



BIDDERS PROOF OF RESPONSIBILITY

PRE-QUALIFICATION STATEMENT

Submitted to:	Date filed:
Project:	

NOTE: If the municipality, board, public body, or officer, is not satisfied with the sufficiency of the answers to the questionnaire and financial statement, the bid may be rejected or disregarded or additional information may be required. (Sec. 66.29 (4), Stats.)

Complete all of the following items; if not applicable, print N/A.

1. Name of Bidder:
2. Bidder's Address:
3. Any questions regarding information provided on this form should be directed to:
Telephone: _____ Fax: _____
4. Type of Organization (check one): Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other <input type="checkbox"/> If other, attach a brief statement describing the organization.
5. When Organized?
6. If a corporation, when and where incorporated?
7. Attach a statement listing the corporate officers, partners, or other principal members of your organization and detailing the background and experience of the principal members of your personnel, including the officers.
8. How many years has your organization been engaged in the contracting business under the present firm name?
9. General character of work performed by your firm:

<p>10. Attach a list of contracts on hand, for both public and private construction, including for each contract: the class of work, the contract amount; the percent completed; the estimated completion date; and the name and address of the owner or contracting officer.</p>
<p>11. Has your organization ever defaulted on a contract or failed to complete any work awarded to it? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, attach a statement explaining where and why.</p>
<p>12. Has any officer or partner of your organization been an officer or partner of some other organization within the past five (5) years that failed to complete a construction contract during that period? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, attach a statement indicating the name of individual, other organization, and reason therefore.</p>
<p>13. Has any officer or partner of your organization within the past five (5) years failed to complete a construction contract handled in his or her own name? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, attach a statement indicating the name of individual, name of owner, and reason therefore.</p>
<p>14. Has your organization, any of its owners, a subsidiary or corporate parent, or any officer or director thereof, been convicted in the last three (3) years of violating Sec.133.03, Wisconsin Statutes (Unlawful Contracts: Conspiracies)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, indicate:</p> <p style="padding-left: 40px;">The date: _____ Claimant: _____</p> <p style="padding-left: 40px;">Claimant's mailing address: _____</p> <p style="padding-left: 40px;">Attach a statement reciting the particulars of each such violation.</p>
<p>15. Attach a list of the major projects your organization has completed within the past three (3) years, including for each project: the class of work; the contract amount; the completion date; and the name and address of the owner or contracting officer.</p>
<p>16. Attach a list of major equipment available to your organization for the proposed work.</p>
<p>17. Attach a statement of your organization's experience in the construction of work similar in nature and importance to this project.</p>
<p>18. Credit available:</p> <p>Attach a letter from your financial institution(s) advising line credit for your organization.</p>
<p>19. Name of Bond Company, and agent's name, address and telephone number:</p>
<p>20. Financial Statement:</p> <p>Condition at close of business on:</p>

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 \$ _____
- TOTAL ASSETS \$ _____

LIABILITIES

- h. Accounts, Notes, and Interest Payable \$ _____
- i. Other Liabilities \$ _____
- TOTAL LIABILITIES \$ _____

NET WORTH \$ _____

21. Additional information may be submitted if desired

Dated at _____ this _____ day of _____.

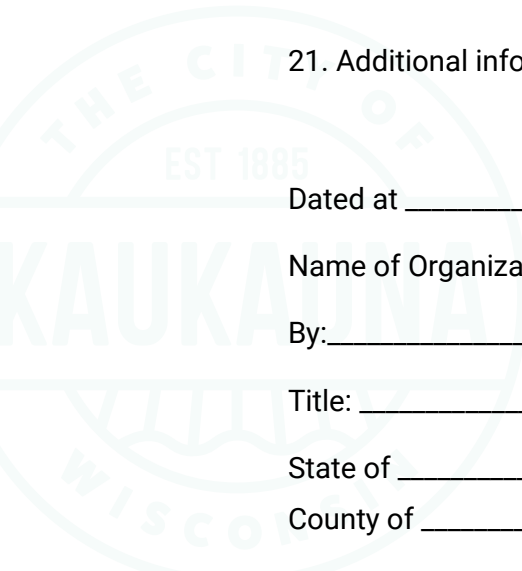
Name of Organization: _____

By: _____

Title: _____

State of _____

County of _____



_____ being duly sworn says that he is
_____ of _____ and that the
answers to the foregoing questions and all statements contained herein and in the
attachments are true and correct.

Signed: _____

Subscribed and sworn to before me this _____ day of _____, _____.

My Commission Expires: _____ Notary Public

