

Dear Interested Subcontractor:

Thank you for your firm's interest in working with Rodgers.

To be included in our subcontractor management program, each subcontractor is required to prequalify by submitting a complete Trade Contractor Prequalification Application and the Bid Notice Bulletin. In addition to completing the aforementioned documents, you will need to submit the following required documents based on your responses:

- 1. Safety and Insurance Documentation
  - a. Current Safety and Substance Abuse Policy
  - b. OSHA 300 and 300a logs from the past three years
  - c. Certificate of Insurance Requirements are \$1M general liability (per project limits) and auto; \$3M Excess, State Statutory Limits for Worker's Compensation
- 2. Financial and Bonding information:
  - a. Financial Statements including most recent audited Balance Sheet and Income Statement
  - b. A signed letter from your bonding agent stipulating current amount of bonding capacity per project, aggregate limit, bond rate and identifying the surety including A.M. Best Rating.
  - c. Completed IRS W-9 Form, Request for Taxpayer Identification and Certification
- 3. Licensing and Certifications:
  - a. Minority Certification Letter from Governing Authority
  - b. Applicable Licenses: General Contractor's license required for work over \$30,000.00. Licenses for work associated with architectural, electrical, mechanical and plumbing.
  - c. North Carolina Business License or reciprocal License

Prior to submitting your application, please be familiar with Rodgers' bonding requirements: Separate Payment and Performance Bonds are required on all subcontracts of \$100,000 or greater. If the scope of work relates to building exterior; e.g., windows, roofing, EIFS, precast panels, brick veneer, etc., separate Payment and Performance Bonds are required regardless of the value of the scope of work.

Please submit your completed application to William Satterfield, Risk Manager, Post Office Box 18446, Charlotte, NC 28218. For additional information, feel free to contact Will at 704.537.6044 or <a href="wsatterfield@rodgersbuilders.com">wsatterfield@rodgersbuilders.com</a>. Once your completed application has been received by Rodgers, we will immediately begin the review process and will contact you regarding your approval status as soon as possible.

Again, thank you for your interest in working with Rodgers.

Very truly yours,

William J. Satterfield AIC, ARM

Risk Manager



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

Submitted to:	Rodgers 5701 N. Sharon Amity Road (28215) Post Office Box 18446 Charlotte, NC 28218	Phone: 704 <u>www.rodgersbui</u>	.537.6044 Iders.com
Section 1 - Com	npany Information		
Company Name:		Corporati	on 🗌
Mailing Address:		Partnersl	nip 🗌
City, State, Zip:		Individu	ual 🗌
Street Address:		Joint Ventu	ıre 🗌
City, State, Zip:		Oth	ner 🗌
Principal Office:	Di	un & Bradstreet No.:	
City, State, Zip:		Federal ID or SS #:	
Phone:			
Fax:	Website:		
Contact Name:		<u> </u>	
Project Name (if applicable):			
Scope(s) of work for which you are prequalifying :			



ection 2 - Organization								
How many years has your organization	been in business?							
How many years has your organization been in business under its present business name?								
List any former names your organization has operated under:								
,								
B. Also list all other subsidiaries or								
	If your organization is a corporation, to include limited liability corporation, answer the following:							
Date of incorporation:								
State of incorporation:								
Name of CEO:								
Name of President:								
If your organization is a partnership, to	include limited liability partnership, answer the following:							
Date of partnership:								
Type of partnership:								
If your organization is individually owner	ed, answer the following:							
Date of organization:								
Name of Owner(s):								
<u> </u>								
	How many years has your organization.  How many years has your organization.  List any former names your organization.  Is your organization a subsidiary or affit.  A. If yes, what is the parent compan.  B. Also list all other subsidiaries or an experiment of the parent compan.  If your organization is a corporation, to make of incorporation:  Name of CEO:  Name of President:  Key Personnel:  Key Personnel:  Type of partnership:  (if applicable)  Names of General Partners:  If your organization is individually owned the parent of Organization:  Date of organization:							



#### **Section 3 - Licensing**

1.	Has a complaint ever been filed with any State Licensing Board against your firm?  Yes  No  If yes, please describe:										
2.	Indicate licenses, with license numbers, for which you are qualified to do business, (e.g. electrical, fire protection, state or county business licenses, etc.).										
	License type & State License type & State License type & State License number										
Sec	ction 4 - Experience										
1.	Has your organization within the last five years ever failed to complete a contract or paid Yes No I liquidated damages? <i>If yes, please describe:</i>										
	·										
2.	Are there any judgments, claims, or arbitration proceedings or suits pending or outstanding against your organization or its officers within the last five years?										
	If yes, please describe:										
3.	Has your organization filed any lawsuits or requested arbitration with regard to contracts within the last five years?  If yes, please describe and list each lawsuit or arbitration filing:  Yes No										
4.	Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a contract?  Yes No If yes, please describe:										
5.	Within the last (3) three years has your organization performed any work for Rodgers?  Yes No If yes, please describe:										
	Drainet Name:										
	Project Name:     Rodgers Project Manager Name:										
	<ul> <li>Rodgers Project Manager Name:</li> <li>Contract Amount:</li> </ul>										
	• Contract Amount.										



б.	scope of work that you are prequalifying for. If applicant has healthcare experience please list those projects.  Provide the following information for <b>each</b> project:  • Project name & owner								
	General contractor (please list other than yourself)								
	GC contact name & phone number								
	<ul><li>Contract amount</li><li>Scope of work</li></ul>								
	Completion date (actual or expected)								
	Percentage of work performed with your own forces								
7.	<ul> <li>Indicate the type of projects in which your organization has experience: (check all that apply)</li> <li>Residential ☐ Commercial ☐ Industrial ☐ Health Care ☐ Mixed Use</li> <li>☐ Senior Living ☐ Institutional</li> </ul>								
8.	. Indicate your preferred project size.								
9.	. What scope(s) of work do you typically subcontract to other companies?								
Sec	tion 5 - References								
1.	On a separate sheet, list four trade/credit references. Include the following for each reference: Company name, address, telephone number, and contact name								
Sec	tion 6 - Safety & Loss Prevention								
1.	Do you have a written safety and health program? Yes \( \scale= \) No \( \scale= \)  If yes, please attach your safety policy.								
2.	Please attach OSHA 300A and 300 Logs for the last three years.								
3.	In the last 3 years, has your company ever received a Serious, Willful, or Repeat violation under the OSHA Construction or General Industry Standards?  If yes, please attach a letter from your Safety Director explaining the citation(s) and remediation measures taken.								
4.	Please list your company's Experience Modification Rate (EMR) for the last three years.								
	Year: EMR: Year: EMR: Year: EMR:								
5.	Do you have a Substance Abuse Policy?  Yes No No If yes, please check the following that apply and supply copy of your Substance Abuse policy:								
	☐ Pre-employment testing post ☐ Accident testing								



6.	Provide a copy of your current certificate of insurance (General Liability, Auto, Workers' Compensation & Exc Liability).	ess							
7.	List bank reference. (Use a separate sheet for additional references)								
	Name of banking company:								
	Address:								
	Telephone number:								
	Contact person:								
8.	Is your firm able to provide a payment and performance bond? Yes \( \subseteq No \subseteq \) If yes, please attach a signed letter from your bonding agent stipulating current amount of bonding capacity per project, aggregate limit, bond rate and identifying the surety including A.M. Best Rating.								
	on 7 – Financial/Operational (This information will remain confidential.) Attach a financial statement, preferably audited, including your organization's latest balance sheet and incomstatement. (Please note this information is required to process your application.)	е							
2.	Indicate below the annual sales volume for the last three (3) years:								
	Year \$ Year \$ Year \$								
3.	What is your backlog? Today: \$ 12 months ago: \$								
4.	Attach your company's IRS Form W-9, Request for Taxpayer Identification and Certification (Rev. December 2014)								
Ι, _	on 8 – Signature  being duly sworn, deposes and says that the information provided on the lalification application herein is true and sufficiently complete so as not to be misleading.								
	Firm Name:								
	By:								
	Title:								
Date	d this day of, 20								
Sub	cribed and sworn before me this day of, 20								
Nota	y Public:								
Mνα	Print Name								

Virginia

# BID NOTIFICATION INFORMATION ATTN: PRIMARY VENDOR BID CONTACT

Rodgers requests that your company submit the information requested below to enable us to ensure your company receives bid notices via email in a timely manner. Please promptly return completed bulletin via fax to 704.566.9295. Upon receipt, your company/contact information will be entered into bid notification database.

In addition, to be awarded a subcontract or invited to bid on projects requiring subcontractors to be prequalified, you must submit a completed *Trade Contractor Prequalification Application*. To obtain the application, please visit <a href="www.rodgersbuilders.com">www.rodgersbuilders.com</a> and reference the Trade Prequalification Form under Resources. Please complete the form in its entirety and return to Rodgers (Attn: Risk Manager), 5701 North Sharon Amity Road, Charlotte, NC 28215. If you have any questions, please call 704.537.6044 and speak with a preconstruction administrative professional. Thank you.

Section 1 – Primary	y Bid Contact										
Company Name:											
Contact name and T	itle (Required): _										
Address:											
City, State, Zip:											
Phone:		Fax: _									
Email:				Wel	bsite:						
Recommendation:	Many contractors	s are establishi	ng a ger	neric bid notice e	email add	dress, esp	ecially use	eful if the	ere are mult	tiple contacts	,
or offices within a co	mpany who need	to receive bid	notices,	e.g., "estimating	g@XYZc	company.c	om".				
						,	TR	(AD		1	120
Section 2 – Geogra	aphic Market Sei	rved		All Carolina	~	~~	50	=	TRIANGLE	EASTERN	30
NC Cape Fear NC Eastern NC Piedmont NC Sandhills NC Triad NC Triangle NC Western  Section 3 – Scopes		C Central C Coastal C Lowcountry C Peedee C Upstate		GA Market TN Market VA Market		UPSTATE	CENTRAL	PEE DEE	CAPE FEAT		
		T					5	,			
Division No.	Code	Description									
										_	
										_	
Section 4 – Minorit	y Ownership/HU	B Firms									
North Carolina	SWUC (Statewide Uniform Certification Program)   SBO (Small Business Opportunity Program)   MWSBE (Minority, Woman & Small Business Enterprise Program)   City of Durham										
South Carolina	MBE (Minority E	Business Enterp	prise Pro	ogram) 🗆							
Georgia	MBE (Minority Business Enterprise Program) □										
Tennessee	GO-DBE (Governor's Office of Diversity Business Enterprise Program) □										

SWaM (Small, Women & Minority Owned) □