



CITY OF BAY CITY

PRE-QUALIFICATION QUESTIONNAIRE FOR CONTRACTORS

Contractor Name

Please submit all Pre-Qualification Questionnaires to:

City of Bay City
Attn: Susan Carmien
301 Washington Avenue
Bay City, MI 48708

Contractor Pre-Qualification Questionnaire

Contractor Name

Street Address

Mailing Address

Company Phone

Fax

Contact

Title

Phone

Email

President Name

Home Address

Vice President Name

Home Address

Treasurer Name

Home Address

Number of years has your organization been in business under the present name

Has your organization operated under any other names or was it controlled by another company or business entity? yes no

If yes, attach a statement explaining in detail the nature of any such relationship

Attach copies of state and local licenses held

Attach Master/Journeyman Certification Form

(initial) I certify all workers on the project will maintain current applicable licenses required by law for all licensed occupations and professions.

(initial) I certify this company is in compliance with all applicable state and federal laws and visa requirements regarding the hiring of non-US citizens, and will disclose, prior to Notice to Proceed, of any work visas sought or obtained by this company, any subcontractors, any employees, or independent contractors, in order to perform any portion of the project.

Attach a certified Project Information and Owner Evaluation form for projects completed in the past (5) years. *Submit 3 (minimum) to 5 (maximum) projects.*

Attached Project Name

Types of Work that will potentially be subcontracted

Bonding Capacity

Surety Company

Documentation Attached

Do you have any litigation or arbitrations currently pending within the past five (5) years?

yes

no

If yes, attach a separate sheet explaining parties, court/forum, legal claims, damages sought, and resolution for each.

Attach Proof of insurance

(Certificate of insurance for liability, property damage, and workers compensation)

Attach Fitness for Duty Program form

Violations received against the organization within the past 5 years

Yes No

OSHA/MIOHSA

Prevailing Wage Laws

Wage & Hour Laws

Worker's Compensation Laws

Unemployment Compensation Laws

Has your organization had any disbarment by any state, federal, or local governmental unit and/or findings of non-responsibility or non-compliance with respect to any public or private construction project performed by the organization?

yes

no

If yes, attach a separate sheet with explanation.

I certify this company has staffing capabilities, including subcontractors.

(initial)

I certify this company will not mis-classify workers as independent contractors in violation of state or federal law.

(initial)

I certify this company will comply with warranty requirements required in the bidding documents for labor, equipment, and materials.

(initial)

I certify this company will comply with all wage rate and fringe benefit requirements under applicable federal, state, and local wage laws.

(initial)

I certify this company will follow timelines specified in a project and will finish in a timely fashion.

(initial)

THE UNDERSIGNED, HEREBY ACKNOWLEDGES THEIR OBLIGATION TO COMPLY WITH CHAPTER 2 OF THE BAY CITY ORDINANCES, SECTION 2-283 THRU 2-295 IN EACH CONTRACT AND SUBCONTRACT AND AUTHORIZES AND REQUESTS ANY PERSON, FIRM AND/OR CORPORATION TO FURNISH ANY INFORMATION REQUESTED BY THE OWNER IN VERIFICATION OF THE RECITALS SET FORTH IN THIS PREQUALIFICATION QUESTIONNAIRE. THE UNDERSIGNED, HEREBY CERTIFIES THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF THEIR KNOWLEDGE.

Name

Title

Signature

Date

Subscribed and sworn to before me on the _____ day of _____, 20_____, a Notary Public in the and for the County of _____, State of _____. My commission expires: _____, 20_____.

Notary Public

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