

STATEMENT OF BIDDERS QUALIFICATIONS

(Attach Additional Sheets As Needed)

Submitted To:

Office of First Selectman
Town of Old Lyme
52 Lyme Street
Old Lyme, CT 06371

Project Submitted For:

Academy Lane Dock

Submitted By:

Contractor:

Address: _____

Phone Number(s): _____

Email(s): _____

Type of Organization:

1. Sole Proprietorship

Name of Owner: _____

Doing Business as: _____

Date of Organization: _____

2. Partnership

Date of Organization: _____

Type of Partnership: _____

Name of General Partner(s): _____

3. Corporation

State of Organization: _____

Date of Organization: _____

Executive Officers:

President: _____

Vice President(s): _____

Treasurer: _____

Secretary: _____

4. Limited Liability Company

State of Organization: _____

Date of Organization: _____

Members: _____

5. Joint Venture

State of Organization: _____

Date of Organization: _____

Form of Organization: _____

Joint Venture Managing Partner

Name: _____

Address: _____

Joint Venture Managing Partner

Name: _____

Address: _____

Joint Venture Managing Partner

Name: _____

Address: _____

See additional sheets attached

Licensing:

Jurisdiction: _____

Type of License: _____

License Number: _____

Jurisdiction: _____

Type of License: _____

License Number: _____

Certifications:

Certified by:

Disadvantage Business Enterprise: _____

Minority Business Enterprise: _____

Woman Owned Enterprise: _____

Small Business Enterprise: _____

Other (_____): _____

Bonding Information:

Bonding Company: _____

Address: _____

Bonding Agent: _____

Address: _____

Contact Name: _____

Phone: _____

Aggregate Bonding Capacity: _____

Available Bonding Capacity (as of date of this submittal): _____

Financial Information:

Financial Institution: _____

Address: _____

Account Manager: _____

Phone: _____

See additional sheets attached

Construction Experience:

Current Experience:

List on Schedule A attached (make additional copies as necessary) all uncompleted projects currently under contract (If Joint Venture list each participant’s projects separately)

Previous Experience:

List on Schedule B attached (make additional copies as necessary) all projects completed within the last 5 years (If Joint Venture list each participant’s projects separately).

Has Contractor submitting this form ever failed to complete a construction contract awarded to it?

YES NO

If YES, attach as an Attachment details including Project Owner’s contact information.

Has any Corporate Officer, Partner, Joint Venture participant or Proprietor ever failed to complete a construction contract awarded to them in their name or when acting as a Principal of another entity?

YES NO

If YES, attach as an Attachment details including Project Owner’s contact information.

Are there any judgments, claims, disputes or litigation pending or outstanding involving the firm listed in Section 1 or any of its officers (or any of its partners if a Partnership or any of the individual entities if a Joint Venture)?

YES NO

If YES, attach as an Attachment details including Project Owner’s contact information.

Safety Program:

Name of Contractor’s Safety Officer: _____

Include the following as Attachments:

Provide as an Attachment Contractor’s (and Contractor’s proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) list of all OSHA Citations & Notifications of Penalty (monetary or other) received with in the last 5 years (indicate disposition as applicable) – If None So State.

Provide as an Attachment Contractor’s (and Contractor’s proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) list of all safety citations or violations under any state all received within the last 5 years (indicate disposition as applicable) – If None So State.

Provide the following for the firm listed in Section 5 (and for each proposed Subcontractor furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) the following (attach additional sheets as necessary):

Workers’ Compensation Experience Modification Rate (EMR) for the last 5 years:

| | |
|------------|-----------|
| YEAR _____ | EMR _____ |

Total Recordable Frequency Rate (TRFR) for the last 5 years:

| | |
|------------|-----------|
| YEAR _____ | EMR _____ |

Total Number of Man-Hours Worked (TNMH) for the last 5 years:

| | |
|------------|------------|
| YEAR _____ | TNMH _____ |

Provide Contractor’s (and Contractor’s proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) Days Away From Work, Days of Restricted Work Activity or Job Transfer (DART) incidence rate for the particular industry or type of Work to be performed by Contractor (and each of the Contractor’s proposed Subcontractors and Suppliers) for the last 5 years:

| | |
|------------|------------|
| YEAR _____ | DART _____ |

Equipment:

Major Equipment:

List on Schedule C attached (make additional copies as necessary) all pieces of major equipment available for use on this Project including equipment for transporting, moving and setting 15,000 pound pieces of armor stone.

The undersigned agrees, if requested by the Owner, to submit a current financial statement and to furnish any other information in verification of this Statement of Bidders Qualifications within five (5) days of the Bid opening date.

By my signature below, I hereby attest that the information provided above, including any attachments, is complete to the best of my knowledge and belief. Also by my signature below, I acknowledge that falsified, incomplete or inaccurate information supplied above may, at the option of the Owner, be reason for the rejection of my Bid.

Dated this _____ day of _____, 20____.

Bidder: _____

Seal

(if Statement of Qualifications is by a Corporation)

By: _____

(Signature)

Title: _____

Sworn to and subscribed to before me this _____ day of _____, 20____ in the

County of _____, State of _____.

Notary Public Signature

Commission Number

Print Name

(Seal)

My Commission expires _____

SCHEDULE A- CURRENT EXPERIENCE

| PROJECT NAME | OWNER'S CONTACT PERSON | DESIGN ENGINEER | CONTRACT DATE | TYPE OF WORK | STATUS | COST OF WORK |
|---------------------|---|---|----------------------|---------------------|---------------|---------------------|
| | Name: Address: Telephone: | Name: Company: Telephone: | | | | |
| | Name: Address: Telephone: | Name: Company: Telephone: | | | | |
| | Name: Address: Telephone: | Name: Company: Telephone: | | | | |
| | Name: Address: Telephone: | Name: Company: Telephone: | | | | |
| | Name: Address: Telephone: | Name: Company: Telephone: | | | | |

SCHEDULE B- PREVIOUS EXPERIENCE

| PROJECT NAME | OWNER'S CONTACT PERSON | DESIGN ENGINEER | CONTRACT DATE | TYPE OF WORK | STATUS | COST OF WORK |
|--------------|---|---|---------------|--------------|--------|--------------|
| | Name: Address: Telephone: | Name: Company: Telephone: | | | | |
| | Name: Address: Telephone: | Name: Company: Telephone: | | | | |
| | Name: Address: Telephone: | Name: Company: Telephone: | | | | |
| | Name: Address: Telephone: | Name: Company: Telephone: | | | | |
| | Name: Address: Telephone: | Name: Company: Telephone: | | | | |

