

We Need You

Central States Water Resources, LLC (CSWR), and its affiliates, are looking to work with qualified and experienced water and wastewater operations and management (O&M) firms to bring safe, reliable and environmentally responsible water resources to every community in the U.S.

CSWR, Inc. owns and operates several private, regulated water and wastewater utility companies across the nation. We provide professional and managerial services to make sure the communities we serve have access to clean, safe and reliable water resources, 24/7. We work with outside firms like yours to make sure our utility operating companies have professional operation, maintenance and construction services. Our goal at CSWR, Inc. is to transform local water and wastewater treatment facilities across the United States, improving both the quality of water and the quality of life for our customers.

Benefits of Working with Us

CSWR is transforming how water utilities work by using technology and innovation to quickly assess and invest in reliable infrastructure that meets or exceeds stringent state and federal safety standards, while protecting the aquifers, lakes, rivers and streams that are essential to our world.

Our O&M partners get the benefits of access to working with industry-leading technology, a growing network of water and wastewater professionals and the opportunity to grow your business.

CSWR also provides:

- Training vouchers pending state approval
- Opportunity to learn how to use a computer-based training monitoring system (CMMS)
- Professional, 24/7 customer service

We Need You

We're building our database for all current and future projects for construction and water and wastewater O&M. This Qualification Application is solely a request for information. It does not represent an offer, nor does it confer any rights on any respondent. CSWR is not responsible under any circumstances for any costs incurred by responding to this Qualification Application.

Questions? Please contact us at operations@cswrgroup.com.

QUALIFICATION APPLICATION

Please fill out the information below to be notified of any current or future CSWR projects.

Firm Name:

1. Address:
2. Company Headquarters (if different from above):

Number of years in business under current business name:

List all other business names firm has operated under and the time frames for each:

List any Disadvantaged Business Enterprise (DBE) certifications:

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Please mark which types of projects you are interested in:

	Water	Wastewater
Operation & Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Construction	<input type="checkbox"/>	<input type="checkbox"/>

If firm is a corporation, LLC or partnership, provide the following information:

Type of organization:	<input type="text"/>
State of incorporation:	<input type="text"/>
Date of Incorporation:	<input type="text"/>
Name of President:	<input type="text"/>
Name of Vice President:	<input type="text"/>
Name of Secretary:	<input type="text"/>
Name of Treasurer:	<input type="text"/>

SERVICES PROVIDED

Please mark each box for services that your firm provides. Do not include services which are subcontracted to other firms.

Operations & Maintenance (O&M)

Service	Water	Wastewater
System O&M		
Engineering		
Laboratory Testing		
Grounds Maintenance/Landscaping		
Discharge Reporting		
Permitting		
Other (specify):		
Other (specify):		

Construction

Service	Water	Wastewater
General Contracting		
Engineering/Design		
Structural		
Plumbing/Piping		
Electrical		
Cement/Foundations		
Other (specify):		
Other (specify):		



PERSONNEL

Management Personnel

Please list all personnel that may have management responsibilities on potential projects, along with their title, years of experience, years with the firm, a brief description of their potential project role and any certifications or licenses they may have. Use additional sheets if necessary. Please include a management organization chart and resumes of management personnel.

Name	Title	Years of Experience	Years with Firm	Project Role	Certifications/Licenses



Operating Personnel

Please list all personnel that may have operation & maintenance responsibilities on potential projects, along with their certification and/or licenses (please include the state of licensure), years of experience, years with the firm, and all the types of systems and/or processes they have experience operating and maintaining. Use additional sheets if necessary.

Name	Certification/ License	Years of Experience	Years with Firm	Types of Systems



PROJECT EXPERIENCE

Please list similar projects your firm has operated or managed in the past five (5) years. For each project, include the type of system operated and maintained, location, designed flow capacity, length on contract, scope of work and the total number of permit violations. A narrative must be attached to explain any permit violations and should describe the violation, why it occurred, the resulting penalty and the corrective action taken.

System Type	Location	Designed Flow	Length of Contract	Scope of Work	# of Permit Violations

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Aug 02 2022

INSURANCE REQUIREMENTS

For all of our O&M projects, we require the insurance coverage listed below. The following Certificates of Insurance (“COI”), as outlined here, must be furnished to CSWR **upon receipt of approval of the award of the contract**. COI shall provide a minimum of a thirty (30) day notice of cancellation to CCPS and shall name CSWR as an additional insured as follows:

Comprehensive General Liability Insurance

Comprehensive General liability insurance on an "occurrence basis," in the amount of at least \$1,000,000.00 per occurrence, with at least a \$2,000,000.00 annual aggregate limit, including broad form property damage, blanket contractual and personal injuries (including death resulting therefrom) coverage.

Automobile Liability Insurance

Automobile Liability insurance in the amount of \$500,000.00 per person and \$1,000,000.00 per occurrence for bodily injury and \$500,000.00 per occurrence for property damage or \$1,000,000.00 combined single limit. Coverage should extend to any auto or owned, hired or non-owned autos.

Worker’s Compensation and Employers Liability Insurance

Worker’s Compensation and Employers Liability in the amount required by law.

Commercial Umbrella Coverage

Commercial Umbrella Coverage on all of the foregoing coverage in the amount of \$5,000,000.00 per occurrence and \$5,000,000.00 aggregate.

Pollution Legal Liability

Operator shall maintain in force Pollution Legal Liability policy with limits of \$1,000,000.00 per occurrence and \$2,000,000.00 aggregate. In the event that Pollution Liability Coverage is discontinued for any reason by Operator after the termination of this Agreement, Operator agrees to procure tail coverage in force continuously without interruption for a period of three (3) years from the date of the termination of this Agreement.

Professional Liability Error and Omissions

Professional Liability Error and Omissions coverage of not less than \$1,000,000.00 per occurrence and \$2,000,000.00 aggregate. In the event that Professional Liability Errors and Omissions coverage is discontinued for any reason after the termination of this Agreement, Operator agrees to procure tail coverage in force continuously without interruption for a period of three (3) years from the date of the termination of this Agreement.

Duration of Insurance Policies

Except as otherwise expressly required, all insurance policies herein specified shall be in force for the term of the contract and contain a Rider that the insurance policies cannot be cancelled without a thirty (30) day prior written notice to the parties insured.

SAFETY RECORD

Please provide your firm's Workers' Compensation Experience Modifier and OSHA Recordable Rate for the past three years.

Please provide your Days Away, Restricted, or Transferred (DART) Incident Rate calculated from OSHA's Form 300 and Experience Modifier Rate (EMR) for the last three years in the table below.

Year	DART	EMR

Please provide a copy of any Drug and Alcohol policies including testing programs. Also, provide a brief narrative summarizing any health and safety programs and/or processes



References

Provide three trade references below include name of reference, current contact person, telephone number and address:

- 1.
- 2.
- 3.

Provide two bank references below, include name of reference, current contact person, telephone number and address:

- 1.
- 2.

The person undersigned affirms that all information contained within this Qualifications Application is true and accurate. Providing false or misleading or omitting relevant information may result in the Respondent’s firm being disqualified for any current or future work for Central States Water Resources.

Affirmed by (signature): _____
Name: _____
Title: _____
Date: _____