UNIVERSITY OF MISSOURI
PROPOSER'S STATEMENT OF QUALIFICATIONS FOR DESIGN/BUILD

Submit with Proposal Form in separate envelope appropriately labeled. Attach additional sheet if necessary.

1. Company Name_____

   Phone# _____ Fax #:_____

   Address _____

2. Type of Organization:

   ☐ Corporation ☐ Limited Liability Company ☐ Partnership ☐ Sole Proprietorship

3. Number of years in business as a design/builder: _____ years. If not under present firm name, list previous firm names and types of organization.

   _____

   _____

4. List contracts on hand (complete the following schedule, including telephone number).

Project & Address	Owner/Owner's Representative	Phone Number	Architect	Amount of your Contract	Percent Completed

5. General character of work performed by your company personnel.

   _____

6. List important projects completed in the last five (5) years on a type similar to the work proposed, including approximate cost and telephone number.

Project & Address	Owner/Owner's Representative	Phone Number	Architect	Amount of your Contract	Percent Completed

7. Other experience qualifying you for the work proposed.

   _____

   _____

8. No default has been made in any contract complete or incomplete except as noted below:

(a) Number of contracts on which default was made _____

(b) Description of defaulted contracts and reason therefore _____

_____

_____

9. Are you or your company certified by the State of Missouri, Office of Administration as a Service-Disabled Veteran Business Enterprise (SDVE) or Honorably Discharged Veteran-Owned Enterprise (HDVE)?

Yes _____ No _____

10. Have you or your company been suspended or debarred from working at any University of Missouri campus?

Yes _____ No _____ (If the answer is "yes", give details.)

_____

_____

11. Have any administrative or legal proceedings been started against you or your company alleging violation of any wage and hour regulations or laws?

Yes _____ No _____ (If the answer is "yes", give details.)

_____

_____

12. Workers Compensation Experience Modification Rates (last 3 yrs): ____/_____/_____

Incidence Rates (last 3 years): _____/_____/_____

13. List banking references.

_____

_____

14. (a) Do you have a current confidential financial statement on file with Owner?

Yes _____ No _____ (If not, and if desired, Proposer may submit such statement with proposal, in a separate sealed and labeled envelope.)

(b) If not, upon request will you file a detailed confidential financial statement within three (3) days?

Yes _____ No ____

Dated at _____this _____ day of _____ 20____

_____
Name of Organization

_____
Signature

_____
Printed Name

_____
Title of Person Signing

END OF SECTION