

RIVER RIDGE

DEVELOPMENT AUTHORITY

Thank you for your interest in the River Ridge Commerce Center. In order to develop a more complete knowledge of your Company and better match future Company opportunities to your Company's capabilities please complete this form and return to:

River Ridge Development Authority
6200 East Highway 62
Building 2501, Suite 600
Jeffersonville, IN 47130
Attention: Tom Vittitow
Phone: 812-285-8979
Fax: 812-285-8983

Along with this form, please have your insurance provider submit an Insurance Certificate to the River Ridge Development Authority. Your company will be required to list the River Ridge Development Authority as additional insured if you are awarded a Contract to do work on the River Ridge Commerce Center property. See Attachment A for the Insurance Requirements.

Date of Response: _____

CONTRACTOR PREQUALIFICATION FORM

Name of Company: _____

Street Address: _____

(city) (state) (zip)

Mailing Address: _____

(city) (state) (zip)

Phone: _____ Fax: _____

Contact : _____ Phone: _____ Cell Phone: _____

E-mail _____

Contact : _____ Phone: _____ Cell Phone: _____

E-mail _____

Contact : _____ Phone: _____ Cell Phone: _____

E-mail _____

Website: _____

Is your Company:

☐ MBE ☐ WBE ☐ DBE MBE/WBE/DBE Certified by: _____
Please attach copies of all certifications.

Is this address the: ☐ Main Office ☐ Regional Office ☐ Branch Office

Trades

Please fill-in the trade(s) that your Company is interested in bidding

Year Company Started: _____ Type of Company: ☐ Corp. ☐ Partnership ☐ Proprietorship ☐ Sub. S. Corp.

State of Incorporation: _____ Date of Incorporation: _____

Contractor's License Number: _____ State: _____ Expiration: _____ (Attach list if needed)

State Sales Tax Registration Number: _____ (attach list as needed)

State Unemployment Insurance Number: _____ (attach list as needed)

Federal ID Number _____

List the corporate officers, partners, proprietors, members and shareholders of more than 5% of the stock of your Company, and their professional background and experience:

	<u>Name</u>	<u>Year of Birth</u>	<u>Position</u>	<u>Percent Owned</u>
A.	_____	_____	_____	_____
	Experience: _____			
B.	_____	_____	_____	_____
	Experience: _____			
C.	_____	_____	_____	_____
	Experience: _____			
D..	_____	_____	_____	_____
	Experience: _____			

Under what other names has your Company operated? _____

How many people does your Company presently employ:

Home Office _____ Field Supervisory _____ Tradespeople _____

Has your Company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you?

_____ Yes _____ No

If yes, please explain: _____

Have any of the Owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct?

_____ Yes _____ No

If yes, please explain: _____

Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations?

_____ Yes _____ No

If yes, please explain: _____

Does your Company have any outstanding judgements or claims against it? _____ Yes _____ No

If yes, please explain: _____

List below Unions which you have agreements with:

Local Number

Union Name

Agreement Expiration

Indicate the size of project you are most competitive in performing. Show in preference order (1 being most competitive, 9 being least competitive):

Under \$100,000	_____	\$3,000,000 - \$6,000,000	_____
\$100,000 - \$200,000	_____	\$6,000,000 - \$9,000,000	_____
\$200,000 - \$500,000	_____	\$10,000,000 - \$15,000,000	_____
\$500,000 - \$1,000,000	_____	Over \$15,000,000	_____
\$1,000,000 - \$3,000,000	_____		_____

List the trades you normally perform with your own forces: _____

What percentage of the Company's work is normally subcontracted? _____ %

What is your expected annual volume this year: \$ _____ # of Projects _____

Attach a list of current major projects giving name of project, address, owner, architect, general contractor, scope of work and scheduled completion. (Include contact people and phone numbers)

Attach a list of completed major projects in the past year, giving name of project, address, owner, architect, general contractor and scope of work. (Include contact people and phone numbers)

Attach a list of major owned equipment that will be used for construction projects at the River Ridge Commerce Center.

Bonding Company:

Name of Surety

Key Contact Person/Phone

A. _____

B. Bonding Capacity: Per Job \$ _____ Aggregate: \$ _____

Date of Last Bond _____ Amount: \$

Bond Rate _____ %

Financial Institution/Credit Available:

Name of Financial Institution

Key Contact Person/Phone

A. _____

B. Credit Available: Per Job \$ _____ Aggregate: \$ _____

List three of your major suppliers:

A. Name: _____

Address: _____ Telephone: _____

Contact: _____

B. Name: _____
Address: _____ Telephone: _____
Contact: _____

C. Name: _____
Address: _____ Telephone: _____
Contact: _____

List three contractors that you do business with:

A. Name: _____
Address: _____ Telephone: _____
Contact: _____

B. Name: _____
Address: _____ Telephone: _____
Contact: _____

C. Name: _____
Address: _____ Telephone: _____
Contact: _____

Trade Association Memberships: _____

List local or national accredited training programs in which you participate (craft or management training): _____

General Remarks: _____

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that River Ridge Development Authority will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Dated at _____ this _____ day of _____

Name of Company: _____

Completed by: _____ (must be an officer of the Company)

Title: _____

_____ being duly sworn, deposes and says that the information provided herein is true and sufficiently complete so as to not be misleading.

Subscribed and sworn before me this _____ Day of _____ , 20_____

Notary Public: _____

My commission Expires: _____

ATTACHMENT A

RIVER RIDGE DEVELOPMENT AUTHORITY CONTRACTOR INSURANCE REQUIREMENTS

Contractor agrees to procure and maintain in full force and effect, at Contractor's sole cost and expense, insurance adequate to protect Owner from and against costs and liability of every description and to procure and maintain the following minimum coverage requirements:

- Worker's Compensation and Employer's Liability in amounts as required by State Statute.
- Comprehensive General Liability Coverage Limits:
 - a. \$2,000,000 General Aggregate
 - b. \$2,000,000 Products - Completed Operations Aggregate
 - c. \$1,000,000 Each Occurrence
 - d. \$1,000,000 Personal Injury/Advertising Injury – Annual Aggregate
 - e. \$50,000 Fire Damage (any one fire)
 - f. Property Damage Liability Insurance will provide Explosion, Collapse and Underground coverage, where applicable.
 - g. The General Liability insurance must include Contractual Liability covering the insurable portions of Indemnity Agreement of the Contract.
 - h. If the General Liability is written on a Claims Made basis, uninterrupted Claims Made coverage or and Extending Reporting Period (Tail) endorsement must be purchased covering a period of at least two (2) years from the termination of the Contract.
- Comprehensive Automobile Liability Limit:
 - a. \$1,000,000 Combined Single Limit of Liability. Auto Liability insurance shall be written on a Symbol 1 basis, or its equivalent, to cover owned, non-owned and hired autos.

The Contractor's insurance shall be by insurers authorized to do business in the State of Indiana and having a current A.M. Best Rating of A- VII or better, unless otherwise approved by the Owner. Documentation that the insurance provider meets this criterion must be included with the Insurance Certificate. The Contractor shall not be self insured for any coverage required of this Contract.

All such policies shall provide for no less than thirty (30) days prior notice of cancellation to Owner, including for non-payment of premium. Certificates of such insurance shall be filed with Owner prior to commencement of any Work, and shall be subject to Owner's approval for adequacy of protection. Insurance shall remain in force for a minimum of one year after end of project.

The Owner has the authority, at its sole discretion, to waive any requirements or technicalities as it sees fit.

Contact Tom Vittitow with River Ridge Development Authority with any questions regarding these coverage requirements at 812-285-8979.