



CLT CONCOURSE A NORTH EXPANSION
SUBCONTRACTOR/VENDOR PREQUALIFICATION STATEMENT

PART 1: COMPANY DETAILS

Legal Name of Company (per your W-9): _____

Legal Parent Company: _____

Federal Employee Identification Number: _____

Website: _____

Year Company Started *: _____ Date of Incorporation: _____ State of Incorporation: _____

Type of Company *: Corporation Partnership Proprietorship Sub S. Corporation LLC Other/Not Listed

Main Phone Number*: _____ Main Fax Number: _____

Company Operating Names:

General Information:

Company Business Address:

Address*: _____

Additional Address: _____

City*: _____ County: _____ State*: _____

Country*: _____ Zip Code*: _____

Company Mailing Address:

Address*: _____

Additional Address: _____

City*: _____ County: _____ State*: _____

Country*: _____ Zip Code*: _____



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Parent Company Address:

Address*: _____

Additional Address: _____

City*: _____ County: _____ State*: _____

Country*: _____ Zip Code*: _____

Management Contact:

Name*: _____ Title: _____

Telephone*: _____ Cell: _____ Email: _____

Estimating/Bid Contact:

Name*: _____ Title: _____

Telephone*: _____ Cell: _____ Email: _____

Operations Contact:

Name*: _____ Title: _____

Telephone*: _____ Cell: _____ Email: _____

MWSBE Reporting

List all special classifications where your firm is certified and the certifying agency name*:

Business Classification:

Ownership Ethnicity:

Ownership Type:

Minority/Women/Small Business Enterprise Participation/Utilization*

MWSBE Participation in work which you subcontract (average for the last 3 years): MBE: ___% WBE: ___% SBE ___%

Insert company goals for minority/women workplace participation (what is your average participation utilization for the last 3 years): Minority: ___% Women: ___% Small: _____

Geographical Preferences

Select a primary Business Unit/Geographical Area to receive this Prequalification. This will be the Business Unit that requested the Prequalification response or the one that you are most interested in soliciting for prospective work.

Primary Business Unit*: _____

Select Additional Business Units/Geographical Areas that you currently perform or are the most interested in soliciting for prospective work.

Additional Business Units*: _____

Trades Details

Bids - Please list all trade(s) in which your company is interested in bidding*:

Trade (CSI Code and Description)	Trade (CSI Code and Description)

Subcontracts - What trades do you normally subcontract? *:

Trade (CSI Code and Description)	Trade (CSI Code and Description)

Union Information - Indicate if your firm is Union or Non-Union Union Non-Union

List the unions with which you have agreements:

Local Number	Union Name	Agreement Expiration

Trade Associations & Training - Please list the Trade Associations your company is a member of *:

Please list local or national accredited training programs in which your company participates in (please specify craft or professional management training):

Subsidiaries & Affiliates - List any subsidiaries and affiliates of your company *:

Company Name	Ownership	Type of Company

Insurance Details

Insurance Brokers: List of Insurance Brokers *:

Insurance Broker Name	Contact Person	Phone Number

Commercial General Liability Insurance

Insurance Agent/Broker*: _____

Insurance Carrier*: _____

Policy Form: _____ Period From: _____ Period To: _____

Policy Number: _____ Occurrence Based?: Yes No

Claims Made?: Yes No Any exclusions from Standard CGL Policy? Yes No

List of exclusions: _____

Per Project Limits? Yes No

Limits on CGL Policy: _____

Excess Liability Insurance

Insurance Agent/Broker*: _____

Insurance Carrier*: _____

Policy Form: _____ Period From: _____ Period To: _____

Policy Number: _____ Occurrence Based? Yes No

Claims Made? Yes No Umbrella? Yes No Excess? Yes No

Limits	Current	Max Obtainable
Each Occurrence	\$ _____	\$ _____
Aggregate	\$ _____	\$ _____

Worker's Compensation and Employer's Liability Insurance

Insurance Agent/Broker*: _____

Insurance Carrier*: _____

Policy Form: _____ Period From: _____ Period To: _____

Policy Number: _____ Limit: \$ _____

E.L. Each Accident: \$ _____ E.L. Disease – Each Employee: \$ _____

E.L. Disease – Policy Limit: \$ _____

Automobile Liability Insurance

Insurance Agent/Broker*: _____

Insurance Carrier*: _____

Policy Form: _____ Period From: _____ Period To: _____

Policy Number: _____

Limits	Current	Max Obtainable
Combined Single Limit(Each Accident)		
Bodily Injury (Per Person)		
Bodily Injury (Per Accident)		
Property Damage (Per Accident)		
Non-Owned		
Underinsured Motorized BI Single		

Insurance Agent/Broker*: _____

Insurance Carrier*: _____

Policy Form: _____ Period From: _____ Period To: _____

Policy Number: _____

Office Policy Limit: \$ _____ Deductible: \$ _____

Retroactive Date: _____ Project Specific Limit Available: \$ _____

Prior Acts Yes No

Extended Reporting Period (tail): _____

Pollution Liability Insurance*

Insurance Agent/Broker*: _____

Insurance Carrier*: _____

Policy Form: _____ Period From: _____ Period To: _____

Policy Number: _____

Limit per Occurrence: \$ _____ Aggregate: \$ _____

Occurrence Based? Yes No Claims Made? Yes No

PART 2: FINANCIAL AND SURETY INFORMATION

Bonding Company Information

Name of Surety: _____

Contact Person: _____ Contact Phone: _____

Bonding Capacity:

Per Job: \$ _____ Aggregate: \$ _____ Date of Last Bond: _____

Amount: \$ _____ Surety Rate: _____ %

Please list the persons or entities who provide indemnification to your surety:

*Include a signed letter from Bonding Agent stipulating current amount of bonding capacity per project, aggregate limit, bond rate and identifying the surety including A.M. Best rating.

Financial Information: Attach Audited Financial Statements including most recent audited Balance Sheet and Income Statement.

Bank Information

Bank Name*: _____

Address: _____

Additional Address: _____

City: _____ County: _____

State: _____ Country: _____ Zip: _____

Contact Person: _____ Contact Phone: _____

Amount of Line of Credit: \$ _____ Amount Available: \$ _____

Expiration Date: _____

UCC Filing? Yes No

If no, how is credit secured

Dunn & Bradstreet Number: _____ Dunn & Bradstreet Rating: _____



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Ownership: List the corporate officers, partners, proprietors, members and owners of more than 5% of your company*:

Name	Position	% Owned

PART 3: LICENSING AND REGISTRATION

Contractor's License Numbers*:

State	License Number	Expiration Date	State Sales Tax Reg. Number	State Unemp. Ins. Number

Company has had business or professional license revoked in past 3 years? Yes No

Employment Numbers:

How many people does your Company presently employ*:

Home Office: _____ Field Supervisory: _____ Tradespeople: _____

How many people has your Company employed on average for the last 3 years?*:

Home Office: _____ Field Supervisory: _____ Tradespeople: _____

General Project Size:

What is the largest dollar contract your company has completed?:

Amount*: \$ _____ Year*: _____

Project Name and Scope:

What is the largest dollar volume job you expect to do during this year?

Amount*: \$ _____

Project Name and Scope:

What is expected annual volume this year?

Amount*: \$ _____ Number of Projects*: _____

What percentage of the company's work is normally subcontracted?: _____%

Average Volume: What was the average annual volume of work performed over the past 5 years? *:

Year	Average Volume
2015	\$
2014	\$
2013	\$
2012	\$
2011	\$

Building Types: Check all building types on which your company has worked*:

- | | |
|--|---|
| <input type="checkbox"/> High Rise Office Building | <input type="checkbox"/> Industrial Building |
| <input type="checkbox"/> Mid Rise Office Building | <input type="checkbox"/> High Tech/Laboratory |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Correctional Facility |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Design Build/Design Assist |
| <input type="checkbox"/> Residential | <input type="checkbox"/> City, County & State Work |
| <input type="checkbox"/> Sports/Entertainment | <input type="checkbox"/> Federal Work |

PART 4: EXPERIENCE

Has your company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? * Yes No

If yes, please explain:

Have any of the owners, officers or major shareholders of your company ever been indicted or convicted of any felony or other criminal conduct? * Yes No

If yes, please explain:

Has your company or any owners, officers or major shareholders ever been suspended, disbarred or otherwise precluded from pursuing public work or ever been found to be not-responsive by a public agency? * Yes No

If yes, please explain:

Has your company ever had a claim made against it for improper, delayed, defective or non-complaint work or failure to meet warranty obligations? * Yes No

If yes, please explain:

Is your company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation in the past 5 years? * Yes No

If yes, please explain:

Any judgements, claims or arbitration proceedings or suits pending or outstanding against the company or it's officers in the last 5 years? * Yes No

If yes, please explain:

Has your company or any of it's owners, officers or major shareholders been investigated or or charged with alleged labor law violations of the Immigration Control and Reform Act, state or local laws regarding employment of immigrants, prevailing wage laws, wage and hour laws or other federal, state, or local labor laws? * Yes No

If yes, please explain:

Within the last 5 years, company has failed to complete a contract or paid liquidated damages? * Yes No

If yes, please explain:

Officer or principal was an officer or principal of another organization when it failed to complete a contract within the last 5 years? Yes No

If yes, please explain:

Listing of 4 projects of similar size and complexity:

1. _____
2. _____
3. _____
4. _____

Key Personnel & Field Supervisors:

List of Key Office Personnel and Field Supervisors*

Name	Position	Years of Experience	Previous Employer

*****Include Resumes and Experience**

Quality Control

Company has a Quality Control Plan? Yes No

PART 5: SAFETY DETAILS

EMR Rates: Please list your company’s Workers’ Compensation Interstate/Intrastate Experience Modification Rate for the last 3 years. *

Interstate:

Year	Rate

Intrastate:

Year	Rate	State	Year	Rate	State
2015			2015		
2014			2014		
2013			2013		

Note: Subcontractors must have a current EMR less than or equal to 1.0 to qualify for the Bid List. Should your EMR exceed 1.0, the Contractor must demonstrate and document that it has or will initiate programs, policies, and attitudes which will result in a safety conscious performance in order to be included on the Approved Contractor List.

OSHA Information*:

Enter Year of Report			
Number of Fatalities (Column G from 300)			
Number of Lost & Restricted Workday Cases (Columns			
Number of Medical Treatment Cases (Column J)			
Number of Lost Wordday Cases (Column H)			
Employee Hours Worked			
OSHA Recordable Incident Rate			
OSHA Lost Workday Incident Rate			
How many OSH Violation(s) has your company received in the last three years			

Any willful OSHA Violations? Yes No

If yes, please explain:



Any employee deaths in the past 3 years? Yes No

If yes, please explain:

Safety Questionnaire:

Do you have a qualified person responsible for safety within your company? * Yes No

If yes, please describe his/her qualifications:

Does this person do safety inspections on all of your projects? * Yes No Frequency: _____

Do you have a written company safety policy and program and will you provide copies if requested?

Yes No

If yes, Please indicate which are included in the policy:

- Pre-hire/Initial employment
- Cause
- Post accident/incident
- Random
- Periodic

Do you have a return to work/light duty program? * Yes No

If yes, please describe:

Have you ever implemented 100% fall protection? * Yes No

If requested can you provide a site-specific program addressing the fall hazards in your work? * Yes No

PART 6: REFERENCES

List your three major suppliers:

Supplier Name:

Address*: _____

Additional Address: _____

City*: _____ County: _____ State*: _____

Country*: _____ Zip Code*: _____

Supplier Contact Person Name: _____

Telephone Number: _____

Supplier Name:

Address*: _____

Additional Address: _____

City*: _____ County: _____ State*: _____

Country*: _____ Zip Code*: _____

Supplier Contact Person Name: _____

Telephone Number: _____

Supplier Name:

Address*: _____

Additional Address: _____

City*: _____ County: _____ State*: _____

Country*: _____ Zip Code*: _____

Supplier Contact Person Name: _____

Telephone Number: _____

Contractor References

List three contractors with which you do business:

Contractor Name:

Address*: _____

Additional Address: _____

City*: _____ County: _____ State*: _____

Country*: _____ Zip Code*: _____

Contractor Contact Person Name: _____

Telephone Number: _____

Contractor Name:

Address*: _____

Additional Address: _____

City*: _____ County: _____ State*: _____

Country*: _____ Zip Code*: _____

Contractor Contact Person Name: _____

Telephone Number: _____

Contractor Name:

Address*: _____

Additional Address: _____

City*: _____ County: _____ State*: _____

Country*: _____ Zip Code*: _____

Contractor Contact Person Name: _____

Telephone Number: _____

PART 7: SIGNATURE

We hereby certify that we have answered all of the above questions in a truthful, accurate and complete manner to assure that our answers are not in any respect false or misleading either by expressing ourselves in a misleading or ambiguous manner or omitting information and we also certify that all attachments submitted by us in connection with this prequalification are true, accurate and full copies of the original documents that are in our possession. We recognize that Turner will be relying on the truthfulness and accuracy of our responses to this questionnaire and of the contents of the attachments hereto in deciding whether to permit us to bid as well as in any awards of work that may be made to our Company.

This prequalification has been reviewed by the following officer of our company prior to submittal.

Officer: _____

Date: _____

Title: _____

PART 8: PROJECT SPECIFIC

Within the past 3 years, has your firm been issued a safety violation notice by Charlotte Douglas International Airport while performing work on the Airport's property? Yes No

Within the past 3 years, has your firm been issued a security violation notice by Charlotte Douglas International Airport while performing work on the Airport's property? Yes No

Has your firm performed similar work on a past project where the facility was in operation 24 hours a day, seven days a week and your workers are working in and around the general public? Yes No

ATTACH FILES

I certify that I will either upload or send in:

- Financial Statement
- EMR Verification
- W-9 (or Country-Specific Equivalent)
- 2015 OSHA 300 and 300A

Note: Must also upload or provide copies of each Certificate for each classification selected in the MWSBE Reporting tab.

APPLICATION PROCESS

- 1. Prequalification Committee** – The City department administering the project and construction manager at risk shall agree upon the members of the project’s prequalification committee. The project prequalification committee will review and score prequalification applications submitted by bidders and will determine whether each bidder is prequalified for the project.
- 2. Review Application** – The prequalification committee shall use objective assessment criteria and a prequalification application developed for the project. The prequalification application shall, at a minimum, include the following assessment criteria: organizational structure; classification; project-specific experience; financial history; litigation/claims; capacity; and legal authorization. The prequalification committee shall approve or deny applications in accordance with the assessment criteria and scoring system established for the project.
- 3. Notice of Decision** – All bidders that submitted prequalification applications shall be promptly notified by email of the prequalification committee’s decision. Notices of denial should include an explanation for the denial. Notices of decision shall be sent within three (3) business days of the prequalification committee’s decision.

APPEALS PROCEDURE

- 1. Appeal** – A bidder denied prequalification may protest the prequalification committee’s decision by filing a written appeal via hand-delivery or email to the City department head administering the project or his/her designee (Appeal Representative) within three (3) business days of receiving the notice of decision that the bidder has been denied prequalification committee. The date of receipt of the notice of decision shall be deemed to be the date the notice of decision was emailed to the bidder.

The written appeal shall clearly articulate the reasons why the bidder is contesting the denial (i.e., explains how the bidder satisfied all assessment criteria in its prequalification application) and attach all documents supporting the bidder’s appeal. The Appeal Representative may contact the bidder for additional information prior to ruling on the appeal, but is not required to do so. The Appeal Representative must notify the denied bidder of his/her final decision on the appeal in writing before the advertisement of the project. In the event the Appeal Representative is unable to review the appeal within this timeframe, he/she may designate another Appeal Representative who is not a member of the prequalification committee to decide the appeal. If the Appeal Representative is satisfied that the bidder should be prequalified, the bidder shall be notified via email that it is prequalified to bid on the project and allowed to participate in the bid process. If the Appeal Representative upholds its denial, the bidder shall be promptly notified in writing via email.

- 2. Decision on Appeal** – The decision of the Appeal Representative on the appeal shall be final, and the bidder shall be promptly notified of the decision via email.

- 3. General Rules for Protests and Appeals** – Bidders submitting prequalification applications shall be provided an email address for communication with the City and/or construction manager at risk during the appeal process. The bidder shall provide at least two (2) email addresses for use by the City and/or construction manager at risk in communicating decisions regarding an appeal with the bidder. In the event the Appeal Representative is unable to render a decision on the appeal prior to the advertisement date, the bidder shall be allowed to submit a bid on the project subject to a final decision on the appeal. Bids received from bidders who have been disqualified shall not be opened and shall be returned to the bidder. A bidder’s failure to comply with any requirements of the appeals procedures under this Prequalification Policy shall result in the bidder’s appeal being denied.