**PREQUALIFICATION DUE DATE/TIME:**  March 30, 2012. 5:00 PM

**Submitted to:**

Andy Aldridge

Edifice, Inc.

1401 West Morehead St

Charlotte, NC 28208

Phone Number: 704-332-0900 Fax Number: 704-332-0901

Email: [aaldridge@edificeinc.com](mailto:aaldridge@edificeinc.com)

**Project:** UNC Charlotte Residence Hall

University of North Carolina at Charlotte

Clark Nexsen Architecture & Engineering

Project Architect

Construction Under construction

Project Phase Project Start Date (Approx.)

Trade work complete by April 5, 2013 End of April 2012

Project/Phase Duration Anticipated Bid Date

$34,102,302

Total Project Budget

Insurance Program: OCIP \_\_\_\_\_\_\_\_\_ CCIP \_\_\_\_\_\_\_\_\_ SubGuard \_\_\_\_\_\_\_\_\_ None \_\_X\_\_\_\_\_\_

**Project Description:**

The project will provide a 400 plus bed residence facility that will be located on existing Parking Lot 22. Floors will include lounge/study rooms, laundry, and multi-purpose rooms. The building site will provide ADA compliant parking as well as areas service related vehicles may access. This building exterior will utilize brick and precast concrete as identified in the university’s design guidelines. The building is to be designed to comply with SB 668

Project includes building hung canopies with alternates for a drop off canopy and bike rack canopies.

Testing and balancing firm to be certified for vibration analysis.

**If your firm is interested in prequalifying for this project/phase, please check the box for your trade(s).**

**This is a preliminary list of Bid Packages and may change based on response and qualified bidders.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Bid Pkg** | **Scope of Work** | **Preliminary**  **Budget** | **Check Box if**  **Prequalifying** |

10-003 Manufactured Canopies $ TBD 

15-004 Testing and Balancing $ TBD 

List three (3) current or completed projects of **similar** type, size, and duration of proposed project.

|  |  |
| --- | --- |
| **#1 –Similar - Project Name** |  |
| Description of Work Performed |  |
| Contract Delivery Method (CM/GC)? |  |
| Owner Name/ Representative |  |
| Owner Address/Phone #/Email |  |
| Architect Name/Representative |  |
| Architect Address/Phone #/Email |  |
| Contract Dollar Value |  |
| Percentage Complete |  |
| Current Anticipated Completion Date |  |
| **#2 –Similar - Project Name** |  |
| Description of Work Performed |  |
| Contract Delivery Method (CM/GC)? |  |
| Owner Name/ Representative |  |
| Owner Address/Phone #/Email |  |
| Architect Name/Representative |  |
| Architect Address/Phone #/Email |  |
| Contract Dollar Value |  |
| Percentage Complete |  |
| Current Anticipated Completion Date |  |
| **#3 –Similar - Project Name** |  |
| Description of Work Performed |  |
| Contract Delivery Method (CM/GC)? |  |
| Owner Name/ Representative |  |
| Owner Address/Phone #/Email |  |
| Architect Name/Representative |  |
| Architect Address/Phone #/Email |  |
| Contract Dollar Value |  |
| Percentage Complete |  |
| Current Anticipated Completion Date |  |

**Section 1. MINIMUM REQUIREMENTS**

**1. a. General Company Information (Primary/Main office location)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State Zip Code + 4

(\_\_\_\_\_\_ )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number Fax number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Name Secondary Contact Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Email Address Secondary Contact Email Address

**Organization**

**1. b. Business type** (check box)  Corporation  Partnership  Limited Liability Company  Sole Proprietor  Joint

Venture

Are you listed in Dun & Bradstreet?  Yes  No If yes, what is your number \_\_\_\_\_\_\_\_ rating \_\_\_\_\_\_\_\_\_\_\_?

Date founded: \_\_\_\_\_\_\_\_\_\_\_\_ State of Incorporation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the following information about key officers, managers and principals:

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yrs Service:\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yrs Service:\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yrs Service:\_\_\_\_\_\_\_

Indicate your NC Statewide Uniform Certification: (check box):  MBE  HBE  AABE  AIBE  WBE  SDB  DBE

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certifying Agency/State (specify)

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

Describe Ownership if Yes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all other names your firm has operated as for the past five (5) years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. c. Licensing Information** (Please provide all North Carolina professional licenses required for you to perform your services.)

**NC License number/name of licensee License Limit/Level State/County/City Privilege License (provide copy)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has any license ever been denied or revoked?  Yes  No If yes, please describe, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has a complaint ever been filed with a Contractor’s State License Board against your firm?  Yes  No

If yes, please explain briefly the circumstances. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. d. Type of Work Performed on a regular basis**

Primary Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bonding**

**1. e. (1)** Attach letter, dated within the last 30 days, from your surety company, signed by their Attorney in Fact, verifying their willingness to issue sufficient payment and performance bonds for this project, on behalf of your firm and the dollar limits of that bond commitment, both single and aggregate. Surety company bond rating shall be rated “A” or better under the A.M. Best Rating system or The Federal Treasury List.

Have you attached a surety letter?  Yes  No

**1. e. (2)** Bid, Payment and Performance Bonds are waived for Trade Packages under $500,000 with the exception of the building envelope Trade Packages. If submitting on multiple Trade Packages and the aggregate of the packages meets or exceeds $500,000, a Bid, Payment and Performance Bonds will be required for each Trade Package.

**1. e. (3)** Have any Funds been expended by a Surety Company on your firm’s behalf?  Yes  No If yes, explain

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. e. (4)** List all surety companies that have provided bonds for your company for the past five (5) years, provide explanation required if more than one company.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Firm Reason

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Firm Reason

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Firm Reason

**Insurance**

**1. f.** The minimum requirements of coverage are listed in Article 34 of the State Construction General Conditions. Firms must indicate that they can provide evidence of insurance coverage, should they be the successful bidder by attaching a copy of their insurance certificate. Have you attached a copy of your insurance certificate?  Yes  No

* Workers Compensation:
  + State Statutory Requirements
  + Employers Liability: $500,000 - Each Accident, $500,000 – Disease Policy Limits (Aggregate), $500,000 – Disease Each Employee
  + Waiver of Subrogation
* Comprehensive General Liability Insurance:
  + Bodily Injury Liability including contractual liability coverage assumed under the indemnity agreement of the contract, products/completed operations and underground property damage XCU where applicable.
    - $1,000,000 each occurrence; $2,000,000 annual aggregate
  + Property damage Liability including contractual liability coverage assumed under the indemnity agreement of the contract, products/completed operations and undergoing property damage XCU where applicable.
    - $1,000,000 each occurrence; $2,000,000 annual aggregate
  + Edifice, Inc. and Owner named as additional insured
* Comprehensive Automobile Liability Insurance shall be maintained by the Contractor as to the Ownership, maintenance and use of all owned, non-owned, leased or hire vehicles with limits of not less then:
  + Automobile Liability – All owned, non-owned and hired vehicles.
    - $1,000,000 each person; $1,000,000 each accident
  + Automobile Property Damage Liability – all owned, non-owned and hired vehicles.
    - $1,000,000 each person; $1,000,000 each accident
  + Edifice, Inc. and Owner named as additional insured
* Umbrella liability limits shall not be less than:
  + $1,000,000 each occurrence; Edifice, Inc. and Owner named as additional insured

Is your firm willing to participate in an OCIP/CCIP insurance program if requested by the Owner/CM?  Yes  No

**Financials**

**1. g.** Attach latest balance sheet and income statement, if available, based on company type. Audited statements preferred. If not available, attach a copy of the latest annual renewal submission to the relevant licensing board. (Firm must submit financial data and may clearly indicate a request for confidentiality to avoid this item from becoming part of a public record.) Have you attached a balance sheet?  Yes  No

List, on a separate sheet, any lines of credit, including the identification of the financial institution holding the line of credit, contact name and phone number at the institution, current total line of credit, current balance available, and effective date of the stated balance (must be within the past 365 days).

Have you attached a line of credit statement?  Yes  No

**Section 2. GENERAL REQUIREMENTS**

**Experience**

**2. a.** Has your company ever performed construction work for the State of North Carolina and/or through related public agencies?  Yes  No If yes, list the names of the agency, project, dollar value, owner and architect names and contact phone numbers, scheduled completion and actual completion dates for all projects under contract with the last 3 years.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **State Agency** | **Project Name** | **Dollar Value** | **Owner Agency**  **Contact Info** | **Architect**  **Contact Info** | **Scheduled-Actual Completion Date** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Size/Capacity/Workload**

**2. b. (1)** How many full-time permanent employees work for the company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

**2. b. (2)** If the company has more than one office location, how many full-time permanent employees work for the company at the location which will serve this project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

**2. b. (3)** List the annual dollar value of construction work the company has performed for each year over the last (3) three calendar years (if applicable).

|  |  |  |
| --- | --- | --- |
| 1 \_\_\_\_\_\_\_(yr) | 2\_\_\_\_\_\_\_(yr) | 3\_\_\_\_\_\_(yr) |

**2. b. (4)** Expected Annual Volume this Year $ \_

**2. b.** **(5)** How many projects do you currently have under contract or in progress and what is their total dollar value?

* (# of projects) ;
* $ (Current projects contract amount);
* $ (Projects current amount remaining to bill)

**2. b. (6)** What is your average job size? Sq. Ft. $ ( Dollar Amount)

**2. b. (7)** What was your largest job completed? Sq. Ft. $ ( Dollar Amount)

Location Year Completed

**2. b. (8)** Current Back Log $ \_\_\_\_\_\_\_\_ (Dollar Amount)

**2. b. (9)** List the three **biggest** contracts currently under contract or in progress, including for each, the name of the project, description of work performed, owner and architect names and phone numbers, contract dollar values, contract delivery method, percentage complete and currently anticipated completion dates.

|  |  |
| --- | --- |
| **#1 –Project Name** |  |
| Description of Work Performed |  |
| Contract Delivery Method (CM/GC)? |  |
| Owner Name/ Representative |  |
| Owner Address/Phone #/Email |  |
| Architect Name/Representative |  |
| Architect Address/Phone #/Email |  |
| Contract Dollar Value |  |
| Percentage Complete |  |
| Current Anticipated Completion Date |  |

|  |  |
| --- | --- |
| **#2 –Project Name** |  |
| Description of Work Performed |  |
| Contract Delivery Method (CM/GC)? |  |
| Owner Name/ Representative |  |
| Owner Address/Phone #/Email |  |
| Architect Name/Representative |  |
| Architect Address/Phone #/Email |  |
| Contract Dollar Value |  |
| Percentage Complete |  |
| Current Anticipated Completion Date |  |
| **#3 –Project Name** |  |
| Description of Work Performed |  |
| Contract Delivery Method (CM/GC)? |  |
| Owner Name/ Representative |  |
| Owner Address/Phone #/Email |  |
| Architect Name/Representative |  |
| Architect Address/Phone #/Email |  |
| Contract Dollar Value |  |
| Percentage Complete |  |
| Current Anticipated Completion Date |  |

**Office Locations**

**2. d.** Will this project be managed and directed from an office in NC? An office in NC is defined as “The principal place from which the trade or business of the bidder is directed of managed,” per GS 143-59 (c).  Yes  No

**Litigation/Claims**

**2. e. (1)** Has your company been involved in any judgments, claims, 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: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**2. e. (2)** Are there currently any judgments, claims, arbitration or mediation proceedings or suits pending or outstanding against your company, its officers, owners, or agents?  Yes  No If yes, state the project name(s), year(s), case number and reason why: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. e. (3)** Has your company filed any claims with the North Carolina State Construction Office within the last five years, whether directly or indirectly through a General Contractor?  Yes  No If yes, state the project name(s), year(s), case number and reason why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. e. (4**) Has your company ever failed to complete work awarded to it?  Yes  No If yes, please provide project name(s), year(s), and reason why:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. e. (5)** Has your company ever failed to substantially complete a project in a timely manner (i.e. more than 20% beyond the originally contracted, scheduled completion date)?  Yes  No If yes, state the project name(s), year(s), and reason why:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safety Record**

**2. f.** List your company’s Experience Modification Rate (EMR) for past three years. (Attach OSHA 300 Log for the last 3 years.) Have you attached OSHA 300 log?  Yes  No

Present Rate Last Rate Year before rate

If these rates reflect corporate performance over a number of locations, please explain, to the extent possible, the performance experience of the location serving this project: \_\_ \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

List any OSHA fines and Jobsite fatalities in the past 3 years with an explanation: \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Historically Underutilized Business (HUB) Plan**

**2. g. (1)** 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.

**2. g. (2)** What has been your company’s average percentage level of Historically Underutilized Business participation for projects in North Carolina for the past 5 years: %

List the HUB participation you provided in the three projects cited in Section 2.b.(9) – “Biggest” Projects

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Name** | **HUB %** | **Owner’s Rep** | **Contact Phone #** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

2. g. (3) How can you provide HUB participation your projects? Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Signature**

By signing this document, you are acknowledging that all answers are true to the best of your knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name (as licensed in NC)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address

1. Dated this day of:

Submitted by:

Signature By Authorized Officer Print Title of Authorized Officer

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person’s phone number

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person’s E-mail address

1. Notary Certification:

North Carolina

County

I, a Notary Public of the County and State aforesaid, certify that , personally

appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official seal, this the day of , 20 .

(Official Notary Seal or Stamp)

Signature of Notary Public

My commission expires , 20