





**State of North Carolina**  
**Prequalification for First –Tier Subcontractors under CM at Risk**

		\$		<input type="checkbox"/>
		\$		<input type="checkbox"/>
		\$		<input type="checkbox"/>
		\$		<input type="checkbox"/>

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

<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	
Architect 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	
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	

**State of North Carolina**  
**Prequalification for First –Tier Subcontractors under CM at Risk**

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](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: \_\_\_\_\_

**State of North Carolina**  
**Prequalification for First –Tier Subcontractors under CM at Risk**

**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)** 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

**Insurance**

**State of North Carolina**  
**Prequalification for First –Tier Subcontractors under CM at Risk**

**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 30 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**

**State of North Carolina**  
**Prequalification for First –Tier Subcontractors under CM at Risk**

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)
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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.

<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	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

<b>#2 –Project Name</b>	
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**State of North Carolina**  
**Prequalification for First –Tier Subcontractors under CM at Risk**

Description of Work Performed	
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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	
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: \_\_\_\_\_



**State of North Carolina**  
**Prequalification for First –Tier Subcontractors under CM at Risk**

**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 \_\_\_\_\_

**State of North Carolina**  
**Prequalification for First –Tier Subcontractors under CM at Risk**

**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

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\_\_\_\_