

**TOWN OF UNION BOARD
RESOLUTION NO. 2018-01**

**A RESOLUTION ADOPTING SUBCONTRACTOR PREQUALIFICATION FORM FOR
MUNICIPAL TOWN HALL/GARAGE CONSTRUCTION PROJECT**

At a duly called meeting of the governing body of the Town of Union, Rock County, Wisconsin, held on April 17, 2018, the following resolution was introduced and adopted:

WHEREAS, the governing body of the Town of Union has determined that a true and very real need exists for the construction of a Town Hall and Garage; and

WHEREAS, the governing body of the Town of Union obtained approval to proceed with the above project and secure financing for it at a meeting of the Town Electors on February 1, 2018; and

WHEREAS, the governing body of the Town of Union has entered into an agreement with Keller, Inc. to provide for building design and construction services for the above project, thereby requiring the adoption of a "Contractor Proof of Responsibility Form" for any subcontractors bidding on the above project.

NOW, THEREFORE, BE IT RESOLVED, by the governing body of the Town of Union that the attached "Contractor Proof of Responsibility Form" be approved and adopted as a required submittal of any contractors bidding on the above referenced project. Requiring said form is in the best interests of both Keller Inc. and the Town of Union.

Adopted this 17th day of April, 2018

By: _____
Kendall Schneider, Chairman

By: _____
George Franklin, Supervisor

By: _____
Kim Gruebling, Supervisor

ATTEST:

Regina Ylvisaker, Clerk

10831 N. Hwy. 14
Brooklyn, WI 53521

Phone: (608)577-6644
www.tn.union.wi.gov

Contractor Proof of Responsibility Form

Project Name: Town of Union – Town Hall/Garage

Return To: Town of Union
10831 N. Hwy. 14
Brooklyn, WI 53521

Return By: Submit

1. General Business Information

Your Business Name: _____

Remit to Address: _____ Location Address: _____

(if different than
remit to address)

Phone Number: _____ Fax Number: _____

E-Mail Address: _____ Website Address: _____

Years in business? _____

Fill in the trades that your company is qualified to do:

1. _____ 3. _____
 2. _____ 4. _____

Current number of employees: _____ Will you travel? Yes No How far?
 _____ Miles

Field: Full Time _____

Office: Full Time _____

Total Employees _____

Major equipment owned to assist in completing the work:

Are you an active member of any trade associations? (E.g. ABC, AGC, etc.)

Yes No If yes, which ones? 1. _____ 3. _____
 2. _____ 4. _____

2. Type of Business Entity

Sole Proprietorship Owner Name: _____

Partnership Partners' Names: _____

Corporation President's /CEO Name: _____

Your Federal ID# _____ or Social Security Number _____

Union Shop or Open Shop

3. Financial Data

Annual Sales Volume in the Past 3 Years:

Year	Sales \$	Largest Job \$

What is your ideal job? \$ _____

On average, what % of your work do you self-perform? _____%

What lead time do you normally require?

What is your Dunn & Bradstreet rating?

Can you be bonded? Yes No

Who is your current bonding agent? _____

Up to what amount? _____

Has your company ever failed to complete a contract? Yes No

4. Insurance Requirements

Insurance Agency Name _____

Contact Person _____ Phone Number: _____

Do you have worker's compensation insurance? Yes No

Do you have auto insurance? Yes No

Do you have general liability insurance? Yes No

Do you have professional liability insurance? Yes No

Will you add Keller, Inc. as an additional insured on your liability policies? Yes No

Will you provide a waiver of subrogation in favor of Keller, Inc. on all policies except worker's compensation? Yes No

Note: This contractor Proof of Responsibility Form will only be considered valid when a Certificate of Insurance (preferably on an Acord form) from your insurance company is received, and in the Description of Special Items section on the Certificate the following is typed:

"The Town of Union and its agent, Keller, Inc. are named as an Additional Insured on a Primary and Non-Contributory basis to the General and Umbrella Policies of the Insured. The Insured also provides a Waiver of Subrogation in favor of The Town of Union and Keller, Inc. on all policies except Worker's Compensation."

5. Safety Program

What is your current Worker's Compensation Experience Modification Factor (EMF)? _____
For the past 2 years _____

Do you have a drug testing program for all current employees? Yes No

Do you have a written safety program? Yes No

Do you have a full time Safety Director? Yes No

Has OSHA cited you in the past three years? Yes No

6. References

Bank Name	Contact Person	Phone Number
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List your three main suppliers:

Name of Company	Contact Person	Phone Number
Name of Company	Contact Person	Phone Number
Name of Company	Contact Person	Phone Number

List three projects you completed within the past year:

Name of Job	Location
Your Contract Value	Contact Person
Name of Job	Location
Your Contract Value	Contact Person
Name of Job	Location
Your Contract Value	Contact Person

7. I verify that I have read the wage rate information, have included these rates in my bid, and will comply with all requirements of these documents.

8. Signature

I hereby certify that I have prepared and/or examined the answers to this questionnaire, prepared all statements attached, that all information and statements are based on facts known to me, that I have full authority to make such statements on behalf of the contractor to which the questionnaire applies and that such statements are true and correct. I authorize the release of information from references listed to The Town of Union and its agent, Keller, Inc. I understand that the above information will remain confidentially with The Town of Union and Keller, Inc.

_____ Signature	_____ Date	Subscribed and sworn to before this _____ day of _____ 20_____.
_____ Title (If Any)	_____	Notary or other officer authorized to administer Oaths:
_____ Print Name	_____ Title	_____ Commission Expires _____

Note: This Contractor Pre-Qualification Form will only be considered valid if a "Form W-9: Request for Taxpayers Identification Number and Certification" is completely filled out and attached to this form.