



## **CONTRACTOR'S PREQUALIFICATION FORM**

As a condition of bidding on District Projects, prospective General Contractors are required to submit to the District this completed pre-qualification package and a financial statement as specified herein. The value of individual bid packages may range from \$10,000 to \$5 million.

### **1. REQUEST FOR PRE-QUALIFICATION OF BIDDERS**

The District requires from all prospective General Contractors answers to all questions contained in this prequalification form. The prequalification questionnaire requests detailed information, including background, experience, financial ability, equipment and references in performing various projects.

Each General Contractor must select the type projects to be qualified for and supply references for each project type that is selected. The Project Types are as follows:

- Water Distribution Piping (Diameters up to and including 12")
  - Water Transmission Piping (Diameters greater than 12")
  - Collection System Distribution Piping including Force Mains (Diameters up to and including 12")
  - Collection System Transmission Piping – Gravity Main (Diameter greater than 12")
  - Collection System Transmission Piping – Force Main (Diameter greater than 12")
  - Cured-in-Place Liners
  - Water Treatment Plant Construction or Rehabilitation
  - Waste Water Treatment Plant Construction or Rehabilitation
- (Please select all that apply).

Annually, starting at the beginning of October 2018, the General Contractors will either submit a new contractor evaluation form or a review form for those that had supplied a new form within the last three years. New General Contractors can fill out the Prequalification Form at any time in the year. Please note, the District cannot guarantee that prequalification can be accomplished timely in every case in order to meet a bid opportunity, potential bidders are encouraged to prequalify as early as possible prior to announcement of a bid.

These documents will be the basis of rating contractors. All questions must be answered. If a question is not applicable, then indicate a response of "N/A". "You" or "Yours" as used herein refers to the prospective bidders' firm and any of its owners, officers, principals and qualifying individuals. The General Contractor will only be prequalified if the Application indicates experience, financial ability, and equipment of sufficient nature to ensure the District, in its judgement, that the General Contractor can execute a contract and meet the obligations therein.

If additional sheets are required for any of the responses, please attach additional sheets of paper signed by the qualified person to provide the information. Failure to provide any information requested may result in a reduced rating or disqualification. Any false statement will result in the immediate disqualification.

Each General Contractor shall have a duly authorized owner, officer or principal complete the questionnaire and verify the truth of the information provided therein and in the financial statement.

Each General Contractor must submit its most current fiscal year-end financial statements within twelve (12) months of each General Contractor's submission of its pre-qualification package.

## **2. SUBMISSION OF COMPLETED FORMS**

Pre-Qualification Packages must be submitted to the following:

Engineering Manager  
100 Water Drive  
O'Fallon, MO 63368

## **3. STANDARD OF REVIEW**

The prequalification form will be reviewed and scored by a three-member team. The team will include the Engineering Manager and two separate members of the engineering staff that have a familiarity with the work to be performed. Each area of evaluation will be scored individually and assessed a weighted score by category. The overall score of each member will then be averaged to provide a final scoring that will determine if the contractor should be prequalified or not.

## **4. NOTIFICATION OF PRE-QUALIFICATION RESULTS**

General contractors will be notified of their pre-qualification status upon the completion of the review. The review and evaluation should be completed within 60 days.

## **5. APPEAL PROCESS**

Should a contractor not agree with the decision regarding prequalification, that contractor may appeal the decision in writing to the District General Manager. All protests must be in writing and signed by the protesting contractor or an authorized Agent. The protest must state the grounds for the protest with specific facts and complete statements of the actions being protested. A description of the relief or corrective action being requested should also be included. The District General Manager, or his designee, shall consider the appeal within three (3) business days of the filing of the notice of appeal and review the evidence along with the District's evidence. The General Manager, or his designee, shall issue a written decision after the conclusion of the review and mail or cause to be delivered said decision to the appealing contractor within three (3) business days.

Should the contractor be dissatisfied with the General Manager's, or his designee's, written decision, the aggrieved contractor may appeal the same to the District's Board of Directors. This is to be done by filing a written notice of appeal to the Clerk at the address noted above, setting forth the specific reasons, within five (5) calendar days of receipt of the decision of the General Manager, or his designee. The Board shall hold a hearing on the pre-qualification rating at the next scheduled Board Meeting. Pending the hearing before the Board, the decision of the General Manager, or his designee, shall remain in full force and effect. Should the decision of the General Manager, or his designee, be reversed or revised by the Board, the decision shall take effect as of the date of the Board's decision and shall not be retroactive. The decision of the Board shall be final. Said decision shall be mailed or delivered to all parties.

To the extent allowed by law, the information submitted by General Contractors, for this Application, shall remain confidential except on appeals to the Board where information used to decide the appeal will become public.

## Contractor's General/Financial Information Sheet

1. Contractor's name as it appears on license:

\_\_\_\_\_

2. Corporation Partnership Sole Proprietor Other \_\_\_\_\_

3. If firm is a sole proprietor or partnership:

Owner(s) of Company \_\_\_\_\_

4. Name of Contractor's Primary Contact (for questions):

\_\_\_\_\_

5. Street Address:

\_\_\_\_\_

6. City/State/Zip Code:

\_\_\_\_\_

7. Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

(pre-qual. results will be sent to this address)

8. Missouri Business Charter Number:

\_\_\_\_\_

9. Please attach your most current compiled, reviewed, or year-end financial statements, which must have been prepared by a Certified Public Accountant, within twelve (12) months of each prospective bidder's submission of its pre-qualification package.

10. Tax ID Number:

\_\_\_\_\_

# PRE-QUALIFICATION QUESTIONNAIRE

## PART 1 - ESSENTIAL REQUIREMENTS FOR QUALIFICATION

**Contractor will be immediately disqualified if the answer to any of questions 1 through 4 is “no.”**

**Contractor will be immediately disqualified if the answer to any of questions 5 through 8 is “yes.”**

1. Contractor has a general liability insurance policy with a policy limit of at least **\$2,000,000 per occurrence and \$5,000,000 aggregate** with an insurance company? Please note that insurance policy requirements may be increased due to project size. Further, the certificate of insurance provided by Contractor in connection with any District project must name the Public Water Supply District #2 of St. Charles County, as well as its Board Members, employees, and other agents, as additional insureds.  
 Yes     No
2. Contractor has current workers' compensation insurance policy?  
 Yes     No     Workers' Compensation Insurance not required
3. Have you attached your latest copy of a financial statement, completed within the past twelve (12) months?  
 Yes     No
4. Have you attached a statement from an admitted surety insurer which states your current single project and aggregate bonding capacity?  
 Yes     No
5. Is your firm currently the debtor in a bankruptcy or receivership case?  
 Yes     No
6. Has a performance bond surety firm taken over or completed a project on your behalf, supervised the work of a project, or paid amounts to third parties for completion of a project related to your construction activities within the last five (5) years?  
 Yes     No
7. At any time during the last five (5) years, has your firm or any of its owners or officers been convicted of a crime involving the awarding of a contract of a government construction project, or the bidding or performance of a government contract?  
 Yes     No
8. At any time during the last five (5) years, has your firm or any of its owners or officers been convicted of federal or State crime of fraud, theft or any other act of dishonesty?  
 Yes     No

**PART 2 - ORGANIZATION, HISTORY, ORGANIZATIONAL PERFORMANCE, COMPLIANCE WITH CIVIL AND CRIMINAL LAWS**

**A. Current Organization and Structure of the Business**

**1. For Firms That Are Corporations:**

- i. Date incorporated: \_\_\_\_\_
- ii. Under the laws of what State: \_\_\_\_\_
- iii. Provide all the following information for each person who is either (a) an officer of the corporation (president, vice president, secretary, treasurer), or (b) the owner of at least ten percent (10%) of the corporation’s stock.

Name	Position	Years with Co.	% Ownership

- iv. Identify every construction firm that any person listed above has been associated with (as owner, general partner, limited partner or officer) at any time during the last five (5) years.  
**NOTE: For this question, “owner” and “partner” refer to ownership of ten percent (10%) or more of the business, or ten percent (10%) or more of its stock, if the business is a corporation.**

Person’s Name	Construction Firm	Dates of Person’s Participation with Firm

**2. For Firms That Are Partnerships:**

- i. Date of formation: \_\_\_\_\_
- ii. Under the laws of what State: \_\_\_\_\_
- iii. Provide all the following information for each partner who owns ten percent (10%) or more of the firm.

Name	Position	Years with Co.	% Ownership

- iv. Identify every construction company that any partner has been associated with (as owner, general partner, limited partner or officer) at any time during the last five (5) years.  
**NOTE: For this question, “owner” and “partner” refer to ownership of ten percent (10%) or more of the business, or ten percent (10%) or more of its stock, if the business is a corporation.**

Person's Name	Construction Company	Dates of Person's Participation with Company

3. **For Firms That Are Sole Proprietorships:**

- i. Date of commencement of business: \_\_\_\_\_
- ii. Identify every construction firm that the business owner has been associated with (as owner, general partner, limited partner or officer) at any time during the last five (5) years.

**NOTE: For this question, "owner" and "partner" refer to ownership of ten percent (10%) or more of the business, or ten percent (10%) or more of its stock, if the business is a corporation.**

Person's Name	Construction Company	Dates of Person's Participation with Company

4. **For Firms That Intend to Make a Bid as Part of a Joint Venture:**

- i. Date of commencement of joint venture: \_\_\_\_\_
- ii. Provide all of the following information for each firm that is a member of the joint venture that expects to bid on one or more projects:

Name of Firm	% Ownership of Joint Venture

- iii. On a separate sheet provide all other pertinent information required in the sections above, for each corporation, partnership or sole-proprietorship that is a part of the joint venture.

**B. History of the Business and Organizational Performance**

- 1. Has there been any change in ownership of the firm at any time during the last three (3) years?

**NOTE: A corporation whose shares are publicly traded is not required to answer this question.**

Yes       No

If "yes," explain on a separate signed page.

- 2. Is the firm a subsidiary, parent, holding company or affiliate of another construction firm?

**NOTE: Include information about other firms if one firm owns fifty percent (50%) or more of another, or if an owner, partner, or officer of your firm holds a similar position in another firm.**

Yes       No

If "yes," explain on a separate signed page.

3. Are any corporate officers, partners or owners connected to any other construction firms?  
**NOTE: Include information about other firms if an owner, partner, or officer of your firm holds a similar position in another firm.**  
 Yes  No
4. State your firm's gross revenues for each of the last three (3) years:  
 \_\_\_\_\_
5. How many years has your organization been in business in Missouri as a contractor under your present business name and charter number? \_\_\_\_\_ years

### Disputes

6. At any time in the last five (5) years has your firm been assessed or paid any liquidated damages under a construction contract with either a public or private owner?  
 Yes  No  
 If yes, explain on a separate signed page, identifying all such projects by owner, owner's address, the date of completion of the project (if the project was completed), amount of liquidated damages assessed, amount of liquidated damages paid, and all other information necessary to fully explain the assessment of liquidated damages.
7. In the past five (5) years has a project owner, general contractor, subcontractor, supplier, architect, or construction manager filed or made claims, including in court or in arbitration, against your firm concerning your firm's work on a construction project or payment for a contract?  
 Yes  No  
 If "yes," on separate signed sheets of paper identify the claim(s) by providing the project name, date of the claim, name of the claimant, a brief description of the nature of the claim, the court in which the case was filed and a brief description of the status of the claim (pending or, if resolved, a brief description of the resolution).
8. In the past five (5) years has your firm filed or made any claim, including in court or in arbitration, against a project owner, general contractor, subcontractor, supplier, architect, or construction manager concerning work on a project or payment for a contract?  
 Yes  No  
 If "yes," on separate signed sheets of paper identify the claim by providing the project name, date of the claim, name of the entity (or entities) against whom the claim was filed, a brief description of the nature of the claim, the court in which the case was filed and a brief description of the status of the claim (pending, or if resolved, a brief description of the resolution).
9. At any time during the past five (5) years, has any surety company made any payments on your firm's behalf to satisfy any claims made against a payment bond issued on your firm's behalf, in connection with a construction project, either public or private?  
 Yes  No  
 If "yes," explain on a separate signed page the amount of each such claim, the name and telephone number of the claimant, the date of the claim, the grounds for the claim, the present status of the claim, the date of resolution of such claim if resolved, the method by which such was resolved if resolved, the nature of the resolution and the amount, if any, at which the claim was resolved.

10. In the past three (3) years, have any subcontractors or suppliers filed any mechanics liens or stop notices for labor and/or materials with respect to any projects for which you served as a general contractor?  
 Yes       No  
 If yes, explain on a separate signed sheet of paper, identify the project name, the date of the mechanics lien or stop notice, the name of the entity (or entities) submitting the mechanics lien or stop notice, a brief description of the nature of the claim resulting in the mechanics lien or stop notice (including the amount of the claim), and if the matter was resolved, the nature of the resolution.
11. In the last five (5) years has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm?  
 Yes       No  
 If “yes,” explain on a separate signed page. Name the insurance carrier, the form of insurance and the year of the refusal.

### **Criminal Matters and Related Civil Suits**

12. Has your firm or any of its owners, officers or partners ever been found liable in a civil suit or found guilty in a criminal action for making any false claim or material misrepresentation to any public agency or entity?  
 Yes       No  
 If “yes,” explain on a separate signed page, including identifying who was involved, the name of the public agency, the date of the investigation and the grounds for the finding.
13. Has your firm or any of its owners, officers or partners ever been convicted of a crime involving any federal, State, or local law related to construction?  
 Yes       No  
 If “yes,” explain on a separate signed page, including identifying who was involved, the name of the public agency, the date of the conviction and the grounds for the conviction.
14. Has your firm or any of its owners, officers or partners ever been convicted of a federal or State crime of fraud, theft, or any other act of dishonesty?  
 Yes       No  
 If “yes,” identify on a separate signed page the person or persons convicted, the court (the county if a State court, the district or location of the federal court), the year and the criminal conduct.

### **Bonding**

15. Provide the percentage that your firm is required to pay as a premium for a performance and payment bond. If your company’s premium is on a sliding scale please list percentages for project sizes as an attachment. If the percentage rate is greater than one percent (1%) you may provide an explanation, if you wish to do so. \_\_\_\_\_%
16. List all other sureties (name and full address) that have written bonds for your firm during the last five (5) years, including the dates during which each wrote the bonds:



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17. Provide the name of the current Bonding Company \_\_\_\_\_

Total Bonding capacity \_\_\_\_\_

18. During the last five (5) years, has your firm ever been denied bond coverage by a surety company, or has there ever been a period of time when your firm had no surety bond in place during a public construction project when one was required?

Yes       No

If yes, provide details on a separate signed sheet indicating the date when your firm was denied coverage and the name of the company or companies which denied coverage; and the period during which you had no surety bond in place.

### **Compliance with Occupational Safety and Health Laws and with Other Labor Safety**

19. Has OSHA cited and assessed penalties against your firm for any “serious,” “willful” or “repeat” violations of its safety or health regulations in the past five (5) years?

**NOTE: If you have filed an appeal of a citation, and the Occupational Safety and Health Appeals Board has not yet ruled on your appeal, you need not include information about it.**

Yes       No

If “yes,” attach a separate signed page describing the citations, including information about the dates of the citations, the nature of the violation, the project on which the citation(s) was or were issued, and the amount of penalty paid, if any. If the citation was appealed to the Occupational Safety and Health Appeals Board and a decision has been issued, state the case number and the date of the decision.

20. Does your firm have a written safety, health, and accident prevention program (Safety Program)?

Yes       No

If yes, please provide a copy with the completed questionnaire.

21. Does your firm require all employees to have the required OSHA training?

Yes       No

22. Does your firm have a written procedure to ensure that only employees who are qualified by training and experience are allowed to operate equipment, tools, machinery, and vehicles?

Yes       No

23. Name and Title of firm’s Safety & Health Contact. \_\_\_\_\_  
What percent of this person’s time is spent on safety & health matters? \_\_\_\_\_%

24. How often do you require documented safety meetings to be held for construction employees and field supervisors during the course of a project?

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25. How often do you require Trench Safety Training to be held for the construction employees and field supervisors? \_\_\_\_\_

26. List your firm’s Experience Modification Rate (EMR) for each of the past three (3) premium years:

**NOTE: An Experience Modification Rate is issued to your firm annually by your workers’ compensation insurance carrier.**

Last Year	1-Year Prior	2-Year Prior

If your EMR for any of these three (3) years is or was 1.00 or higher you may, if you wish, attach a letter of explanation.

27. List your firm’s OSHA Recordable Incident Rate for the past three (3) years:

Last Year	1-Year Prior	2-Year Prior

The OSHA Recordable Incident Rate should be calculated as per Appendix A. If the rates are above the current national average, the applicant may be disqualified.

28. How many fatalities has your firm experienced over the last three (3) years:

Last Year	1-Year Prior	2-Year Prior

29. Within the last five (5) years has there ever been a period when your firm had employees but was without workers’ compensation insurance?

Yes       No

If “yes,” please explain the reason for the absence of workers’ compensation insurance on a separate signed page. If “No,” please provide a statement by your current workers’ compensation insurance carrier that verifies periods of workers’ compensation insurance coverage for the last five (5) years. (If your firm has been in the construction business for less than five (5) years, provide a statement by your workers’ compensation insurance carrier verifying continuous workers’ compensation insurance coverage for the period that your firm has been in the construction business.)

**Compliance with Prevailing Wage**

30. Has there been more than one occasion during the last five (5) years in which your firm was required to pay either back wages or penalties for your own firm’s failure to comply with the State’s prevailing wage laws.

**NOTE: This question refers only to your own firm’s violation of prevailing wage laws, not to violations of the prevailing wage laws by a subcontractor.**

Yes       No

If "yes," attach a separate signed page or pages, describing the nature of each violation, identifying the name of the project, the date of its completion, the public agency for which it was constructed; the number of employees who were initially underpaid and the amount of back wages and penalties that you were required to pay.

### **PART 3 - RECENT CONSTRUCTION PROJECTS COMPLETED**

Qualifying General Contractors be advised: Failure to provide the requested information will be grounds for disqualifying a perspective proposer. Names and references must be current and verifiable. Further, while Contractors are required to provide references as set forth in this packet, the District retains the right, at its sole discretion, to interview references even if not provided by Contractors and to determine prequalification on the basis of input provided by such references.

The District will make no more than three (3) attempts to contact each reference. If a response is not received within fourteen (14) calendar days the Contractor will receive a score of zero (0) for that particular reference.

Contractor shall provide information about its three (3) most recently completed projects, for each Project Type being sought for prequalification.

Project Name: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, current phone number, and email address):

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

Architect or Engineering firm: \_\_\_\_\_

Architect or Engineer Contact (name and current phone number):

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

Construction Manager (name and current phone number):

\_\_\_\_\_

Inspector of Record (name and current phone #):

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

Description of Project, Scope of Work Performed:

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

Original Contract Value: \_\_\_\_\_

Total Value of Approved Change Orders: \_\_\_\_\_

If the change order value exceeds the original contract value by ten percent (10%) or more, please attach a sheet explaining change orders causes.

Original Scheduled Completion Date: \_\_\_\_\_

Time Extensions Granted (number of days): \_\_\_\_\_

Actual Date of Completion: \_\_\_\_\_

Project Name: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, current phone number, and email address):

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

Architect or Engineering firm: \_\_\_\_\_

Architect or Engineer Contact (name and current phone number):

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

Construction Manager (name and current phone number):

\_\_\_\_\_

Inspector of Record (name and current phone #):

\_\_\_\_\_

Description of Project, Scope of Work Performed:

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

Original Contract Value: \_\_\_\_\_

Total Value of Approved Change Orders: \_\_\_\_\_

If the change order value exceeds the original contract value by ten percent (10%) or more, please attach a sheet explaining change orders causes.

Original Scheduled Completion Date: \_\_\_\_\_

Time Extensions Granted (number of days): \_\_\_\_\_

Actual Date of Completion: \_\_\_\_\_

Project Name: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, current phone number, and email address):

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

Architect or Engineering firm: \_\_\_\_\_

Architect or Engineer Contact (name and current phone number):

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

Construction Manager (name and current phone number):

\_\_\_\_\_

Inspector of Record (name and current phone #):

\_\_\_\_\_

Description of Project, Scope of Work Performed:

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

Original Contract Value: \_\_\_\_\_

Total Value of Approved Change Orders: \_\_\_\_\_

If the change order value exceeds the original contract value by ten percent (10%) or more, please attach a sheet explaining change orders causes.

Original Scheduled Completion Date: \_\_\_\_\_

Time Extensions Granted (number of days): \_\_\_\_\_

Actual Date of Completion: \_\_\_\_\_



The submitter of the foregoing answers to the questionnaire and financial statement has read the same and the matters stated therein are true of his or her own personal knowledge. The information is for the purpose of inducing the District to supply the submitter with plans and specifications, and any individual, company or other agency named therein is hereby authorized to supply the District with any information necessary to verify the statements. Submitter understands that any statement, which is proven to be false, shall be grounds for immediate exclusion of the named Contractor from the pre-qualification process. Should the foregoing statements at any time change or cease to be proper and true in any material respect, the named Contractor agrees that the Contractor must promptly update this questionnaire and/or financial statement and that Contractor will not be prequalified until Contractor has done so and the District has determined that the Contractor is prequalified in light of the updated information. The submitter whose signature appears below has authority to bind the named Contractor. Submitter has provided evidence in a form and substance acceptable to the District (such as Power of Attorney) that the submitter whose signature appears below has authority to bind the named Contractor.

The undersigned hereby declares that all of the statements made in the pre-qualification questionnaire and financial statements are true and correct and are made under the penalty of perjury under the laws of the State of Missouri.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Contractor

State of Missouri, County and or City of St. Charles,

On this \_\_\_\_ day of \_\_\_\_ in the year \_\_\_\_ before me, \_\_\_\_\_, a Notary Public in and for said state, personally appeared \_\_\_\_\_, of \_\_\_\_\_ known to me to be the person who executed the within Contractor Prequalification Form, in behalf of \_\_\_\_\_ and acknowledged to me that he/she executed the same for the purposes therein stated.

Seal

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