Pursuant to the statute, this form gathers information about the contractors seeking to qualify for the work and provides a general format for the prequalification criteria. **Completing this questionnaire does not guarantee prequalification**. Evaluation of this application will be performed by the prequalification committee in accordance with GS 143-128, GS 143-128.2, 143-135.8, and the City of Boiling Spring Lakes Prequalification Policy (all four attached to RFQ). **All questions must be addressed in order to be considered a completed application**.

	ATION DUE DATE/TIME:	(date)	(time)
ubmitted to:			
	Contact Name receiving prequalifying packages		
	Address		
	Address		
	City/State Zip Code + 4		
	Phone number	Fax Nu	umber
	E-mail address		
roject:			
•	Name of Project		
	Project Owner		

SECTION 1. 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 Business type (check box) Corporation Partnership Limited Liability Company Sole Proprietor Joint Venture			
Is your firm owned or controlled by a parent or any other organization?			
List all other names your firm has operated as for the past five (5) years:			
How long has the firm been in business in its current organizational structure? :			
Provide the full legal names of all individuals authorized to sign legal documents for the Company:			

Licensing Information

Please provide all North Carolina professional licenses required for you to perform your services:

Name of licensee /NC License number	License Limit/Level	
Has any license ever been denied or revoked?		

SECTION 2. MINIMUM CRITERIA FOR PREQUALIFICATION

All of the questions in this Section must be addressed in order to be considered a completed application.

Α.	Is your firm registered to do business in the State of North Carolina?	🗌 Yes 🗌 No
В.	Is your firm a licensed contractor in the State of North Carolina?	🗌 Yes 🗌 No
C.	Does your company have the resources to bond this project?	🗌 Yes 🗌 No

- D. Please attach a **surety 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.
 - a. Have you attached a surety letter? 🗌 Yes 🗌 No
 - b. Surety bond rating A or better under the A.M. Best Rating system or The Federal Treasury List?
 Yes No
- E. The minimum requirements of coverage and anticipated contract language related to insurance and indemnification are presented below. Firms must indicate that they can provide evidence of adequate insurance coverage by attaching a copy of their insurance certificate or commitment to provide the required insurance if selected as the Successful Bidder.

INSURANCE: The Successful Bidder (Contractor) agrees to keep and maintain for the duration of this Agreement including but not limited to commercial general liability, auto liability, professional liability, workers' compensation, employer's liability, and umbrella coverage with at least the minimum limits shown below. The Contractor shall furnish the City with certificates of insurance for each type of insurance described herein, with the City listed as Certificate Holder and as an additional insured on the Contractor's general liability policy and provide a waiver of subrogation on the Contractor's general liability and workers' compensation policy. In the event of bodily injury or property damage loss caused by the Contractor's negligent acts or omissions in connection with Contractor's services performed under this Agreement, the Contractor's Liability insurance shall be primary with respect to any other insurance which may be available to the City, regardless of how the "Other Insurance" provisions may read. In the event of cancellation, substantial changes or nonrenewal, the Contractor and Contractor's insurance carrier shall give the City at least thirty (30) days prior written notice. No work shall be performed until the Contractor has furnished to the City the above referenced certificates of insurance and associated endorsements, in a form suitable to the City.

1. Commercial General Liability, Occurrence	
Each occurrence:	\$1,000,000
Damage to Rented Premises (each occurrence)	\$100,000
Medical Expense (any one person)	\$5,000
Personal and Advertising Injury	\$1,000,000
General Aggregate	\$2,000,000
Products and Completed Operations, Aggregate	\$2,000,000
2. Automobile Liability for:	
Any Auto, Hired Autos, Non-Owned Autos	
Combined Single Limit, Each Accident	\$1,000,000
3. Excess/Umbrella Liability, Occurrence	
No deductible, \$0 Retention	
Each Occurrence	\$10,000,000
Aggregate	\$10,000,000
4. Workman's Compensation	
State:	Statutory
Applicable Federal :	Statutory
5. Employer's Liability:	
Each Accident	\$100,000
Disease – Each Employee	\$100,000
Disease – Policy Limit	\$500,000

INDEMNIFICATION: The Successful Bidder (Contactor) shall indemnify, defend and hold harmless the City and its subsidiaries, divisions, officers, directors, agents and employees from all liability, loss, costs, claims, damages, expenses, attorney fees, judgments and awards arising or claimed to have arisen, from any injury caused by, or allegedly caused by, either in whole or in part, any act or omission of the Contractor or any employee, agent or assign of the Contractor. This provision is not applicable to any claim arising out of or related to any active or primary negligence of or by the City, its officers or employees. Nothing herein shall be construed as a waiver on the part of the City to any defense of any claim, including, but not limited to the defense of governmental immunity.

- a. Is your company capable of meeting the minimum Insurance requirements? See Yes No
- b. Have you attached a copy of your insurance certificate? 🗌 Yes 🗌 No
- F. Is your present company, its officers, owners, or agents ever been barred from bidding public work in North Carolina?
 Yes No
- G. Has your present company, its officers, owners, or agents been convicted of charges relating to conflicts of interest, bribery, or bid-rigging in the last five years? Yes No

SECTION 3. ADDITIONAL COMPANY INFORMATION

A.	Ту	pe of Work Performed on a Re	egular Basis	
	Prii	mary Scope of Work:		
	Sec	condary Scope of Work:		
	Otł	her Scope of Work:		
	Wh	nat type of work do you self-perfo	orm?	
	Nu	mber of dam rehabilitation proje	ects completed in the last 3 years?	
В.	<u>Sat</u>	fety Record		
	a.	List your company's Experience years.)	Modification Rate (EMR) for past three ye	ears. (Attach OSHA 300 Log for the last 3
		Current Year EMR	Previous Year EMR	Year Before Last EMR
	b.	Please provide proof of Experie EMR included? Yes		Is required OSHA reporting to substantiate
C.	<u>Saf</u>	fety Record		
	a.	Have your company ever been f	ined by OSHA? 🗌 Yes 🔲 No	
	b.	List any OSHA fines and Jobsite	fatalities in the past 3 years with an explar	ation:
	c.		log for the last three years. Have you atta No	ched your OSHA 300 log for the last
D.	<u>Fin</u>	<u>iancials</u>		
	a.		income statement, if available, based on c h a copy of the latest annual renewal subn	

(Firm must submit financial data and may clearly indicate a request for confidentiality to avoid this item from

Have you attached a balance sheet?
Yes No

becoming part of a public record.)

E. Litigation/Claims

a.	Has your company been involved in any judgments, claims, arbitration mediation proceedings, or suits within	the
	last five years, whether resolved or still pending resolution? 🗌 Yes 🔲 No	
	If yes, please state the project name(s), year(s), case number and reason why:	

- b. Has your company ever failed to complete construction contract within the last 5 years? Yes No If yes, please provide project name(s), year(s), and reason why: ______
- c. Have you ever paid liquidated damages or compensation to an Owner due to Contractor's lost time (at no fault of the owner) on any project within the last 3 years? Yes No
 If yes, please state the project name(s), year(s), and reason why.

SECTION 4 DEMONSTRATE ABILITY TO CONTROL COST/SCHEDULE ON COMPLEX PROJECTS

A. Provide two example projects showing the capability of preparing critical path methods construction schedules.

#1 – Project Name	
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Engineer Name / Representative	
Engineer Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	
Software Utilized (if applicable)	
#2 – Project Name	
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Engineer Name / Representative	
Engineer Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	
Software Utilized (if applicable)	

B. Provide two example projects that demonstrate SOPs used for tracking submittals, RFIs, project costs, etc.

#1 – Project Name	
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Engineer Name / Representative	
Engineer 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 #/Email	
Engineer Name / Representative	
Engineer Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

SECTION 5. PROJECT SPECIFICS REQUIREMENTS

A.	 The assigned project superintendent for this project shall be:				
	0-2	3-4	5-10 _	>10 years.	
B.	Please include	e a resume of	the assigned p manager has o	ect shall be project manager. Have you included a resume? Yes No on this specific type of project is: >10 years	0

Similar Projects

C. List up to three current or completed projects performed as general contractor on a dam rehabilitation project with a contract value of at least \$10M in the last 10 years. Include contact information from owner or engineer.

#1 – Similar - Project Name	
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Engineer Name / Representative	
Engineer 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 #/Email	
Engineer Name / Representative	
Engineer 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 #/Email	
Engineer Name / Representative	
Engineer Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

Details of Past Projects

- D. Experience of general contractor or specialty subcontractor in construction of cutoff walls through a dam and into the dam's foundation.
 - a. Describe two or more projects where your company was involved construction of a cutoff wall using a construction method other than a long-arm backhoe to a depth of at least 50 feet. Included contact information from owner or engineer.

Dam Project #1:			
Description:			
Subcontractor or self-pe	rformed:		
Owner/Contact Name/e	mail and phone:		
Year Completed:	Wall Profile Area in Square Feet:	Total Construction Cost:	
Dam Project #2:			
Subcontractor or self-pe	rformed:		
Owner/Contact Name/e	mail and phone:		
Year Completed:	Wall Profile Area in Square Feet:	Total Construction Cost:	
Dam Project #3:			
Description:			
Subcontractor or self-pe	erformed:		
Owner/Contact Name/e	mail and phone:		
Year Completed:	Wall Profile Area in Square Feet:	Total Construction Cost:	
	e two or more projects where your company was o a depth of at least 40 feet. Included contact inf		oilcrete
Dam Project #1:			
Description:			
Subcontractor or self-pe	rformed:		
	mail and phone:		
Year Completed:	Number of Soilcrete Cubic Yards:	Total Construction Cost:	
Dam Project #2:			
Description:			
Subcontractor or self-pe	rformed:		
Owner/Contact Name/e	mail and phone:		
Year Completed:	Number of Soilcrete Cubic Yards:	Total Construction Cost:	
Dam Project #3:			
Description:			
Subcontractor or self-pe	erformed:		

- F. Experience with forming and pouring cast-in-place (CIP) concrete spillway structures that included water stops and complex forming and/or reinforcement.
 - a. Describe two or more projects where your company was involved in pouring more than 5,000 cy of reinforced concrete. Included contact information from owner or engineer.

Dam Project #1:

2 ann 1 toje te n 21			
Description:			
	erformed:		
Owner/Contact Name/e	mail and phone: Number of Concrete Cubic Yards:		
Year Completed:	Number of Concrete Cubic Yards:	Total Construction Cost:	
Dam Project #2:			
-			
Subcontractor or self-pe	erformed:		
Owner/Contact Name/e	mail and phone:		
Year Completed:	mail and phone: Number of Concrete Cubic Yards:	Total Construction Cost:	
Dam Project #3:			
Description:			
Subcontractor or self-pe	erformed:		
Owner/Contact Name/e	mail and phone: Number of Concrete Cubic Yards:		
Year Completed:	Number of Concrete Cubic Yards:	Total Construction Cost:	
b. Describe more th	e two or more projects where your company was i an four feet. Included contact information from o	nvolved in pouring concrete slabs with th	iickness
b. Describe more th Dam Project #1: Description:	e two or more projects where your company was i an four feet. Included contact information from o	nvolved in pouring concrete slabs with th wner or engineer.	iickness
b. Describe more th Dam Project #1: Description:	e two or more projects where your company was i an four feet. Included contact information from o	nvolved in pouring concrete slabs with th wner or engineer.	iickness
 b. Describe more th Dam Project #1: Description: Subcontractor or self-pe 	e two or more projects where your company was i an four feet. Included contact information from o erformed:	nvolved in pouring concrete slabs with th wner or engineer.	
 b. Describe more th Dam Project #1: Description:	e two or more projects where your company was i an four feet. Included contact information from o	nvolved in pouring concrete slabs with th wner or engineer.	
 b. Describe more th Dam Project #1: Description:	e two or more projects where your company was i an four feet. Included contact information from o erformed:	nvolved in pouring concrete slabs with th wner or engineer.	
b. Describe more th Dam Project #1: Description: Subcontractor or self-pe Owner/Contact Name/e Year Completed: Dam Project #2: Description:	e two or more projects where your company was i an four feet. Included contact information from o erformed:	nvolved in pouring concrete slabs with th wner or engineer. 	
b. Describe more th Dam Project #1: Description: Subcontractor or self-pe Owner/Contact Name/e Year Completed: Dam Project #2: Description:	e two or more projects where your company was i an four feet. Included contact information from o erformed:	nvolved in pouring concrete slabs with th wner or engineer. 	
b. Describe more th Dam Project #1: Description: Subcontractor or self-pe Owner/Contact Name/e Year Completed: Dam Project #2: Description: Subcontractor or self-pe	e two or more projects where your company was i an four feet. Included contact information from o erformed:	nvolved in pouring concrete slabs with th wner or engineer. 	
b. Describe more th Dam Project #1: Description: Subcontractor or self-pe Owner/Contact Name/e Year Completed: Dam Project #2: Description: Subcontractor or self-pe	e two or more projects where your company was i an four feet. Included contact information from o erformed:	nvolved in pouring concrete slabs with th wner or engineer. 	
b. Describe more th Dam Project #1: Description: Subcontractor or self-pe Owner/Contact Name/e Year Completed: Dam Project #2: Description: Subcontractor or self-pe	e two or more projects where your company was i an four feet. Included contact information from o erformed:	nvolved in pouring concrete slabs with th wner or engineer. 	
b. Describe more th Dam Project #1: Description: Subcontractor or self-pe Owner/Contact Name/e Year Completed: Dam Project #2: Description: Subcontractor or self-pe Owner/Contact Name/e Year Completed: Dam Project #3:	e two or more projects where your company was i an four feet. Included contact information from o erformed:	nvolved in pouring concrete slabs with the wner or engineer.	
b. Describe more th Dam Project #1: Description: Subcontractor or self-pe Owner/Contact Name/e Year Completed: Dam Project #2: Description: Subcontractor or self-pe Owner/Contact Name/e Year Completed: Dam Project #3: Description:	e two or more projects where your company was i an four feet. Included contact information from o erformed:	nvolved in pouring concrete slabs with the wner or engineer.	
b. Describe more th Dam Project #1: Description: Subcontractor or self-pe Owner/Contact Name/e Year Completed: Dam Project #2: Description: Subcontractor or self-pe Owner/Contact Name/e Year Completed: Dam Project #3: Description: Subcontractor or self-pe Owner/Contact Name/e	e two or more projects where your company was i an four feet. Included contact information from o erformed:	nvolved in pouring concrete slabs with the wner or engineer.	

Boiling Spring Lakes Dams Construction/Reconstruction

Prequalification Application Form

- G. Experience in dam construction or dam rehabilitation project that requires stream diversion using cofferdams.
 - a. Describe two or more projects requiring a cofferdam with a height of at least 10 feet. Include contact information from owner or engineer.

Dam Project #1:		
Description:		
Subcontractor or self-per	formed:	
Owner/Contact Name/er	mail and phone:	
Year Completed:	Height of Cofferdam in Feet:	Total Construction Cost:
Dam Project #2:		
Description:		
Subcontractor or self-per	formed:	
Owner/Contact Name/er	mail and phone:	
Year Completed:	Height of Cofferdam in Feet:	Total Construction Cost:
Dam Project #3:		
Description:		
Subcontractor or self-per	formed:	
Owner/Contact Name/er	mail and phone:	
Year Completed:	Height of Cofferdam in Feet:	Total Construction Cost:
	one or more projects involving a steel sheet p r engineer.	pile cofferdam. Include contact information fro
Dam Project #1:		
Description:		
Subcontractor or self-per	formed:	
Owner/Contact Name/er	mail and phone:	
Year Completed:	Max. Sheet Pile Length in Feet:	Total Construction Cost:
Dam Project #2:		
Description:		
	formed:	
	mail and phone:	
	Max. Sheet Pile Length in Feet:	

- H. Experience of general contractor or specialty subcontractor in construction of drains.
 - a. Describe one or more projects where your company was involved in the installation of blanket and chimney drains.

Dam Project #1:

Description:			
Subcontractor or self-pe	rformed:		
Owner/Contact Name/e	mail and phone:		
Year Completed:	Number of Drainfill Cubic Yards:	Total Construction Cost:	
Dam Project #2:			
Description:			
Subcontractor or self-pe	rformed:		
Owner/Contact Name/e	mail and phone:		
		Total Construction Cost:	
b. Describe	Number of Drainfill Cubic Yards:		
b. Describe Dam Project #1: Description:	e one or more projects where your company was	involved in the installation of a filter d	
b. Describe Dam Project #1: Description: Subcontractor or self-pe	e one or more projects where your company was	involved in the installation of a filter d	
b. Describe Dam Project #1: Description: Subcontractor or self-pe Owner/Contact Name/e	e one or more projects where your company was	involved in the installation of a filter d	liaphragn
b. Describe Dam Project #1: Description: Subcontractor or self-pe Owner/Contact Name/e Year Completed: Dam Project #2:	e one or more projects where your company was rformed: mail and phone: Number of Drainfill Cubic Yards:	involved in the installation of a filter d	liaphragn
b. Describe Dam Project #1: Description: Subcontractor or self-pe Owner/Contact Name/e Year Completed: Dam Project #2: Description:	e one or more projects where your company was rformed: mail and phone: Number of Drainfill Cubic Yards:	involved in the installation of a filter d	liaphragn
b. Describe Dam Project #1: Description: Subcontractor or self-pe Owner/Contact Name/e Year Completed: Dam Project #2: Description:	e one or more projects where your company was rformed: mail and phone: Number of Drainfill Cubic Yards:	involved in the installation of a filter d	liaphragn
b. Describe	e one or more projects where your company was rformed: mail and phone: Number of Drainfill Cubic Yards:	involved in the installation of a filter d	liaphragn

- I. Experience of general contractor or specialty subcontractor in excavation and dewatering.
 - a. Describe one or more projects where your company was involved in the dewatering and maintaining dry conditions in an excavation using a method other than sumps.

Dam Project #1:

Description:		
Subcontractor or self-pe	rformed:	
Owner/Contact Name/e	mail and phone:	
Year Completed:	Depth of Excavation in Feet:	Total Construction Cost:
Dam Project #2:		
Description:		
Subcontractor or self-pe	rformed:	
Owner/Contact Name/e	mail and phone:	
Year Completed:	Depth of Excavation in Feet:	Total Construction Cost:

SECTION 6. SIGNATURE AND AFFIDAVIT

By signing this document, you are acknowledging that all answers are true to the best of your knowledge. <u>Any</u> <u>answers</u> <u>found to be falsified will bar you from being prequalified on this project.</u>

Con	npany Name (as licensed in I	NC)			
Phy	sical Address				
Mai	ling Address				
a.	Dated this day of:				
	Submitted by:				
		Signature By Authorized Of	fficer	Print Title of Authorized Officer	
	Phone:	person's phone number		_	
	Contact p	person's phone number			
	E-mail:	person's E-mail address		_	
	Contact p	person's E-mail address			
b.	Notary Certification	n:			
	North Carolina				
	Count	y			
	appeared before n	ne this day and ackn		, , ion of the foregoing instrument. , 20 <u>.</u>	
	(Official Notary Sea	al or Stamp)			
			Signature	of Notary Public	
			-	ion expires, 20	