INTENT TO PARTICIPATE IN BOND WAIVER PROGRAM

BID AFFIDAVIT

PROJECT NUMBER: ______________________

If the contractor intends on participating in the Bond Waiver Program, this form must be completed in its entirety and returned with the Contractor's bid.

FAILURE TO COMPLETE THIS FORM OR INCLUDE A BID SECURITY FOR PROJECTS WITH VALUES BETWEEN $50,000 AND $200,000, SHALL RESULT IN REJECTION OF YOUR BID.

______________________________________(Name of Bidder) hereby states that it intends on participating in the Bond Waiver Program as described in Palm Beach County Resolution R-89-1178 and Palm Beach County Policies and Procedures.

_______________________________________________
Signature of Contractor

_______________________________________________
Title

State of ____________________  County of ______________________________

Subscribed and Sworn to ( or affirmed) before me on this _______ day of ______________, 20______, by ____________________________ who is personally known to me or has presented___________________________________________ (type of identification) as identification.

_________________________________________________
Notary Public Signature and Seal

_________________________________________________
Print Notary Name and Commission Number
CONTRACTOR QUALIFICATION FORM

Contractor: ____________________________________________________________

Contact Person: __________________________________________________________

Address: ______________________________________________________________

Phone No.: _____________________________________________________________

Fax No.: _______________________________________________________________

Email: _________________________________________________________________

I. CONTRACTOR'S BUSINESS INFORMATION

Check if:

☐ Corporation  ☐ Joint Venture  ☐ LLC

☐ Partnership  ☐ Sole Proprietorship

Has your firm or any of its principals ever filed for Bankruptcy? ☐ Yes  ☐ No

If yes, attach a full explanation of the circumstances including date filed, case number
and current status.

If Corporation:

State and Date of Incorporation: __________________________________________

Name Incorporated Under: ________________________________________________

Name and Title of Officer(s): ____________________________________________

If Partnership:

State and Date of Organization: __________________________________________

Name of all Partners: ____________________________________________________

__________________________________________

__________________________________________
Type of Partnership:

- General
- Publicly Held
- Limited
- Other (describe) ________________________________________

List all Subsidiaries or Holding Companies:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If Joint Venture:

State and Date of Organization: __________________________________________

Name, address, and form of organization of joint venture partners. The percentage of the joint venture responsibility is to be shown for each partner. Submit evidence of joint venture's current certification and license number.

If joint venture has not received license as a joint venture, proof that an application has been submitted to the Department of Professional Regulation for licensure must be included with the pre-qualification questionnaire. Proof of receipt of appropriate license as a joint venture will be required at the time of Bid Opening. Failure to produce a valid license at the time of Bid Opening may result in the Bid being considered non-responsive.

If Sole Proprietorship or LLC:

State and Date of Organization: __________________________________________

Name of address of all Owner(s): __________________________________________

II. INSURANCE REQUIREMENTS

Furnish to the Department certificates of insurance evidencing the existence of current valid, and binding insurance policies for the limits and coverage in accordance with the requirements delineated in the General Conditions, where such insurance is to be provided by Contractor, or as otherwise modified within the Contract Documents, together with a declaration of deductible amounts applicable to each type of insurance provided, acceptable to the County.
III. EXPERIENCE

A. Attached Schedule A listing a minimum of three (3) of the largest projects completed within the last two (2) years where a project was completed by your firm.

B. Attach Schedule B listing all current projects that are over $5,000.00 (Five Thousand Dollars) value contract amount and are active by your firm. Use this form to show all previous work performed for Palm Beach County, or any other municipality in the past five (5) years.

C. Attach Schedule C stating Key Personnel job experience and role assumed when working on County projects.

IV. LITIGATION

A. List any current and pending litigation, arbitration and/or administrative proceedings initiated by or brought against your firm or qualifying agent(s) within the last (10) years as a result of related matters, including but not limited to liens, delays, defective performance or workmanship. Said information must include project name, presiding court, plaintiff and defendant, and case number.

B. List any judgments for or against your firm(s) during the past five (5) years involving litigations with an Owner regarding construction matters including, but not limited to, mechanics liens, warranty, delay, negligence, or bonds. State project name and location, judgment amount, presiding court, plaintiff, defendant, and case number.

V. FINANCIAL

Provide a list with name, address and telephone number of the firm's principal banking institution, and include three (3) business-related credit references.

VI. ACCOUNTING AND FINANCIAL REPORTING

Federal Tax ID No.: _____________________________________________________________

Social Security No. (if bidding as a proprietorship): _________________________________

Provide one of the following forms of financial information:

A. Annual compiled Financial Statements for the most recent fiscal year.

Preparer's Name:_________________________________________________________________

Preparer's Address:_________________________________________________________________

______________________________________________________________________________
Preparer Phone No.: ____________________________________________________________

Preparer Fax No.: ____________________________________________________________

☐ CPA    ☐ Other (describe) ________________________________________

☐ Public Accountant

How many years has the firm prepared your financial statements? ________________________

How many years has the firm prepared your tax returns? ________________________________

The statement is prepared: ☐ Partially audited ☐ Fully audited (unqualified)

☐ Review basis ☐ Compilation basis

Are interim statements prepared?  ☐ Yes  ☐ No

If yes, how often?  ☐ Monthly  ☐ Quarterly  ☐ Semi-Annually

Basis of preparation, if different than fiscal. __________________________________________

Have your operations been profitable since the last statement date?  ☐ Yes  ☐ No

Are taxes current:  ☐ Yes  ☐ No  Any tax liens?  ☐ Yes  ☐ No

Have there been any major changes in your financial condition since last statement date

with respect to:

☐ Ownership  ☐ Major loans or refinancing

☐ Withdrawals  ☐ Major equipment Purchases or leases

☐ Other (describe) __________________________________________________________

If so, describe: _________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

B. Verification of a line of credit equivalent to 30% of the contract amount from an acceptable
financial institution. An acceptable institution is one which has a minimum "peer group" rating of
50 in the latest Thomson Reuters Bank Insight Quarterly Listing, or a minimum rating of 125 in
the latest IDC Bank Financial Quarterly Listing.
C. An acceptable Dunn & Bradstreet rating.

In accordance with Florida Statute 119.07(3), any financial statement which the County requires a prospective bidder to submit, in order to pre-qualify for bidding or for responding to a proposal for a road or any other Public Works project, is confidential and exempt from the provisions of the Florida Public Records Statute.

D. Letter from Contractor's Surety attesting to bidder's bonding capacity.

E. Pre-qualification letter from another government entity.

VII. LICENSURE

A. List one or more of your firm's current licenses, as follows:

<table>
<thead>
<tr>
<th>LICENSE NUMBER</th>
<th>ISSUING AGENCY</th>
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</table>

B. List and attach copies of all licenses (including those listed above, in VII. A.) and certificates of competency possessed by key members of the firm including the qualifying agent(s).

VIII. REGULATORY FINES

A. List any current and pending regulatory fines, arbitration and/or administrative proceedings initiated by or brought against your firm or qualifying agent(s) within the last ten (10) years, including but not limited to liens, delays, defective performance or workmanship. Said information must include project name, presiding court, case number, names of regulatory agency and defendant.

B. List any regulatory judgments for or against your firm(s) during the past five (5) years involving a regulatory agency. State project name and location, action, judgment amount, presiding court, case number, names of regulatory agency and defendant.
CERTIFICATION:

STATE OF __________________________

COUNTY OF ________________________

I, the undersigned authority, hereby certify that the information submitted herewith, including any attachment hereto, is true and accurate to the best of my knowledge and belief under perjury of law.

By: __________________________________________________________________

Print Name
__________________________________________________________________

Signature
__________________________________________________________________

Title
__________________________________________________________________

Date
__________________________________________________________________

Witness: __________________________________________________________________

Print Name
__________________________________________________________________

Signature
__________________________________________________________________

Date
__________________________________________________________________

State of ___________________________ County of _________________________________

Subscribed and Sworn to ( or affirmed) before me on this _______ day of ______________, 20____, by________________________________________ who is personally known to me or has presented ____________________________________________ (type of identification) as identification.

____________________________________________
Notary Public Signature and Seal

____________________________________________
Print Notary Name and Commission Number
MINIMUM CRITERIA TO BE USED IN PRE-QUALIFYING CONTRACTORS

I. CONTRACTOR'S BUSINESS INFORMATION

No Minimum Criteria as to type of business is required other than possessing the requisite licensure as provided by Section 287.055, Florida Statutes and local regulations to perform the specific work required by these documents.

II. INSURANCE

Must provide evidence of required insurance.

III. EXPERIENCE

A. Submit experience records demonstrating a minimum of five (5) years experience as a Contractor.

IV. LITIGATION

The firm(s) must:

A. Not be involved in current or pending litigation which is likely to have a material negative impact on their ability to execute this project.

B. Not display an undesirable pattern of construction related litigation with project Owners.

V. FINANCIAL

The firm(s) must provide evidence of adequate financial stability and resources to execute the work.

VI. LICENSURE

The firm must possess a valid License pursuant to Florida Statute Chapter 489.

VII. REGULATORY FINES

The firm(s) must:

A. Not be involved in current or pending litigation which is likely to have a material negative impact on their ability to execute this project.

B. Not display an undesirable pattern of regulatory judgments.
Schedule A: Relevant Project Experience

Note: Please provide one (1) form Schedule A per project. Include at least the three (3) largest projects completed in the last two (2) years. Duplicate form as necessary.

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>Project Type:</th>
<th>Location:</th>
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Total Dollar Value: ____________________________________________________________

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<thead>
<tr>
<th>Scheduled State Date</th>
<th>Scheduled Completion Date</th>
<th>Actual Completion Date</th>
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Name: ________________________________________________________________________

Address: _____________________________________________________________________

Phone: _______________________________________________________________________

Other contacts (specify name, organization, address, and phone number):

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Brief description of project scope and type of work:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

Request for Qualifications (RFQ)

Schedule B: Current Status

List all current projects over a Five Thousand Dollar ($5,000.00) amount that are active by your firm. If you have done work for Palm Beach County in the past five (5) years, or another municipality, use this form to show that work, regardless of the dollar amount. Duplicate form as necessary.

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Dollar Amount</th>
<th>Work Type</th>
<th>Start/Completion Date</th>
<th>Contact Person/Phone Number</th>
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### Schedule C: Key Personnel

Note: Attach a copy of the resume for each key personnel. Duplicate form as necessary.

<table>
<thead>
<tr>
<th>Name</th>
<th>Proposed Role</th>
<th>Years of experience</th>
<th>Locally available</th>
<th>Years with your organization</th>
<th>Number of hours employed weekly</th>
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Educational background/Special Training/Certifications/Licenses:

- ____________________________
- ____________________________

Experience: Describe experience, list projects performed where key personnel had a similar role as that proposed. Indicate the name of the project, the dollar value of the project, owner, and brief description of role in the project. Attach additional sheets as necessary.

<table>
<thead>
<tr>
<th>Project</th>
<th>Owner</th>
<th>Contract Dollar Amount</th>
<th>Description of role in project</th>
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NOTICE TO SUBCONTRACTORS/SUPPLIERS
THAT PROJECT IS NOT BONDED

To: Palm Beach County, ________________ Department, _______________________ Division

Re: Project No.______________ Project Name: ______________________________________

I, ________________________________in my capacity as _____________________________
Representative of Subcontractor/Supplier Title

Hereby acknowledge receipt of notice from_______________________________________ that
General Contractor

this project is being performed under Palm Beach County's Bond Waiver Program. I understand
that the General Contractor is not required to obtain a payment bond. It is also understood that if
the General Contractor fails to make appropriate periodic payments to any Subcontractor/Supplier,
that Subcontractor/Supplier should notify the Palm Beach County contracting
Department/Division in writing of the non-payment indicating the project number, title, and
amount owed.

If one or more notices are received on any one project, the contracting Department/Division may
withhold payment to the General Contractor until the payment(s) in question is/are made, and
proof of such payment is submitted to the contracting Department/Division.

Subcontractor/Supplier:

Name: ________________________________________________________________________
Title: _________________________________________________________________________
Company:  ____________________________________________________________________
State of ______________________  County of __________________________________

Subscribed and Sworn to (or affirmed) before me on this______________ day of ___________,
20__, by _____________________________ who is personally known to me or has presented
_________________________________________ (type of identification) as identification.

_____________________________________________
Notary Public Signature and Seal

_____________________________________________
Print Notary Name and Commission Number
JOINT CHECK DISBURSEMENT

Date: _________________________

Re: Project No. ________________________________________

Project Name: ______________________________________________________________

TO APPLY TO ESTIMATE NO. ________________________, 20___

_____________________________________, Prime Contractor for the above-referenced contract, and ___________________________________, Subcontractor/Supplier to the above Prime Contractor, are in agreement that a Joint Check made out in both company names in the amount of $ ________________________________ may be issued to the County.

__________________________________________________
Prime Contractor

__________________________________________________
Subcontractor/Supplier
**SUMMARY**

**JOINT CHECK DISBURSEMENT**

Date: _____________________________________

Re: Project No. ________________________

Project Name:_______________________________________________________________

TO APPLY TO ESTIMATE NO _______________________________, 20____

<table>
<thead>
<tr>
<th>Prime Contractor</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Subcontractor/Supplier</td>
<td>Amount</td>
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<tr>
<td>Subcontractor/Supplier</td>
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<tr>
<td>Subcontractor/Supplier</td>
<td>Amount</td>
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</table>

Total Amount