

**Mecklenburg County Sheriff's Office Administrative Services Building
Prequalification Form for First –Tier Subcontractors under CM at Risk**

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 the submittal shall be performed by the prequalification committee in accordance with GS 143-128.1, 143-135.8 A minimum of 80 points must be achieved to be prequalified for this project.

PREQUALIFICATION DUE DATE: August 17, 2026

Submitted to: William Satterfield

Contact Name receiving prequalifying packages

Rodgers Leeper XI

Agency/Institution

5701 N. Sharon Amity Road

Address

Building 100

Address

Charlotte, North Carolina 28215

City/State Zip Code + 4

(704) 537-6044

Phone number

Fax Number

wsatterfield@rogersbuilders.com

E-mail address

Project:

MCSO ASB (Mecklenburg County Sheriff's Office Administrative Services Building) Renovation

Name of Project

Mecklenburg County

Project Owner

901 Elizabeth Avenue, Charlotte, NC 28204

Project Location/Address

Little

Project Architect

January 2027

Project Phase

Project Start Date (Approx.)

14 months

Project/Phase Duration

Phase Budget

\$35,000,000

Total Project Budget

ANTICIPATED BID DATE: October 14, 2026

If your firm is interested in prequalifying for this project/phase, please check the box for your trade(s). This is a preliminary list of Bid Packages and may change based on response and qualified bidders.

June 2026

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PROJECT DESCRIPTION: (An in-depth narrative of the details of the project, site, trades, LEED, etc.) Complete interior renovation of the approximately 73,500 SOFT Sheriff's Office Administrative Services Building. Includes a building addition, site, and building exterior facade work.

SECTION 1. MINIMUM REQUIREMENTS

[Matrix: There are no points assigned for responses in Section 1 or Section 4 signature page.]

1. a. Primary/Main office location/Office managing this project

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

[Matrix: If not completely filled out, proposal is non-responsive and will not be considered for pre-qualification.]

Organization

1. b. Business type (check box) ☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Sole Proprietor ☐ Joint Venture

Is your firm registered with the State of North Carolina to do business? O Yes O No

Is your firm owned or controlled by a parent or any other organization? O Yes O No

Describe Ownership if Yes: _____

Additionally, if you answered Yes that your company is owned or controlled by a parent or any other organization, you agree to sign a Parent Company Guarantee Letter (see Appendix A for sample letter) and submit the same with this Prequalification Application for review and approval. Additionally, an individual who is authorized to bind the Parent Company shall co-sign the contract as a condition precedent to award of a contract. If you do not agree to these terms, your pre-qualification application will not meet the minimum requirements and will be disapproved.

List all other names your firm has operated as for the past five (5) years:

[Matrix: If not completely filled out, proposal is non-responsive and will not be considered for pre-qualification.]

1. c. Licensing Information (Please provide all North Carolina professional licenses required for you to perform your services.)

NC License Type (check box) ☐ General Construction ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ Burglar Alarm
☐ Fire Protection ☐ Other (please specify)

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☐ Not Applicable or Required by North Carolina for Trade Package(s) Selected for Pre-qualification

<u>NC License number/name of licensee</u>	<u>License Limit/Level</u>	<u>State/County/City Privilege License (provide copy)</u>

Has any license ever been denied or revoked? ☐ Yes ☐ No If yes, please describe,

[Matrix: Enter type of license. If information not provided in application or license does not meet requirement for trade package or State of North Carolina, proposal is non-responsive and will not be considered for pre-qualification.]

1. d. Type of Work Performed on a regular basis

Primary Scope of Work:

Secondary Scope of Work:

Other Scope of Work:

What type of work do you self perform?

[Matrix: If not completely filled out, proposal is non-responsive and will not be considered for pre-qualification.]

Bonding

1. e. (1) Attach letter (see Appendix B for sample 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 and "VII" or higher under the A.M. Best Rating system or The Federal Treasury List.

Have you attached a surety letter? ☐ Yes ☐ No

[Matrix: "Yes or No". If this information is not provided in application for firms wishing to be approved for a bid package(s) requiring evidence (see bid package list at front of this form) of the ability to provide a Performance and Payment Bond, proposal is non-responsive and will not be considered for pre-qualification. Further, this review and approval for this section will be based on the surety letter stating an amount able to substantiate the surety's willingness to issue bonds in the sum total of the preliminary budget amounts identified herein for the proposed bid package(s) being sought for pre-qualification approval. This section is not a minimum requirement for firms wishing to become prequalified for bid packages not requiring the ability to provide a Performance and Payment Bond, however all firms are encouraged to provide a surety letter regardless.]

1. e. (2) Have any Funds been expended by a Surety Company on your firm's behalf? ☐ Yes ☐ No If yes, explain

[Matrix: If "Yes," with no explanation given, proposal is non-responsive and will not be considered for prequalification.]

Insurance

1. f. The minimum requirements of coverage are defined on the Sample Certificate of Insurance (COI) (See Appendix C for Sample COI). Firms must indicate that they can provide evidence of insurance coverage, should they be considered for approval by attaching a copy of their insurance certificate. Additionally, should your firm not currently carry the exact insurance requirements defined

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within the Sample Certificate of Insurance, applicant agrees to provide the specified insurance as a precedent to award of a contract. Have you attached a copy of your insurance certificate meeting the aforementioned specified requirements or agree to provide the specified insurance if not currently carried by your firm? Yes No

[Matrix: If "No," proposal is non-responsive and will not be considered for pre-qualification.]

Financials

1. **g. (1) Part 1 - Financial Statements** - Attach most recent fiscal year-end balance sheet and income statement, if available, based on company type. Audited statements preferred. If not available, attach a copy of the latest annual renewal submission to the relevant licensing board. In all cases, either a full year audited financial statement or an internal balance sheet with income statement or business tax return must be provided in order to be considered for prequalification approval.

Have you attached a balance sheet or other acceptable financial documents referenced above? Yes No [Matrix: If "No," proposal is non-responsive and will not be considered for pre-qualification.]

1. **g. (2) Part 2 - Financial Metrics** - As a minimum requirement to become pre-qualified, the metrics illustrated below must be achieved in order to be approved for prequalification with one exception if the firm doesn't meet or exceed these designated metrics, a Performance and Payment Bond (see requirements under the Bond section above) can be substituted by the firm should the company become the successful low bidder for a particular bid package(s). This review and approval for this section will be based on the sum total of the preliminary budget amounts (greatest estimated contract amount if seeking approval for more than one bid package) identified herein for the proposed bid package(s) being sought for pre-qualification approval.

Have you achieved your metrics or provided evidence of bond-ability based on the anticipated contract value for the bid packages seeking approval?

Yes No

[Matrix: If "No," proposal is non-responsive and will not be considered for pre-qualification.]

Metrics:

Contract(s) Amounts: \$0 to \$200,000

Debt to Equity (Total Liabilities/Total Equity) is between 0 and 5.0

Current Ratio (Current Assets/Current Liabilities) is greater than 1.1

Net Current Assets (Current Assets less Current Liabilities) greater than \$1

Contract(s) Amounts: \$200,000 to \$500,000

Debt to Equity (Total Liabilities/Total Equity) is between 0 and 4.0

Current Ratio (Current Assets/Current Liabilities) is greater than 1.2

Net Current Assets (Current Assets less Current Liabilities) greater than \$20,000

Contract(s) Amounts: \$500,000 and above

Debt to Equity (Total Liabilities/Total Equity) is between 0 and 3.0

Current Ratio (Current Assets/Current Liabilities) is greater than 1.3

Net Current Assets (Current Assets less Current Liabilities) greater than \$50,000

(Firm must submit financial data and may clearly indicate a request for confidentiality to avoid this item from becoming part of a public record. We understand this information can be extremely confidential and as an option, you may submit your financial statement as an attachment to your pre-qualification package or send under separate cover to the following confidential email address wsatterfield@roddersbuilders.com or facsimile directly to William Satterfield at (704-535-0055).

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Check applicable item below as how financials are being submitted.

- ☐ Attached
☐ Sent Via Email
☐ Sent Via Facsimile

SECTION 2. GENERAL REQUIREMENTS

Experience - Size/Capacity/Workload

2. a. (1) List the annual dollar value of construction work the company has performed for each year over the last (3) three calendar years (if applicable).

1 \$ _____ (yr)	2 \$ _____ (yr)	3 \$ _____ (yr)
-----------------	-----------------	-----------------

[Matrix: 0-6 points. For each year completed (positive value), give 2 points each.]

2. a. (2) How many projects do you currently have under contract or in progress and what is their total dollar value?

- _____ (# of projects);
- \$ _____ (Current projects sum of contract amounts);
- \$ _____ (Projects current amount remaining to bill)

[Matrix: 0-5 points. If section completed give 5 points. If not, give 0 points.]

2. a. (3) What was your largest job completed? _____ Sq. Ft. \$ _____ [Dollar Amount]
_____ Location _____ Year Completed

[Matrix: 0-5 points.

Step One: Take the "dollar amount of largest job completed" and multiply by 1.5.

Step Two: If the result is larger than the sum total of estimated package(s) cost being prequalified for by 100% then give 5 points;

If the result is larger than the sum total of estimated package(s) cost being prequalified for by 80% and less than 100% then give 4 points;

If the result is larger than the sum total of estimated package(s) cost being prequalified for by 60% and less than 80% then give 3 points;

If the result is larger than the sum total of estimated package(s) cost being prequalified for by 40% and less than 60% then give 2 points;

If the result is larger than the sum total of estimated package(s) cost being prequalified for by 20% and less than 40% then give 2 points;

If the result is larger than the sum total of estimated package(s) cost being prequalified for by 10% and less than 20% then give 1 point.

If the result is smaller than the sum total of estimated package(s) cost being prequalified for then give 0 points.]

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Example No.1: Result of Largest Job Completed = $1,000,000 \times 1.5 = \$1,500,000$ Sum Estimated Total of Bid Package(s):
 $\$687,000 \$1,500,000 / \$687,000 = 2.18$ or 118% greater = 5 points

Example No.2: Result of Largest Job Completed = $1,000,000 \times 1.5 = \$1,500,000$
Sum Estimated Total of Bid Package(s): $\$1,200,000 \$1,500,000 / \$1,200,000 = 1.25$ or 25% greater =
2 points

2. a. (4) Current Backlog \$ _____ (Dollar Amount)
(Projects Current Amount Remaining to Bill - See 2.a.(2))

[Matrix: 0-5 points.

Step One: Take "current backlog (2.a.(4))" dollar amount and add "largest job completed (2.a.(3)) multiplied by 1.5".

(Example 1: Current Backlog = \$3,500,000; Largest Job Completed = \$1,750,000;
 $\$3,500,000 + \$1,750,000 = \$5,250,000 \times 1.5 = \$7,875,000$)

(Example 2: Current Backlog = \$2,000,000; Largest Job Completed = \$1,000,000; $\$2,000,000 + \$1,000,000 =$
 $\$3,000,000 \times 1.5 = \$4,500,000$)

Step Two: If the step one value above is less than the 3 year average of the sum of "annual dollar amounts" listed in (2.a.(1)) divided by 3 and then multiplied by 1.5, then proceed to the table below for applicable points. If the step one value above is greater than the 3 year average of the sum of "annual dollar amounts" listed in (2.a.(1)) divided by 3 and then multiplied by 1.5, then give 0 points

If "current backlog dollar amount plus largest job completed x 1.5" divided by the 3 year average of the sum of "annual dollar amounts" x 1.5 is greater than 0% and less than 20% then give 5 points

If "current backlog dollar amount plus largest job completed x 1.5" divided by the 3 year average of the sum of "annual dollar amounts" x 1.5 is between 20% and 40% then give 4 points

If "current backlog dollar amount plus largest job completed x 1.5" divided by the 3 year average of the sum of "annual dollar amounts" x 1.5 is between 40% and 60% then give 3 points

If "current backlog dollar amount plus largest job completed x 1.5" divided by the 3 year average of the sum of "annual dollar amounts" x 1.5 is between 60% and 80% then give 2 points

If "current backlog dollar amount plus largest job completed x 1.5" divided by the 3 year average of the sum of "annual dollar amounts" x 1.5 is between 80% and 100% then give 1 points

If "current backlog dollar amount plus largest job completed x 1.5" is greater than the 3 year average of the sum of "annual dollar amounts" x 1.5, then give 0 points

(Example 1: 1st Year Annual Dollar Volume = \$5,000,000
2nd Year Annual Dollar Volume = \$4,500,000
3rd Year Annual Dollar Volume = \$6,000,000
Total: \$15,500,000

$\$15,500,000 / 3 = \$5,166,666 \times 1.5 = \$7,750,000$

Points Scored: $\$7,875,000 > \$7,750,000 = 0$ points

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(Example 2: 1st Year Annual Dollar Volume = \$4,000,000

2nd Year Annual Dollar Volume = \$4,500,000

3rd Year Annual Dollar Volume = \$5,000,000 Total: \$13,000,000

$\$13,000,000 / 3 = \$4,333,333 \times 1.5 = \$6,500,000$

Points Scored: $\$4,500,000 < \$6,500,000 =$ Proceed to Table $\$4,500,000 / \$6,500,000 = 69\%$ or 2 points

2. a. (5) List the three largest contracts currently under contract or in progress, including the name of the project and owner, architect and/or GC/CMR with contact information below.

#1 -Project Name	(In addition to project information and at a minimum, list out entity who is providing your reference below)
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	
#2 -Project Name	(In addition to project information and at a minimum, list out entity who is providing your reference below)
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	

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Percentage Complete	
Current Anticipated Completion Date	
#3 -Project Name	(In addition to project information and at a minimum, list out entity who is providing your reference below)
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

[Matrix: 0-5 points for each project listed, total of 15 points. For each project above, give 5 points for a positive reference from either the owner, architect or GC/CMR. Positive reference can be in the form of a written reference accompanied with this application from the designated entity (owner, architect or GC/CMR) or through verification by CM following submission of application. CM will attempt to reach out to each reference above in written form and failure of the entity to respond back to the CM's written inquiry (either written or oral) within five (5) business days will result in forfeiture of points applicable to the given entity. If reference is obtained verbally, CM will document conversation for the record.]

2. b. (1) Has your company ever failed to complete work awarded (under contract) to it? Yes No If yes, please provide project name(s), year(s), and reason why:

[Matrix: 0-5 points. If company has never failed to complete work it has been awarded then give 5 points; if the company has failed to complete one (1) project it has been awarded then give 2 points; if the company has failed to complete two (2) or more projects it has been awarded then give 0 points.]

2. b. (2) Have you ever paid liquidated damages on any project? Yes No If yes, state the project name(s), year(s), and reason why.

[Matrix: 0-3 points. If company has never paid liquidated damages on any of its projects then give 3 points; if the company has paid liquidated damages on only one project then give 2 points; if the company has paid liquidated damages on only two projects then give 1 point; if the company has paid liquidated damages on three or more projects then give 0 points.]

2. b. (3) Has your present company, its officers, owners, or agents ever been convicted of charges relating to conflicts of interest, bribery, or bid-rigging? Yes No If yes, state the project name(s), year(s), and reason why.

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[Matrix: 0 -3 points. If "Yes," give 0 points. If "No," give 3 points.]

2. b. (4) Has your present company, its officers, owners, or agents ever been barred from bidding public work in North Carolina?
Yes No If yes, state the project name(s), year(s), case number and reason why.

[Matrix: 0 - 3 points. If "Yes," give 0 points. If "No," give 3 points.]

Safety Record

2. c. List your company's Experience Modification Rate (EMR) for past three years. (Attach OSHA 300 Log for the last 3 years.) Have you attached OSHA 300 log? OYes ONo

Present Rate

Last Rate

Year before rate

If these rates reflect corporate performance over a number of locations, please explain, to the extent possible, the performance experience of the location serving this project:

List any OSHA fines and Jobsite fatalities in the past 3 years with an explanation:

[Matrix: 0-5 points. If company has EMR rating less than or equal to 1 then give 5 points; if the company has EMR rating greater than 1 and less than 1.10 then give 3 points; if the company has EMR rating greater than 1.10 then give 0 points.]

Litigation/Claims

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

[Matrix: 0-4 points. If "Yes," with no explanation given then give 0 points; if "Yes" with an explanation given or "No" then give 5 points]

2. e. Are there currently any judgments, claims, arbitration or mediation proceedings or suits pending or outstanding against your company, its officers, owners, or agents? Yes No If yes, state the project name(s), year(s), case number and reason why:

[Matrix: 0-4 points. If "Yes," with no explanation given then give 0 points; if "Yes" with an explanation given or "No" then give 5 points]

SECTION 3. PROJECT SPECIFICS

3. a. The assigned project superintendent for this project shall be: _____
Include a resume. Have you included a resume? Yes No

[Matrix: 0-2 points. If resume included, give 2 points. If not, give 0 points.]

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3.b. The experience this superintendent has on this specific type of project is: ☐ 0-2 ☐ 3-4 ☐ 5-10 ☐ >10 years.

[Matrix: 0-5 points. If 0-2 years give 1 pt, 3-4 years give 2 pts, 5-10 years give 4 pts, >10 years give 5 pts.]

3.c. The assigned project manager for this project shall be _____.
Include a resume. Have you included a resume? Yes No

[Matrix: 0-2 points. If resume included, give 2 points. If not, give 0 points.]

3.d. The experience this project manager has on this specific type of project is: ☐ 0-2 ☐ 3-4 ☐ 5-10 ☐ >10 years.

[Matrix: 0-5 points. If 0-2 years give 1 pt, 3-4 years give 2 pts, 5-10 years give 4 pts, >10 years give 5 pts.]

Similar Projects

3.e. List three (3) current or completed projects of similar type which most closely reflects the size and complexity of the type of work being requested for the currently proposed project within the last 5 years.

#1 -Similar - Project Name	(In addition to project information and at a minimum, list out entity who is providing your reference below)
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email 1	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion	

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#2 -Similar - Project Name	(In addition to project information and at a minimum, list out entity who is providing your reference below)
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion	
#3 – Similar - Project Name	(In addition to project information and at a minimum, list out entity who is providing you reference below)
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

[Matrix: 0-5 points for each project listed, total of 15 points. For each project above, give 5 points for a positive reference from either the owner, architect or GC/CMR. Positive reference can be in the form of a written reference accompanied with this application from designated entity (owner, architect or GC/CMR) or through verification by CM following submission of application. CM will attempt to reach out to each reference above in written form and failure of the entity to respond back to the CM's written inquiry (either written or oral) within five (5) business days will result in forfeiture of points applicable to the given entity. If reference is obtained verbally, CM will document conversation for the record.

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SECTION 4. SIGNATURE (MINIMUM REQUIREMENT)

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

Company Name (as licensed in NC)

Physical Address

Mailing Address

a. Dated this day of: _____

Submitted by: _____
Signature By Authorized Officer

Print Title of Authorized Officer

Phone: _____
Contact person's phone number

E-mail: _____
Contact person's E-mail address

b. Notary Certification:
North Carolina

_____ County

I, a Notary Public of the County and State aforesaid, certify that _____, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official seal, this the _____ day of _____, 20_____.

(Official Notary Seal or Stamp)

Signature of Notary Public _____

My commission expires _____, 20_____

SECTION 5. Appeals Process

Appeals: A firm may appeal the denial of prequalification based upon G.S. 143-135.8(b) (2). After written appeal is received, the Prequalification committee will rule on the appeal and notify the company of their ruling within three business days.

Prequalification Committee: The committee shall be compromised of a representative from the Construction Manager at Risk, Mecklenburg County Asset and Facility Management. The Team will review all denials based upon points or if there is a specific reason someone should not be prequalified.

[Matrix: If signature section is NOT fully executed with notary, proposal is non-responsive and will not be considered for pre-qualification.]

Appendix (attachments)

- A. Sample Parent Guarantee Letter
- B. Sample Surety Letter
- C. Sample Certificate of Insurance (COI)

Appendix Attachment B. Sample Surety Letter

(To be placed on the Appropriate Surety Company Letterhead)

Date

Mr. William Satterfield, Risk Manager
Rodgers Leeper XI
5701 N. Sharon Amity Road
Charlotte, NC 28215

Re: (ProjectName)

Dear Mr. Satterfield:

We are pleased to advise you that **(Name of Surety Company)** has a bonding program in force for **(Name of Subcontractor)**. **(Name of Surety Company)** will provide bonds for projects that **(Name of Subcontractor)** bids or negotiates, providing **(Name of Subcontractor)** is awarded a mutual acceptable subcontract.

In handling their bonding needs, we are aware of the exemplary manner in which **(Name of Subcontractor)** meets their financial obligations to us, their suppliers, bankers, and others. As a result, we have in place for **(Name of Subcontractor)** an aggregate bonding program of approximately \$_____. Currently they have approximately \$_____ of available capacity and a single contract limit amount of approximately \$_____. **(Name of Subcontractor)** current bond rate is ____%.

We have handled **(Name of Subcontractor)** bonding needs for _____ years: they have always performed exceptionally. We feel that **(Name of Subcontractor)** will do an excellent job for you.

Please contact us should you have any questions.

Sincerely,

(Name of Surety Company)

(if applicable, attached the Power of Attorney)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Company of USA 01 Mayberry Lane, Suite A American City, NC 28215	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS:		FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED ABC Construction 1234 Construction Road City, State Zip	INSURER A : ABC Insurance Company		32659
	INSURER B : CDE Insurance Company		12548
	INSURER C : EFG Insurance Company		12345
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	☒ COMMERCIAL GENERAL LIABILITY	☒ Y	☒ Y				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	☐ CLAIMS-MADE ☒ OCCUR						MED EXP (Any one person) \$ 5,000
	☒ XCU, Contractual						PERSONAL & ADV INJURY \$ 1,000,000
	☒ Indp Contractor						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	☐ POLICY ☒ PRO-JECT ☐ LOC						\$
							\$
B	AUTOMOBILE LIABILITY	☒ Y	☒ Y				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	☒ ANY AUTO						BODILY INJURY (Per person) \$
	☐ ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	☐ HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	☐ SCHEDULED AUTOS NON-OWNED AUTOS						\$
C	☒ UMBRELLA LIAB ☒ OCCUR	☒ Y	☒ Y				EACH OCCURRENCE \$ 10,000,000
	☒ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE \$ 10,000,000
	DED ☒ RETENTION \$ 10,000						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						☒ WC STATUTORY LIMITS ☐ OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	☐ Y ☒ N	N/A	☒ Y			E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Name of Project, Project #, and Project address (to include city and state), Rodgers Leeper XI, Owner and Architects shall be named as additional insured with respect to Auto, Excess/Umbrella and General Liability using ISO Additional Insured Endorsement CG 20 10 (11/85) or current combination of CG 20 10 (10/01) CG 20 37 (10/01) or an endorsement providing equivalent coverage. Excess/Umbrella shall be Follow Form. All insurance required shall be primary and noncontributory to any other insurance. Waiver of subrogation for Workers Compensation and any other insurance listed herein shall apply in favor of Rodgers Leeper XI, Owner and Architects. All said policies will not be canceled, allowed to expire, or limits be reduced, until at least thirty (30) days proper written notice has been given to the Certificate Holder. Number of employees enrolled in referenced Workers Compensation Policy: _____.

CERTIFICATE HOLDER

CANCELLATION

Rodgers Leeper XI Post Office Box 18446 (28218) 5701 North Sharon Amity Road Charlotte, NC 28215	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE