



ANNUAL PREQUALIFICATION FOR FIRST-TIER SUBCONTRACTORS 2023

Pursuant to the NC Statute GS143-128.1, 143-135-8 for Prequalification of Bidders for Construction Projects, this form gathers information about the Subcontractor seeking to qualify for the work and provides a general format for the prequalification criteria. Further information **may be** required in addition to this prequalification 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 prequalification.

Instructions to Prequalify: In filling out this pre-qualification statement please carefully read and follow all instructions. If you have any questions, please contact **Jessica Pabalate** at **704-332-0900** or jpabalate@edificeinc.com for further instruction.

- Forms may be submitted electronically via email, mail, or hand delivered to Jessica Pabalate. If submitting a handwritten form, please make sure that all information is clearly printed.
- Please note you are required to submit recent financial statements to complete the prequalification statement.
- You will be required to commit to a minimum goal for minority participation as part of the requirements for each project.
- Passing score is 80 points or more. Available points are shown at the questions that contribute to your score. The maximum score is 100.

Note: This annual prequalification form is to be completed for the 2023 year. Project specific forms will be required for each project.

Prequalification Checklist

These attachments are required to be submitted with your completed prequalification form:

- Resumes of personnel (Section 4)
- Financial statements (Section 5)
- Contractor License, if applicable (Section 8)
- Letter from bonding company (Section 9)
- Certificate of Insurance (Section 10)
- Safety policy or program (Section 11)
- Substance abuse policy or program (Section 11)



PREQUALIFICATION 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

Physical Street Address

City, State, Zip Code

Phone Number

Company Website

Primary Contact Name

Primary Contact Email

Primary Contact Mobile

Secondary Contact Name

Secondary Contact Email

Secondary Contact Mobile

1. General Company Information

• Federal tax ID: _____

• 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: _____

• Primary scope(s) of work: _____

• Secondary scope(s) of work: _____

• Number of years that you have performed your primary trade: _____

• Type of work subcontracted: _____

• 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 CBI

Other: _____ Certifying Agency: _____

• Will your firm commit to set a goal for each project for minority participation (i.e., workforce, suppliers, second tier subs) as part of the requirements including a diverse percentage of Minority owned businesses? Yes No

• Does your firm have a minority participation business plan? Yes No
(Yes = 2 pts)

• Has your firm previously subcontracted work to a minority firm? Yes No
(Yes = 2 pts)

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
(No = 6 pts)

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
(No = 6 pts)

If yes, please describe the circumstances: _____

• Has your company ever failed to complete a contract? Yes No
(No = 6 pts)

3. Project Experience

- Please provide a list of current and completed projects that your company has contracted for during the last five (5) years. Fill in below or attach a separate sheet.
- 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. **(Up to five (5) projects will be scored and four (4) points will be allocated per relevant project for a total of twenty (20) points)**

1	Job name:	
	Scope of work:	Contract value:
	GC/CM:	Phone #:
	Reference Contact:	Email:

2	Job name:	
	Scope of work:	Contract value:
	GC/CM:	Phone #:
	Reference Contact:	Email:
3	Job name:	
	Scope of work:	Contract value:
	GC/CM:	Phone #:
	Reference Contact:	Email:
4	Job name:	
	Scope of work:	Contract value:
	GC/CM:	Phone #:
	Reference Contact:	Email:
5	Job name:	
	Scope of work:	Contract value:
	GC/CM:	Phone #:
	Reference Contact:	Email:

4. Personnel

Provide relevant information on the personnel that will be directly responsible for the work. List key project managers and superintendents and attach resumes.

<u>Name</u>	<u>Position</u>	<u>Years of Experience</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Personnel with relevant experience = 7 Points)

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
 (favorable D&B score = 2pts)

If yes, provide number: _____ What is your rating? _____

• Has your company filed for bankruptcy or structured re-organization? Yes No
 (No = 4 pts)

If yes, please attach a separate sheet describing the circumstances.

• 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
 (strong financials top score = 14)

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
(No = 4 pts)

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

7. Timeliness

- Has your company failed to complete a project on time and incurred liquidated damages? Provide information on the success and experience your company has with completing projects on time. Yes No
(No = 4 pts)

- 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
(No = 4 pts)

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: _____

- Does your company hold any trade specific certifications? Yes No

AISC Fabricator ABAA AWI Other: _____

•Legal Authorization

Please provide a copy of your North Carolina 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. (Yes = 6 pts)
- 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. (No = 3 pts)

10. Insurance

Your company will be required to provide the insurance requirements that the owner will mandate for Edifice LLC. 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 LLC 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 than:
 - 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 LLC and Owner named as additional insured
- Umbrella liability limits shall not be less than:
 - \$1,000,000 each occurrence; Edifice LLC and Owner named as additional insured
- Please indicate if you can provide the coverage outlined above: Yes No
(Yes = 2 pts)

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
(No = 2 pts)
- Has your company had any jobsite fatalities within the last five (5) years? Yes No
(No = 1 pt)
- Has your company had any lost time accidents within the last five (5) years? Yes No
(No = 1 pt)
- If the answer to any 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
1				
2				
3				
4				

(1 point per reference = Total of 4 points)

13. Signature

We duly swear that all information provided within is truthful, accurate, and shall have no consequence on further legal standings with Edifice LLC. 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.

Firm Name

Signature of Company Officer, Partner, or Owner:

Date

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