



## Prequalification for Single Prime Contractors

**Failure to answer** all of the following questions may result in disqualification. If general contractor has any questions, contact the person listed below under "Submitted to." Completing this questionnaire does not guarantee prequalification. The State agency/institution reserves the unqualified right to reject any or all proposals and to waive informalities. The State agency/institution has developed a plan to meet or exceed goals set by GS 143-128 for the participation of minority businesses in public construction contracts. Contractors are expected to be familiar with these initiatives and to comply with program requirements.

### Explanation of Pre-Qualification Selections:

Should a contractor want an explanation of their submittal's non-prequalified status on an individual project, they should contact the owner in writing (email is sufficient) for an explanation within 3 business days of notification of the prequalified contractor's list.

**PREQUALIFICATION DUE DATE/TIME:** April 29, 2014 4:00 pm  
(date) (time)

**Submitted to:** M. Sue Hyde, PE  
Contact Name receiving prequalifying packages

City of Concord  
Agency/Institution

850 Warren C. Coleman Blvd.  
Address

PO Box 308  
Address

Concord, NC 28026-0308  
City/State Zip Code + 4

704-920-5401 704-786-4521  
Phone number Fax Number

hydes@concordnc.gov  
E-mail address

**Project:** Fire Station 11  
Name of Project

City of Concord  
Project Owner

Bill Milligan, Milligan Architecture, Inc.  
Project Architect

### Project Description:

12,000 +/- square foot 3-bay fire station. Space includes dormitory, day room, kitchen, conference and exercise space. Related site work including

grading, storm drainage, sand filter bmp, water and sewer extensions, asphalt and concrete paving.



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### 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

**1. c. Type of Work** (check box) General Construction Electrical Mechanical Plumbing  
Other (please specify)

**1. d. 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  
Other (please specify)

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

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



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### 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 or its agent licensed to do business in North Carolina, and verifying your company's capability and capacity based on your current value of work. 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:

**1. e. (3)** 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

### Litigation/Claims

**1. f. (1)** Has your company been involved in any suits or arbitration proceedings within the last five years?      No      Yes If yes, please explain:

**1. f. (2)** Are there currently any judgments, claims, arbitration proceedings or suits involving Owners pending or outstanding against your company, its officers, owners, or agents?      No      Yes  
If yes, please explain:

### Insurance

**1. g.**



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In order to prequalify, firms must indicate that they can provide evidence of insurance coverage as follows, should they subsequently be the successful bidder. Have you attached a copy of your insurance certificate? Yes No

- Worker’s Compensation insurance as required by law and Employer’s Liability Insurance coverage with minimum limits of \$100,000.
- General liability insurance of \$1,000,000 per occurrence.
- Automobile liability insurance of \$1,000,000 per occurrence.
- Umbrella insurance of \$2,000,000 per occurrence.
- Builder’s risk at the full insurable value of the entire work site.
- At time of contracting, City of Concord must be named as additional insured on all lines of coverage except Workers Compensation.

### Size/Capacity

**1. h. (1)** How many full-time permanent employees work for the company?

\_\_\_\_\_

**1. h. (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?

\_\_\_\_\_

**1. h. (3)** List the annual dollar value of construction work the company has performed for each year over the last 5 calendar years (if applicable).

1 _____(yr)	2 _____(yr)	3 _____(yr)	4 _____(yr)	5 _____(yr)
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## Section 2. GENERAL REQUIREMENTS

### Experience

**2. a. (1)** Number of years in business as a contractor under the company name listed in 1.a., above: \_\_\_\_\_ years. List any other names your firm operated under previously.

1	2	3	4	5
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**2. a. (2)** List date, State and type of incorporation, partnership, or proprietorship establishment:

\_\_\_\_\_

Date

State/Type (incorporation, partnership/proprietorship)

**2. a. (3)** List names of the firm principals appropriate to the type of the firm:



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*Corporation: President, Vice-president, Secretary, Treasurer*

*Partnership: Partners*

*Proprietorship: Owner*

*Other: List and explain*

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

**2. a. (4)** Has your company ever performed construction work for the State of North Carolina and/or related public agencies and/or this specific agency/institution? Yes No  
 If yes, list the name of the agency, project, dollar value, owner and architect names and contact phone numbers, scheduled completion and actual completion dates for all projects completed within the last five to ten (5-10) years.

State/Public Agency	Project Name	Dollar Value	Owner Agency Contact Info	Architect Contact Info	Scheduled-Actual Completion Date



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**2. a. (5)** Has your organization been pre-qualified to bid on a State agency/institution project and failed to submit a bid without notice of good cause a minimum of one day before bid date? Yes No If yes, on a separate sheet list name of project and reason you did not submit a bid.

**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

**Workload**

**2. c. (1)** 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. c. (2)** List the three biggest contracts currently under contract or in progress, including for each, the name of the project, owner and architect names and phone numbers, contract dollar values, percentage complete and currently anticipated completion dates.

<b>#1 -Project Name</b>	
Description of Work Performed	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	



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Current Anticipated Completion Date	
-------------------------------------	--

<b>#2 -Project Name</b>	
Description of Work Performed	
Owner Name/ Representative	
Owner Address/Phone #	
Architect Name/Representative	
Architect Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

<b>#3 -Project Name</b>	
Description of Work Performed	
Owner Name/ Representative	
Owner Address/Phone #	
Architect Name/Representative	
Architect Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

### Quality Control/Administration

**2. d. (1)** Describe quality control procedures, including contractor inspection and approval processes. List the most recent project where these procedures were used, and provide owner and architect contact names and telephone numbers.

<b>Quality Control Procedures</b>	
Project Name	



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Owner Name/ Representative	
Owner Address/Phone #	
Architect Name/Representative	
Architect Address/Phone #/Email	
Contractor Inspection Process	
Approval Process	

**2. d. (2)** Describe management plans for processing Requests for Information (RFI's), shop drawings, submittals, value engineering, change orders, proposals, and requests for deviations. Identify key personnel assigned to these or other special issues. Describe your approach to dispute and claims resolution.

<b>Management Plan Process</b>	
Name of Key Personnel	
Requests for Information (RFI's)	
Shop Drawings	
Submittals	
Value Engineering	
Change Orders	
Proposals	
Requests for Deviations	
Dispute and Claim Resolution Approach	
Other Special Issues	

### Financials

**2. e.** 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 becoming part of a public record.) Have you attached a balance sheet?    Yes    No



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List any lines of credit, including the identification of the financial institution holding the credit line, contact name and phone number at the institution, current total line of credit, current balance available, and effective date of the stated balances (must be within the last 30 days). Have you attached a line of credit statement?            Yes    No

*Note: As provided by statute, the agency/institution will consider keeping trade secrets which the bidder does not wish disclosed confidential. Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL" by the bidder. Cost information shall not be deemed confidential. In spite of what is labeled as a trade secret, the determination whether it is or not will be determined by North Carolina law.*

### Litigation/Claims

**2. f. (1)** Has your company ever failed to complete work awarded to it?    Yes    No  
If yes, please provide project name(s), contact information for owner and architect, year(s), and reason why. Attach relevant documentation. \_\_\_\_\_  
\_\_\_\_\_

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

**2. f. (3)** Has your company filed any claims with the North Carolina State Construction Office within the last five years?    Yes    No    If yes, state the project name(s), year(s), case number, and reason why. \_\_\_\_\_  
\_\_\_\_\_

**2. f. (4)** 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: \_\_\_\_\_  
\_\_\_\_\_

**2. f. (5)** 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. g.** 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





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similarity to proposed project	
Role and Responsibility	
Delivery Method	
Owner Name/ Representative	
Owner Address/Phone #	
Architect Name/Representative	
Architect Address/Phone #/Email	
Contract Dollar Value	
Final Contract Dollar Value	
Scheduled Completion Date	
Actual Completion Date	
Performance Rating or Letter of Commendation	
<b>Sub-Contractor Relations - References from similar relevant projects</b>	
#1 - Sub-Contractor Reference	
#2 - Sub-Contractor Reference	
#3 - Sub-Contractor Reference	

<b>#2 -Similar - Project Name</b>	
Project description and its' Similarity to proposed project	
Role and Responsibility	
Delivery Method	
Owner Name/ Representative	
Owner Address/Phone #	
Architect Name/Representative	
Architect Address/Phone #/Email	
Contract Dollar Value	



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Final Contract Dollar Value	
Scheduled Completion Date	
Actual Completion Date	
Performance Rating or Letter of Commendation	
<b>Sub-Contractor Relations - References from similar relevant projects</b>	
#1 - Sub-Contractor Reference	
#2 - Sub-Contractor Reference	
#3 - Sub-Contractor Reference	

<b>#3 -Similar - Project Name</b>	
Project description and its' Similarity to proposed project	
Role and Responsibility	
Delivery Method	
Owner Name/ Representative	
Owner Address/Phone #	
Architect Name/Representative	
Architect Address/Phone #/Email	
Contract Dollar Value	
Final Contract Dollar Value	
Scheduled Completion Date	
Actual Completion Date	
Performance Rating or Letter of Commendation	
<b>Sub-Contractor Relations - References from similar relevant projects</b>	
#1 - Sub-Contractor Reference	
#2 - Sub-Contractor Reference	
#3 - Sub-Contractor Reference	



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*[General project references were requested in section 2. a. (4), based on a "Yes" response, and 2. c. (2). If this comparable project information is already reflected in those responses, please simply identify the relevant projects and detailed information.]*

### Staffing and Organizational Structure

**3. b. (1) Staff Qualifications** - Provide organizational structure reflecting authority, responsibility and proportion of time dedicated to this project and job descriptions for all key positions. Provide evidence that the key personnel have worked together successfully as a team.

**3. b. (2) Project-specific Staff Experience** - Project-specific employment history is requested for key personnel for similar projects performed within the last five years. As attachments, include qualifications (resumes) of the project team key personnel to be assigned to this project. For each resume, include name, length of time employed with your company, proposed position, education and training, professional registrations/ licenses, and affiliations, company and project-specific employment history.

Information should include project size and description, time and budget performance, position held, authority and responsibilities, contributions made to project success, and include owner/architect contacts with phone numbers.

**3. b. (3) Staff Availability** - Are key personnel also proposed on any other projects for which bidding and contracting is pending? Yes No If yes, describe general availability and qualifications of potential substitutes.



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### 4. Signature

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

Submitted by:

\_\_\_\_\_  
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

Email: \_\_\_\_\_  
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\_\_