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| |  |  | | --- | --- | | LOGO2LIN | **Application for Prequalification:**  **Statement of Experience, Equipment and Financial Condition** | |

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| Balance Sheet Date | | | | | |  | | | | | | | | | | |  | | | New  Renewal | | |
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| Business Name of Applicant | | | | | | | |  | | | | | | | | | | | | | | |
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| Contractor Number | | | | |  | | | | | | | | | | | | | | | | | |
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| Business Address (Street or P.O. Box) | | | | | | | | |  | | | | | | | | | | | | | |
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| City |  | | | | | | | | | | State | | | |  | | | Zip Code | | |  | |
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| Telephone | | (     ) | | | | | | | | | | Telefax No. | | | | (     ) | | | | | | |
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| E-Mail Address | | | |  | | | | | | | | | | | | | | | | | | |
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| Illinois Office Address | | | | | | |  | | | | | | |  | | | | | | |  | |
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| Illinois Telephone No. | | | | | | | (     ) | | | | | | |  | | | | | | | | |
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| F.E.I.N. No. | | |  | | | | | | | I.D.H.R. No. | | |  | | | | | | IDHR No.  Expires | | |  |
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| **Instructions** |
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| **Each item must be answered.** Whenever a particular item does not apply, write “none” or “n/a” (not applicable). Please complete electronically in Microsoft Word, use typewriter or print legibly in dark ink when preparing the application. If additional space is needed, attach a separate sheet. |
|  |
| Submit the completed application to the Illinois Department of Transportation, 2300 South Dirksen Parkway, Bureau of Construction: Room 322, Springfield, IL 62764. Phone: (217) 782-3413 |

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| **General Questions** | | | | |
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| 1. | Has the Applicant’s representative responsible for the completion of this application read the rules for | | | |
|  | Prequalification of Contractors? | | | Yes  No |
|  | | | | |
| 2. | What is the form of business organization of the Applicant? | | | |
|  | Sole Proprietorship  Corporation | | Partnership  LLC | |
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| 3. | How many years has the Applicant been in business under the business name? List any prior name or assumed name and years in business. | | | |
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| 4. | Is the Applicant an outgrowth, result or reorganization of a predecessor business?  Yes  No | | | |
|  | If yes, list the name and address of each predecessor business and indicate whether any is still in business. | | | |
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| 5. | Will an assumed name be used for bidding purposes? If so, indicate the name. | | | |
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| 6. | If the Applicant is a corporation, indicate the state or commonwealth and the date of incorporation. | | | |
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| 6a. | Indicate whether the Applicant is a parent or subsidiary corporation and the name and address of each such related company. | | |
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| 6b. | Indicate whether the Applicant has related parties and the name and address of each such related company. | | |
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| 6c. | Indicate whether any of the related companies listed are engaged in similar or related business as that of the Applicant. | | |
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| 6d. | Indicate whether the Applicant’s owners have ownership in other prequalified construction companies and the name and address of each such owned company. | | |
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| 7. | If not a corporation, does the Applicant conduct its business in connection with any other company or firm?  Yes  No | | | |
|  | If yes, indicate the business name and address of each such related company. | | | |
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| 8. | Is the Applicant a Disadvantaged Business Enterprise certified by any recipient of federal funds provided by any Administration of the United States Department of Transportation?  Yes  No  If yes, indicate the certifying recipient. | | | | | | | |
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| 9. | Section 650.110 of the rules for Prequalification of Contractors lists reasons for denial of prequalification ratings. Does the Applicant have any information or knowledge relevant to any of the listed reasons that has not been disclosed otherwise with this application?  Yes  No  If yes, indicate this information. | | | | | | | |
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| 10. | List the name of each owner, shareholder, partner, member, beneficiary or any other person expected to have a direct pecuniary interest in a contract awarded by the Department who holds an elective office in the State of Illinois; who is appointed to or employed in any office or agency of State government; or who is the spouse or minor child of any such person and explain. | | | | | | | |
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| 11. | Does the Contractor possess all permits or licenses to operate equipment?  Yes  No  If no, explain fully. | | | | | | | |
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| **Experience** | | | | | | | | |
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| Check the work categories the contractor desires for prequalification. See Appendix A of the rules for Prequalification for definitions. For each category of work checked, indicate the dollar amount of work performed (1,000’s) by the contractor’s own forces. **Do not include work performed by subcontractors.** New applications should list work for the previous three (3) fiscal years if available. Renewal applications should list work for the previous fiscal year only. | | | | | | | | |
|  | | | | | | | | |
| **Available Work Categories** | | | **Year:** | | **Year:** | | **Year:** | |
|  | 1 | Earthwork |  |  |  |  |  |  |
|  | 2 | Portland Cement Concrete Paving |  |  |  |  |  |  |
|  | 3 | HMA Plant Mix |  |  |  |  |  |  |
|  | 5 | HMA Paving |  |  |  |  |  |  |
|  | 6 | Cleaning and Sealing Cracks & Joints |  |  |  |  |  |  |
|  | 7 | Soil Stabilization and Modification |  |  |  |  |  |  |
|  | 8 | Aggregate Bases and Surfaces ( A,  B ) |  |  |  |  |  |  |
|  | 9 | Structures (  Highway,  Railroad,  Waterway) |  |  |  |  |  |  |
|  | 10 | Structures Repair |  |  |  |  |  |  |
|  | 11 | Anchors and Tiebacks |  |  |  |  |  |  |
|  | 12 | Drainage |  |  |  |  |  |  |
|  | 13 | Drainage Cleaning |  |  |  |  |  |  |
|  | 14 | Electrical |  |  |  |  |  |  |
|  | 15 | Cover and Seal Coats (  A,  B ) |  |  |  |  |  |  |
|  | 16 | Slurry Applications |  |  |  |  |  |  |
|  | 17 | Concrete Construction |  |  |  |  |  |  |
|  | 18 | Landscaping |  |  |  |  |  |  |
|  | 19 | Seeding and Sodding |  |  |  |  |  |  |
|  | 20 | Vegetation Spraying |  |  |  |  |  |  |
|  | 21 | Tree Trimming and Selective Tree Removal |  |  |  |  |  |  |
|  | 22 | Fencing |  |  |  |  |  |  |
|  | 23 | Guardrail |  |  |  |  |  |  |
|  | 24 | Grouting |  |  |  |  |  |  |
|  | 25 | Painting & Cleaning |  |  |  |  |  |  |
|  | 26 | Signing |  |  |  |  |  |  |
|  | 27 | Pavement Markings (Paint)(A) |  |  |  |  |  |  |
|  | 27 | Pavement Markings (Thermo)(B) |  |  |  |  |  |  |
|  | 27 | Pavement Markings (Epoxy)(C) |  |  |  |  |  |  |
|  | 27 | Pavement Markings (Polyurea)(D) |  |  |  |  |  |  |
|  | 27 | Pavement Markings (Modified Urethane)(E) |  |  |  |  |  |  |
|  | 30 | Installation of Raised Pavement Markers |  |  |  |  |  |  |
|  | 31 | Pavement Texturing and Surface Removal |  |  |  |  |  |  |
|  | 32 | Cold Milling, Planing and Rotomilling |  |  |  |  |  |  |
|  | 33 | Erection |  |  |  |  |  |  |
|  | 34 | Demolition |  |  |  |  |  |  |
|  | 35 | Fabrication |  |  |  |  |  |  |
|  | 36 | Tunnel Excavation |  |  |  |  |  |  |
|  | 37 | Expressway Cleaning |  |  |  |  |  |  |
|  | 38 | Railroad (Track) Construction |  |  |  |  |  |  |
|  | 39 | Marine Construction |  |  |  |  |  |  |
|  | 40 | Hydraulic Dredging |  |  |  |  |  |  |
|  | 41 | Hot (in-place) Recycling |  |  |  |  |  |  |
|  | 42 | Cold (in-place) Recycling |  |  |  |  |  |  |
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|  | | (a) Total of the above |  |  |  |  |  |  |
|  | | (b) Amount of sublet |  |  |  |  |  |  |
|  | | (c) Total annual volume of work |  |  |  |  |  |  |

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| **Record of Past Experience** | | | | | | | | | | | | |
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| **New Applications** - List major projects performed by the contractor’s own forces for the previous three (3) fiscal years, including Federal, State, County, City and private work. The total dollar amounts and work category dollar amounts must be listed for each project. **Do not include work performed by subcontractors.** | | | | | | | | | | | | |
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| **Renewal Applications** - List major projects performed by the contractor’s own forces for the previous fiscal year, including Federal, State, County, City and private work. The total dollar amounts and work category dollar amounts must be listed for each project. **Do not include work performed by subcontractors.**  Please see Appendix “A” of the rules for prequalification to determine the appropriate category for completed work. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Name, Address**  **and Phone Number**  **of Reference** | **Year** | **Total**  **in**  **(1000’s)**  **($)** | **Earth-**  **work**  **($)** | **PCC**  **Paving**  **($)** | **HMA**  **Plant**  **Mix**  **($)** | **Land-**  **scaping**  **($)** | **Agg**  **Bases**  **& Surf.**  **($)** | **Str**  **($)** | **Drain**  **($)** | **Elect**  **($)** | **Conc.**  **Const.**  **($)** | **($)** |
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| **Sub-Total** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sub-Total (page 6)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total(s)** |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Record of Past Experience** | | | | | | | | | | | | |
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| **New Applications** - List major projects performed by the contractor’s own forces for the previous three (3) fiscal years, including Federal, State, County, City and private work. The total dollar amounts and work category dollar amounts must be listed for each project. **Do not include work performed by subcontractors.** | | | | | | | | | | | | |
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| **Renewal Applications** - List major projects performed by the contractor’s own forces for the previous fiscal year, including Federal, State, County, City and private work. The total dollar amounts and work category dollar amounts must be listed for each project. **Do not include work performed by subcontractors.**  Please see Appendix “A” of the rules for prequalification to determine the appropriate category for completed work. | | | | | | | | | | | | |
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| **Name, Address**  **and Phone Number**  **of Reference** | **Year** | **Total**  **in**  **(1000’s)**  **($)** | **Earth-**  **work**  **($)** | **PCC**  **Paving**  **($)** | **HMA**  **Plant**  **Mix**  **($)** | **Land-scaping**  **($)** | **Agg**  **Bases**  **& Surf.**  **($)** | **Str**  **($)** | **Drain**  **($)** | **Elect**  **($)** | **Conc.**  **Const.**  **($)** | **Other**  **(List)**  **($)** |
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| **Sub-Total** |  |  |  |  |  |  |  |  |  |  |  |  |

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| What is the construction experience of the technical, supervisory and key personnel of the company? | | | | |
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| Individual’s Name | Present  Position | Years  Experience | Type of Work | In What  Capacity |
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| **Resume** | | | | |

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| **Contractors prequalifying with the Department for the first time are required to submit a resume of technical, supervisory and key personnel who would manage a project. Provided below is a sample resume for the contractor’s use. Personalized resumes are also accepted. In addition, this form may be used for the appraiser of equipment or real estate.** | | | | | | | | | | | | | | |
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| Name: | | | |  | | | | | | | | | | |
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| Dates: | | |  | | | | Current Position: | | |  | | | | |
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| Dates: | | |  | | | | Previous Position: | | |  | | | | |
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| **Education** | | | | | | | | | | | | | | |
| Diploma(s)/Degree(s) Held: | | | | | | | |  | | | | | | |
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| Additional Education (include any follow-up or self-improvement courses, programs or seminars): | | | | | | | | | | | | |  | |
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| Professional Affiliations, Licenses or Registrations: | | | | | | | | | | |  | | | |
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| Other (any pertinent information that would be beneficial in considering this prequalification application): | | | | | | | | | | | | | |  |
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| References (required for equipment or real estate appraiser only): | | | | | | | | | | | |  | | |
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| **Schedule of Contractor’s Equipment** |
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| (Include new, used and fully depreciated equipment) |

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| See Appendix A of the rules for prequalification for equipment required. | | | | | | | | | | | | | | | | | | | |
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| **No**  **of**  **Item** | | | | **Description of Equipment**  **List Make, Model, Year and Size or Capacity**  **Show: Serial Numbers on Major Production Items** | | | | | | **Purchase** | | | **Depreciation** | | **Book Value** | **Appraised**  **Value** | **Encumbrance** | | |
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| **Affidavit of Equipment Availability**  (Attach copy of leases) | | | | | | | | | | | | | | | | | | |
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|  | | Name of Responsible Contractor Official | | | | | | |  | | Title | | | | | | | |
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|  | | | Company Name | | | | | | | | | | | | | | | |
| certify that the equipment indicated below is available for use by the company. I further certify that this affidavit is given for purposes of establishing the prequalification rating of the company in accordance with 44 ILL.Adm.Code 650, and the equipment availability confirmed hereby shall be maintained for the duration of the period of prequalification. The said equipment is normally stored or may be located for purposes of inspection at | | | | | | | | | | | | | | | | | | |
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| Address | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | Contractor Official | | | | | | | | | | | |
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| Subscribed and sworn to before me this | | | | | |  | | day of | | | |  | | | |  | | |
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| Notary Public | | | | | | | | | | | | | |  | | | | |
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| My Commission expires | | | | |  | | | | | | | | |  | | | | |
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| (NOTARY SEAL) | | | | | | | | | | | | | | | | | | |
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| Description of Equipment. List Make, Model, Year and Size or Capacity.  Show: Serial Numbers on Major Production Items | | | | | | | | | | | | | | | | | | |
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| **Certificate of Accountant**  (For audited reports only) | | | | | | | | | | |
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|  | | | | | | | | | | |
| I/We have audited the balance sheet of | |  | | | | | | | | |
|  | | | | | | | | | | |
|  | | | as of | | |  | | | | |
|  | | | | | | (Date) | | | | |
|  | | | | | | | | | | |
| The balance sheet is the responsibility of the contractor’s management. Our responsibility is to express an opinion on these financial statements based on our audit.  I/We conducted the audit in accordance with generally accepted auditing standards. Those standards require the audit to be planned and performed to obtain reasonable assurance as to whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statement. An audit also includes assessing the accounting principles used and significant estimates made by management of the contractor, as well as evaluating the overall financial statement presentation. I/We believe that the audit provides a reasonable basis for the opinion. | | | | | | | | | | |
| In my/our opinion, the accompaning balance sheet presents fairly the financial position of | | | | | | | | | |  |
|  | | | | | | | | | | |
|  |  | | | | as | | | of |  | |
|  | | | | (Date) | | | | | | |
| and are in conformity with generally accepted accounting principles. | | | | | | | | | | |
|  | | | | | | | | | | |
| Also in my/our opinion, the accompanying financial schedules (pages 13 through 19) are stated fairly in all material respects when considered in conjunction with the balance sheet taken as a whole. | | | | | | | | | | |
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|  | | | | Certified Public Accountant(s) | | | | | | |
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|  | | | | By: | | |  | | | |
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| Address | | | |  | | | | | | |
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|  | | | | License Number | | | | | | |
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|  | | | | Expiration Date | | | | | | |
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|  |  | | |  | | |  | | | |
| Telephone | | | |  | | | State | | | |
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|  |  | | |  | | |  | | | |
|  | Date | | |  | | | Type or Print Name | | | |
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| **Contractor’s Balance Sheet** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | Condition at Close of Business | | |  | | | | |  | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | **ASSETS** | | | | | | | |
| **Current Assets** | | | | | | | | | | |
| Cash | | | | | |  |  | | | |
| Notes Receivable | | | | | |  |  | | | |
| Certified & Cashier’s Checks & Deposit | | | | | |  |  | | | |
| Accounts Receivable - - Contracts | | | | | |  |  | | | |
| Other Accounts Receivable | | | | | |  |  | | | |
| Stocks and Bonds | | | | | |  |  | | | |
| Material in Stock | | | | | |  |  | | | |
| Cash Surrender Value - - Life Insurance | | | | | |  |  | | | |
| Prepaid Items | | | | | |  |  | | | |
| Costs in Excess of Billings | | | | | |  |  | | | |
| Other Current Assets | | | | | |  |  | | | |
|  | | | | | | | | | | |
| **Total Current Assets** | | | | | | | |  | |  |
|  | | | | | | | | | | |
| **Fixed Assets** | | | | | | | | | | |
| Equipment | | | | | |  |  | | | |
| Real Estate | | | | | |  |  | | | |
| Leasehold Improvements | | | | | |  |  | | | |
| **Total Fixed Assets** | | | | | | | |  | |  |
|  | | | | | | | | | | |
| Other Assets | | | | | |  |  | | | |
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| **Total Assets** | | | | | | | | \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
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|  | | **LIABILITIES & NET WORTH** | | | | | | | | |
| **Current Liabilities** | | | | | | | | | | |
| Notes Payable | | | | | |  |  | | | |
| Accounts Payable - - Subcontractors | | | | | |  |  | | | |
| Other Accounts Payable | | | | | |  |  | | | |
| Miscellaneous Current Liabilities | | | | | |  |  | | | |
| Mortgages - - Equipment (current) | | | | | |  |  | | | |
| Billings in Excess of Costs | | | | | |  |  | | | |
|  | | | | | | | | | | |
| **Total Current Liabilities** | | | | | | | |  | |  |
|  | | | | | | | | | | |
| **Fixed & Other Liabilities** | | | | | | | | | | |
| Mortgages - - Real Estate (long term) | | | | | |  |  | | | |
| Mortgages - - Equipment (long term) | | | | | |  |  | | | |
| Notes Payable - - Officers - Stockholders | | | | | |  |  | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **Total Fixed & Other Liabilities** | | | | | | | |  | |  |
|  | | | | | | | | | | |
| **Net Worth** | | | | | | | | | | |
| Capital Stock - - Corporation | | | | | |  |  | | | |
| Paid-in Capital | | | | | |  |  | | | |
| Retained Earnings | | | | | |  |  | | | |
| Individual or Partnership Capital | | | | | |  |  | | |  |
|  | | | | | | | | | | |
| **Total Liabilities & Net Worth** | | | | | | | | \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **A - Cash** | | | | | | |
| Institution | Location | Type of  Account | Name of  Depositor | Amount | Pledged  Yes No. | |
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# B -Notes Receivable

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| --- | --- | --- | --- | --- |
| Receivable From: Name and Address | Relationship  to Company | For What | How Secured | Amount |
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# C - Certified and Cashier’s Checks on Deposit

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Receivable From: Name and Address | For What | Amount | Refundable  Yes No | | Date  Recoverable |
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# D - Accounts Receivable - - Contracts

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Designation of Contract  and for Whom Performed | Government  Contract \*  Yes No | | Transportation  Contract \*\*  Yes No | | Amount Due  Including  Amount Retained |
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\* Government Contract - Federal, State, County, Township or Municipality.

\*\* Transportation Contract - Roadways, Railways, Airports or Waterways.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **E - Other Accounts Receivable** | | | | | | | |
| Receivable From: Name and Address | Type of Account | Amount | Government  Contract \*  Yes No | | Transportation  Contract \*\*  Yes No | | One  Year or More |
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\* Government Contract - Federal, State, County, Township or Municipality

\*\* Transportation Contract - Roadways, Railways, Airports and Waterways

# F - Stocks and Bonds

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Security | Government  Yes No | | Book Value | Market Value |
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# G - Material in Stock

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| --- | --- | --- |
| Description of Material | Cost or  Present Value  for Current  Contracts | Other Material |
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**H - Cash Surrender Value of Life Insurance**

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| --- | --- | --- | --- | --- |
| Insured | Owned By | Payable To | Surrender  Value | Amount  of Loans |
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# I - Prepaid Items

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| --- | --- |
| Description | Amount |
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# J - Relation of Billings and Costs

|  |  |  |  |
| --- | --- | --- | --- |
| Designation of  Contract and for  Whom Performed | Total Billing  To Date Including  Retained  Percentage | Costs in Excess  of  Billings | Billings in  Excess of  Costs |
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# K- Real Estate

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| --- | --- | --- | --- | --- |
| Description and Location | Whose  Name is Title | Book  Value | Appraised  Value | Amount of  Mortgage or  Encumbrance |
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**L – Other Current or Fixed Assets**

|  |  |  |
| --- | --- | --- |
| Description | Current or Fixed | Amount |
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# M - Notes Payable

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Payable To: Name | How  Secured | Current  Amount | Total  Amount | Date  Due |
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# N - Accounts Payable - - Subcontractors

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| --- | --- | --- | --- | --- |
| Payable To: Name | Contract  Price | Amount  Retained | Amount | Date  Due |
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# O - Other Accounts Payable

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| --- | --- | --- | --- |
| Payable To: Name | Type of  Account | Amount | Date  Due |
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# P - Miscellaneous Current Liabilities

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| --- | --- | --- | --- |
| Payable To: Name | Item | Amount | Date  Due |
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# Q - Mortgages - - Equipment

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| --- | --- | --- | --- | --- |
| Payable To: Name | How Secured | Current  Amount | Total  Amount | Date  Due |
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# R - Notes Payable: Officers - Stockholders - Directors - Partners - Members - Managers

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| --- | --- | --- | --- |
| Payable To: Name | Current  Amount | Total  Amount | Date  Due |
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**S - Capital Stock:**

Complete the following schedule:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Preferred Stock: Class and Par Value | Authorized | | Treasury Stock | | Outstanding | |
|  | Shares | Amount | Shares | Cost | Shares | Amount |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Common Stock: Class and Par Value |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- |
| Was additional stock issued during the past year? |  | | . If yes, how much was for cash? | |  | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Was stock exchanged for other stock issues or options? | |  | | | | |
|  | | | | | | |
| Stockholders of corporations not traded publicly: | | | | | | |
|  | | | | | | |
| Name and Address | | | | Title | | % of Stock Owned |
|  | | | |  | |  |
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SUM = 100%

**T - Corporate Capital**:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Paid-In Capital | | | Retained Earnings | | |
| Balance, Beginning of the Year |  | | |  | | |
| Balance, End of the Year |  | | |  | | |
|  | | | | | | |
| Are there any transactions reflected in the capital accounts during the current reporting period which are not the | | | | | | | | |
| result of (1) net income, (2) capital contributions, (3) dividends paid or (4) net loss? | | | | |  | | | If yes, explain fully. |
|  | | | | | | | | |
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| Are there any restrictions on the distribution of capital? | |  | If yes, explain fully. | | |  | | |
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# U - Partnership Interest

What is the nature of the interest of each of the partners?

|  |  |  |  |
| --- | --- | --- | --- |
| **Partner**  **Name and Address** | **Type**  **General/Limited** | **Percent**  **Ownership** | **Profit/Loss**  **Allocation**  **Percentages** |
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# V - Limited Liability Company Interest

What is the nature of the interest of each of the members/managers?

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| --- | --- | --- |
| **Member/Manager**  **Name and Address** | **Percent Ownership** | **Profit/Loss Allocation**  **Percentages** |
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**SUM = 100%**

# W - Individual, Member or Partnership Capital

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Capital Balance  Beginning of  Year | Capital Balance  End of Year |
|  |  |  |  |
|  |  |  |  |
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| TOTAL = | |  |  |

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| Are there transactions reflected in the individual capital accounts during the current reporting period which are not the result of: | | |
| (1) Capital Contributions (2) Net Earnings (3) Withdrawals or (4) Net Loss |  | If yes, explain fully |
|  | | |
|  | | |
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**LETTER OF SUBORDINATION**

To:

Engineer of Construction

Illinois Department of Transportation

2300 South Dirksen Parkway

Springfield, Illinois 62764

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To improve the financial prequalification rating of | | | | | | |  | |
|  | | | | | | | | |
|  | | | | | , I agree that I will not request or withdraw the money due | | | |
|  | | | | | | | | |
| me as shown on the |  | | , |  | | | | , Contractor’s Statement of Experience and Financial |
|  | | | | | | | | |
| Condition, amounting to $ | |  | | | | , during the life of this prequalification rating. | | |

Very truly yours,

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AFFIDAVIT FOR INDIVIDUAL** | | | | | | | | | | | | | | | | | | | | | | | |
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| STATE OF | |  | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | ss. | | | | | | | | | | | | | | | |
| County of | |  | | | | | |  | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | being duly sworn, deposes and says: | | | | |
| That the foregoing statement of experience and all statements therein contained are true and correct and that the foregoing financial statement, taken from his/her books, is a true and accurate statement of his/her financial condition as of the date thereof and that the answer to the foregoing interrogatories are true; that this statement is for the express purpose of inducing the party to whom it is submitted to award the submitter a contract; and that any depository, vendor or other agency herein named is hereby authorized to supply such party with any information necessary to verify this statement. The signatory further agrees to abide by the rules and regulations of the Illinois Department of Transportation relative to the submission of bids and execution of contracts. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Subscribed and sworn to before me this | | | | | |  | | | | | day of | | | | | | | | |  | | | |
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|  | | | | | | | | | | | | Applicant must sign here | | | | | | | | | | | |
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| Notary Public | | | | | | | | |  | | | | | | | | | | | | | | |
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| My Commission expires | | |  | | | | | | | | | | | |  | | | | | | | | |
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| (NOTARY SEAL) | | | | | | | | |  | | | | | | | | | | | | | | |
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| **AFFIDAVIT FOR PARTNERSHIP** | | | | | | | | | | | | | | | | | | | | | | | |
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| STATE OF | |  | | | | | |  | | | | | | | | | | | | | | | |
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| County of | |  | | | | | |  | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | being duly sworn, deposes and says: | | | | |
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| That they are members of the firm of | | | | |  | | | | | | | | | | | | | | | | | | , |
| that the foregoing statement of experience and all statements therein contained are true and correct and that they are familiar with the books of the said firm showing its financial conditions, that the foregoing financial statement, taken from the books of the said firm, is a true and accurate statement of the financial condition of the said firm as of the date thereof and that the answers to the foregoing interrogatories are true; that this statement is for the express purpose of inducing the party to whom it is submitted to award the submitter a contract; and that any depository, vendor or other agency herein named is hereby authorized to supply such party with any information necessary to verify this statement. These signatories further agree to abide by the rules and regulations of the Illinois Department of Transportation relative to the submission of bids and execution of contracts. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Subscribed and sworn to before me this | | | | | | |  | | | day of | | | | | | | |  | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | All partners must sign | |
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|  | Notary Public | | | | | | | | | | | | |  | | |  | | | | | | |
| My Commission expires | | | |  | | | | | | | | |  | | | | | | | | | | |
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| (NOTARY SEAL) | | | | | | | |  | | | | | | | | | | | | | | | |

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| **AFFIDAVIT FOR CORPORATION** |
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| STATE OF | | |  | | | |  | | | | | | | | |
|  | | | | | | | ss. | | | | | | | | |
| County of | |  | | | | |  | | | | | | | | |
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|  | | | | | | | | | | | | | | being duly sworn, deposes and says: | |
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| That they are the President and Secretary of | | | | | |  | | | | | | | | | |
| the corporation described in and which executed the foregoing statement; that the foregoing statement of experience and all statements therein contained are true and correct and that they are familiar with the books of the said corporation showing its financial condition; that the foregoing financial statement, taken from the books of the said corporation is a true and accurate statement of the financial condition of said corporation as of the date thereof and that the answers to the foregoing interrogatories are true; and that this statement is for the express purpose of inducing the party to whom it is submitted to award the submitter a contract; and that any depository, vendor or other agency herein named is hereby authorized to supply such party with any information necessary to verify this statement. The signatories further agree to abide by the rules and regulations of the Illinois Department of Transportation relative to the submission of bids and execution of contracts. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Subscribed and sworn to before me this | | | | |  | | | day of | | | | |  | |  |
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|  | | | | | | | | | | | President must sign here | | | | |
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|  | Notary Public | | | | | | | | |  | | Secretary must sign here | | | |
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| My Commission expires | | | |  | | | | |  | | | | | | |
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| (NOTARY SEAL) | | | | | | | (CORPORATE SEAL) | | | | | | | | |
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| If a corporation, the full corporate name must be used and the exaction must be by the president and secretary, and the corporate seal affixed. If the corporation does not have a seal, the words “No Seal” should be added. Certified copy of action of board of directors authorizing such officers to execute the affidavit on behalf of the corporation may be required, and will be required if not executed by the two officers above named. |
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| The following officers and others are authorized to execute contracts binding to the corporation. | | | |
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**AFFIDAVIT FOR LIMITED LIABILITY COMPANY (LLC)**

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| STATE OF | | |  | | |  | | | | | | | |
|  | | | | | | ss. | | | | | | | |
| County of | |  | | | |  | | | | | | | |
|  | | | | | | | | | | | | | |
| The undersigned being duly sworn, depose and state: | | | | | | | | | | | | | |
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| That they are members/managers (select one) of the firm of | | | | | | | | | |  | | | , |
| that the foregoing statement of experience and all statements therein contained are true and correct and that they are familiar with the books of the said firm showing its financial conditions, that the foregoing financial statement, taken from the books of said firm, is a true and accurate statement of the financial condition of the said firm as of the date thereof and that the answers to the foregoing interrogatories are true; that this statement is for the express purpose of inducing the party to whom it is submitted to award the submitter a contract; and that any depository, vendor or other agency herein named is hereby authorized to supply such party with any information necessary to verify this statement. These signatories further agree to abide by the rules and regulations of the Illinois Department of Transportation relative to submission of bids and execution of contracts.  That the following persons are authorized to execute contracts binding to the company. | | | | | | | | | | | | | |
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| Subscribed and sworn to before me this | | | | |  | | | day of | | |  |  | |
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|  | | | | | | | | | All members/managers must sign | | | | |
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|  | Notary Public | | | | | |  | | | | | | |
|  | | | | | | | | |  | | | | |
| My commission expires | | | |  | | |  | | | | | | |
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| **(NOTARY SEAL)** | | | | | | |  | |  | | | | |
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| A certified copy of the action of the members authorizing such managers to execute this affidavit on behalf of the company may be required. | | | | | | | | | | | | | |

**Guaranty Agreement**

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| --- | --- | --- | --- | --- |
| In consideration of the issuance of prequalification ratings in accordance with Section 650.190(e) of the | | | | |
|  | | | | |
| Department rules for Prequalification of Contractors, | | | | |
|  | | | | |
|  | | | | (Guarantor), |
|  | | | | |
| assumes and guarantees the performance of all contracts entered into by | | | | |
|  | | | | (Contractor) |
|  | | | | |
| with the Department of Transportation, and the liquidation and satisfaction of all liabilities relative to any contracts. | | | | |
|  | | | | |
| This guaranty is absolute and unconditional. Guarantor waives all notices of changes or alterations to the | | | | |
|  | | | | |
| contracts. Guarantor agrees to execute any and all necessary documents and further agreements to carry out | | | | |
|  | | | | |
| this agreement in full. | | | | |
|  | | | | |
| This agreement will remain in effect until all contracts and obligations incurred thereto are completed or | | | | |
|  | | | | |
| completely satisfied. Any notice of revocation provided to the Department in writing shall operate and be effective | | | | |
|  | | | | |
| only for future awarded contracts and shall not have retroactive effect. | | | | |
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|  | | | | |
|  | | GUARANTOR | | |
|  | | | | |
| By: | | |  | |
|  | | | | |
| Title: | | |  | |
|  | | | | |
|  | | | | |
| Signed or attested before me on |  | . | | |
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|  | | |  | |
|  | | | (Signature of Notary Public) | |
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| LOGO2LIN | | | | | | | | | | | | Financial Information Release (Unaudited Statement Only) | | | | | | |
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| **Instructions:** | | | | Submit this form directly to your bank. The verification of an account must be as of the date of the balance sheet. | | | | | | | | | | | | | | |
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| **T****o The** | | |  | | | | | | | | | |  | | | |
|  | | | | Name of Bank | | | | | | | | | |  | | | | |
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|  | | | | Address | | | | | | | | | |  | | | | |
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| Please give the Illinois Department of Transportation the following information in connection with my or our account as of | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | |  | | | | | | | | | | |
| Balance Sheet Date | | | | | |  | | | | | | | | | | | | |
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|  | | | | | | | | | | | Type or Print Name of Company | | | | | | | |
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| By | | | | | | | | | | |  | | | | | | |  |
|  | | | | | | | | | | | Type or Print Name of Individual | | | | | | | Title |
|  | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | |  | | | | | | | |
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| **Information below to be furnished by the above bank.** | | | | | | | | | | | | | | | | | | |
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| Our records show the following information in connection with the account of the above named depositor as of | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | . (Must correspond with second date shown above.) | | | | | | | | | | | |
| Balance Sheet Date | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Commercial Account | | | | | | | | | | $ | |  | |  | | | | |
| Savings Account | | | | | | | | | | $ | |  | |  | | | | |
| Indebtedness to Bank | | | | | | | | | | $ | |  | |  | | | | |
| Secured? | | |  | | | | | | How? | | |  | |  | | | | |
| Certificate of Deposit | | | | | | | | | | $ | |  | |  | | | | |
| Pledged? | | |  | | | | | | Detail | | |  | |  | | | | |
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|  | | | | | | | | | | | | | Type or Print Name of Bank | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| By | | | | | | | | |  | | | | | | | |  | |
|  | | | | | | | | | Type or Print Name of Individual | | | | | | | | Title | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Signature | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | Telephone Number | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | |
| Date | | | | | | |  | | | | | | | | | | | |
| Prompt return of this form to the Illinois Department of Transportation, Bureau of Construction, 2300 South Dirksen Parkway, Springfield, Illinois 62764 expedites a service to a client. | | | | | | | | | | | | | | | | | | |

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| **Checklist for Contractor’s Statement of Experience and Financial Condition** |
|  |
| Have all questions been answered completely? |
|  |
| **For Audited Statements:** |
|  |
| Opinion Letter with accountant license information or Certificate of Accountant |
| Income Statement |
| Notes to the Financial Statement |
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|  |
| **For Unaudited Statements:** |
|  |
| Page 25, Financial Information Release, signed and with the same date as the balance sheet |
|  |
|  |
| **For Corporations:** |
|  |
| Page 22, Affidavit for Corporation |
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|  |
| **For General Partnerships:** |
|  |
| Partnership Agreement |
| Page 21, Affidavit for Partnership |
| Financial Statements / Income Tax Forms for General Partners |
|  |
| For Individuals |
|  |
| Page 21, Affidavit for Individuals |
|  |
| **For LLC** |
|  |
| Page 23, Affidavit for Limited Liability Company |
|  |
| **For Statements with Appraisals:** |
|  |
| Letter requesting appraisals be used in ratings determination |
| Copy of Appraisal which is less than 24 months old |
| Resume of Appraiser |
| Certificate of Appraiser |
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| For information about IDOT’s collection and use of confidential information review the department’s Identity Protection Policy. |
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