

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

Name of other Company	Partner or Officer Interested	Extent of Interest
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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 _____