**PREQUALIFICATION DUE DATE/TIME:** April 9, 2012 at 5:00 pm

**Submitted to:** Karla Streit

 KBR Building Group

 5605 Carnegie Blvd

 Suite 200

 Charlotte, NC 28209

 704- 944-8748 704-523-9436

 Phone number Fax Number

 Karla.Streit@kbr.com

**Projects: Please indicate which project you are interested in for prequalification**

UNC Charlotte Residence Hall Phase Xl 

 High Rise Loop Road and Utilities 

 **Relevant experience is required to prequalify for each project.**

 University of North Carolina at Charlotte

 FWA Group

 Project Architect

 Residence Hall Phase Xl March 2012

 Project Phase Project Start Date (Approx.)

 14 months Late April 2012

 Project/Phase Duration Anticipated Bid Date

 Total Project Budget Phase Budget

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

**Project Description:**

**Building** - 436 Bed Residence Hall built in the South Village area on UNCC campus. Building is 5 stories with a ground level area that houses mechanical units. Exterior of building is brick veneer with aluminum windows. Structural frame is load bearing structural studs. Interior finishes are typical dorm finishes (carpet, sheet vinyl, solid surface counter tops, painted drywall). Bedroom units are 2 or 4 suite units with individual fan coil units. Associated site work includes grading (fill site), associated utilities, landscaping and irrigation.

**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** |

**Building**

02a-2 Grading/Utilities $115,000 

02c-1 Asphalt Paving and Curbing $ 30,000 

02d-1 Concrete Paving $ 25,000 

02e-1 Brick Pavers $ 115,000 

02f-1 Landscaping/Irrigation $ 200,000 

03a-2 Concrete - Partial Foundations/Elevated Deck $ 600,000 

04a Masonry/Cast Stone $ 1,400,000 

05a Structural Steel $ 1,000,000 

05b Ornamental Metals $ 15,000 

06a Tongue and Groove Ceiling $ 25,000 

06b Millwork $275,000 

07a-2 Waterproofing/Caulking/Water Barrier System $ 260,000 

07b Roofing (Shingles & TPO) $ 300,000 

07c Spray Fireproofing $ 35,000 

08a Exterior Glazing $ 430,000 

08b Interior Glazing $ 85,000 

08c Door, Frames & Hardware $ 615,000 

09a Drywall (Load Bearing Studs) $ 3,500,000 

09b Acoustical Ceilings $ 50,000 

09c Hard Tile $ 15,000 

09d Resilient Floor/Carpet/Stair Treads $ 575,000 

09e Painting/Wall covering $ 330,000 

11a Appliances $ 10,000 

12a Window Blinds $ 25,000 

12b Specialties $ 85,000 

12c Trash Chute $ 9,000 

12d Signage $ 45,000 

14a Elevators $ 300,000 

15a Fire Protection $ 375,000 

15b Plumbing $ 1,385,000 

15c HVAC $ 2,820,000 

15d Test and Balance $ 72,000 

16a-1 Building Electrical $ 3,200,000 

18a Louvers $ 20,000 

**Loop Road/Utilities**

02a-3 Grading $ 1,725,000 

02c-2 Asphalt Paving and Curbing $ 600,000 

02d-2 Concrete Paving $ 10,000 

02e-2 Brick Pavers $ 150,000 

02f-2 Landscaping/Irrigation $ 180,000 

15c-2 HVAC Piping $ 950,000 

16a-2 Road Electrical $ 225,000 

16a-3 Electrical Ductbank $ 1,050,000 

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 #  |  |
| 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 #  |  |
| 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 #  |  |
| 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 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.

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 180 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 #  |  |
| 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 #  |  |
| 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 #  |  |
| 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: \_\_

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

**2. f.(2)** List your company’s Lost Time Incident Rate (LTIR) for past three years. (on OSHA basis for 200,000 hours)

 Present Rate Last Rate Year before rate

**2. f.(3)** List your company’s Total Recordable Incident Rate (TRIR) for past three years. (on OSHA basis for 200,000 hours)

 Present Rate Last Rate Year before rate

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

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

**2.f.(4)** Does your company a written Safety Program?  Yes  No

**2.f.(5)** Does your company have a written Substance Abuse Program?  Yes  No

**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

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 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