

Part A: CM at Risk 1st Tier Subcontractor Master Prequalification Form (Annual Submittal)

NOTICE TO ALL SUBCONTRACTORS: All sections of this Part A: Master Prequalification Form (Annual Submittal) must be provided ONCE A YEAR and filled out in its entirety. This form will expire on June 30th of each year and requires an update after July 1st. If any sections are not complete, then the prequal may be rejected. A separate Part B: Project Specific Supplement is required for each specific project. Part A and Part B will be evaluated together for the specific project.

Part A: Master Prequalification (Annual Submittal)

Submittal Date: _____

Expiration Date: June 30th of each Year

Submitted to: Shield Sexton Company, Inc. (Name of CM at Risk firm)

1. Main Office Location & Company Contacts

Company Name

Physical Address

Mailing Address

City/State Zip Code + 4

(_____) _____ (_____) _____
Phone number Fax number

President/CEO

CFO

Primary Prequalification Contact Name

Primary Prequalification Contact Phone Number

Primary Prequalification Contact Email Address

Company Website

Secondary Prequalification Contact Name

Secondary Prequalification Contact Phone Number

Secondary Prequalification Contact Email Address

2. Business Type

(check box) Corporation Partnership Limited Liability Company Sole Proprietor

Indicate your NC Statewide Uniform Certification: (check box):

MBE HBE AABE AIBE WBE SDB DBE NONE _____ (other)

See website link for more information: <http://www.doa.nc.gov/hub/swuc.htm>

Is your firm registered with the Department of the Secretary of State to conduct business in the State of North Carolina?

Yes No

Is your firm owned or controlled by a parent or any other organization? Yes No

Describe Ownership if Yes: _____

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Confirm that your company can demonstrate compliance with insurance coverages which meet or exceed the minimum requirements of State Construction Manual OC-15 Article 34. Yes No

See website link for more information: <https://ncadmin.nc.gov/businesses/construction/forms-documents>

List all other names and years of operation that your firm has operated under for the past five (5) years:

3. Licensing Information

(Please provide all North Carolina professional licenses required for you to perform your services.)

NC License Type (check box) General Construction Electrical Mechanical Plumbing
 Fire Protection Other (Trade Specific License) _____

<u>NC License number/name of licensee</u>	<u>License Limit/Level</u>
_____	_____
_____	_____
_____	_____

Has any license ever been denied or revoked? Yes No If yes, please describe why, _____

4. Type of Scope Performed, Average project size (in terms of revenue), Largest project size (in terms of revenue)

List all Scopes of Work for which you would request prequalification review in the upcoming year (Bid Packages):

For Each Scope of Work list the following with values from the last 5 years. (Provide references upon request of the CM)

Scope #1: _____ Percentage of Self Performed Work: _____

Average project size (\$): _____ Largest Project Size (\$): _____

Scope #2: _____ Percentage of Self Performed Work: _____

Average project size (\$): _____ Largest Project Size (\$): _____

Scope #3: _____ Percentage of Self Performed Work: _____

Average project size (\$): _____ Largest Project Size (\$): _____

Scope #4: _____ Percentage of Self Performed Work: _____

Average project size (\$): _____ Largest Project Size (\$): _____

Scope #5: _____ Percentage of Self Performed Work: _____

Average project size (\$): _____ Largest Project Size (\$): _____

Scope #6: _____ Percentage of Self Performed Work: _____

Average project size (\$): _____ Largest Project Size (\$): _____

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Indicate your two **largest** completed projects in the last 5 Years per scope. If submitting for multiple scopes, submit multiple sheets.

#1 –Completed - Project Name	
Description of Work Performed	
Contract Delivery Method (CMAR or GC?)	
Owner Name/ Representative	
Architect Name/Representative	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Lost Man-hours due to Accident	
Final Contract Dollar Value	
HUB % Achieved (on Contract Value)	
Date Complete	

#2 –Completed - Project Name	
Description of Work Performed	
Contract Delivery Method (CMAR or GC?)	
Owner Name/ Representative	
Architect Name/Representative	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Lost Man-hours due to Accident	
Final Contract Dollar Value	
HUB % Achieved (on Contract Value)	
Date Complete	

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5. Size of Company

List the annual dollar value of billings the company has performed for each year over the last (5) five fiscal years (most recent Y/E listed first).

Year #1 (20____) - \$ _____

Year #2 (20____) - \$ _____

Year #3 (20____) - \$ _____

Year #4 (20____) - \$ _____

Year #5 (20____) - \$ _____

6. Current Workload

Number of active projects that your company is presently working on - _____

Remaining revenue to earn (backlog) on active projects - _____

7. Safety

List your company's Experience Modification Rate (EMR) for past five years. Refer to Supplemental information, Item 4 for Insurance Carrier letter supporting Present Rate EMR.

Present Rate Last Rate Year before rate Year before rate Year before rate

If any year your rate is over 1.00 please explain why:

List your company's Recordable Incident Rate (RIR) for past five years:

Present Rate Last Rate Year before rate Year before rate Year before rate

List your company's Days Away Restricted or Transferred Rate (DART) for past five years:

Present Rate Last Rate Year before rate Year before rate Year before rate

List any OSHA fines and Jobsite fatalities in the past five (5) years. Please attach OSHA report describing the incident:

Does your company have a dedicated safety individual who inspects job sites on a regular base? If yes, please provide name and contact information for this individual:

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Does your company have a Written Safety Program and Plan in compliance with current OSHA requirements for your scopes of work (Y/N): _____

Does your company provide weekly training to your on-site employees (Y/N): _____

Does your company perform weekly safety inspections on the jobsite? (Y/N): _____

8. Litigation, Claims, Criminal Convictions & Administrative Actions

Has your company filed any claims against a CM at Risk or General Contractor within the last five years, whether resolved or still pending resolution? Yes No If yes, state the project name(s), year(s), and reason why: _____

Has your company been involved in any judgments, arbitration or mediation proceedings, or suits within the last five years, whether resolved or still pending resolution? Yes No If yes, state the project name(s), year(s), case number and reason why: _____

Has your company ever failed to complete work awarded to it or has your company's work been supplemented by a CMAR or GC? Yes No If yes, please provide project name(s), year(s), and reason why: _____

Have you ever paid liquidated damages on any project? Yes No If yes, state the project name(s), year(s), and reason why. _____

Has your bonding company had to take any of the following actions in the last 10 years: Project technical support, Payments to vendors, Supplement work on a contract, or complete a contract for your company? Yes No If yes, state the project name(s), year(s), and reason why.

Has a Bid Bond ever been collected upon on a project your company bid in the last 5 years? Yes No If yes, state the project name(s), year(s), and reason why.

Has your present company, its officers, owners, or agents ever been convicted of charges relating to conflicts of interest, bribery, or bid-rigging? Yes No If yes, state the project name(s), year(s), and reason why.

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Has your present company, its officers, owners, or agents ever been barred from bidding public work in North Carolina?
 Yes No If yes, state the project name(s), year(s), case number and reason why.

9. Historically Underutilized Business (HUB) Plan

Does the company currently have a documented plan for engaging subcontractor participation from Historically Underutilized Businesses? Yes No If yes, please attach your company’s HUB plan.

10. Signature

By signing this document, you are acknowledging that all answers are true to the best of your knowledge. Any answers found to be falsified will ban you from being prequalified for projects.

Signature

Date

Printed Name and Title

Required Supplementary Information that needs to be included at the same time the prequalification form (Part A) is submitted.

- 1) Your most recent CPA audited or reviewed financial statements.
- 2) Bonding Letter from your Surety Company listing single and aggregate bonding limits and what bonding capacity that is available.
- 3) A current Certificate of Insurance listing all insurance policies.
- 4) Letter from Insurance carrier stating last five years of EMR ratings.
- 5) The last five years of your OSHA 300A report
- 6) Copy of HUB Certification (if Applicable)
- 7) Copy of Professional Licenses (If Applicable)

Note:

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All pieces of supplementary information shall be provided. If they are not, then the prequal is deemed incomplete and may be rejected. If for some reason you are unable to provide one of the items listed above please explain below.
