

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:

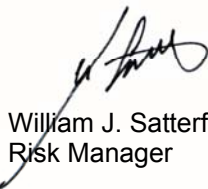
1. Safety and Insurance Documentation
  - a. Current Safety and Substance Abuse Policy.
  - b. OSHA 300 and 300a logs from the past three years.
  - c. Certificate of Insurance – Requirements are \$1M general liability (per project limits) and auto; \$5M Excess, or \$10M Excess for specialty trades, \$2M Mold coverage for the building envelope and all Healthcare work and 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 [wsatterfield@rodgersbuilders.com](mailto:wsatterfield@rodgersbuilders.com). 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** **Phone: 704.537.6044**  
**5701 N. Sharon Amity Road (28215)** [www.rodgersbuilders.com](http://www.rodgersbuilders.com)  
**Post Office Box 18446**  
**Charlotte, NC 28218**

**Section 1 – Company Information**

Company Name: \_\_\_\_\_ Corporation ☐  
Mailing Address: \_\_\_\_\_ Partnership ☐  
City, State, Zip: \_\_\_\_\_ Individual ☐  
Street Address: \_\_\_\_\_ Joint Venture ☐  
City, State, Zip: \_\_\_\_\_ Other ☐

Principal Office: \_\_\_\_\_ Dun & Bradstreet No.: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Federal ID or SS #: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Project Name (if applicable): \_\_\_\_\_

Scope(s) of work for which you are prequalifying : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 2 - Organization**

1. How many years has your organization been in business? \_\_\_\_\_
2. How many years has your organization been in business under its present business name? \_\_\_\_\_
3. List any former names your organization has operated under:

\_\_\_\_\_

4. Is your organization a subsidiary or affiliate of another firm? Yes ☐ No ☐

**A. If yes, what is the parent company's name?** \_\_\_\_\_

**B. Also list all other subsidiaries or affiliates.** \_\_\_\_\_

\_\_\_\_\_

5. 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: \_\_\_\_\_

Key Personnel: \_\_\_\_\_

\_\_\_\_\_

6. If your organization is a partnership, to include limited liability partnership, answer the following:

Date of partnership: \_\_\_\_\_

Type of partnership: \_\_\_\_\_  
(if applicable)

Names of General Partners: \_\_\_\_\_

\_\_\_\_\_

7. If your organization is individually owned, answer the following:

Date of organization: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 3 - Licensing**

1. Has a complaint ever been filed with any State Licensing Board against your firm? Yes ☐ No ☐  
***If yes, please describe:***

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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 number | _____ |
| License type & State | _____ | License number | _____ |

**Section 4 - Experience**

1. Has your organization within the last five years ever failed to complete a contract or paid liquidated damages? Yes ☐ No ☐  
***If yes, please describe:***

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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? Yes ☐ No ☐  
***If yes, please describe:***

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3. Has your organization filed any lawsuits or requested arbitration with regard to contracts within the last five years? Yes ☐ No ☐  
***If yes, please describe and list each lawsuit or arbitration filing:***

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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:***

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5. Within the last (3) three years has your organization performed any work for Rodgers? Yes ☐ No ☐  
***If yes, please describe:***

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- Project Name: \_\_\_\_\_
- Rodgers Project Manager Name: \_\_\_\_\_
- Contract Amount: \_\_\_\_\_

6. **On a separate sheet**, list 3 each major projects your organization has ***in progress and has completed*** for the scope of work that you are prequalifying for. If applicant has healthcare experience please list those projects. Provide the following information for **each** project:
- Project name & owner
  - General contractor (please list other than yourself)
  - GC contact name, phone number & email address
  - Contract amount
  - Scope of work
  - Completion date (actual or expected)
  - Percentage of work performed with your own forces
7. Indicate the type of projects in which your organization has experience: (*check all that apply*)
- ☐ Residential    ☐ Commercial    ☐ Industrial    ☐ Health Care    ☐ Mixed Use  
☐ Senior Living    ☐ Institutional
8. Indicate your preferred project size. \_\_\_\_\_
9. What scope(s) of work do you typically subcontract to other companies?  
 \_\_\_\_\_

#### Section 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

#### Section 6 - Safety & Loss Prevention

1. Do you have a written safety and health program? Yes ☐ No ☐  
***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? Yes ☐ No ☐  
***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 ☐  
***If yes, please check the following that apply and supply copy of your Substance Abuse policy:***
- ☐ Pre-employment testing post    ☐ Accident testing  
☐ Random testing    ☐ For cause testing



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## Trade Contractor Prequalification

6. Provide a copy of your current certificate of insurance (General Liability, Auto, Workers' Compensation, Excess Liability, and, if applicable, Mold coverage).
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 ☐ No ☐

***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.***

### Section 7 – Financial/Operational *(This information will remain confidential.)*

1. Attach a financial statement, preferably audited, including your organization's latest balance sheet and income statement. (Please note this information is required to process your application.)

2. Indicate below the annual sales volume for the last three (3) years:

Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_

3. What is your backlog?

Today: \$ \_\_\_\_\_ Last Financial Statement: \$ \_\_\_\_\_ 12 months ago: \$ \_\_\_\_\_

4. Attach your company's IRS Form W-9, Request for Taxpayer Identification and Certification (Rev. December 2014)

### Section 8 – Signature

I, \_\_\_\_\_ being duly sworn, deposes and says that the information provided on the prequalification application herein is true and sufficiently complete so as not to be misleading.

Firm Name: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public: \_\_\_\_\_

Print Name

My commission expires: \_\_\_\_\_



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## BID NOTIFICATION INFORMATION ATTN: PRIMARY VENDOR BID CONTACT

Rodgers requests that your company submit the information requested below. Upon receipt, your company/contact information will be entered into bid notification database. Please promptly return completed bulletin via email to [bidnotices@rodgersbuilders.com](mailto:bidnotices@rodgersbuilders.com).

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 [www.rodgersbuilders.com](http://www.rodgersbuilders.com) and reference the Trade Prequalification Form under Resources. If you have any questions, please call 704.537.6044.

### Section 1 – Primary Bid Contact

Legal Company Name:  
(As stated on W-9)

Business Name:  
(If different from above)

Contact name and Title (Required):

Address:

City, State, Zip:

Phone:

Website:

Email:

**Recommendation:** Many contractors are establishing a generic bid notice email address, especially useful if there are multiple contacts or offices within a company who need to receive bid notices, e.g., "estimating@XYZcompany.com".

### Section 2 – Geographic Market Served

|              |               |
|--------------|---------------|
| NC Cape Fear | SC Central    |
| NC Eastern   | SC Coastal    |
| NC Piedmont  | SC Lowcountry |
| NC Sandhills | SC Pee Dee    |
| NC Triad     | SC Upstate    |
| NC Triangle  |               |
| NC Western   |               |

**GA Market**  
**TN Market**  
**VA Market**



### Section 3 – Scopes of Work

Division No. and Description - Choose from Drop-Down List

Division No. and Description - Write In

### Section 4 – Diverse Business Ownership/Certifications

|                       |  |
|-----------------------|--|
| <b>North Carolina</b> | HUB (Historically Underutilized Business Program) CBI (Charlotte Business Inclusion Program)<br>MWSBE (Minority, Woman & Small Business Enterprise Program) City of Durham City of Raleigh |
| <b>South Carolina</b> | SMBCC (Small and Minority Business Contracting & Certification)  |
| <b>Georgia</b>        | MBE (Minority Business Enterprise Program)   |
| <b>Tennessee</b>      | GO-DBE (Governor's Office of Diversity Business Enterprise Program)  |
| <b>Virginia</b>       | SWaM (Small, Women & Minority Owned Program)   |