

## BIDDER'S QUALIFICATION AND EXPERIENCE STATEMENT

The OWNER will require supporting evidence regarding Bidder's Qualifications and competency. The Bidder will be required to furnish all of the applicable information listed below, which must be submitted with the sealed Bid at the time of Bid Opening. The Qualifications and Experience Statement must be typewritten and signed in ink.

A fill-in-the blank version of this form is available for your convenience on the City of Novi's website ([www.cityofnovi.org](http://www.cityofnovi.org)) under Forms & Permits/Engineering.

### QUALIFICATIONS AND EXPERIENCE STATEMENT

The undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

Submitted to: \_\_\_\_\_

Address: \_\_\_\_\_

Submitted by: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Principal Office: \_\_\_\_\_

Corporation: \_\_\_\_\_ Joint Venture: \_\_\_\_\_

Partnership: \_\_\_\_\_ Other: \_\_\_\_\_

Individual: \_\_\_\_\_

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

Type of Work (file separate form for each classification of work):

General: \_\_\_\_\_ Plumbing: \_\_\_\_\_

HVAC: \_\_\_\_\_ Electrical: \_\_\_\_\_

Other: \_\_\_\_\_ (Please Specify)

*[Engineer to modify list of applicable trades experience, tailored to requirements of the project.]*



**Organization**

How many years has your organization been in business as a CONTRACTOR?

How many years has your organization been in business under its present business name?

Under what other business names has your organization operated?

If your organization is a corporation, answer the following:

Date of Incorporation: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

President's Name: \_\_\_\_\_

Vice President's Name: \_\_\_\_\_

Secretary's Name: \_\_\_\_\_

Treasurer's Name: \_\_\_\_\_

If your organization is a partnership, answer the following:

Date of Organization: \_\_\_\_\_

Type of Partnership: \_\_\_\_\_

Names of General Partners: \_\_\_\_\_

If your organization is individually owned, answer the following:

Date of Organization: \_\_\_\_\_

Name of OWNER: \_\_\_\_\_

If the form of your organization is other than those listed above, describe it and name the principals:



**Licensing**

List jurisdictional and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable:

List jurisdiction in which your organization’s partnership or trade name is filed:

**Experience**

List the categories of work that your organization normally performs with its own forces:

On a separate sheet, list major construction projects your organization has in progress. List the name of project, owner, architect/engineer, contract amount, percent complete, and scheduled completion date.

On a separate sheet, list the major construction projects your organization has completed in the past five (5) years. List the name of the project, owner, architect/engineer, contract amount, date of completion, and percentage of the cost of the work performed with your own forces.

On a separate sheet, list the construction experience and present commitments of the key individuals of your organization who would be employed in the Work.

**Claims and Suits**

If the answer to any of the questions below is yes, please attach details.

Has your organizations ever failed to complete any work awarded to it? \_\_\_\_\_

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or officers? \_\_\_\_\_



Has the City of Novi filed a claim on any contract within the prior three years which asserted that your organization:

1) failed to perform as required by the contract?

\_\_\_\_\_ YES                      \_\_\_\_\_NO

2) completed contracted work in an untimely manner causing delays and interference;

\_\_\_\_\_ YES                      \_\_\_\_\_NO

3) lacked financial resources and the ability to satisfactorily perform the contract or provide the services or supplies;

\_\_\_\_\_ YES                      \_\_\_\_\_NO

4) exhibited poor quality of performance or completed work under the contract;

\_\_\_\_\_ YES                      \_\_\_\_\_NO

5) failed to comply with laws and ordinances relating to the contract performance;

\_\_\_\_\_ YES                      \_\_\_\_\_NO

6) defaulted on its quotations or prices;

\_\_\_\_\_ YES                      \_\_\_\_\_NO

**References**

<b>Entity</b>	<b>Contact Name</b>	<b>Phone</b>
<i>Trade References</i>		
1.		
2.		
3.		
<i>Bank References</i>		
1.		
2.		
3.		
<i>Surety</i>		



Name of Bonding Company: \_\_\_\_\_

Name of Bonding Agent: \_\_\_\_\_

Address of Bonding Agent: \_\_\_\_\_

\_\_\_\_\_

SUBMITTED on \_\_\_\_\_  
Date\*

BY: \_\_\_\_\_  
Name of Bidder\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title of Signatory\*

\*Typed or printed in ink.

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

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

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

My Commission Expires: \_\_\_\_\_

**IF THIS INFORMATION IS NOT SUBMITTED WITH THE SEALED BID AT THE TIME OF BID, THE BID WILL BE CONSIDERED INCOMPLETE.**

