

To: Curt Czarnecki, General Manager
Kenosha Water Utility
4401 Green Bay Road
Kenosha, Wisconsin 53144

Re: Submission of Prequalification Forms for the Year 2020

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: Curt Czarnecki, 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 one:

A Corporation

A Co-Partnership

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) Utility Contractors License Number _____

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

(3) When Incorporated _____

(4) In what State _____

2. EXPERIENCE

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

Year	Class of Work	Contract Amount	Location of Work	For whom work performed: Name, Address, Telephone

B. Tabulation of Construction Experience of Principal Individuals in Organization:

Individuals Name	Present Position or Office	Years of Experience	Class of Work

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:

Quantity	Item	Description, Size, Capacity, etc.	Condition (Good or Fair)	Years of Service

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?

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

8. AFFIDAVIT

STATE OF _____)
) SS.
COUNTY OF _____)

_____ being duly sworn, deposes and says
that he is the _____ (Official Capacity) of the above
_____ (Name of Firm) and that the answers to the foregoing
questions and all statements therein contained are true and correct, and that any owner, bonding
company, or other agency, herein named is hereby authorized to supply the Municipality with
any information deemed necessary to verify this statement.

Subscribed and sworn to before me this _____ day of _____, 20____ .

My commission expires _____, 20____ .

(Notary Public)

Contractor Safety and Health Qualification Form

Contractor Name: _____

Per the requirement of the Board of Water Commissioners, all bidders shall have safety and health qualification forms on file with the Kenosha Water Utility. In an effort to go paperless, KWU is requiring all prequalified firms to provide a PDF copy of their Safety and Health Programs for the year 2020. The document will be valid until 2025.

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	N/A
◦ Industrial hygiene program?	Yes	No	N/A

Does the program include the following practices?:

◦ Hazard control?	Yes	No	
◦ Hazard reporting?	Yes	No	
◦ Preventative 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:

- | | | |
|--|-----|----|
| ◦ Designated Safety/Health Director? | Yes | No |
| ◦ Designated Site Safety/Health Director? | Yes | No |
| ◦ Designated Job Safety/Health Coordinator? | Yes | No |
| ◦ Certified safety and health professionals and other
License health care professionals, as needed? | Yes | No |

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

	2017	2018	2019
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 3 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 (PDF version)
- 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: _____