



## NEW HANOVER COUNTY

230 Government Center Drive ~ Suite # 125

Wilmington, NC 28403

Phone: 910-798-7153 ~ Fax: 910-798-7157

# CONTRACTOR PRE-BID-QUALIFICATION FORM

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## POLICY

All contractors who intend to bid on the W. Allen Cobb Annex, Veneer Replacement and Improvements project for New Hanover County must complete and submit this form, for review and qualifying determination of approval by the County. This form will serve to prequalify contractors to perform work for New Hanover County as well as prequalify contractors for this specific project. To be considered, all pre-qualification forms must be received on or before the posted date and time.

The undersigned certifies under oath that the information herein is true and sufficiently complete so as not to be misleading. Furnishing incomplete, misleading or false information herein shall result in disqualification for present and future New Hanover County projects, as well as result in imposition of any and all legal remedies and sanctions.

Failure to answer all of the following questions may result in disqualification. If general contractor has any questions, contact the person listed below under "Submitted to." Completing this questionnaire does not guarantee prequalification. New Hanover County reserves the unqualified right to reject any or all proposals and to waive informalities. New Hanover County has developed a plan to meet or exceed goals set by GS 143-128 for the participation of minority businesses in public construction contracts. Contractors are expected to be familiar with these initiatives and to comply with program requirements.

### **Explanation of Pre-Qualification Selections:**

Should a contractor want an explanation of their submittal's non-prequalified status on an individual project, they should contact the owner in writing (email is sufficient) for an explanation within 3 business days of notification of the prequalified contractor's list.

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PREQUALIFICATION DUE DATE/TIME: 28 February, 2014  
(date) (time)

Submitted to:

James P. Iannucci, PE, CFM  
County Engineer

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Contact Name receiving prequalifying packages

**New Hanover County**

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Agency/Institution

**230 Government Center Drive  
Suite 160  
Wilmington, NC 28403**

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Address

**Wilmington, NC 28403**

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City/State Zip Code

**910-798-7142**

**910-798-7051**

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Phone number

Fax Number

**jiannucci@nhcgov.com**

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E-mail address

**Project:**

**New Hanover County  
W. Allen Cobb Annex  
Veneer Replacement & Improvements**

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Name of Project

**New Hanover County**

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Project Owner

**Bowman, Murray, Hemingway  
Architects  
514 Market Street  
Wilmington, NC. 28401**

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Project Architect

Project Description:

The project consists of work as delineated on the sealed construction plans and specifications issued for construction dated August 13<sup>th</sup> 2013, as generated by Bowman Murray Hemingway Architects and O'Briant Engineering.

Project Narrative and Summary of Scope:

The scope of work includes the full removal of existing masonry veneer for the five story 55,000 sf Annex constructed in 2002, and replacement with new masonry veneer except for a small portion of veneer on the south elevation identified as previously repaired sample area. The preliminary budget estimate for this project is \$2.5-3 million dollars to complete the renovation. Related work includes replacement or reinstallation of all window units as scheduled in alternates and unit prices. Other related work involves repairing veneer substrate and cutting in new reinforcing and adding surface reinforcing angles to concrete block back up walls. New reinforcing in concrete block will be extended into concrete foundations with a limited amount of foundation modification at the east elevation. New metal framed substrate walls will be added at select locations over concrete block to control cavity depth. All veneer drainage planes and weather barriers will be reflashed and new loose lintels are to be provided. Existing shelf angles are to be modified. Areas of flat roofing and surface paving affected by the veneer work will be repaired and restored to original and weathertight condition. The project is scheduled to be completed within twelve to fourteen months in approximately 5 phases while the owner maintains use of the existing building and site.

*The Undersigned certifies that the following information is accurate and complete:*

**Section 1. MINIMUM REQUIREMENTS**

Company Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Principal Office Local: \_\_\_\_\_

Primary Contact Name; \_\_\_\_\_

Primary Contact E-Mail Address: \_\_\_\_\_  
Secondary Contact Name: \_\_\_\_\_

Secondary Contact E-Mail Address: \_\_\_\_\_

**Type of Work:**

General Contractor only

**Organization**

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

**1. c. Type of Work** (check box)  General Construction  Electrical  Mechanical   
Plumbing  Other (please specify)

**1. d. 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  
 Other (please specify)

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

**NATURE OF ENTITY:**

If the contractor is structured as a *Corporation* provide:

The date of incorporation \_\_\_\_\_  
The state of incorporation \_\_\_\_\_  
The name of Corp. President \_\_\_\_\_  
The name of Corp. V. P. \_\_\_\_\_  
The name of Corp. Secretary \_\_\_\_\_  
The name of Corp. Treasurer \_\_\_\_\_

If the contractor is structured as an *LLC* provide:

The date of incorporation \_\_\_\_\_  
The state of incorporation \_\_\_\_\_  
The name of Manager \_\_\_\_\_  
The name of Member \_\_\_\_\_

If the contractor is *individually* owned, provide:

The date of organization \_\_\_\_\_  
Name of Owner \_\_\_\_\_

If the contractor is structured as a *partnership*, provide:

The date of organization \_\_\_\_\_  
 Type of partnership \_\_\_\_\_  
 Names of general partners' \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If the contractor is structured as *some other form of organization, (i.e. Joint Venture)*  
 Describe it and provide the name(s) of the directing individuals:  
 \_\_\_\_\_

**Bonding**

**Bonding Company:** \_\_\_\_\_ **Limit: \$** \_\_\_\_\_

**1. e. (1)** Attach 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 or its agent licensed to do business in North Carolina, and verifying your company's capability and capacity based on your current value of work. Surety company bond rating shall be rated "A" or better under the A.M. Best Rating system or The Federal Treasury List.

Have you attached a surety letter?       Yes    No

**1. e. (2)** Have any funds been expended by a surety company on your firm's behalf?    Yes    No  
 If yes, explain:

\_\_\_\_\_  
 \_\_\_\_\_

**1. e. (3)** List all surety companies that have provided bonds for your company for the past five (5) years, provide explanation, required, if more than one company.

Date	Firm	Reason

Date	Firm	Reason

Date	Firm	Reason

**Insurance Company:** \_\_\_\_\_

**CONTRACTOR'S HISTORY**

How long has the applying entity been in the contracting business? \_\_\_\_\_

How long has the said entity been operating under the current name? \_\_\_\_\_

**CONTRACTOR'S EXPERIENCE:**

Please list the types of work customarily performed by the contractor without assistance from outside persons or entities.

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**EXPERIENCE OF PRIMARY INDIVIDUALS:**

Please describe the experience of the primary person(s) with the contractor and describe the most significant projects on which the person(s) is/are currently working.

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**LICENSING & REGISTRATION:**

List geographical areas in which your organization is legally qualified to do business and indicate registration or license numbers, if applicable, and describe the areas of practice included in the certification.

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**RECENT PROJECTS:**

Please list and describe those major completed projects in which the contractor has been involved during the last 5 years. Please include the name, owner, architect, contract amount and the date of completion. (You may attached a project summary list)

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What percentage of the work described in the paragraph above or attachment was performed by the contractor's own efforts or those of its employees? \_\_\_\_\_

**DISPUTES & LITIGATION:**

**1.f. (1)** Has the applying contractor filed any lawsuits or instigated other litigation or arbitration, etc. with regard to construction contracts within the last seven years? \_\_\_\_\_

If yes, please describe:

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**1.f.(2)** Do any judgments, claims arbitration proceedings exist or are there suits pending or outstanding against the applying contractor or its officers? \_\_\_\_\_

If yes, please describe:

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**1.f.(3)** Has the applying contractor ever failed to complete any work on the job which it has successfully bid? \_\_\_\_\_

**1.f.(4)** Has anyone currently serving as a principal or director of the subject contractor, during the last seven years, served as a principal or director of another contractor which failed to perform a job which was awarded to it? \_\_\_\_\_

### Insurance

#### 1. g.

In order to prequalify, firms must indicate that they can provide evidence of insurance coverage as follows, should they subsequently be the successful bidder. Have you attached a copy of your insurance certificate?  Yes  No

- Worker's Compensation insurance as required by law and Employer's Liability Insurance coverage with minimum limits of \$100,000.
- General liability insurance with minimum limits of \$500,000 per occurrence for bodily injury and \$100,000 per occurrence/\$300,000 aggregate for property damage.
- Builder's risk at the full insurable value of the entire work site.

### Size/Capacity

**1. h. (1)** How many full-time permanent employees work for the company? \_\_\_\_\_

**1. h. (2)** If the company has more than one office location, how many full-time permanent employees work for the company at the location which will serve this project? \_\_\_\_\_

**1. h. (3)** List the annual dollar value of construction work the company has performed for each year over the last 5 calendar years (if applicable).

1 _____(yr)	2 _____(yr)	3 _____(yr)	4 _____(yr)	5 _____(yr)
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## Section 2. GENERAL REQUIREMENTS

### Experience

**2. a. (1)** Number of years in business as a contractor under the company name listed in 1.a., above: \_\_\_\_\_ years. List any other names your firm operated under previously.




**2. a. (5)** Has your organization been pre-qualified to bid on a New Hanover County, State agency/institution project and failed to submit a bid without notice of good cause a minimum of one day before bid date?  Yes  No If yes, on a separate sheet list name of project and reason you did not submit a bid.

**Office Locations**

**2. b.** Will this project be managed and directed from an office in NC? An office in NC is defined as “The principal place from which the trade or business of the bidder is directed or managed,” per GS 143-59 (c).  Yes  No

**Workload**

**2. c. (1)** How many projects do you currently have under contract or in progress and what is their total dollar value?

- \_\_\_\_\_ (#) of projects
- \$ \_\_\_\_\_ (Current projects contract amount)
- \$ \_\_\_\_\_ (Projects current amount remaining to bill)

**2. c. (2)** List the three biggest contracts currently under contract or in progress, including for each, the name of the project, owner and architect names and phone numbers, contract dollar values, percentage complete and currently anticipated completion dates.

<b>#1 –Project Name</b>	
Description of Work Performed	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

<b>#2 –Project Name</b>	
Description of Work Performed	

Owner Name/ Representative	
Owner Address/Phone #	
Architect Name/Representative	
Architect Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

<b>#3 –Project Name</b>	
Description of Work Performed	
Owner Name/ Representative	
Owner Address/Phone #	
Architect Name/Representative	
Architect Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

**Quality Control/Administration**

2. d. (1) Describe quality control procedures, including contractor inspection and approval processes. List the most recent project where these procedures were used, and provide owner and architect contact names and telephone numbers.

<b>Quality Control Procedures</b>	
Project Name	
Owner Name/ Representative	
Owner Address/Phone #	
Architect Name/Representative	
Architect Address/Phone #/Email	
Contractor Inspection Process	
Approval Process	

**2. d. (2)** Describe management plans for processing Requests for Information (RFI's), shop drawings, submittals, value engineering, change orders, proposals, and requests for deviations. Identify key personnel assigned to these or other special issues. Describe your approach to dispute and claims resolution.

<b>Management Plan Process</b>	
Name of Key Personnel	
Requests for Information (RFI's)	
Shop Drawings	
Submittals	
Value Engineering	
Change Orders	
Proposals	
Requests for Deviations	
Dispute and Claim Resolution Approach	
Other Special Issues	

**Financials**

**2. e.** Attach latest 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. (Firm must submit financial data and may clearly indicate a request for confidentiality to avoid this item becoming part of a public record.) Have you attached a balance sheet?  Yes  No

List any lines of credit, including the identification of the financial institution holding the credit line, contact name and phone number at the institution, current total line of credit, current balance available, and effective date of the stated balances (must be within the last 30 days). Have you attached a line of credit statement?  Yes  No

*Note: As provided by statute, the agency/institution will consider keeping trade secrets which the bidder does not wish disclosed confidential. Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL" by the bidder. Cost information shall not be deemed confidential. In spite of what is labeled as a trade secret, the determination whether it is or not will be determined by North Carolina law.*

**Litigation/Claims**

**2. f. (1)** Has your company ever failed to complete work awarded to it?  Yes  No  
 If yes, please provide project name(s), contact information for owner and architect, year(s), and reason why. Attach relevant documentation. \_\_\_\_\_  
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 \_\_\_\_\_

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

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2. f. (3) Has your company filed any claims within the last five years?  Yes  No If yes, state the project name(s), year(s), case number, and reason why.

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2. f. (4) 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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2. f. (5) 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: \_\_\_\_\_

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### Safety Record

2. g. 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?  Yes  No

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:		

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

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### Historically Underutilized Business (HUB) Plan

2. h. (1) Does the company currently have a documented plan for engaging subcontractor participation from Historically Underutilized Businesses?  Yes  No If yes, please attach your company's HUB Plan.

2. h. (2) What has been your company's typical percentage level of Historically Underutilized Business participation for similar projects in North Carolina for the past 5 years?  
\_\_\_\_\_ %

List the HUB participation you provided in the three "similar" projects cited in Section 3.a., below, including name, percentage achieved and owner representative's name and telephone number.

Project Name	HUB %	Owner's Rep	Contact Phone #

**CURRENT PROJECTS:**

List major currently ongoing undertakings, including identity of job, location, customer, agreed amount to complete, stage of progress and scheduled completion.

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Estimate as closely as possible the total worth of work in progress. \$ \_\_\_\_\_

**REFERENCES:**

Please provide the following references:

**Professional** references; i.e. those who can speak to the contractors qualifications as a tradesman.

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**Financial** references; e.g. banks, creditors, etc.

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**Surety** information:

Bonding company identification: \_\_\_\_\_

Agent's Name and address: \_\_\_\_\_

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**Section 3. PROJECT SPECIFIC REQUIREMENTS**

**Project-Specific References**

**3. a.** Please identify three projects most closely reflecting the size and complexity of the type of work being requested for the currently proposed project. Include projects that involved forensic repair or masonry restoration. The similar projects should have been completed within the last ten (10) years, at least one of which within the last five (5) years. Include:

<b>#1 –Similar - Project Name</b>	
Project description and its similarity to proposed project	
Role and Responsibility	
Delivery Method	
Owner Name/ Representative	
Owner Address/Phone #	
Architect Name/Representative	
Architect Address/Phone #/Email	
Contract Dollar Value	
Final Contract Dollar Value	
Scheduled Completion Date	
Actual Completion Date	
Performance Rating or Letter of Commendation	
<b>Sub-Contractor Relations – References from similar relevant projects</b>	
#1 – Sub-Contractor Reference	
#2 – Sub-Contractor Reference	
#3 – Sub-Contractor Reference	

<b>#2 –Similar - Project Name</b>	
Project description and its' Similarity to proposed project	
Role and Responsibility	
Delivery Method	
Owner Name/ Representative	
Owner Address/Phone #	
Architect Name/Representative	
Architect Address/Phone #/Email	
Contract Dollar Value	
Final Contract Dollar Value	
Scheduled Completion Date	
Actual Completion Date	

Performance Rating or Letter of Commendation	
<b>Sub-Contractor Relations – References from similar relevant projects</b>	
#1 – Sub-Contractor Reference	
#2 – Sub-Contractor Reference	
#3 – Sub-Contractor Reference	

<b>#3 –Similar - Project Name</b>	
Project description and its' Similarity to proposed project	
Role and Responsibility	
Delivery Method	
Owner Name/ Representative	
Owner Address/Phone #	
Architect Name/Representative	
Architect Address/Phone #/Email	
Contract Dollar Value	
Final Contract Dollar Value	
Scheduled Completion Date	
Actual Completion Date	
Performance Rating or Letter of Commendation	
<b>Sub-Contractor Relations – References from similar relevant projects</b>	
#1 – Sub-Contractor Reference	
#2 – Sub-Contractor Reference	
#3 – Sub-Contractor Reference	

*[General project references were requested in section 2. a. (4), based on a “Yes” response, and 2. c. (2). If this comparable project information is already reflected in those responses, please simply identify the relevant projects and detailed information.]*

### **Staffing and Organizational Structure**

**3. b. (1) Staff Qualifications** - Provide organizational structure reflecting authority, responsibility and proportion of time dedicated to this project and job descriptions for all key positions. Provide evidence that the key personnel have worked together successfully as a team.

**3. b. (2) Project-specific Staff Experience** - Project-specific employment history is requested for key personnel for similar projects performed within the last five years. As attachments, include

qualifications (resumes) of the project team key personnel to be assigned to this project. For each resume, include name, length of time employed with your company, proposed position, education and training, professional registrations/ licenses, and affiliations, company and project-specific employment history.

Information should include project size and description, time and budget performance, position held, authority and responsibilities, contributions made to project success, and include owner/architect contacts with phone numbers.

**3. b. (3) Staff Availability** - Are key personnel also proposed on any other projects for which bidding and contracting is pending?  Yes  No If yes, describe general availability and qualifications of potential substitutes.

**Other Unique Information**

**3. c.** This project includes extensive forensic repair and masonry restoration of an occupied building to be completed in phases. Please include specific qualifications, skilled experience and project approach directly related to these types of projects. Include masonry work, window replacement, structural steel reinforcement, concrete block reinforcement, weather-proofing, flat roofing repair, working from multi-story scaffolding and working in the tight confines of a downtown work site.

**CONTRACTOR PRE-QUALIFICATION CHECKLIST**

The undersigned certifies under oath that the information herein is true and sufficiently complete so as not to be misleading. Furnishing incomplete, misleading or false information herein shall result in disqualification for present and future New Hanover County projects, as well as result in imposition of any and all legal remedies and sanctions.

**Please answer either “YES” of “NO” for the following questions:**

- \_\_\_\_\_ 1. Have you or your organization even been declared in default on any contract with any public body in accordance with the General Conditions and Supplementary General Conditions of that contract in The State of North Carolina completed within the last three (3) years.
- \_\_\_\_\_ 2. Have you or your organization ever failed to complete an outstanding contract.
- \_\_\_\_\_ 3. Have you or your organization ever failed to comply with pre-qualification requirements?
- \_\_\_\_\_ 4. Have you or your organization ever submitted more than one bid for the same work from an individual, partnership, joint venture or corporation under the same of different name?
- \_\_\_\_\_ 5. Have you or your organization ever colluded with other bidders or been disqualified because of evidence of collusion?
- \_\_\_\_\_ 6. Have you or your organization ever failed to furnish a non-collusion affidavit upon request?

- \_\_\_\_\_ 7. Have you or your organization ever declared bankruptcy or insolvency or been declared bankrupt or insolvent.
- \_\_\_\_\_ 8. Have you or your organization ever failed to comply with conditions of a minority MBE/WBE/DBE program?
- \_\_\_\_\_ 9. Have you or your organization ever failed to return overpayments to a Project Owner as directed by the Project Architect on any public project?
- \_\_\_\_\_ 10. Is your organization participating at present in any outstanding claim against a Project Owner for any construction project?
- \_\_\_\_\_ 11. Have you or your organization ever failed to comply with a written order of a Project Owner or Project Architect?

**(If you have responded "Yes" to questions #1-11, please attached a sheet with an explanation)**

- \_\_\_\_\_ 12. Have you and/or your organization fully and promptly paid all subcontractors and suppliers on any construction project?
- \_\_\_\_\_ 13. Do you or your organization have all requisite licenses and qualifications to do business in the State of North Carolina?

**SIGNATURE AND NOTARIZATION:**

\_\_\_\_\_  
Company Name

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

\_\_\_\_\_  
Print Name and Title

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public of the State and County aforesaid, certify that \_\_\_\_\_, personally came before me this day being duly sworn, deposes and states that the information provided herein is true and sufficiently complete, and is not misleading, and acknowledges the due execution of the foregoing instrument.

WITNESS my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

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

REQUIRED DOCUMENTS

LIST OF THREE (3) PROJECTS COMPLETED DURING THE PREVIOUS 2 YEARS.

<u>PROJECT NAME</u>	<u>OWNER</u>	<u>LOCATION</u>	<u>DATE COMPLETED</u>
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**SUBMIT THREE (3) REFERENCES FROM THESE PROJECTS**

\*See 6 page reference form to follow \*

Please send the **Reference Form** to your previous project managers asking them to complete the reference and return it directly to New Hanover County Attention: Legal Department.

Note: the reference form can also be retrieved from [www.nhcgov.com](http://www.nhcgov.com)

Upon completion of this form, please fax it direct to the Legal Department at: 910-798-7157.

Steps of the qualifying process:

Once **all** of your documents have been received which include:

- Signed/notarized application from the applying company.
- 3 references for your company.
- Review team schedules a meeting to review file and check references, etc.
- Letter is sent from Legal Department to Company regarding the review outcome.
- Qualification is for a 2 year period of time and may be revoked if circumstances arise.
- If this is a RE-Qualification, references must be from companies not utilized in the past.

Note: All bid pre-qualifications must be completed at least 3 business days prior to bid date.

**(For Office Use Only)**

NHC Review Date: \_\_\_\_\_  Approved  Delay  Disapprove

If  Delayed or  Disapproved, State Reason:

\_\_\_\_\_

Reviewed by:

\_\_\_\_\_

\_\_\_\_\_



New Hanover County Attorney  
230 Government Center Drive – Suite # 125  
Wilmington, NC 28403  
Phone: 910-798-7153 ~ Fax 798-7157

## **NEW HANOVER COUNTY ~ QUALIFICATION REFERENCE FORM**

### **Statement to Project Owner:**

In an effort to foster a high standard of quality in our construction projects and in conformance with established standards of qualifying contractors, we would like to confirm a proven construction management history of concern to detail, quality craftsmanship, timely adherence to schedule completion and job site safety for the companies we contract with on our capital projects. To that end we have asked that each project bidder provide the names of three previous construction/renovation project owners as references. We are requiring that said references be completed on this form provided herein. Furthermore, the authority making reference should be a director, administrator or vice-president of Engineering, Facilities, Operations or Construction and should be available for a simple follow-up phone call from either the Architect/Engineer or County. Please help us by answering the following questions to the best of your knowledge.

### **Referenced by:**

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

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

Company/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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

Name of Project Referenced: \_\_\_\_\_

Dollar Value: (Approx.) \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Reference Requested by (Company Name): \_\_\_\_\_

***Upon completion of the entire form, please fax (910) 798-7157 or mail (see above) the information DIRECT to the County Attorney. Thank you***

1. Has this company provided a high standard of quality in its craftsmanship and installation?

Completely  Mostly  Somewhat  Not At All

Comments:

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2. Has this company displayed a concern to their installations that exemplifies first class workmanship?

Completely  Mostly  Somewhat  Not At All

Comments:

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3. Was the project work always supervised with a skilled professional?

Completely  Mostly  Somewhat  Not At All

Comments:

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4. Did the project supervisor take responsible charge to coordinate the work and solve problems in the field as they were encountered?

Completely  Mostly  Somewhat  Not At All

Comments:

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5. Did the supervisor and the workmen exercise a constant concern for safety complying with OSHA and other safety standards and practices at all times?

Completely  Mostly  Somewhat  Not At All

Comments:

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6. Did the company display a cooperative attitude working with other prime contractors, the architect/engineer and the owner?

Completely  Mostly  Somewhat  Not At All

Comments:

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7. Was the project schedule followed and the completion date achieved as planned?

Completely  Mostly  Somewhat  Not At All

Comments:

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8. Did the contractor thoroughly punch out his own work with particular attention to the details prior to asking for an architectural/engineering inspection?

Completely  Mostly  Somewhat  Not At All

Comments:

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9. Did the architect/engineer return to check the "completed" punch list work more than twice?

Completely  Mostly  Somewhat  Not At All

Comments:

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10. Was the punch list completed after occupancy in;

15 Days  30 Days  45 Days  More than 45 Days

Comment:

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11. Were the sub-contractors hired by this company well informed with regard to the project contract requirements?

Completely  Mostly  Somewhat  Not At All

Comments:

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12. Did these sub-contractors provide a standard of quality installation that exemplifies first class workmanship?

Completely  Mostly  Somewhat  Not At All

Comments:

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13. Did these sub-contractors provide professional supervision over their work and employees?

Completely  Mostly  Somewhat  Not At All

Comments:

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14. Did these sub-contractors exercise a constant concern for safety in executing their work by complying with OSHA and other standards at all times?

Completely  Mostly  Somewhat  Not At All

Comments:

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15. Did the company clearly understand the technical requirements of their work and therefore exhibit a familiarity with the systems and components of their contract for construction?

Completely  Mostly  Somewhat  Not At All

Comments:

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16. Did the company make every effort to ask for clarifications of “gray areas” in the contract documents before they executed work for which they had doubts or concerns?

Completely    Mostly    Somewhat    Not At All

Comments:

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17. Did the Contractor display a willingness to work with the Owner to safeguard ongoing operations?

Completely    Mostly    Somewhat    Not At All

Comments:

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18. Did the prime contractor return pricing information on contract extras in a quick and responsive manner?

Completely    Mostly    Somewhat    Not At All

Comments:

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19. Did the project Engineer/Architect determine that the prime contract’s change order requests for additional time and/or compensation should be granted?

Completely    Mostly    Somewhat    Not At All

Comments:

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20. Were changes successfully negotiated without resorting to contractor’s claims, arbitration or litigation?

Completely    Mostly    Somewhat    Not At All

Comments:

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21. Did the company make an effort to manage the construction changes to the project work in a time effective manner?

Completely  Mostly  Somewhat  Not At All

Comments:

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22. Did the contractor make a reasonable effort to provide periodic and regular project clean up?

Completely  Mostly  Somewhat  Not At All

Comments:

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23. Did the contractor make an effort to maintain the cleanliness and on-going operations of any adjacent occupied space that may have been affected by dust, foot traffic, above ceiling work, etc. as part of the project

Completely  Mostly  Somewhat  Not At All

Comments:

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Reference Form Completed By:

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Date:

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Contact Phone Number:

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E-Mail Address:

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Please Include  
Company Business Card