OHIO TURNPIKE AND INFRASTRUCTURE COMMISSION 682 Prospect Street Berea, Ohio 44017 440-234-2081 www.ohioturnpike.org



CONFIDENTIAL

FINANCIAL STATEMENT

AND EXPERIENCE QUESTIONNAIRE

Used in Qualifying Bidders on Ohio Turnpike Work

Company Name			
Address			
City		Zip	
Telephone No. ()	E-Mail		
Submitted by			
Date			

NOTE: All Bidders must complete the Experience Questionnaire and Affidavit. However, if you have an audited financial statement which is a year or less old, such document may be submitted in lieu of the Contractor's Financial Statement.

CONTRACTOR'S EXPERIENCE QUESTIONNAIRE

The Signatory of this questionnaire guarantees the truth and accuracy of all statements and of all answers to interrogatories hereinafter made.

Name of Contractor		[] A Corporation
Principal Address		[] A General Co-Partnership [] A Limited Co-Partnership [] An Individual
Incorporated or Organized - Date	State	
Radius of Operation		
Type of Work Done		
Other Lines of Business		
Work Usually Sublet		
1. How many years have you operated under	the above name (a) As (General Contractor?

(b) As Sub-Contractor?

2. If you succeeded some other organization, indicate:

NAME OF PREDECESSOR	TYPE OF WORK DONE	OPERATED DURING PERIOD

3. List of all Partners or Officers (Note: If partnership limited, explain fully):

NAME AND TITLE	ADDRESS – CITY AND STATE	FRACTIONAL INTEREST IN FIRM OR NO. OF SHARES OWNED

4. List all Subsidiaries and Affiliates:

NAME OF COMPANY	ADDRESS – CITY AND STATE	TYPE OF BUSINESS

5. List other Businesses in which any Partner or Officer is actively engaged:

NAME OF OTHER COMPANY	PARTNER OR OFFICER INTERESTED	EXTENT OF HIS OR HER INTEREST

6a. List of Key Personnel and their position within the organization:

NO.	NAME	POSITION	AGE	YEAR HIRED	PRESENT POSITION OR CAPACITY
(a)					
(b)					
(C)					
(d)					
(e)					
(f)					
(g)					

6b. Provide Construction Experience of Key Personnel identified above.

NO.	FROM (YEAR TO YEAR)	NAME AND PLACE OF TRAINING OR EMPLOYMENT	TYPE OF TRAINING OR CAPACITY EMPLOYED
(a)			
-			
(b)			
-			
-			
(C)			
_			
-			
(d)			
-			
(e)			
(0)			
(f)			
(f)			
(g)			

6c.	List Full-Time, `	Year-Round Staf	f by Title c	r Trade (i.e.	Project Managers,	Office Assistants,	Carpenter,
Lab	orers, Plumbers	, Electricians):					

Position	Number of Employees	Cumulative Years with firm	Cumulative Years of Experience	Description of Position's Duties or Capacities

7. List Contracts on which Work Is Not Completed:

NO.	DATE AWARDED	NAME OF OWNER AND ADDRESS	JOB LOCATION AND PROJECT NUMBER	TYPE OF WORK	CONTRACT AMOUNT	%COMP.
1						
2						
3						
4						
5						
6						
7						

8. List Major Improvements Completed By Your Organization in the last three (3) years:

NO.	NAME OF OWNER, ADDRESS AND PHONE NUMBER	LOCATION PROJECT NUMBER	TYPE OF WORK	DATE AWARDED DATE COMPLETED
1				
2				
3				
4				
5				

9.	Ca	pacity:

LAST YEAR

YEAR BEFORE LAST

(a) Aggregate volume of Contract Sales

(b) Approximate amount of (a) that w	as sublet
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Volume directly performed

(c) Largest volume on hand at any one time

10. List of Subcontractors you intend to use on this project for major items of work:

NAME OF SUBCONTRACTOR	ADDRESS	TYPE OF WORK SUBLET

11. List of Surety Companies that have written surety bonds for you last 2 years:

NAME OF SURETY COMPANY	ADDRESS	LARGEST CONTRACT BONDED

12. List of Companies from whom you have purchased equipment last 2 years:

NAME OF COMPANY	ADDRESS	EQUIPMENT PURCHASED

13. List Producers, Manufacturers and Jobbers from whom you have purchased principal materials during the last year:

FROM WHOM PURCHASED	ADDRESS	TYPE OF MATERIAL		

4. Lie	ens, Suits, Judgments, Defaults and Contingent Liabilities:
(a)	Have you ever failed in business or compromised with creditors?
(b)	Has your company ever failed to complete a contract? If yes, identify the contract and the owner/ public authority and the reason for the failure:
(c)	Has any officer or partner of your organization ever been an officer or partner of some other organization that failed to complete a construction contract? If yes, identify the name of individual, the other organization and the contract, the owner/public authority and the reason for the failure:
(d)	Has any officer or partner of your organization ever failed to complete a construction project handled in their owr name? If yes, state name of individual, name of owner and reason for the failure:
(e)	Are you financially interested in any other lines of business? If yes, identify the business interest:
(f)	Have any liens ever been filed against any of your work? If yes, identify the project and amounts:
(g)	Have you ever failed to qualify for bond after an award?
(h)	Have you ever had any serious controversy with anyone on any of your work or over the payment for labor or material?
(i)	Are there any judgments, suits or claims pending against you? If yes, identify the matter(s) and amount(s):
(j)	Are there any judgments, suits or claims pending against your partners? If yes, identify the matter(s) and amount(s):
(k)	Are you acting as surety or bondsman for others? If yes, identify the projects(s) and penal sum(s):
(I)	Are you acting as endorser for others on their notes or accounts? If yes, identify the projects(s) and amounts(s):
	FURTHER EXPLAIN FULLY ANY AFFIRMATIVE ANSWERS:

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CONTRACTOR'S FINANCIAL STATEMENT

STATEMENT OF ASSETS AND LIABILITIES AS OF _____, 20____,

All assets must be wholly owned by applicant. Separate statements from indemnitors required.

1. Cash in Banks			
2. Cash on Hand (Explain)			
3. Bid Checks and Deposits			
4. Accounts Receivable from Sources Other than Construction Contract			
5. Accounts Receivable - Construction Contracts:			
a. Completed Contracts	\$		
b. Earned Estimates - Uncompleted Contracts	\$		
c. Retained Percentages - Uncompleted Contracts	\$		
6. Materials and Supplies on Hand:			
a. For Contracts Underway (Not included in items 4 and 5)	\$		
b. Other Materials	\$		
7. Cash Surrender Value Life Insurance (Less policy loans)			
8. Marketable Securities			
9. Other Securities			
TOTAL	CURRENT ASSETS		
10. Notes Receivable			
11. Prepaid Expense			
12. Land and Buildings:			
a. Cost	\$		
b. Less Reserve for Depreciation	\$		
13. Equipment: a. Cost	¢		
b. Less Reserve for Depreciation	\$ \$		
14. Furniture and Fixtures	Ψ		
15. Other Assets			
	TOTAL ASSETS		
16. Notes Payable:			
a. Banks (Exclusive of equipment obligations)	\$		
b. Material & Equipment Suppliers (Exclude Notes Due After 1 YR)	\$		
c. Others	\$		
17. Accounts Payable:	^		
a. Material Suppliers b. Subcontractors	\$ ¢		
c. Others	э \$		
18. Accrued Payrolls, Interest, Other Expenses	Ψ		
19. Accrued Taxes:			
a. Withholding Tax	\$		
b. Estimated Federal Income Tax (Current and prior years)	\$		
c. Social Security Taxes	\$		
d. Other	\$		
20. Mortgages Due within One Year (Schedules 12 and 13)			
TOTAL	CURRENT LIABILITY		
21. Mortgages Due after One Year (Schedule 12)			
22. Equipment Notes (Schedule 13) Due after One Year			
23. Reserves (Explain)			
24. Other Liabilities			
25. Capital Stock (Paid up) if a Corporation			
26. Net Worth			
	TOTAL LIABILITIES		
	· · · · = = · · · · · · · · · · · · · ·		

1 Cash in Banks	····· \$		
NAME AND ADDRESS OF BANK	DEPOSIT IN NAME OF	AMOUNT	

3	3 Bid Checks and Deposits\$			
	DEPOSITED WITH - NAME AND ADDRESS	FOR WHAT	WHEN RECOVERABLE	AMOUNT

4* Accounts Receivable - Material Sales, Equipment Rentals, Etc \$						
RECEIVABLE FROM - NAME AND ADDRESS FOR WHAT WHEN DUE AMOUNT						
Have any of the above been assigned, sold or pledged?						
If so, state amount, to whom, and reason						

5* Accounts Receivable - Construction Contracts						
TOTAL TOTAL TOTAL ACCOUNTS RECEIVABLE						
RECEIVABLE FROM - NAME AND ADDRESS	AMOUNT OF CONTRACT	AMOUNT EARNED	ALREADY PAID	RETAINAGE	PAYABLE NOW	
Have any of the above been assigned, sold or pledged?						
If so, state amount, to whom, and reason						

* List separately each item amounting to 10% or more of total and combine the remainder.

6	6 Materials and Supplies on Hand (Not included in Items 4 or 5) \$					
	DESCRIPTION OF MATERIAL	QUANTITY	ON WHICH CONTRACT DO YOU INTEND TO USE IT?	VALUE		

7 Cash Value Life Insurance Owned by Contractor \$						
ON WHOSE LIFE	FACE AMT.	PAYABLE TO	COMPANY INSURING	CASH VALUE		
Have any loans been made on or have any of the above been assigned or pledged?						
If so, state amount, to whom, and reason						

8 9	Marketable Securities.					
	NAME OF SECURITY	PAR VALUE	LAST DIV. DATE -%	MARKET QUOTATION	NO. OF SHARES	VALUE
If a	my securities are pledged or in escrow, state w	/ which, amount, t	o whom, and th	e reason		

10 Notes Receivable			\$	
RECEIVABLE FROM - NAME AND ADDRESS	FOR WHAT	HOW SECURED	DATE OF	AMOUNT
			MATURITY	
Have any of the above been discounted, pledged, or solo	d?			
If so, state amount, to whom, and reason				

12 Land and Buildings	12 Land and Buildings\$				
LOCATION AND DESCRIPTION OF PROPERTY	IN WHOSE NAME IS TITLE?	ANNUAL MORTGAGE PAYMENT	MORTGAGE BALANCE	ASSESSED VALUE	BOOK VALUE

13 E	quipment DESCRIPTION AND LICENSED		 		\$	
						BOOK
OF ITEMS	WEIGHT OR CAPACITY	DUE	MONTHLY PAYMENT	HELD BY	COST	VALUE

15 Other Assets	\$
DESCRIPTION	AMOUNT

16 Notes Payable (Exclusive of Equipment) \$						
TO WHOM-NAME AND ADDRESS	PURPOSE	WHAT SECURITY	WHEN DUE	AMOUNT		

17 * Accounts Payable				
TO WHOM-NAME AND ADDRESS	FOR WHAT	DATE DUE	AMOUNT OF RETAINAGE (Include in Total)	

20-21 Mortgages (Exclusive of Equipment) \$					
TO WHOM-NAME AND ADDRESS	PURPOSE	WHAT SECURITY	WHEN DUE	AMOUNT	

* List items amounting to 10% or more of total and combine the remainder.

22 Notes Payable (On Equipment Only	/)		\$
TO WHOM - NAME AND ADDRESS	PURPOSE	WHAT SECURITY	AMOUNT
L			

24 Other Liabilities			
DESCRIPTION	AMOUNT		

25	SHARES AUTHORIZED	SHARES OUTSTANDING	AMOUNT
Capital Stock Paid Up Common			\$ \$
			Ψ

AFFIDAVIT

The undersigned hereby declares: that the foregoing is a true statement of the financial condition of the individual, co-partnership or corporation herein first named, as of the date herein first given; 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.

NOTE: A co-partnership must give firm name and signature of all partners. A corporation must give full corporate name,		IERE				
signature of official and affix corporate seal.						
		R CORPORATION				
STATE OF	lee					
COUNTY OF	۶ 33					
		being d	uly sworn, deposes	and says that		
he/she is	of the	aing atatamant: that h	a/aha ia familiar wit	h the backs of the		
said corporation showing its financial cond signed by him/her, taken from the books o condition of the said corporation as of the	lition; that the for f the said corpor	egoing financial state ation, is a true and ac	ment and experient or curate statement or compared and the statement or compared and the statement or compared and the statement of the statem	ce questionnaire, f the financial		
Dated a	at	this	day of	20		
	Notary Public					
		CO-PARTNERSHIP				
STATE OF	_					
				being duly sworn,		
deposes and says he/she is a member of	the firm of					
firm showing its financial condition; that the him/her, taken from the books of the said f	firm, is a true and	cial statement and ex d accurate statement	perience questionn of the financial cond			
as of the date thereof and that the answer	•					
Dated a	at	this	day of	20		
		Nc	otary Public			
	AFFIDAVIT F	OR INDIVIDUAL				
STATE OF	-)					
STATE OF	_ } ss.:					
			being c	duly sworn, deposes		
and says that the foregoing financial states accurate statement of his financial conditionare true.						
Dated a	at	this	day of	20		
			-			