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 and the State of NC Prequalification Policy (attached).

Contractors are not to use the blank template from the SCO website but to use the project specific form from the Prequalification Committee.

	CATION DUE DATE/TIME:	(date)	(time)
d t	:0:		
	Contact Name receiving prequalifying packages		
	Agency/Institution		
	Address		
	Address		
	City/State Zip Code + 4		
	Phone number	Fax Number	
	E-mail address		
	Name of Project		
	Project Owner		
	Project Location/Address		
	Project Architect		
	Project Phase	Project Start Dat	te (Approx.)
	Project/Phase Duration	Anticipated Bid I	Date
		Phase Budget	

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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.

		Preliminary	Check Box if
Bid Pkg	Scope of Work	Budget	Prequalifying
		\$	
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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.

		Preliminary	Check Box if
Bid Pkg	Scope of Work	Budget	Prequalifying
		\$	
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PROJECT DESCRIPTION: (An in-depth narrative of the details of the project, site, trades, LEED, etc.)

SECTION 1. MINIMUM REQUIREMENTS

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

Company Name						
Physical Address						
Mailing Address						
City/State Zip Code + 4						
Phone number	() Fax number				
Primary Contact Name		Secondary Contact Nar	me			
Primary Contact Email Address		Secondary Contact Ema	ail Address			
[Matrix: If not completely filled out, proposa	al is non rosnon	sive and will not be	considered	l for pro qua	lification 1	
in a tract completely inica cat, propose	ar is non-respons	sive and will not be	considered	i ioi pie-qua	iiiication.j	
	ar is non-respons	sive and will not be	considered	rioi pre-qua	inication.j	
Organization				Sole Propr	ietor Joir	-
Organization 1. b. Business type (check box) Corporation Indicate your NC Statewide Uniform Certific See website link for more information: https://doi.org/10.1001/	on Partnershi ication: (check b p://www.doa.no	p Limited Liability pox): MBE HBE	/ Company AABE A	Sole Propr IBE WBE	ietor Joir Ver SDB DB	nture E
Organization 1. b. Business type (check box) Corporation Indicate your NC Statewide Uniform Certifications	on Partnershi ication: (check b p://www.doa.no	p Limited Liability pox): MBE HBE	/ Company AABE A	Sole Propr	ietor Joir Ver SDB DB	nture E
Organization 1. b. Business type (check box) Corporation Indicate your NC Statewide Uniform Certific See website link for more information: http://perception.org/links/	on Partnershi ication: (check bp://www.doa.no	p Limited Liability pox): MBE HBE .gov/hub/swuc.htm	/ Company AABE A	Sole Propr IBE WBE	ietor Joir Ver SDB DB	nture E
Organization 1. b. Business type (check box) Corporation Indicate your NC Statewide Uniform Certific See website link for more information: https://doi.org/10.1001/	on Partnershi ication: (check be)://www.doa.no specify) Carolina to do learning any other organization	p Limited Liability pox): MBE HBE gov/hub/swuc.htm pusiness? Yes anization? Yes	/ Company AABE A Certify	Sole Propr IBE WBE	ietor Joir Ver SDB DB	nture E
Organization 1. b. Business type (check box) Corporation Indicate your NC Statewide Uniform Certific See website link for more information: http://perception.org/line.com/li	on Partnershi ication: (check be) p://www.doa.no specify) Carolina to do le or any other organismpany is owned etter (see Appen aproval. Addition tion precedent te	p Limited Liability pox): MBE HBE poy/hub/swuc.htm pusiness? Yes anization? Yes d or controlled by a place of the controlled by	AABE A ABE A Certify No No parent or areter) and subwho is authoct. If you defined the control of the control o	Sole Propr IBE WBE ing Agency/S my other orga mit the same orized to bind o not agree t	ietor Joir Ver SDB DB tate (specif	tture

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

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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 Plumbing **Burglar Alarm** Mechanical ☐ Fire Protection ☐ Other (please specify) ☐ Not Applicable or Required by North Carolina for Trade Package(s) Selected for Pre-qualification NC License number/name of licensee License Limit/Level State/County/City Privilege License (provide copy) 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 [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.]

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NORTH CAROLINA ZOO ASIA EXHIBIT

Pregualification Form for First -Tier Subcontractors under CM at Risk

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 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

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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@rodgersbuilders.com or facsimile directly to William Satterfield at (704-535-0055).

Check applicable item below as how financials are being submitted.

Attached Sent Via Email Sent Via Facsimile

SECTION 2. GENERAL REQUIREMENTS

	ar years (if applicable).				
1\$	_(yr)	2 \$	_(yr)	3 \$(yr)	
[Matrix: 0-6	points. For each year com	npleted (positive v	value), give 2 points eac	n.]	
•	•	(# of pro	ojects);	and what is their total dollar	value?
•	\$\$ \$\$	(Curren (Project:	t projects sum of contra s current amount remai	ct amounts); ning to bill)	
[Matrix: 0-5	points. If section complet	ed give 5 points.	If not, give 0 points.]		
2. a. (3) Wha	t was your largest job con	npleted?Location	Sq. Ft. \$ n	(Dollar Amo Year Compl	ount <u>)</u> leted
[Matrix: 0-5	points.				
Step One:	Take the "dollar amou	int of largest job o	completed" and multipl	y by 1.5.	
Step Two:	If the result is larger to then give 5 points;	han the sum total	of estimated package(s) cost being prequalified for	by 100%

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NORTH CAROLINA ZOO ASIA EXHIBIT

Pregualification Form for First –Tier Subcontractors under CM at Risk

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.]

Example No.1: Result of Largest Job Completed = 1,000,000 x 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 x 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 x 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 x 1.5 = \$4,500,000)

Step Two:

If the step one value above is <u>less</u> 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 <u>greater</u> 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

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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

 2^{nd} Year Annual Dollar Volume = \$4,500,000 3^{rd} Year Annual Dollar Volume = \$6,000,000 Total: \$15,500,000

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

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

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

 2^{nd} Year Annual Dollar Volume = \$4,500,000 3^{rd} Year Annual Dollar Volume = \$5,000,000 Total: \$13,000,000

\$13,000,000 / 3 = \$4,333,333 x 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	

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#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	
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)
#3 –Project Name Description of Work Performed	
Description of Work Performed	
Description of Work Performed Contract Delivery Method (CM/GC)?	
Description of Work Performed Contract Delivery Method (CM/GC)? Owner Name/ Representative	
Description of Work Performed Contract Delivery Method (CM/GC)? Owner Name/ Representative Owner Address/Phone #/Email	
Description of Work Performed Contract Delivery Method (CM/GC)? Owner Name/ Representative Owner Address/Phone #/Email Architect Name/Representative	
Description of Work Performed Contract Delivery Method (CM/GC)? Owner Name/ Representative Owner Address/Phone #/Email Architect Name/Representative Architect Address/Phone #/Email	
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	
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	

[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.]

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NORTH CAROLINA ZOO ASIA EXHIBIT

Prequalification Form for First –Tier Subcontractors under CM at Risk

2. b. (1) Has your company of provide project name(s), year	-	work awarded (under contrac	t) to it? '	Yes 1	No Ify	es, please
[Matrix: 0-5 points. If comp company has failed to comp complete two (2) or more p	olete one (1) project it	has been award	ed then give			•	
2. b. (2) Have you ever paid and reason why.	liquidated damages on	any project?	Yes No If y	es, state th	e project	: name	(s), year(s),
[Matrix: 0-3 points. If comp company has paid liquidate damages on only two proje projects then give 0 points.]	d damages on only one cts then give 1 point; if	e project then gi	ve 2 points; if	the compa	ny has p	oaid liq	uidated
2. b. (3) Has your present cointerest, bribery, or bid-riggi		vners, or agents of yes, state the pro					to conflicts of
[Matrix: 0 -3 points. If "Yes,	" give 0 points. If "No,"	" give 3 points.]					
2. b. (4) Has your present co Carolina? Yes No If y	empany, its officers, ow es, state the project na	_				blic wo	ork in North
[Matrix: 0 - 3 points. If "Yes	," give 0 points. If "No,	," give 3 points.]					
2. c. List your company's Exp 3 years.) Have you atta			ast three year	s. (Attach C)SHA 300) Log fo	or the last
Present Rate	Last Rate		Year bef	ore rate			
If these rates reflect corpora performance experience of t			ions, please e	xplain, to th	ne exten	t possil	ole, the
List any OSHA fines and Jobs	ite fatalities in the past	t 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.

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Historically Underutilized Business (HUB) Plan

2. d. Does the company currently hunderutilized Businesses? Yes	·	or engaging subcontractor partion The your company's HUB plan.	cipation from Historically		
[Matrix: 0-3 points. If company ha	s a current documented	plan give 3 points. If not, give 0	points.]		
e. What has been your company's typical percentage level of Historically Underutilized Business participation for imilar projects in North Carolina for the past 5 years?% ist the HUB participation you provided in three "similar" projects cited in Section 3. e. as defined below, including name, percentage achieved and CM/GC/Owner representative's name and telephone number.					
Project Name	HUB %	CM/GC/Owner's Rep	Contact Phone #		
Project Name	ПОВ /6	Civi/GC/Owner's Rep	Contact Phone #		
[Matrix: 0-3 points, 3 points total. not provided per project, give 0 po					
Litigation/Claims					
2. f. (1) Has your company been in the last five years, whether resolve case number and reason why:			n proceedings, or suits within the project name(s), year(s),		
[Matrix: 0-4 points. If "Yes," with then give 5 points]	no explanation given the	n give 0 points; if "Yes" with an	explanation given or "No"		
2. f. (2) Are there currently any jud against your company, its officers, number and reason why:		•			
[Matrix: 0-4 points. If "Yes," with then give 5 points]	no explanation given the	en give 0 points; if "Yes" with an	explanation given or "No"		
SECTION 3. PROJECT SPEC	FICS				
3.a. The assigned project superinte	ndent for this project sha	ıll be:	·		
Include a resume. Have you includ	ed a resume?	'es No			
[Matrix: 0-2 points If resume incl	ided give 2 naints. If no	t give 0 noints 1			

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3.b . The experience this superintendent has on this specific type of project is: years.	0-2	3-4	5-10	>10
[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				·
[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	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	
MWBE Percentage Achieved	

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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	providing your release serion,
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	
MWBE Percentage Achieved	
#3 –Similar - Project Name	(In addition to project information and at a minimum, list out entity who is providing your reference below)
#3 –Similar - Project Name Description of Work Performed	
Description of Work Performed Contract Delivery Method	
Description of Work Performed Contract Delivery Method (CM/GC)?	
Description of Work Performed Contract Delivery Method (CM/GC)? Owner Name/ Representative	
Description of Work Performed Contract Delivery Method (CM/GC)? Owner Name/ Representative Owner Address/Phone #/Email	
Description of Work Performed Contract Delivery Method (CM/GC)? Owner Name/ Representative Owner Address/Phone #/Email Architect Name/Representative	
Description of Work Performed Contract Delivery Method (CM/GC)? Owner Name/ Representative Owner Address/Phone #/Email Architect Name/Representative Architect Address/Phone #/Email	
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	
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	
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	

[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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By signing this document, you are acknowledging that all answers are true to the best of your knowledge. Any

SECTION 4. SIGNATURE (MINIMUM REQUIREMENT)

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 Contact person's phone number 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

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

My commission expires _______, 20 _____

Appendix (attachments)

- A. Sample Parent Guarantee Letter To Be Issued by Addendum at a Later Date
- B. Sample Surety Letter
- C. Sample Certificate of Insurance (COI)

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Appendix Attachment B. Sample Surety Letter

(To be placed on the Appropriate Surety company Letterhead)

Date
Mr. William Satterfield, Risk Manager Rodgers Builders, Inc. 5701 N. Sharon Amity Charlotte, NC 28215
Re: North Carolina Zoo Asia Exhibit
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 \$
We have handled (Name of Subcontractor) bonding needs foryears: 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)

Appendix Attachment C. Sample Certificate of Insurance (COI)



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		CONTACT NAME:				
Insurance Company of USA 01 Mayberry Lane, Suite A		PHONE (AC. No. Ext): E-MAIL ADDRESS:	o):			
American City, NC 28215		INSURER(S) AFFORDING	NAIC #			
		INSURER A : ABC Insurance Company	32659			
INSURED		INSURER B: CDE Insurance Company		12548		
ABC Construction		INSURER C: EFG Insurance Company	12345			
1234 Construction Road		INSURER D :				
City, State Zip		INSURER E :				
ony, once hip		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	RE\	ISION NUMBER:			

OOTENAGEO	OLIVIII TOATE IVOIIIDEN	REVIOION NOMBER
THIS IS TO CERTIFY THAT TH	IE POLICIES OF INSURANCE LISTED	BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED. NOTWITHSTAND	ING ANY REQUIREMENT, TERM OR (CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
CERTIFICATE MAY BE ISSUE	D OR MAY PERTAIN, THE INSURANC	ICE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS
EVOLUCIONO AND CONDITION	C OF CUCUIDOLIOIEC LIMITO CUOVAL	LAAAVULAVE DEEN DEDUGED DV DAID OLAING

INSR ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR	TYPE OF INSURANCE		WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYY)	LIMIT	S
	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	ΓΥ	ΓY				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Es occurrence)	\$ 1,000,000 \$ 100,000
Α	CLAIMS-MADE X OCCUR		'				MED EXP (Any one person)	\$ 5,000
^	XCU, Contractual						PERSONAL & ADV INJURY	\$ 1,000,000
	X Indp Contractor						GENERAL AGGREGATE	\$ 2.000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000 \$
_	AUTOMOBILE LIABILITY	ΓΥ	Y				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
_	X ANY AUTO	ľ	ľ				BODILY INJURY (Per person)	\$
В	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	X UMBRELLA LIAB X OCCUR	Y	Y				EACH OCCURRENCE	\$ 10,000,000
С	X EXCESS LIAB CLAIMS-MADE	ľ				ll (i	AGGREGATE	\$ 10,000,000
	DED X RETENTIONS 10.000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- TORY LIMITS OTH- ER	
D	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A	, [Y				E.L. EACH ACCIDENT	\$ 500,000
	(Mandatory in NH)	- ··· ^					E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000
			Г					

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

North Carolina Zoo Asia Exhibt, Project #2534, 4401 Zoo Parkway, Asheboro, NC 27205, Rodgers Builders, Inc., 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-Holt Brothers IV, 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.

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