MON Water Company

Contractor Prequalification Application for Water Main Installations

| Company Name: | - Company Overview - |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Address: | Year Established: |
| City, State, Zip: | |
| Phone Number: | |
| Email: | Type of Business: |
| Contact: | (Corp., LLC, etc.) |
| Title: | |
| Date of Application: | Federal Tax ID #: |
| – Insurance Requirements – | |
| Provide proof of general liability, workers' compensation, and auto insurance coverage. | State of Incorporation: |
| Minimum insurance coverage requirements: | |
| General Liability: \$1,000,000 per occurrence | Number of Employees: |
| Workers' Compensation: Statutory limits | |
| Automobile Liability: \$1,000,000 per occurrence | |
| | |
| - Experience and Qualifications – | |
| Number of Years Performing Water Main Installations: | |
| Please provide details for three water main installation projects on t may use additional sheets if more space is needed. | he following pages. You |

| Reference No. 1 | |
|----------------------------------------|-----------------|
| Water Company: | Year Completed: |
| Reference Name: | |
| Phone: | |
| Email: | |
| Scope of Work: | |
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| | |
| Deference No. 2 | |
| Reference No. 2 Water Company: | Year Completed: |
| Reference Name: | Tear Completed. |
| | |
| Phone: | |
| Email: | |
| Scope of Work: | |
| | |
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| | |
| Reference No. 3 | |
| Water Company: | Year Completed: |
| Reference Name: | |
| Phone: | |
| Email: | |
| Scope of Work: | |
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- Certification -

| I hereby certify that the information provided in this application is accurate and complete. I understand that providing false information may result in disqualification. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signature: |
| Name: |
| Title: |
| Date: |
| |
| Return Completed Applications to: |
| Mail: PO Box 86, Otisco, IN 47163 |
| Email: monwtr@aol.com |
| For questions or additional information, please contact Dana Miller at (812) 256-6378 |
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