

Missouri Highway and Transportation Commission
PREQUALIFICATION CONTRACTOR QUESTIONNAIRE

Legal Name of Individual or Contracting Entity

Type of Firm

Charter No.

Fictitious Name, etc. Name under which you wish to bid (as registered with the MO Secretary of State)

for [State of Missouri](#),
as per Sec 102

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Date Submitted: _____

E-Mail Address: _____
(any info. listed above will be posted on the **Prime Vendor List** link found on the [Bid Opening Info](#))

Contact person name: _____ E-Mail Address: _____
(if additional clarity is needed for this submittal)

Entity requests to be approved in excess of \$2,000,000.00 . ____ Select One (Y/N)
(*If yes, will require a notarized letter from the bonding company as described on page 4)

Entity requests to only be approved to do Local Public Agency (LPA) types of highway projects for cities/counties. ____ Select One (Y/N)
(*If yes, will require a new form submittal to change request)

Listed below is a **Missouri** resident designated by this entity as its agent for the receipt of legal process
(i.e. registered agent with MO Secretary of State)

Complete Name: _____ Telephone No.: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Has this entity (or in the case of a partnership or joint venture, has any contractor which is included within this entity) performed any work as a contractor or subcontractor for the department or commission, in the last five (5) years? ____ Select One (Y/N)

This entity has _____ years of experience as a self-performing prime contractor and/or _____ years as a subcontractor in the heavy highway construction field.

Has your entity ever failed to complete any work awarded to you? ____ Select One (Y/N)
If yes, where and why?

Has your entity ever failed to complete any work in a timely manner? ____ Select One (Y/N)
If yes, where and why?

Is this entity or any of the listed individuals currently or previously been debarred, suspended or restricted from bidding by any state or federal agency or official? ____ Select One (Y/N)
(If yes, attach details on additional sheets as needed)

Type(s) of work on which your entity desires to be prequalified:

_____ Earthwork _____ Bituminous Pavement _____ Portland Cement Concrete Pavement

_____ Bridges, Culverts, and other Similar Structures

_____ All other (describe specifically): _____

Entity Experience relevant to the type(s) of work and capacity desired:

This entity has **completed** the following similar type of projects within the last five years:

___ Select One (Details Listed Below/Details Attached)

Contract Amount:	Type of Work:	Year Completed:	Location City and State:	Project Owner's Name:

Current projects the entity has in progress, including the value of projects and their completion dates:

___ Select One (Details Listed Below/Details Attached)

Contract Amount:	Type of Work:	Estimated Completion Date:	Location City and State:	Project Owner's Name

Construction experience of the entity's personnel performing the type(s) of work desired:

___ Select One (Details Listed Below/Details Attached)

Name:	Present Position:	Yrs. of Construction Experience	Type of Work:

Equipment the entity has available for the type(s) of work desired:

___Select One (Details Listed Below/Details Attached)

Number of Units:	Description:

Listed below are all the officers of the entity, including those with no ownership. As well as the owners and/or directors (with more than 5% ownership) of this entity, their present position, and their construction experience. (Attach additional sheets as needed.)

Name:	Present Position:	% Own:	Years of experience:	Type of Work:	Email Address:

Affiliates are defined in Sec 108 of the Missouri Standard Specifications for Highway Construction.

Does this entity have affiliated firms that perform highway project types of work as described in 7 CSR 10-15.010? Includes but is not limited to Joint Venture; Subsidiaries; Parent Business; Businesses owned or controlled by the parent business.

___Select One (Y/N) If yes, list below, or attach additional sheets:

Entity Name	Address (City and State)

Does this entity have individuals affiliated with another entity that performs highway project types of work as described in 7 CSR 10-15.010? Includes individuals participating in, or formulating bids.

____ Select One (Y/N) If yes, list below:

Individual's Name:	Present Position:	Other Entity Name:	Position at Other Entity:

Please read the following paragraphs and attach any required/additional documents to the completed questionnaire:

____ By checking this box, we acknowledge that we currently have or can obtain required Insurance coverage as described in Sec 107, if successfully awarded a project.

If the organization's Bonding Company is not listed in the current "United States Department of the Treasury, Fiscal Service, Department Circular 570, Companies Holding Certificates of Authority as Acceptable Sureties on Federal Bonds and as Acceptable Reinsuring Companies", **attach the most recent complete audit** of that Bonding Company. If the bonding company is so listed, **at a minimum attach the complete balance sheets from the last audit of that bonding company.**

Requirement for Capacity requested in excess of two million dollars:

***Attach a signed and notarized writing** from the entity's surety bonding company or broker, stating the type(s) of highway projects for which that company or broker will issue a performance and payment bond in an amount in excess of two million dollars (\$2,000,000) to cover the highway project work and debts of the organization.

* * * * *

By signing, I attest that I have read and understand the requirements of Section 227.105, RSMo Supp. 1996, and Rule 7 CSR 10-15-010, "Prequalification to Bid of Certain Contractors", Sec 102, 107, and 108 of the Missouri Standard Specifications for Highway Construction. This entity will comply with all written requests by the Missouri Department of Labor and Industrial Relations, Division of Labor Standards, to provide information for the purpose of establishing a prevailing wage. That I am authorized to execute this document on behalf of this entity, and that all statements on this form and attachments thereto are true, correct and complete.

Signature(s) _____

Signature Required (If partnership, all partners must sign)