City of Laurinburg
New City Hall and Police Department
Trade Contractor Pre-qualification

In filling out this pre-qualification statement please carefully read and follow all instructions. If you have any questions please contact **Andy Aldridge at 704-332-0900** for further instruction.

Completed pre-qualification statements should be submitted to Edifice, Inc., Attention: Andy Aldridge, 4111 South Boulevard, Charlotte, NC 28209 or by email (aaldridge@edificeinc.com).

Please note the following are required to complete the pre-qualification statement:

1. Recent financial statements
2. Indication to set a minimum overall total goal of 10% Minority **(**MWSBE)/HUB participation or greater.

Further information **may be** required in addition to this pre-qualification statement based on your response. These items may include additional financial statements, proof of applicable licenses, certification status, safety program/policy, drug and alcohol program/policy, additional project experience, and or certificates of insurance. Completing this statement does not guarantee pre-qualification.

PRE-QUALIFICATION STATEMENT

The undersigned certifies and agrees under oath that the following information provided herein is true, accurate and sufficiently complete as to not be misleading.

_____	_____
Company Name	Contact Person
_____	_____
Physical Street Address	City, State, Zip Code
_____	_____
Phone Number (Area Code first)	Fax Number (Area Code first)
_____	_____
Email Address of Contact Person	Company Website Address (www.)

1. General Company Information

- Number of years in business under current name:_____
- Has your company had any other legal names? Yes ☐ No ☐

  If yes please provide the name(s): _____
- Is your company a subsidiary or affiliated with another company? Yes ☐ No ☐

  If yes, please provide those names and/or affiliations: _____
- **Please list** the trade package(s) you will be bidding on if you are to become a pre-qualified bidder: _____
- Number of years that you have performed the specialty trade you perform:_____
- Value of work currently under contract:_____
- Backlog value of work slated for the next 12 months:_____
- Average annual value of work completed the last five years:_____
- Does your company have federal, state, county or local certification status? Yes ☐ No ☐

  DBE ☐ HUB ☐ MBE ☐ WBE ☐ SBE ☐ VB ☐ DVBE ☐ SDB ☐

  Other:_____ Certifying Agency:_____
- Will your firm commit to set a goal for this project of 10% MWSBE/HUB participation or greater including a diverse percentage of Minority owned business (i.e. workforce, suppliers, second tier subs)? Yes ☐ No ☐
- Does your firm have a minority/HUB business plan? Yes ☐ No ☐
- Has your firm previously subcontracted work to a minority/HUB firm? Yes ☐ No ☐
- Describe your firm's approach to meet or exceed the MWSBE participation goal for this project. Attach response to this pre-qualification statement.

2. Corporate, LLC, Partnership and Ownership Information

- Is your company a corporation, LLC, or a partnership? Please indicate such:_____
  Please provide the following:
  - Date of Incorporation or Partnership formation:_____
  - State of Incorporation or state where partnership was written: _____
  - Organizational Structure (Please list the following, full legal names)
    - Owners _____
    - Officers (CEO, CFO, President, Vice President(s), Secretary and Treasurer, etc…. _____

      _____
    - Partners _____
    - Others authorized to represent, conduct business for, or sign legal documents on behalf of your company:

      _____
  - Firms that experience changes in Ownership, organizational structure, or material changes in assets must inform the Construction Manager (CM) prior to bidding or the award of a contract.
- Has any officer, partner, or owner of your organization ever been an officer, partner, or owner of another organization that failed to complete a construction contract? Yes ☐ No ☐
  If yes, please describe the circumstances:_____

  _____
- Has any officer, partner, or owner of your organization ever been convicted of a crime or been involved in lawsuit related to the failed completion of a construction contract?
  Yes ☐ No☐
  If yes, please describe the circumstances:_____

  _____
- Has your company ever failed to complete a contract? Yes ☐ No ☐

3. Project Experience

- Please provide a list of relevant projects of similar size and scope (current and completed) that your company has contracted for during the last seven (7) years.
- Relevant projects include City Halls, Public Administration or Office Buildings for Municipalities, Counties, State, or Federal entities. Police Stations or other Emergency Response Centers. Relevant projects shall also include projects or similar size and magnitude to the Laurinburg City Hall and Police Department plus other CM at Risk projects of similar size and magnitude.

- List project name, scope of work you performed, your contract amount in dollars, and an email and phone number of the general contractor or construction manager contact reference.

Job Name	Scope of Work	Contract Amount	Email & Phone # of GC/CM

4. Personnel Assigned to the Project

- Provide relevant information on the personnel that will be directly responsible for the work, including the location of the office that will be primarily responsible for the work:
    - Please list your project managers and superintendents and their relevant experience

      _____

5. Financial Information and References

- Name of Financial Institution (Bank):_____

  Address, City, State, Zip: _____

  Contact: _____
- Is your company currently rated with Dun & Bradstreet? Yes ☐ No ☐
  Number: _____ If yes, what is your rating? _____
- Has your company filed for bankruptcy or structured re-organization? Yes ☐ No ☐
- If the answer to any of the above questions is yes, please describe the circumstances on an attached separate sheet.
- Available line of credit: $_____ financial institution name: _____
- **Attach an audited current (within the last 12 months) financial statement with the completed pre-qualification information.** **Attached statement included? Yes** ☐ No ☐

6. Litigation

- Does your company have any current or pending claims, litigation or lawsuits because of circumstances on current or completed projects? Yes ☐ No ☐

  Current pending claims, litigation or lawsuits with Government entities may prevent prequalification

- Please provide all information regarding your litigation history, including litigation with Owners, Contractors, Suppliers, and Subcontractors.

- Are there any current, pending or recent (last 5 years) judgments, claims, suits, or have you participated in any arbitration with regards to any projects in the last 5 years?

  Yes ☐ No ☐

  If the answer to any of the above questions is yes, please describe the circumstances below:

  _____

7. Timeliness

- Provide information on the success and experience your company has with completing projects on-time.
- Include any record or history associated with the payment of Liquidated Damages.

8. Licensing and Classification

- Has your company ever had its license revoked or are there any pending/current judgments against your company regarding your contractors' license? Yes ☐ No ☐

  If the answer is yes, please describe the circumstances on an attached separate sheet.

  Current judgements will prevent the contractor from being prequalified

- Please name the licenses and license numbers that your company holds for the work you regularly perform and would intend to perform on these projects:

  Type of License: _____ License Number and State: _____

  Type of License: _____ License Number and State: _____

- **Legal Authorization**
  - Please provide a copy of your North Carolina's Contractor License or provide a statement that guarantees you will be able to acquire one prior to submitting a bid on this project. If a statement is required, the applicant shall identify the states in which they are licensed for this type of work.

9. Bonding and Capacity

- Surety Company:_____
- Name of Agent:_____
- Agent Contact Person:_____
- Telephone Number for Agent:_____
- Bond Rate: _____ Bond Capacity for a Single Project: $_____
- Total Bond program capacity: $_____
- Will you be able to provide a payment and performance bonds for this project?

  Yes ☐ No ☐ If yes, please provide a letter from your bonding company.

- Has any bonding company ever had to complete your contract work, because you were unable to complete it? Yes ☐ No ☐

  If yes, please explain the specific circumstances on an attached separate sheet.

10. Insurance

Your company will be required to provide the insurance requirements that the owner will mandate for Edifice, Inc. At this time we ask the question if your company can at least provide the following insurance policies and limits for the life of the project.

- 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

Please indicate if you can provide the coverage outlined above: Yes☐ No ☐

11. Safety

- Please attach your safety policy or program with this completed questionnaire.
- Has your company incurred any OSHA fines within the last five (5) years?
  Yes ☐ No ☐
- Has your company had any jobsite fatalities or lost time accidents within the last five (5) years?
  Yes ☐ No ☐
- If the answer to either question above is yes, please describe the circumstances on an attached separate sheet.
- Firms must provide copies of any complaints, safety violations, or reports from the North Carolina Qualifications Board, OSHA, or any other regulating agency associated with any construction project.
- Please list your company's current Experience Modification Rating (EMR) and for the past three (3) years: Year _____ Rate _____ Year _____ Rate _____ Year _____ Rate _____

- Please attach your company's substance abuse policy or program. Please identify your procedures for testing, pre-employment, random, and after accidents.

12. Company References:

- List four (4) general contractor/construction manager references. Provide as follows:

Company Name	Contact Name	Phone	Email

13. Signature

We duly swear that all information provided within is truthful, accurate, and shall have no consequence on further legal standings with Edifice, Inc. We also understand that by simply filling out and completing this statement and providing the requested information, we will not be deemed a pre-qualified trade contractor.

_____

Signature of Company Officer, Partner, or Owner:

_____

Type written name and title of Company Officer, Partner, or Owner:

_____

Firm Name