

**CR-1****INDIANA DEPARTMENT OF TRANSPORTATION****CONTRACTOR'S STATEMENT  
OF EXPERIENCE AND  
FINANCIAL CONDITION**

This is the application for prequalification ("Contractor's Statement of Experience and Financial Condition" or "Statement") filed with the Indiana Department of Transportation pursuant to Indiana Code 8-23-10 and 105 IAC 11-2. By the act of submitting this application to the Department, the applicant is making representations under oath to the Department that all information contained in the application is accurate and complete as of the date of submission and that all such information may be relied on by the Department in its determination of whether to issue a Certificate of Qualification to the Company. If an applicant makes a false or materially misleading statement about a significant fact in this application, the Department may deny the application or may subsequently revoke the Certificate of Qualification issued to the Company.

**The financial information contained in this Statement is CONFIDENTIAL according to IC 8-23-10-3(f).**

GENERAL INFORMATION		
(Check one.) <input type="checkbox"/> New <input type="checkbox"/> Renewal	(Check all that apply.) <input type="checkbox"/> Disadvantaged Business Enterprise (DBE) <input type="checkbox"/> Minority Business Enterprise (MBE) <input type="checkbox"/> Non-DBE <input type="checkbox"/> Women's Business Enterprise (WBE) <input type="checkbox"/> Indiana Veteran Business Enterprise (IVBE)	
Legal Name of the Company		Doing Business As
Federal Employer Identification Number (FEIN)		
Company's Federal Tax Classification (listed on W-9)		Company's Business Entity Type (listed on Indiana Business Entity Report)
Mailing address (number and street, city, state, and ZIP code)		
Principal office address / physical location (number and street, city, state, and ZIP code)		
Telephone number (include area code) (       )	Facsimile number (include area code) (       )	Company website
Financial statement as of (mm/dd/yy):		Type of Financial Statement <input type="checkbox"/> Audit <input type="checkbox"/> Review <input type="checkbox"/> Compiled
Name and title of contact person		
Telephone number of contact person (       )		E-mail address of contact person

SUBMISSION OF COMPLETED STATEMENT
<ol style="list-style-type: none"><li>Statements submitted on or after January 1, 2019 must be submitted electronically using the Contractor's Prequalification Application ("CPQ") on ITAP.</li><li>Statements submitted before January 1, 2019 may be submitted electronically using the CPQ, or mailed to: <div style="text-align: center;">Prequalification Engineer Indiana Department of Transportation 100 N. Senate Avenue, Room N725-PQ Indianapolis, Indiana 46204-2217</div></li></ol>

## INDOT BIDDER'S LIST REGISTRATION STATEMENT

## IMPORTANT

Federal regulation 49 CFR 26.11 requires INDOT to identify the total number of companies who seek to work on INDOT federally-assisted contracts at any tier (i.e., contractors, subcontractors, consultants, haulers, suppliers, etc.). **FAILURE TO SUBMIT THIS FORM MAY RESULT IN LOST BUSINESS OPPORTUNITIES WITH INDOT.**

Name of company

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Address of company (number and street, city, state, and ZIP code)

Other address of the Company used for bidding (*number and street, city, state, and ZIP code*)

☐ DBE    ☐ MBE    ☐ WBE    ☐ IVBE    ☐ Non-DBE

Age of company

Total annual gross receipts (including INDOT projects) of the company for the most recently completed fiscal year.

\$

Fiscal Year

In what capacity has your company participated in the past fiscal year? (Check all that apply.)

☐ Prime Contractor    ☐ Subcontractor    ☐ Consultant    ☐ Supplier    ☐ Hauler

List all prime contractors, subcontractors, consultants, suppliers, and haulers that your company quoted or solicited work for INDOT contracts during the past fiscal year. Check all that apply. If your company did not quote or solicit work on any INDOT contracts, please write "None" below. If needed, include additional pages with the completed Statement uploaded to the CPQ application.

[illegible]

## STATEMENT OF COMPLIANCE WITH NONDISCRIMINATION REQUIREMENTS

This form is a self-certification by the company that it operates in compliance with Title VI of the Civil Rights Act of 1964 and all related laws, executive orders, rules and regulations.

Review the list below and check all that apply to your company. Please note that to be in compliance with federal regulation 23 CFR 200 the below items are **all required**. For more information please see INDOT's Title VI resource page at <http://www.in.gov/indot/3586.htm> or contact INDOT's Title VI Subrecipient Compliance Auditor at (317) 232-5160.

- ☐ This company does not discriminate on the basis of religion, race, color, national origin, sex, sexual orientation, gender identity, age, disability, income level, or limited English proficiency in any aspect of its operations.
- ☐ This company has a Title VI Coordinator who has received Title VI Training within the past two (2) years.
- ☐ This company provides Title VI training to its staff upon hire and at least every two years.
- ☐ This company has a grievance procedure and maintains a log of any and all external complaints of discrimination.
- ☐ This company includes any and all required language from the Assurances of Nondiscrimination in its subcontracts.
- ☐ This company monitors further subrecipients of federal funds for compliance with the assurances.
- ☐ This company displays the "It's the Law" poster in English and in Spanish on all job sites.

Date (mm/dd/yy)

Name of company

Mailing address (number and street, city, state, and ZIP code)

Principal office address / physical location (number and street, city, state and ZIP code)

Name of company's Title VI Coordinator

Telephone number of Title VI Coordinator

(       )

E-mail address of Title VI Coordinator

## SAFETY AND HEALTH COMPLIANCE

All documents required as part of this Safety and Health Compliance form must be uploaded electronically using the CPQ application in ITAP.

*Please check upon completion of each task.*

☐

Copy of Safety and Health Manual

☐

Last two (2) years OSHA Form 300 (*with all employees names redacted*)\*

☐

Last two (2) years OSHA Form 300A\*

Date (*mm/dd/yy*)

Name of company

Mailing address (*number and street, city, state, and ZIP code*)

Principal office address (*number and street, city, state, and ZIP code*)

Name of company's Safety Director

Telephone number of Safety Director

E-mail address of Safety Director

**\*Applicant firms with fewer than ten (10) employees are not required to provide OSHA Form 300 or Form 300A.**

## INSTRUCTIONS FOR PREPARING THIS STATEMENT

### Contractor Prequalification- Who is required to complete this Statement?

1. Prime Contractors: All firms that enter a prime contract to complete part of the work for an INDOT project must complete this Statement.
2. Subcontractors: All firms that subcontract for part of the work on an INDOT project, and have more than three hundred thousand dollars (\$300,000) in total work under contract at any given time, must complete this Statement.

All firms described above must obtain a Certificate of Qualification from INDOT by completing this Statement. Firms must obtain a Certificate of Qualification before contracting for any part of the work on an INDOT project.

NOTE: Only firms that contract for part of the work on an INDOT project should complete this Statement. Firms that contract for part of the services for an INDOT project must be [prequalified by the Department as consultants](#).

### Applying for Contractor Prequalification - General Rules

1. All information required by this application must be included with the completed Statement submitted to INDOT for approval. Applications that are missing information may be rejected and a new Statement required.
2. A Certificate of Qualification is valid for a period of up to twelve (12) months; a new Statement must be submitted to renew an expiring certificate.
3. Submission Deadlines for Bid Eligibility
  - a. New Application: to be eligible to bid on an advertised letting, new applicants must submit a completed Statement no later than twenty-one (21) calendar days prior to the bid opening date.
  - b. Renewal: to be eligible to bid on an advertised letting, renewal applicants must submit a completed Statement at least fifteen (15) calendar days prior to the bid opening date.
4. To be eligible to subcontract for part of the work on an INDOT contract, a firm must be prequalified at the time the prime contractor submits the subcontract to INDOT for approval.

### Electronic Submission of Completed Statements (effective January 1, 2019)

1. All Statements submitted on or after January 1, 2019 must be transmitted electronically using the Contractor's Prequalification Application ("CPQ") in [ITAP](#).
2. To use the CPQ application firms must first [enroll in ITAP](#). Each user for an applicant firm must also [register](#).
3. Next, request access to CPQ: (1) log-in to ITAP; (2) click "Applications" in the far left menu; (3) select "Request New Application"; (4) click on "Contractor's Prequalification Application" in the Application Enrollment box; (4) click "Available Roles" in the Application Details box; (5) select "Prequalification Contractor"; (6) click "submit".
4. Submit completed Statements in CPQ by uploading all required information using the Multiple File Upload Tool.
5. To use the Multiple File Upload Tool, select the CPQ application on the ITAP main page and select "File Upload URL" in the Application Detail box. This will open the Multiple File Upload tool in a new window. Click "Add Files" and select the files saved on your computer that comprise the completed Statement.
6. Further instructions for accessing ITAP, and specific direction for submitting documents using the CPQ Multiple File Upload Tool, can be found on the [Contractor Prequalification webpage](#).

### Aggregate Rating / Bidding Capacity / Unearned Work Defined

1. Each firm awarded a certificate of qualification will be assigned an amount that is its aggregate rating, which is the largest dollar amount of uncompleted work the firm shall have under contract at any one (1) time, either as principal or subcontractor, or both, regardless of its location and with whom it is contracted.
2. The Company's bidding capacity, or unearned work amount, is the value of the Company's aggregate rating minus the amount of work currently contracted for but not yet completed.
3. The Company's aggregate rating / aggregate bidding capacity is determined by INDOT based on the information provided in this Statement regarding the Company's financial condition and experience.
4. A firm can only bid on projects or enter subcontracts with a value less than or equal to the amount of aggregate capacity remaining after subtracting all other work currently under contract, from all sources.

### **Financial Statement Required for Aggregate Rating Levels**

1. For an aggregate rating up to \$200,000, the applicant's compiled financial statement must be certified by an officer of the company.
2. For an aggregate rating up to \$1,000,000, the applicant's financial statement must be reviewed by a Certified Public Accountant in any state or by a Public Accountant registered in Indiana.
3. For an aggregate rating more than \$1,000,000, the applicant's financial statement must be audited by a Certified Public Accountant in any state or by a Public Accountant registered in Indiana.

### **Rules for Financial Statements and Other Financial Information Submitted with this Statement**

1. Reviewed financial statements and other unaudited financial statements over six (6) months old will not be considered by the Department.
2. All affiliated financial transactions must be identified in this Statement and reported in accordance with generally accepted accounting principles.
3. Each audited or reviewed financial statement must be submitted with all notes as part of the Statement.
4. The Certificate of Review or Certificate of Audit within the Statement must be completed by the Company's auditor, or a separate Auditor's Report must be submitted, addressed to the Indiana Department of Transportation, in form and substance satisfactory to the Department, containing the individual accountant's original signature and the CPA license number or certification number.
5. The accountant shall make independent verification of the applicant's assets and liabilities as of the reporting date in accordance with generally accepted auditing standards.
6. The accountant shall apply appropriate analytical procedures to the applicant's financial data and shall make appropriate inquiries of management that will provide a reasonable basis for obtaining limited assurance that there are no material modifications that should be made to the applicant's financial statements.
7. The completed Certificate of Review will constitute certification that a review in accordance with such standards was performed and reported.
8. The Statement of an individual must not include real estate or other assets held jointly with his/her spouse or any other party, but joint liabilities must be included unless such liabilities are fully and solely secured by joint assets.
9. The Statement of a partnership must not include the assets of any partner and must be limited to only those assets which are solely owned by and under the control of the partnership.
10. In the event of physical dispersal of construction equipment or of subsequent use or sale of construction materials, the accountant may accept a signed verification by the Company as evidence of the applicant's possession of equipment or materials inventory as of the date of the financial statement, but this verification shall not relieve the accountant of the usual responsibilities as to title, proper and consistent depreciation, liens or encumbrances, reasonable pricing, etc.
11. Full and complete information should be provided for all major items of equipment, especially with respect to the age, original cost and the date if rebuilt. All major items of useful equipment should be listed even if fully depreciated, but no obsolete or useless equipment should be included.
12. If any equipment is not satisfactorily identified as to the kind, type and capacity or if the cost and age are not supplied, then the Department will not consider the equipment in determining the applicant's bidding capacity.
13. The following will not be considered as net current assets by the Department: (a) stocks and bonds, unless both book value and market value are shown, (b) net under billings, if greater than \$1,000,000, (c) prepaid and deferred tax assets, and (d) accounts receivable that are more than 180 days old.
14. Notes and accounts receivable from officials of a corporation, affiliated business firms, or partners of a partnership will not be allowed as liquid assets unless (a) the Department is presented with sufficient evidence that the underlying indebtedness has been paid between the date of the financial statement and the date of the Statement, or (b) the Department, in its sole discretion, determines that such assets are readily available to be used as working capital by the applicant.

### **Proof of Registration or Good Standing with Indiana Secretary of State**

1. A domestic corporation, LLC or limited partnership must be in good standing with the Indiana Secretary of State, and must submit a current copy of the firm's Certificate of Existence (Good Standing).
2. A foreign corporation, LLC or limited partnership must furnish valid evidence that the company is authorized by the Indiana Secretary of State to do business in Indiana, or a letter of assurance that it will become authorized within fifteen (15) days after the bid opening for which the firm is low bidder.

**General questions about completing this Statement should be directed to Aggie Wagoner, Prequalification Specialist ([AWagoner@indot.IN.gov](mailto:AWagoner@indot.IN.gov)). Questions regarding the financial requirements of this Statement should be directed to Greg Christoff, Prequalification Auditor ([GChristoff@indot.IN.gov](mailto:GChristoff@indot.IN.gov)).**

## FINANCIAL QUESTIONNAIRE AND COMMENTS

1. Are any notes or accounts receivable, as listed in this statement, due from or secured by partners, officers, directors, stockholders or affiliated business firms?  
☐ Yes ☐ No      *If Yes, list below and make suitable reference to schedule and item.*
2. Is there any evidence of temporary bolstering of working capital for the purpose of presenting a more favorable statement or any likelihood in the near future of substantial withdrawals of capital from the business for any purpose?  
☐ Yes ☐ No      *If Yes, explain below.*
3. Is this statement as of the end of an established fiscal year used for tax purposes?  
☐ Yes ☐ No
4. If No, has a fair estimate of taxes accrued to the date of statement been entered therein?  
☐ Yes ☐ No
5. If the applicant is a partnership or a corporation whose stockholders have elected to be treated as a small business corporation not subject to income taxes, please indicate what withdrawals will be made to meet tax obligations. *If not applicable, please write "NA".*
6. Through what year have federal income tax returns been reviewed and accepted?
7. Is there any probability of substantial liability in connection with the review of prior year's tax returns, or by renegotiation of current completed contracts, not otherwise covered by reserves or contingent liabilities in this statement?  
☐ Yes ☐ No      *If Yes, explain below.*
8. Has there been a material adverse change in the applicant's net current assets or otherwise in the applicant's financial condition subsequent to the date of the audited or reviewed financial statement used in this Statement? ☐ Yes ☐ No  
*If Yes, attach the most recent quarterly or monthly unaudited financial statement of the applicant, certified as accurate and complete by the applicant's chief financial officer, and explain the basis of the material adverse change.*
9. Does the applicant have a federal tax delinquency or state tax delinquency?  
☐ Yes ☐ No      *If Yes, explain below.*

***The auditor's notes to the financial statements are required for additional information.***

### Explanations and other comments by the accountant:

NAME	RELATIONSHIP	AMOUNT	SCHEDULE

### EXPLANATIONS AND COMMENTS

## CERTIFICATE OF REVIEW

**This Certificate of Review must be completed and signed by the accountant with no alterations. Alternatively, the accountant can submit a separate Auditor's Report addressed to the Indiana Department of Transportation, in form and substance satisfactory to the Department, containing the individual accountant's original signature and the CPA license number or certification number.**

We have reviewed the accompanying balance sheet of \_\_\_\_\_  
\_\_\_\_\_ as of \_\_\_\_\_, 20\_\_\_\_, (the "Company"), and the related statements of income, retained earnings, and cash flows for the year then ended (collectively, the "Financial Statements"). The Financial Statements are being provided to INDOT as part of the Contractor's Statement of Experience and Financial Condition (the "Statement") of the Company.

A review includes primarily applying analytical procedures to Company management's financial data and making inquiries of Company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the Financial Statements as a whole. Accordingly, we do not express such an opinion.

Management is responsible for the preparation and fair presentation of the Financial Statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the Financial Statements.

Our responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance that there are no material modifications that should be made to the Financial Statements. We believe that the results of our procedures provide a reasonable basis for our report.

Based on our review, we are not aware of any material modifications that should be made to the Financial Statement in order for them to be in conformity with accounting principles generally accepted in the United States of America.

Signature of Certified Public Accountant		Date signed (mm/dd/yy)	
Typed or Printed name of Certified Public Accountant	Certificate number	State	
Signature of Indiana Registered Public Accountant		Date signed (mm/dd/yy)	
Typed or Printed name of Indiana Registered Public Accountant	License number		

Employed by or associated with the accounting firm of:	
Address (number and street, city, state, and ZIP code)	
Telephone number (       )	E-mail address



## CERTIFICATE OF AUDIT

This Certificate of Audit must be completed and signed by the accountant with no alterations. Alternatively, the accountant can submit a separate Auditor's Report addressed to the Indiana Department of Transportation, in form and substance satisfactory to the Department, containing the individual accountant's original signature and the CPA license number or certification number.

We have audited the accompanying balance sheet of \_\_\_\_\_ as of \_\_\_\_\_, 20\_\_\_\_,

(the "Company"), and the related statements of income, retained earnings, and cash flows for the year then ended (collectively, the "Financial Statements"), and the related notes to the Financial Statements. The Financial Statements are being provided to the Indiana Department of Transportation as part of the Contractor's Statement of Experience and Financial Condition (the "Statement") of the Company.

Management is responsible for the preparation and fair presentation of these Financial Statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of Financial Statements that are free from material misstatement, whether due to fraud or error.

Our responsibility is to express an opinion on these Financial Statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Financial Statements. The procedures selected depend on the auditor's judgment, including assessment of the risks of material misstatement of the Financial Statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the Financial Statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the Financial Statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

In our opinion, the Financial Statements referred to above present fairly, in all material respects, the financial position of Company as of \_\_\_\_\_, 20\_\_\_\_, and the results of its operations and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Signature of Certified Public Accountant		Date signed (mm/dd/yy)	
Typed or Printed name of Certified Public Accountant	Certificate number	State	
Signature of Indiana Registered Public Accountant		Date signed (mm/dd/yy)	
Typed or Printed name of Indiana Registered Public Accountant	License number		

Employed by or associated with the accounting firm of:	
Address (number and street, city, state, and ZIP code)	
Telephone number (       )	E-mail address

# CONTRACTOR'S STATEMENT OF FINANCIAL CONDITION OF

Employer Identification Number(Federal Tax Number) \_\_\_\_\_

Condition at Close of Business

, 20

	ASSETS	DETAIL		TOTALS
<b>Current Assets</b>				
1. Cash _____		\$ _____		
2. Notes Receivable Due Within One (1) Year _____		_____		
3. Bid Deposits and Guarantees _____		_____		
4. Accounts Receivable from Completed Construction Contracts _____		_____		
5. Accounts Receivable from Incomplete Construction Contracts _____		_____		
6. Costs of Incomplete Contracts in Excess of Related Billings _____		_____		
7. Costs and Estimated Earnings in Excess of Billings on Incomplete Contracts _____		_____		
8. Equipment Rentals and Other Accounts Receivable _____		_____		
9. Materials in Stock Not Included in Items 4 and 5 _____		_____		
10. Stocks, Bonds and Other Securities _____		_____		
11. Accrued Interest and Other Current Assets _____		_____		
<b>Subtotal, Current Assets</b> _____			\$	_____
12. <b>Construction Equipment - Net Book Value</b> _____				_____
<b>Fixed and Other Assets</b>				
13. Other Plant and Equipment _____		_____		
14. Real Estate _____		_____		
15. Cash Surrender Value of Life Insurance Policies ( <i>Net of policy loans</i> ) _____		_____		
16. Other Assets _____		_____		
<b>Subtotal, Fixed and Other Assets</b> _____				_____
<b>Total Assets</b> _____			\$	_____
<b>LIABILITIES AND NET WORTH</b>				
<b>Current Liabilities</b>				
17. Notes Payable and Other Long-Term Liabilities ( <i>Due Within One (1) Year</i> ) _____		\$ _____		
18. Accounts Payable _____		_____		
19. Billings on Incomplete Contracts in Excess of Related Costs _____		_____		
20. Billings on Incomplete Contracts in Excess of Costs and Estimated Earnings _____		_____		
21. Accrued Taxes and Other Liabilities ( <i>Due Within One (1) Year</i> ) _____		_____		
<b>Subtotal, Current Liabilities</b> _____			\$	_____
<b>Long-Term Liabilities</b>				
22. Notes Payable and Other Long-Term Liabilities ( <i>Balance After One (1) Year</i> ) _____		\$ _____		
23. Deferred Income Taxes ( <i>Non-Current Portion</i> ) _____		_____		
<b>Subtotal, Long-Term Liabilities</b> _____			\$	_____
<b>Net Worth</b>				
24. Individual or Partnership Capital _____		\$ _____		
25. Capital Stock _____		_____		
26. Additional Paid-In Capital _____		_____		
27. Retained Earnings _____		_____		
28. Other _____		_____		
29. Other _____		_____		
<b>Subtotal, Net Worth</b> _____				_____
<b>Total Liabilities and Net Worth</b> _____			\$	_____
30. <b>Contingent Liabilities</b> _____			\$	_____

**IMPORTANT:** All items shown in the above FINANCIAL STATEMENT must be detailed in the schedules on subsequent pages.  
Do not change the descriptive title of any balance sheet item or supporting schedule. For item(s) not specifically listed, use the applicable schedule(s).

## DETAILS RELATIVE TO ASSETS

<b>1</b>	Cash: <div style="margin-left: 20px;">           (a) On hand (petty cash) _____ \$ _____            (b) Deposited in banks named below _____            Attach the corresponding reconciled bank statement as supporting documentation.         </div>
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NAME OF BANK	TYPE OF ACCOUNT	DEPOSITED IN THE NAME OF	AMOUNT

<b>2</b>	Notes Receivable Due Within One (1) Year _____ \$ _____
----------	---

RECEIVABLE FROM	FOR WHAT	DATE OF MATURITY	HOW SECURED	AMOUNT

Have any of the above been discounted, sold or pledged? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, state amount, to whom and for what reason.
--	---

<b>3</b>	Bill Deposits and Guarantees _____ \$ _____
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DEPOSITED WITH	FOR WHAT	WHEN RECOVERABLE	AMOUNT

What amount, if any, has been assigned, sold or pledged? _____ \$ _____
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<b>4</b>	Accounts Receivable From <b>Completed</b> Construction Contracts ( <i>exclusive of claims not approved</i> ) _____ INDOT may request corresponding A/R Aging by invoice date as supporting documentation.
----------	--

RECEIVABLE FROM	NATURE OF CONTRACT	AMOUNT OF CONTRACT	AMOUNT DUE

Have any of the above been discounted, sold or pledged? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, state amount, to whom and for what reason.
--	---

DETAILS RELATIVE TO ASSETS (continued)									
--	--	--	--	--	--	--	--	--	--

<b>5</b>	Accounts Receivable from <b>Incomplete</b> Construction Contracts ( <i>as shown by engineer's or architect's estimate</i> ):		\$
	(a) Amount retained to date, due upon completion of contracts _____		_____
	(b) Amount receivable after deducting amount retained _____		_____
INDOT may request corresponding A/R Aging by invoice date as supporting documentation.			

[illegible]

Have any of the above been discounted, sold or pledged? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, state amount, to whom and for what reason.
--	---

**6** Costs of Incomplete Contracts in Excess of Related Billings \_\_\_\_\_ \$ \_\_\_\_\_  
**(Completed Contract Method)** Amount receivable after deducting amount retained

**7** Costs and Estimated Earnings in Excess of Billings on Incomplete Contracts \_\_\_\_\_ \$ \_\_\_\_\_  
*(Percentage of Completion Method)*

**8** Equipment Rentals and Other Accounts Receivable \_\_\_\_\_ \$ \_\_\_\_\_

[illegible]

What amount, if any, is due after one (1) year? \_\_\_\_\_ \$ \_\_\_\_\_

Assigned, sold or pledged? \_\_\_\_\_ \$ \_\_\_\_\_

DETAILS RELATIVE TO ASSETS <i>(continued)</i>	
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**9** Materials in Stock Not Included in Items 4 and 5:

Inventory Values:	(a) For use on own construction contracts _____	\$ _____
	(b) Non-construction or for sale to others (i.e. direct sales) _____	_____

*Attach supporting detail reflecting item quantities and unit values.*

[illegible]

**10** Stocks, Bonds, and Other Securities

(a) Listed - Book Value \_\_\_\_\_ \$ \_\_\_\_\_

(b) Present Market Value \_\_\_\_\_

**No consideration as working capital will be given unless book value and market value, determined or verified by the accountant, is given.**

[illegible]

If any are pledged or in escrow, state to whom and for what reason. Specify co-owner or beneficiary of non-negotiables.

<b>11</b>	Accrued Interest and Other Current Assets _____	\$ _____
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[illegible]

[illegible]

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## DETAILS RELATIVE TO ASSETS *(continued)*

**13**

Other Plant and Equipment - Net Book Value \_\_\_\_\_ \$ \_\_\_\_\_  
*(List office equipment, plant and operating equipment of gravel pits, quarries, commercial concrete products, steel fabrication plants, aircraft, etc., as well as equipment of any non-construction business enterprise, including recreational and pleasure boats. Do not include such items in Schedule 12.)*

DESCRIPTION	YEAR ACQUIRED	COST	ACCUMULATED DEPRECIATION	NET BOOK VALUE	ENCUMBRANCE

**14**

Real Estate and Net Book Value of Improvements *(including Leasehold Improvements)* \_\_\_\_\_ \$ \_\_\_\_\_

LOCATION AND DESCRIPTION OF PROPERTY	TITLE HELD IN WHOSE NAME	NET BOOK VALUE	AMOUNT OF ENCUMBRANCES

**15**

**Cash Surrender Value of Life Insurance Policies *(exclusive of loans)*** \_\_\_\_\_ \$ \_\_\_\_\_  
 CORPORATIONS - Policies carried on officers or supervisory employees of the corporation, payable to and under control of the corporation.  
 PARTNERSHIPS - Policies carried on partners or supervisory employees payable to and under control of the partnership.  
 INDIVIDUALS - Policies carried on the individual under his exclusive control and payable to any beneficiary; policies carried on supervisory employees, payable to and under exclusive control of the qualifying individual or his estate; policies carried on members of the immediate family, payable to and under exclusive control of the qualifying individual or his estate.

CARRIED ON	BENEFICIARY	WHO HAS CONTROL AS TO LOANS OR SURRENDER	SURRENDER VALUE	AMOUNT OF LOANS

**16**

Other Assets \_\_\_\_\_ \$ \_\_\_\_\_

DESCRIPTION	AMOUNT

DETAILS RELATIVE TO LIABILITIES	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
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79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

17 and 22

## Notes Payable and Other Long-Term Liabilities

[illegible]

18

Accounts Payable \_\_\_\_\_ \$ \_\_\_\_\_

[illegible]



## DETAILS RELATIVE TO LIABILITIES *(continued)*

<b>19</b>	Billings on Incomplete Contracts in Excess of Related Costs (a) Cost Portion _____ <i>(Completed Contract Method)</i> (b) Unrecorded earned income _____	\$ _____	\$ _____
<b>20</b>	Billings on Incomplete Contracts in Excess of Costs and Estimated Earnings _____ <i>(Percentage of Completion Method)</i>	\$ _____	
<b>21</b>	Accrued Taxes and Other Liabilities Due Within One (1) Year _____	\$ _____	
<b>DESCRIPTION</b>		<b>DATE PAYABLE (mm/dd/yy)</b>	<b>AMOUNT</b>
Deferred Income Taxes (Current Portion)			
<b>22</b>	Notes Payable and Other Long-Term Liabilities _____	<i>Refer to Schedule 17 and 22 on Page 16.</i>	
<b>23</b>	Deferred Income Taxes (Non-current Portion) _____	\$ _____	
<b>NET WORTH</b>			
<b>24</b>	Individual or Partnership Capital _____	\$ _____	
<b>25</b>	Capital Stock (a) Common _____ (b) Preferred _____	\$ _____ \$ _____	
<b>26</b>	Additional Paid-in Capital _____	\$ _____	
<b>27</b>	Retained Earnings _____	\$ _____	
<b>28</b>	Other: _____	\$ _____	
<b>29</b>	Other: _____	\$ _____	
<b>CONTINGENT LIABILITIES</b>			
<b>30</b>	Total Contingent Liabilities: <i>Attach supplementary schedule explaining the item(s) listed below.</i> _____		\$ _____
On notes receivable, discounted or sold _____		_____	
On accounts receivable, pledged, assigned or sold _____		_____	
As a bondsman _____		_____	
As guarantor on contracts, notes or accounts of others _____		_____	
On lawsuits pending but not reduced to judgment _____		_____	
Other (specify) _____		_____	

# CONTRACTOR'S STATEMENT OF EXPERIENCE

## WORK TYPE CLASSIFICATIONS

**IMPORTANT: IF AN APPLICANT DOES NOT COMPLETE THE YEARS OF EXPERIENCE AND THE VOLUME OF SELF PERFORMED WORK FOR EACH WORK TYPE REQUESTED IN THE SPACES BELOW, THE APPLICANT MAY NOT BE GIVEN THAT WORK TYPE, EVEN IF GIVEN TO THE APPLICANT IN THE PAST.** Check each work type the applicant desires for prequalification. For each work type checked, indicate the years of experience and the total amount of work performed (1,000s) by the company's own forces, including federal, state, county, city and private work. Do not include work performed by subcontractors. If other specialty work types are desired, add the corresponding information in the blank spaces provided. New and renewal applications should list work for the previous three (3) years. The experience and total amounts shown here should be developed in pages 20-21. NOTE: Information for specific work type requirements is listed at <http://www.in.gov/indot/files/Regrouped%20Work%20Type%20Code.pdf>.

	YEARS OF EXPERIENCE	MAJOR WORK TYPE CLASSIFICATIONS	SELF PERFORMED WORK (1,000s)		
			YEAR: _____	YEAR: _____	YEAR: _____
<input type="checkbox"/>		A (a) Concrete Pavement: General			
<input type="checkbox"/>		A (b) Concrete Pavement: Limited			
<input type="checkbox"/>		B (a) Asphalt Pavement: w/ INDOT Certified HMA Plant			
<input type="checkbox"/>		C (a) Heavy Grading			
<input type="checkbox"/>		C (b) Light Grading			
<input type="checkbox"/>		D (a) Highway or Railroad Bridge Over Water			
<input type="checkbox"/>		D (b) Highway or Railroad Bridge Over Highway			
<input type="checkbox"/>		D (c) Hwy/RR Bridge Requiring RR Track Protection			
<input type="checkbox"/>		E (a) Traffic Control: Signal Installation			
<input type="checkbox"/>		E (b) Asphalt Pavement: w/o INDOT Cert HMA Plant			
<input type="checkbox"/>		E (c) Bridge Deck Overlay and Minor Bridge Repair			
<input type="checkbox"/>		E (d) Traffic Control: Sign Installation			
<input type="checkbox"/>		E (e) Small Structures and Drainage Items			
<input type="checkbox"/>		E (f) Surface Masonry and Miscellaneous Concrete			
<input type="checkbox"/>		E (g) Traffic Control: Pavement Markings			
<input type="checkbox"/>		E (h) Deep Sewer and/or Excavation			
<input type="checkbox"/>		E (i) Permanent Seeding, Sodding and Top Soil			
<input type="checkbox"/>		E (j) Landscaping			
<input type="checkbox"/>		E (k) Guardrail, Cable Barrier, Crash Attenuators and Fence			
<input type="checkbox"/>		E (l) Structural Steel Erection			
<input type="checkbox"/>		E(m) Cleaning and Painting Bridges			
<input type="checkbox"/>		E (n) Vegetation Control			
<input type="checkbox"/>		E (p) Bridge Deck Sealing			
<input type="checkbox"/>		E (q) Concrete Pavement: Repairs			
<input type="checkbox"/>		E (r) Asphalt Pavement Milling			
<input type="checkbox"/>		E (s) Roadside Mowing			
<input type="checkbox"/>		E (t) Demolition			
<b>SPECIALITY WORK TYPE CLASSIFICATIONS (Describe or provide work type code.)</b>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

## CONTRACTOR'S STATEMENT OF EXPERIENCE

1. How many years has your organization been in business as a contractor: (a) under your present business name? \_\_\_\_\_ years.  
(b) Under the name of \_\_\_\_\_ for \_\_\_\_\_ years.
2. How many years experience in \_\_\_\_\_ construction work has your organization had:  
(a) As a general contractor? \_\_\_\_\_ (b) As a subcontractor? \_\_\_\_\_
3. What other states are you prequalified to perform highway work?
4. Has your company ever failed to complete any work awarded to it? ☐ Yes ☐ No  
If so, where and why?
5. Has any owner or officer of your organization ever been an owner or officer of some other organization that failed to complete a construction contract? ☐ Yes ☐ No  
*If so, state the name of the individual, other organization and reason.*
6. Has any owner or officer of your organization ever failed to complete a construction contract handled in his/her own name? ☐ Yes ☐ No  
*If so, state the name of the individual, name of owner and reason.*
7. Has any officer, employee or representative of your organization been convicted of a bidding crime (*Bid Rigging, RICO*) resulting from a jury or bench trial, entered into a plea of guilty or nolo contendere, made a public admission, made a presentation as an unindicted co-conspirator, or gave testimony, which is protected by a grant of immunity, in any jurisdiction within the past five (5) years? Has the applicant, or any officer of the applicant, ever been the subject of a suspension or debarment action by any agency of the federal government? ☐ Yes ☐ No  
*If so, provide the date of the offence and conviction, details of the offense, court documents and other pertinent information.*
8. In what other lines of business are you financially interested?
9. List equipment that you lease on a regular basis. Describe each piece by listing manufacturer, kind and capacity, and name and address of the lessor.
10. Briefly describe the kinds of work you usually perform with your own forces.
11. Briefly describe the kinds of work you usually subcontract to others.
12. List owners of the company and any major stockholders, including the percentage owned by each. If owned by a parent company show the name of parent and its ownership interest.

### CONTRACTOR'S STATEMENT OF EXPERIENCE (Continued)

13. List names, Federal Employer ID Numbers (FEIN) and addresses of all parent, subsidiary and affiliate companies. Check if the company is a parent (PAR), subsidiary (SUB) or affiliate (AFF). For purposes of this list, concerns are affiliates of each other (except as otherwise provided in 13 CFR part 121) when, either directly or indirectly: (i) one concern controls or has the power to control the other; or (ii) a third party or parties controls or has the power to control both; or (iii) an identity of interest between or among parties exists such that affiliation may be found. In determining whether affiliation exists, it is necessary to consider all appropriate factors, including common ownership, common management, and contractual relationships. If there is no parent, subsidiary or affiliate, please write "None" below. NOTE: A separate list may be substituted for this question if it contains all of the required information.

NAME OF COMPANY	FEIN	ADDRESS (number and street, city, state, an ZIP code)	PAR	SUB	AFF
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. List the projects the company has under contract or pending award. *NOTE: A company prepared list of projects may be substituted for this question if it contains all of the required information.*

[illegible]

15. List the construction experience of the principal individuals of your present organization. *NOTE: New applicants should attach résumés.*

[illegible]

## CONTRACTOR'S STATEMENT OF EXPERIENCE *(continued)*

### RECORD OF PAST EXPERIENCE

*SEE IMPORTANT NOTE ON PAGE 18.* This information is used to determine work type ratings. List all work performed by your own forces, including federal, state, county, city and private work. The total dollar amounts (1,000s) and work item dollar amounts must be listed for each project. Do not include work performed by subcontractors. If requesting a work type not listed below, add the work type(s) under the "OTHER" section. New and renewal contractors should list work performed for the last three (3) fiscal years.

MAJOR CATEGORIES OF WORK		PAVING		GRADING				BRIDGE		MISC	OTHER				
WORK TYPE CLASSIFICATION CODES		A(a,b)	B(a) E(b)	C (a,b)	E(e)	E(f)	E(h)	D(a,b,c)	E(c)	E(i)					
Contract Identificaion, Prime/Sub (P/S) Description, Owner and Date (mm/dd/yy) Performed	TOTAL (1000's)  (\$)	Concrete Pavement  (\$)	Asphalt Pavement  (\$)	Grading  (\$)	Small Structures & Drainage Items (\$)	Surface Masonry & Misc. Concrete (\$)	Deep Sewer &/or Excavation (\$)	Bridges & Approaches (\$)	Bridge Deck Overlay & Minor Repair (\$)	Permanent Seed, Sod, & Top Soil (\$)	(\$)	(\$)	(\$)	(\$)	(\$)
TOTAL(S)															

**FOR ADDITIONAL PROJECTS OR CLASSIFICATION CODES, ATTACH ADDITIONAL PAGES.**

## ORGANIZATION

### *Certified Copy of Resolutions*

The undersigned, being duly authorized on behalf of the Company, does hereby certify that the following resolutions were adopted by the Company through an appropriate procedure that constitutes the requisite authority of the Company.

1. BE IT RESOLVED that the following individuals are designated as the current officers, members, and/or partners of the Company:

FULL PRINTED NAME	TITLE

2. BE IT RESOLVED that the following persons are authorized to execute contracts and all other documents that will bind the Company:

FULL PRINTED NAME	TITLE

3. (If applicable) BE IT RESOLVED that the following persons and/or firms are the Representative Entities authorized to execute contracts and all other documents that will bind the Company:

**LEGAL NAME OF REPRESENTATIVE ENTITY**

**TITLE**

[illegible]

4. (If applicable) BE IT RESOLVED that the following persons are authorized to execute contracts and all other documents on behalf of a Representative Entity that will bind the Company:

**FULL PRINTED NAME AND TITLE**

**LEGAL NAME OF REPRESENTATIVE ENTITY**[illegible]

### **Certification of Resolutions**

The undersigned, as a duly authorized book keeper for the Company, certifies that the above resolutions are a true and accurate copy of the resolutions adopted by the Company, that the resolutions are in full force as the date of this Statement, and that the Company has the full authority to adopt these resolutions for the purpose of this Statement.

In Witness Whereof, the undersigned has executed and delivered the above Certified Copy of Resolutions with effect as of the date of this Statement's execution, provided hereinbelow.

### **Applicant's Verification of Statement**

The undersigned affirms, under penalties of perjury, that the undersigned has all necessary authority to execute this Contractor's Statement of Experience and Financial Condition on behalf of the Company, and verifies, subject to the penalties of perjury, that the statements contained herein are true and accurate.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Legal Name of the Company

### **SIGNATURE PAGE INSTRUCTIONS**

***This signature page must be printed and signed by a duly authorized representative of the Company. An electronic copy of the signed original must be submitted with the applicant's completed Statement, using the CPQ application in ITAP. The original signed copy of this signature page, along with the foregoing Certified Resolutions, must be maintained with the business records of the Company, and made available for inspection by the Department upon request.***



