

**Bidder's Proof of Responsibility**

\_\_\_\_\_, 2019

To: City of Waukesha  
Public Works Department  
130 Delafield Street  
Waukesha, WI 53188

Attn. Fred V. Abadi, Ph.D., P.E.  
Director of Public Works

To the City of Waukesha:

Submitted herewith please find our statement for your consideration in determining whether our firm is qualified and capable of making a proposal to 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 during the current calendar year.

It is understood that:

- The determinations and decisions of the City with regard to qualifications shall be final.
- A determination of qualification for this Project applies only to this Project and does not constitute qualification for other projects.
- If the City is not satisfied with the sufficiency of the answers to the questionnaire and financial statement, it may reject the Proposal or require additional information.
- This Prequalification Statement is valid for one year following approval unless notice to the contrary is given by the City.
- If the Contractor's current Prequalification on record with the City does not pertain to the specific type of work in this specification, a new Prequalification must be filed.

All Bidder's Prequalification Statements must be completed, signed and submitted a minimum of five (5) days prior to the submittal of any project bid

Very truly yours,

\_\_\_\_\_  
[sign above]

Company Name: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

Authorized agent for Bidder

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

## Prequalification Statement

Bidders may submit their own sworn statement in lieu of this form, provided it contains all of the information requested in this form. All Bidder's Prequalification Statements must be completed, signed and submitted a minimum of five (5) days prior to the submittal of any project bid. Statements shall have original signatures. No copies, electronic signatures, or facsimiles will be accepted. Inadequate or incomplete statements may be rejected.

Attach additional sheets as necessary to include all requested information.

### 1. Identification

- a. Firm Name: \_\_\_\_\_
- b. Telephone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
E-Mail: \_\_\_\_\_
- c. Mailing Address: \_\_\_\_\_
- d. Number of years in business under present firm name: \_\_\_\_\_
- e. Specifically indicate the type of work for which your firm is seeking qualification: \_\_\_\_\_  
\_\_\_\_\_
- f. Firm is a (corporation) (limited-liability company) (partnership) (sole proprietorship). Please circle one.
- g. List principal officers, members or partners: \_\_\_\_\_

### 2. Experience

- A. List experience with similar projects for at least the past five (5) years in separate pages and attach to this document. Submit narrative or explanation of similar project(s) and indicate specific duties / tasks / responsibilities including the following information (attach pages):

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

City: \_\_\_\_\_

Amount of Contract: \_\_\_\_\_

Nature of Work: \_\_\_\_\_

Prime Contractor                       Subcontractor

- B. Experience of Principal Individuals in Organization:

Individual's Name(s): \_\_\_\_\_

Present Position or Office: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Class of Work: \_\_\_\_\_

**3. Contractual Responsibility**

A. Has firm ever failed in the past ten (10) years to complete on-time the work awarded to it? Use additional pages if necessary).

(1) Date \_\_\_\_\_

(2) City: \_\_\_\_\_

(3) City's mailing address: \_\_\_\_\_

(4) Describe circumstances for each instance: \_\_\_\_\_

B. Has any officer or partner of firm ever failed in the past 10 years to complete on-time a construction contract handled in his or her own name? Use additional pages if necessary.

(1) Date: \_\_\_\_\_

(2) Name of officer or partner: \_\_\_\_\_

(3) City: \_\_\_\_\_

(4) City's mailing address: \_\_\_\_\_

(5) Describe circumstances for each instance: \_\_\_\_\_

C. Has any officer or partner of firm ever been an officer or partner of some other organization during the past 10 years that failed to complete a contract on time? Use additional pages if necessary.

(1) Date: \_\_\_\_\_

(2) Name of officer or partner: \_\_\_\_\_

(3) Name and mailing address of organization: \_\_\_\_\_

(4) Describe circumstances for each instance: \_\_\_\_\_

**4. Sureties**

A. Name and address of bonding companies which will act as sureties for Bid, Performance, and Payment Bonds:

\_\_\_\_\_  
\_\_\_\_\_

B. Names and addresses of all bonding companies, other than those listed in A above, which have acted as sureties for your firm during the last 5 years:

\_\_\_\_\_

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

- (1) Date: \_\_\_\_\_
- (2) Name of bonding company: \_\_\_\_\_
- (3) Bonding company's address: \_\_\_\_\_
- (4) Describe circumstances for each instance: \_\_\_\_\_

**5. Bidder's Financial Statement**

- A. Attach the most-recent balance sheet and year-end profit and loss statement for the firm.
- B. Who prepared the balance sheet and profit and loss statement?
- C. Has the firm ever filed a petition in bankruptcy or filed for relief under Chapter 128?  
If yes, give the case numbers for each such filing, and the identity of the courts in which they were filed.

**6. Project Review**

- A. Have you read each of the provisions of the Contract Documents?  Yes  No
- B. Have you reviewed the Project Plans and Specifications?  Yes  No
- C. Have you examined the Worksite?  Yes  No

State of \_\_\_\_\_ }  
 \_\_\_\_\_ County } ss.

\_\_\_\_\_ (name), being first duly sworn, deposes and says that he or she is the \_\_\_\_\_ (title) of the firm identified in section 1, above; that the answers to the foregoing questions and all attachments produced in response to the foregoing questions are true and correct, and that any City, bonding company, or other agency herein named is hereby authorized to supply the City with any information deemed necessary to verify this statement.

\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
 Notary Public, \_\_\_\_\_ County, Wisconsin  
 My commission (expires \_\_\_\_\_)(is permanent)