reason alone.

Sincerely yours,

\_\_\_\_\_  
Officer

\_\_\_\_\_  
Firm

Class of Work Application  
(Contractor Please Check Class of Work)

Date: \_\_\_\_\_

To: Tom Earle  
Director of Public Works  
City of Lake Geneva  
361 Main Street, P.O. Box 187  
Lake Geneva, WI 53147

From:

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email for notifications (**required**): \_\_\_\_\_

Class of Work:

- Asphalt \_\_\_\_\_
- Concrete \_\_\_\_\_
- Crackfilling \_\_\_\_\_
- Demolition \_\_\_\_\_
- Electrical \_\_\_\_\_
- Excavation \_\_\_\_\_
- Fencing \_\_\_\_\_
- Fire Protection \_\_\_\_\_
- General (Includes Buildings) \_\_\_\_\_
- Grading \_\_\_\_\_
- HVAC \_\_\_\_\_
- Irrigation \_\_\_\_\_
- Landscaping \_\_\_\_\_
- Painting \_\_\_\_\_
- Plumbing \_\_\_\_\_
- Roofing \_\_\_\_\_
- Sewer \_\_\_\_\_
- Tree Planting \_\_\_\_\_
- Tuckpointing \_\_\_\_\_
- Water \_\_\_\_\_
- Other \_\_\_\_\_

Approved as Qualified \_\_\_\_\_ Date \_\_\_\_\_

## PRE-QUALIFICATION STATEMENT APPLICATION

1. Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. How many years has your firm been engaged in the contracting business? \_\_\_\_\_

3. How many years has your firm been engaged in the contracting business under its present name? \_\_\_\_\_

4. Type of Firm: \_\_\_\_\_  
(Corporation, partnership, sole proprietorship, etc.)

Date of Incorporation: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

President/Partner: \_\_\_\_\_

Vice President/Partner: \_\_\_\_\_

Secretary/Clerk: \_\_\_\_\_

Treasurer: \_\_\_\_\_

(Cross out terms that do not apply)

5. Have you ever failed to complete any work awarded to you?    Yes     No

If yes, attach statement describing where and why.

6. Have you ever defaulted on a contract?                      Yes     No

If yes, attach statement describing where and why.

## PRE-QUALIFICATION STATEMENT APPLICATION

PROVIDE INFORMATION FOR QUESTIONS 7-16 ON SEPARATE SHEETS OF PAPER.

7. List the name of the project, owner, architect/engineer, contract amount, percent complete and scheduled completion date of the construction projects your firm has in progress on this date.
8. List the name of the project, owner, architect/engineer, contract amount and date of completion of the projects completed by your firm in the past five years involving similar work.
9. A statement of background and experience of the principle members of your staff, including officers.
10. List the trades and percentage of work that you normally handle with your own crews and do not sublet.
11. Furnish CURRENT written evidence from banks as to lines of credit available and amounts previously extended.
12. List as least five (5) trade references.
13. List bonding company, agent, address, telephone number, bonding limit and bonded work under contract.
14. List names of insurance company, agent, address and telephone number. Please include an updated Certificate of Liability Insurance.
15. Attach a copy of the latest dated regular Financial Statement of your firm which shall contain the following items:

Current & Total Assets:

- 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

Current & Total Liabilities:

- a) Accounts, notes and Interest Payable
- b) Other liabilities
- c) Accrues Payroll Taxes

NET WORTH: \_\_\_\_\_

16. Additional information may be submitted if desired.

PRE-QUALIFICATION STATEMENT APPLICATION

17. Dated at \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Name of organization: \_\_\_\_\_

By (signed): \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_, being duly sworn,

says that he/she is \_\_\_\_\_ of

(Title)

\_\_\_\_\_  
(Name of Organization)

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

NOTARY PUBLIC:

Subscribed and sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public,

\_\_\_\_\_  
County, \_\_\_\_\_.

My commission expires: \_\_\_\_\_

**REFERENCE REQUEST**

1. Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## INSURANCE QUESTIONNAIRE

Length of time in business \_\_\_\_\_ years \_\_\_\_\_ months.

**Firm is insured as follows:**

Name of Insurance Company: \_\_\_\_\_

Agency: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Employer's Liability: \_\_\_\_\_

General Liability Limits:

\_\_\_\_\_ Per Occurrence

\_\_\_\_\_ Per Person

Worker's Compensation: \_\_\_\_\_

Other Coverage: \_\_\_\_\_

Respectfully submitted:

Name of Firm: \_\_\_\_\_

Signed by: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_