

**UNC Charlotte**  
**Prequalification Form for Prime Contractor**

Pursuant to the statute, this form gathers information about the contractors seeking to qualify for the work and provides a general format for the prequalification criteria. **Completing this questionnaire does not guarantee prequalification.** Evaluation of the submittal shall be performed by the prequalification committee in accordance with GS 143-128.1, 143-135.8 and the State of NC Prequalification Policy (attached).

**Contractors are not to use the blank template from the SCO website but to use the project specific form from the Prequalification Committee.**

**PREQUALIFICATION DUE DATE/TIME:** January 28, 2019 2:00 PM  
(date) (time)

**Submitted to:** Elizabeth Frere

Contact Name receiving prequalifying packages

UNC Charlotte  
Agency/Institution

9201 University City Blvd.  
Address

Facilities Management / Capital Projects  
Address

Charlotte, NC 28223  
City/State Zip Code + 4

704-687-0558 704-687-5275  
Phone number Fax Number

efrere@unc.edu  
E-mail address

**Project:** 2018 R & R – Roof Replacement and Repairs  
Name of Project

UNC Charlotte  
Project Owner

9201 University City Blvd., Charlotte, NC 28223  
Project Location/Address

REI Engineers  
Project Engineer

N/A June 2019  
Project Phase Project Start Date (Approx.)

2.5 Months March 28, 2019  
Project/Phase Duration Anticipated Bid Date

\$1,100,000.00 N/A  
Total Project Budget Phase Budget

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**Project Description:** (An in-depth narrative of the details of the project, site, trades, LEED, etc.)

The project generally consists of replacement of existing single ply roofs with single ply, PVC roof systems as specified on two facilities: 1) Atkins Library (approximately 50,200 square feet) and 2) Storrs Hall (approximately 41,000 square feet)

**SECTION 1. GENERAL COMPANY INFORMATION**

**1. a. 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

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](http://www.doa.nc.gov/hub/swuc.htm)

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

Is your firm registered with the State of North Carolina to do business?  Yes  No

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, \_\_\_\_\_

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

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

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

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

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

What type of work do you self perform? \_\_\_\_\_

**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)** Have any Funds been expended by a Surety Company on your firm's behalf?    Yes    No   If yes, explain

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

**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 Insurance as required by law and Employer's Liability Insurance Coverage with minimum limits of \$100,000.
- Comprehensive general liability with minimum limits of \$500,000 per occurrence for bodily injury and \$ 100,000 per occurrence/\$300,000 aggregate for property damage.

**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

**SECTION 2. GENERAL REQUIREMENTS**

**Experience - Size/Capacity/Workload**

**2. a. (1)** 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)
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2. a. (2) 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. a. (3) What was your largest job completed? \_\_\_\_\_ Sq. Ft. \$ \_\_\_\_\_ (Dollar Amount)  
 \_\_\_\_\_ Location \_\_\_\_\_ Year Completed

2. a. (4) Current Backlog \$ \_\_\_\_\_ (Dollar Amount)

2. a. (5) List the three largest contracts currently under contract or in progress, including for each, the name of the project, owner, architect and/or GC/CMR and contact information below.

<b>#1 –Project Name</b>	
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	
<b>#2 –Project Name</b>	
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

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

**Office Locations**

**2. b.** 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 or managed,” per GS 143-59 (c).  Yes  No

**Litigation/Claims**

**2. c. (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. c. (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. c. (3)** 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. c. (4)** Have you ever paid liquidated damages on any project?  Yes  No If yes, state the project name(s), year(s), and reason why. \_\_\_\_\_

**2. c. (5)** 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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**2. c. (6)** 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. \_\_\_\_\_

**Safety Record**

**2. d.** 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
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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. e.** 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.

**SECTION 3. PROJECT SPECIFICS**

**3.a.** The assigned project superintendent for this project shall be: \_\_\_\_\_.  
 Include a resume. Have you included a resume?  Yes  No

**3.b.** The experience this superintendent has on this specific type of project is: \_\_\_ 0-2 \_\_\_ 3-4 \_\_\_ 5-10 \_\_\_ >10 years.

**3.c.** The assigned project manager for this project shall be \_\_\_\_\_.  
 Include a resume. Have you included a resume?  Yes  No

**3.d.** The experience this project manager has on this specific type of project is: \_\_\_ 0-2 \_\_\_ 3-4 \_\_\_ 5-10 \_\_\_ >10 years.

**Similar Projects**

**3.e. List three (3) current or completed projects of similar type which most closely reflects the size and complexity of the type of work being requested for the currently proposed project within the last 10 years.**

<b>#1 –Similar - Project Name</b>	
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	

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

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**Roof Manufacturer Accreditations:**

**3.f.** List all manufacturers of single ply PVC roofing materials with which the contractor has accreditation to receive a 20 year, single source, weather-tightness warranty with a maximum liability equal to the contract amount for the contractor's bid. **A document from the respective manufacturer will be required to be attached to the Qualification documents verifying such accreditation.**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**SECTION 4. 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 bar you from being prequalified on this project.**

\_\_\_\_\_  
Company Name (as licensed in NC)

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Mailing Address

a. 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

b. 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\_\_