



Department of Public Works
City Engineering Division

608 266 4751

City Engineer
Larry D. Nelson, P.E.

Deputy City Engineer
Robert F. Phillips, P.E.

City-County Building, Room 115
210 Martin Luther King, Jr. Blvd.
Madison, Wisconsin 53703
608 264 9275 FAX
608 267 8677 TDD

Principal Engineers
Michael R. Dailey, P.E.
David L. Benzschawel, P.E.
Christina M. Bachmann, P.E.
John S. Fahrney, P.E.

Operations Supervisor
Kathleen M. Cryan
Hydrogeologist
Joseph L. DeMorett, P.G.
GIS Manager
David A. Davis, R.L.S.

TO: Concrete Layers/Asphalt Pavers/Mudjackers
FROM: Larry Nelson, City Engineer
SUBJECT: Prequalification Application for 2007-2008

It's that time of year again to renew your Prequalification with the City of Madison.

Please note that revisions have been made to the Prequalification Application from previous years.

The form used for Concrete Layers/Asphalt Pavers and Mudjackers is an abbreviated form. This form is only used for those contractors who want to work in the public right of way for private parties. Contractors who want to bid on public works contracts, work in the public right of way for private developers or want to work for private utilities doing work in the right of way must obtain the complete form from City Engineering.

The Contractor shall instruct his/her insurance carrier to fill out a Certificate of Insurance or complete the attached City of Madison Certificate of Insurance form. This insurance certificate must show the type, amount, class of operations covered, effective dates and dates of expiration of policies. Contractors should also be aware that unless the coverage limits are those specified on Appendix B approval would not be granted. **Certificates of Insurance must remain current and a copy filed with the City Engineering Division in order to maintain your prequalification status.**

Form 11B - \$5,000 LICENSE BOND requirements have changed. The bond amount has increased to \$5,000. Therefore, for the 2007 Prequal year, the City will not be able to accept a Continuation Certificate renewing your concrete Layer's Bond as in previous years. Please have the attached form filled out and return with your application.

To avoid a lapse in your Prequalification status, please submit your application before January 15, 2007.

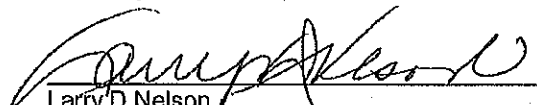
The completed Prequalification Forms along with the necessary attachments are to be submitted to:

City of Madison
Public Works-Prequalifications
210 Martin Luther King Jr. Blvd. Room 115
Madison, WI 53703-3342

Phone: 608-266-4620
Fax: 608-264-9275

If you have any questions, please call Janet Pien at 608-266-4620.

Sincerely,


Larry D Nelson
City Engineer

2007-08
RENEWING: LICENSED CONCRETE LAYERS, ASPHALT PAVERS OR
MUDJACKERS
City of Madison Through January 31, 2008

LOG NO. _____ DATE REC'D _____ APPROVED: _____
DISAPPROVED: _____

Name and Address of Contractor

Name of Firm (Use the legal name of the firm that is to be used on bids and sureties)	
Name of Chief Executive Officer	
Address	
City, State, Zip	
Telephone Number	
Fax Number	
E-Mail Address	
I would like to be notified by email:	YES NO
	Questions, call Public Works (608) 266-4620

LICENSURE TO WORK IN THE PUBLIC RIGHT-OF-WAY FOR PRIVATE PARTIES ONLY

Category A	Type of Work	Check if Applicable
1	Concrete Layer:	<input type="checkbox"/>
2	Asphalt Paver:	<input type="checkbox"/>
3	Mudjacking of Concrete Sidewalk and Driveways:	<input type="checkbox"/>
	\$50 Fee is attached for any of above Payable City of Madison	Attached <input type="checkbox"/>

PROOF OF RESPONSIBILITY

1	When was the firm organized?	Date:
2	When and where was firm incorporated?	State: Year:
3	Has your firm ever defaulted on or failed to complete any contract or work assigned?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If Yes, Attach Details
4	Has your firm ever been convicted of violating Section 133.01 of the Wis. Statutes or subsequent amendment thereof?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If Yes, Attach Details
5	Has your firm ever been debarred, suspended, or disapproved by the State of Wisconsin <u>or</u> the Federal Highway Administration.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If Yes, Attach Details
6	Your Insurance Agent must submit a Certificate of Insurance conforming to the level of insurance required in Schedule "B" attached.	Attached: <input type="checkbox"/>
7	Concrete Layers, Asphalt Pavers and Mudjackers shall complete the attached Form 11B for Licensed Concrete Layers, Asphalt Pavers or Mudjackers (this is a \$5,000 bond). It must be completed by a licensed agent in Wisconsin and his/her license number must be indicated on the form.	Attached: <input type="checkbox"/>
8	All licensed Concrete Layers who propose to install concrete sidewalk, curb and gutter, and concrete driveways must purchase their own 5" x 9" Concrete Stamp per Section 303.2 of the City of Madison Standard Specifications for Public Works Construction. Suppliers of stamp include Boehck Equipment at 608-221-9330, and United Rental at 608-260-9558. MAKE CERTAIN THAT YOU RENEW YOUR STAMP! Our Firm has a stamp or has arranged acquire a stamp.	Yes <input type="checkbox"/>
9	All licensed Concrete Layers who propose to install concrete sidewalk, curb and gutter, and concrete driveways, Asphalt Pavers, or Mudjackers must obtain a permit from City Engineering unless the work is done in accordance with a Public Works Contract. A permit is required even if the work is for a structure that has been issued a City Building Permit. Our Firm will obtain the necessary permit.	Yes <input type="checkbox"/>

SIGNATURE AND NOTARY SECTION

This document must be signed by your firm's Officer, or the individual who would sign a bid and/or contract documents.

I do hereby certify that all statements herein contained are true and correct to the best of my knowledge:

_____	_____
Date	Signature of Company Officer

	Printed/Typed Name

	Title
Subscribed and sworn before: Date: _____	_____ 20_____
Notary Name: _____	
My Commission Expires: _____	_____ 20_____

► **REMEMBER!** Return all to forms and attachments to:

**City Public Works
210 Martin Luther King Jr. Blvd.
Rm. 115
Madison, WI 53703-3342**

FORM 11B - \$5,000 LICENSE BOND

**CONCRETE LAYERS, ASPHALT PAVERS, MUDJACKERS
ONLY THIS FORM IS ACCEPTABLE - MUST BE COMPLETED IN ITS ENTIRETY
CALL JANET ABOUT SUBMITTING A CONTINUATION CERTIFICATE: 608-266-4620**

**Return to: City Engineering - Public Works
210 Martin Luther King Jr. Blvd. Room 115
Madison, WI 53703-3342
PHONE: 608-266-4620 FAX: 608-264-9275**

BOND NUMBER: _____ (Must be filled in)

KNOW ALL MEN BY THESE PRESENTS, THAT: _____

as principal, and _____
Name of Company

Company of: _____
Surety Name

City /State/Zip Code

as surety, are held and firmly bound unto the City of Madison, Wisconsin in the sum of Five Thousand Dollars (\$5,000) lawful money of the United States for the payment of which sum to the City of Madison, we hereby bind ourselves and our prospective executors, and administrators firmly by these presents. WHEREAS, the above bounden _____

Company Name

shall faithfully comply with all Ordinances, rules and regulations and specifications adopted by the Common Council of the City of Madison, or made by the City Engineer in relation to the construction and performance of work involving: Concrete Curbs, Curb Openings, Driveways, sidewalks, asphalt driveways and terraces in the City of Madison and will pay all damages, costs and expenses caused by the negligence of himself or his employees or his subcontractor(s), or occasioned by his/her or their failure to comply with such Ordinances, rules, or regulations and specifications, then this obligation to be void and of no effect, otherwise to be in full force, virtue and effect for a period of one year from the date of signing and sealing.

This Bond Expires: _____ day of _____ 20 _____

(SEAL)
Typed Name of Principal of Company Being Bonded

BY: _____

(SEAL)
Surety Name

BY: _____
Attorney-In-Fact Signature and Typed Name

THIS SECTION MUST BE COMPLETED WITH LICENSE # & POWER OF ATTORNEY ATTACHED.

This Certifies that I have been duly licensed as an agent for the above Company in Wisconsin, under License No. _____ for year: _____ and appointed as Attorney-in-Fact with authority to execute this Bond which Power of Attorney has not been revoked. ATTACH THE POWER OF ATTORNEY.

Name of Agent

Signature of Agent

Address of Agent

Phone Number of Agent

City /State/Zip

DATE

FAX NUMBER: _____

SCHEDULE "B"
INSURANCE REQUIREMENTS
CITY OF MADISON

CERTIFICATES OF INSURANCE:

The Contractor shall instruct his/her insurance carrier to complete a Certificate of Insurance. The attached City of Madison Certificate of Insurance form may be used. This insurance certificate shows the type, amount, class of operations covered, effective dates and dates of expiration of policies. Contractors should also be aware that unless the coverage limits are those specified below, approval would not be granted. Failure to have proper insurance can result in your prequalification being revoked. It can also stop any work you may be doing on a project.

Additional Requirements

The Municipality, its officials, and employees are named on General Liability and Auto Liability as Additional Insured regarding:

- (a) Activities performed for the Municipality or on behalf of names insured
- (b) Products and completed operations of the Names Insured
- (c) Premises owned, leased or used by the Name Insured

The named insured will mail to the City of Madison, 30 days written notice of cancellation or reduction of coverage or limits.

B. INSURANCE REQUIREMENTS FOR: CONTRACTORS LICENSED AS CONCRETE LAYERS, ASPHALT PAVERS AND/OR MUDJACKERS:

The Licensed Contractor shall instruct his/her Insurance Carrier to complete a Certificate of Insurance which will specify the limits as stated below, with the City of Madison listed as additional insured on both commercial general liability and commercial general auto.

Commercial General Liability Limits to Meet or Exceed

Bodily Injury & Property Damage \$1, 000,000 each occurrence

Commercial General Auto (Including owned, hired, and non-owned)

Bodily Injury & Property Damage \$1,000,000 each occurrence

Licensed Contractors should note that unless the insurance requirements as stated above are adhered, approval for license cannot be granted.

Please ask your insurance agent to send a new certificate of insurance each time the old one expires.

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY

Return completed certificate to:
 City Engineering
 210 Martin Luther King Jr. Blvd.
 Room 115
 Madison, WI 53703-3342

CERTIFICATE OF INSURANCE
 -TO-
CITY OF MADISON
 Madison, Wisconsin (the Municipality)
 A Wisconsin Municipal Corporation

Questions?
 Call 608-266-4620
 Fax: 608-264-9275

This Certifies to the Municipality that the following described policies are issued to the insured named below and are in force at this time.

Named Insured: _____

Address: _____

This Certificate is furnished to the Municipality to induce the Municipality to take an official action and may be relied upon by the Municipality.

Description of operations/locations/products Insured

POLICIES AND INSURERS	LIMITS	COMPANY NAME & POLICY NUMBER	EXPIRE DATE
Worker's Compensation _____ (Insurer)	Employer's Liability \$ _____		
Commercial General Liability _____ (Insurer)	Each Occurrence \$ _____ Aggregate \$ _____		
Business Auto Policy Liability Coverage Symbol _____ (Insurer)	Ea. Person \$ _____ Ea. Accident \$ _____ Ea. Accident \$ _____ Combined Single Limit \$ _____		
Umbrella Liability _____ (Insurer)	Occurrence/Aggregate \$ _____ Self-Insured Retention \$ _____		

The following coverage or conditions are in effect:

YES

The Municipality, its officials, and employees are named on General Liability and Auto Liability as Additional Insured regarding

- (a) Activities performed for the Municipality or on behalf of named insured X
- (b) Products and completed operations of the Named Insured, X
- (c) Premises owned, leased or used by the Named Insured X

Products and Completed Operations

The undersigned will mail to the Municipality 30 days written notice of cancellation or reduction of coverage or limits. X

Contractual Liability Coverage Applying to This Contract X

This Certificate is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or condition of any contract or other documents with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

Agency or Brokerage: _____

Address: _____

Name of Agent: _____ Phone No. _____ Fax No. _____

Insurance Company: _____ Home Office: _____

Signature of Authorized Agent _____ Date: _____