

**CONTRACTOR WORK EXPERIENCE QUESTIONNAIRE  
AND QUALIFICATION STATEMENT**

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| Submitted to: | Indiana American Water<br>Engineering Planning Department<br>Indiana American Water<br>153 N. Emerson Avenue<br>Greenwood, Indiana 46143 | Developer Only Projects<br><br>INAW Funded Projects |
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For: \_\_\_\_\_

Designated Contact: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of person to whom bid packages would be sent)

Official Company Name: \_\_\_\_\_

Corporation     Partnership     Sole Proprietor

Principal Business Address: Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail address: \_\_\_\_\_

1. If a Corporation:

Date Incorporated: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Name of President and other Officers:

|             |              |
|-------------|--------------|
| <i>Name</i> | <i>Title</i> |
|-------------|--------------|

|             |              |
|-------------|--------------|
| <i>Name</i> | <i>Title</i> |
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|             |              |
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| <i>Name</i> | <i>Title</i> |
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2. If a Partnership:

Date of Organization: \_\_\_\_\_ Type of Partnership: \_\_\_\_\_

3. If a Sole Proprietor:

Number of years in business under current company name: \_\_\_\_\_

4. Does your company have a written safety policy, mission statement or other document addressing the company's attitude and responsibility towards worker safety and the safety of the general public during construction? \_\_\_\_\_. If yes, please attach a copy of the document. (**NOTE:** Please do not send full copies of safety manuals. If desired, in addition to the above, an index or Table of Contents from the manual is sufficient.)

5. Does your company have a designated safety officer? \_\_\_\_\_. If yes, please provide this individual's qualifications, work experience, authority, job duties, percentage of time spent in fulfilling his duties as safety officer, and who this individual reports to.

6. a. Please provide the number of OSHA Lost Workdays and Recordable Incidents and the associated Lost Workday Rate and Recordable Incident Rate for each year for the past five (5) years. Attach \_\_\_\_\_ copies of OSHA Form 300 or equivalent document.

| <b>Year</b> | <b>Total Hours Worked</b> | <b># Lost Workdays</b> | <b>Rate</b> | <b># Recordable Incidents</b> | <b>Rate</b> |
|-------------|---------------------------|------------------------|-------------|-------------------------------|-------------|
|             |                           |                        |             |                               |             |
|             |                           |                        |             |                               |             |
|             |                           |                        |             |                               |             |
|             |                           |                        |             |                               |             |
|             |                           |                        |             |                               |             |

b. Please list all OSHA (or other health and safety agency) violations issued against your company for the last five (5) years. Please include a description for each offense.

c. Please provide your Worker's Compensation Experience Ratings (Experience Modifier) for the past five (5) years.

|    |        |       |
|----|--------|-------|
| 1. | _____  | _____ |
|    | (Year) | (EMR) |
| 2. | _____  | _____ |
|    | (Year) | (EMR) |
| 3. | _____  | _____ |
|    | (Year) | (EMR) |
| 4. | _____  | _____ |
|    | (Year) | (EMR) |
| 5. | _____  | _____ |
|    | (Year) | (EMR) |

7. Number of full-time employees: Office: \_\_\_\_\_ Field: \_\_\_\_\_

8. Annual value of work your company has performed in the last three (3) years:

\_\_\_\_\_ \$ \_\_\_\_\_      \_\_\_\_\_ \$ \_\_\_\_\_  
(year)                      (year)

\_\_\_\_\_ \$ \_\_\_\_\_      Three Year Average: \$ \_\_\_\_\_  
(year)

9. What percentage of No. 8 was in the area of \_\_\_\_\_ water/wastewater facilities construction (treatment plants, pumping stations, intakes, etc.): \_\_\_\_\_%.

10. a. Number of full-time superintendents for water/wastewater projects: \_\_\_\_\_

b. Number of project managers for water/wastewater projects: \_\_\_\_\_

Please submit the work history, years of experience and credentials of these individuals.

11. Total value of work currently under contract: \$ \_\_\_\_\_.

12. Approximate bonding capacity: \$ \_\_\_\_\_/per project, aggregate \$ \_\_\_\_\_.

a. Bonding company name/address:

\_\_\_\_\_  
\_\_\_\_\_

b. Agent's name

\_\_\_\_\_

13. Range of contract values your company is interested in bidding.

Minimum: \$ \_\_\_\_\_ Maximum: \$ \_\_\_\_\_

14. Other business your company actively participates in: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Has your organization ever failed to complete a construction contract? \_\_\_\_\_  
If yes, please provide full details.

16. Is your company concurrently engaged in litigation, arbitration, mediation or any other dispute resolution mechanism, relative to the company's involvement in a construction contract? \_\_\_\_\_. If yes, please provide details.

17. Please provide Income Statements and Balance Sheets for the company's three (3) most recent fiscal years.

18. Attachment No. 1 provides Water Company names and locations. This information represents potential work locations. Please circle the locations for which your company would like to be considered.

Please list any other areas within your company's operating range:

19. The American Water Works Service Co., Inc. and Indiana-American Water Co., Inc. prepare and administer construction contracts for projects generally falling into the below listed categories. Please indicate, by checking all the categories of work your company is interested in.

Renovation/construction of water treatment plants

Potable water pumping stations

Site work, site paving, and foundations for water storage tanks

Rehabilitation/construction of dams and reservoirs

Well installation

Raw water intakes/marine work

Large diameter distribution/transmission main installations

Electrical and control system installation and rehabilitation

Steel tank erection,

**Styles Built:** flat bottom standpipes elevated

Steel tank maintenance/painting

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

20. List the types of work which will be performed by your company's own forces:

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21. List work your company will subcontract:

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22. Complete the attached work experience schedule listing your most recent projects in the categories selected in No. 19. (**NOTE:** Water/wastewater experience is of importance. Submittal of an equivalent project listing form is acceptable provided it contains the requested information.)

**WORK EXPERIENCE SCHEDULE**

**PROJECT DATES**

| <b><u>Start</u></b> | <b><u>Actual/Anticipated<br/>Completion Date</u></b> | <b><u>Contract<br/>Amount</u></b> | <b><u>Project Title and Description<br/>Of Work Performed*</u></b> | <b><u>Owner's Name,<br/>Address, Phone Number</u></b> | <b><u>Engineer's Name<br/>And Phone Number</u></b> |
|---------------------|--|-----------------------------------|--|---|--|
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\*Please include applicable information relative to project size, i.e., station capacity, reservoir size, etc.

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\*Please include applicable information relative to project size, i.e., station capacity, reservoir size, etc.

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|---------------------|--|-----------------------------------|--|---|--|
|---------------------|--|-----------------------------------|--|---|--|

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\*Please include applicable information relative to project size, i.e., station capacity, reservoir size, etc.



**CONTRACTOR'S WORK EXPERIENCE QUESTIONNAIRE  
AND QUALIFICATION STATEMENT**

**ATTACHMENT NO 1 – POTENTIAL WORK LOCATIONS**

**NOTE:** Check Water Company Districts to indicate areas for which your Company would like to be considered.

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Johnson County District</b><br><input type="checkbox"/> Franklin<br><input type="checkbox"/> Greenwood<br><input type="checkbox"/> New Whiteland<br><input type="checkbox"/> <b>Mooreville District</b><br><input type="checkbox"/> <b>Shelbyville District</b><br><br><input type="checkbox"/> <b>Kokomo District</b><br><input type="checkbox"/> Kokomo<br><input type="checkbox"/> Russiaville<br><input type="checkbox"/> Sheridan<br><input type="checkbox"/> <b>Noblesville District</b><br><input type="checkbox"/> <b>Wabash District</b><br><input type="checkbox"/> Somerset<br><input type="checkbox"/> Summitville<br><input type="checkbox"/> Wabash<br><input type="checkbox"/> <b>Warsaw District</b><br><br><input type="checkbox"/> <b>Newburgh District</b><br><input type="checkbox"/> Newburgh<br><input type="checkbox"/> Yankeetown<br><input type="checkbox"/> <b>Seymour District</b><br><input type="checkbox"/> <b>Southern Indiana District</b><br><input type="checkbox"/> Charlestown<br><input type="checkbox"/> Clarksville<br><input type="checkbox"/> Georgetown<br><input type="checkbox"/> Jeffersonville<br><input type="checkbox"/> New Albany | <input type="checkbox"/> <b>Muncie District</b><br><input type="checkbox"/> <b>Richmond District</b><br><input type="checkbox"/> Winchester<br><input type="checkbox"/> Richmond<br><br><input type="checkbox"/> <b>Northwest District</b><br><input type="checkbox"/> Burns Harbor<br><input type="checkbox"/> Chesterton<br><input type="checkbox"/> Dune Acres<br><input type="checkbox"/> Gary<br><input type="checkbox"/> Hobart<br><input type="checkbox"/> Merrillville<br><input type="checkbox"/> Ogden Dunes<br><input type="checkbox"/> Portage<br><input type="checkbox"/> Porter<br><input type="checkbox"/> Winfield<br><br><input type="checkbox"/> <b>Crawfordsville District</b><br><input type="checkbox"/> Crawfordsville<br><input type="checkbox"/> Waveland<br><input type="checkbox"/> <b>Terre Haute District</b><br><input type="checkbox"/> Farmersburg<br><input type="checkbox"/> Marion Heights<br><input type="checkbox"/> Mecca<br><input type="checkbox"/> Merom<br><input type="checkbox"/> Riley<br><input type="checkbox"/> Sullivan<br><input type="checkbox"/> Terre Haute<br><input type="checkbox"/> <b>West Lafayette District</b> |
|---|--|