

City of Sumter, South Carolina
Prequalification for Single Prime Contractors

[Owner's Note: Use this form in its entirety; in the order in which it is written. To be considered, all pre-qualification forms must be received on or before Wednesday, August 28, 2013 at 8:30am EST. Forms can be emailed to abailey@sumter-sc.com, faxed to (803) 436-2615 Attention: Alice C. Bailey, or mailed to City of Sumter, PO Box 1449, Sumter, SC 29151 Attention: Alice C. Bailey

Failure to answer all of the following questions may result in disqualification. If general contractor has any questions, contact the Alice Bailey at (803) 436-2587 or Randy Key at (843)665-6646. Completing this questionnaire does not guarantee prequalification. The City of Sumter reserves the unqualified right to reject any or all proposals and to waive informalities.

PREQUALIFICATION DUE DATE/TIME: Wednesday, August 28, 2013 by 8:30am EST

Submit to: Alice C. Bailey, C.P.M., CPPO_

City of Sumter
PO Box 1449
Sumter, SC 29151
(803) 436-2587 Phone (803) 436-2615 Fax

Email: abailey@sumter-sc.com

Project: Opera House Renovations Phase II

Project Owner: City of Sumter

Project Architect: Key Architecture PA
Randy Key, Principal
1807 Cherokee Road
Florence, SC 29501
(843) 665-6646

Email: rkey@keyarc.com

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Project Description:

The project consists of renovations to approximately 4,800 square feet of historic fourth floor space in the Sumter Opera House. In summary, there is a space for Council Chambers that will require full cosmetic improvements, millwork and casework, lighting, audio-visual, and other misc work. There is a Reception space that will require mostly cosmetic work and new lighting. There are two Restroom spaces that will be completely remodeled including the addition of new plumbing fixtures, lavatories and vanities, floors, doors, and walls. There are other misc improvements to Ancillary spaces that will be required including misc new walls, new doors, electrical and audio-visual to various spaces. The budget for the above work is approximately \$350,000.

Section 1. MINIMUM REQUIREMENTS

1. a. General Company information (Primary/Main office location)

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

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 South Carolina professional licenses required for you to perform your services.)

SC License Type (check box) General Construction Electrical Mechanical Plumbing Other (please specify)

<u>SC License number</u>	<u>License Limit/Level</u>	<u>County/City License (provide copy)</u>
_____	_____	_____
_____	_____	_____

Bonding

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 South 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

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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

Litigation/Claims

1. f. (1) Has your company been involved in any suits or arbitration proceedings within the last five years? No Yes If yes, please explain:

1. f. (2) Are there currently any judgments, claims, arbitration proceedings or suits involving Owners pending or outstanding against your company, its officers, owners, or agents? No Yes If yes, please explain:

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

1.g. (1) Commercial General Liability Insurance with limits of \$1,000,000.00 per occurrence/\$1,000,000 aggregate Bodily Injury and Property Damage Liability. This coverage must, at a minimum, include coverage and/or endorsements for premises operations, products/completed operations, contractual liability assumed by Contractor under this Agreement, personal injury, advertising injury and broad form Property Damage (including coverage for explosion, collapse and underground hazards), and independent Contractor coverages. All liability policies must be written on an "occurrence" basis. Such policy shall not contain Endorsement, CG 22 94 10 01. The Commercial General Liability and Automobile Liability insurance required herein shall protect the Contractor and the Owner against liability from damages growing out of any Contractor operations (including the operation of all automobiles, trucks, and other vehicles owned or rented) in connection with the performance of this Agreement, as well as liability arising after the completion of the Contractor's operations.

1.g. (2) Motor Vehicle Liability Insurance with bodily injury limits of \$1,000,000.00 and property damage limits of \$1,000,000.00 or a combined single limit of \$1,000,000.00.

1.g. (3) Worker's Compensation in accordance with, and providing coverages meeting or exceeding the limits required by, the laws of the State of South Carolina jurisdiction, and Employer's Liability Insurance with the following minimum limits: \$100,000 Per Accident, \$100,000 Per Disease for Each Employee, \$500,000 aggregate.

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1.g. (4) Excess or Umbrella Liability Insurance with a policy limit of \$1,000,000.00 per occurrence and aggregate.

1.g. (5) Sub-Contractor Insurance: If Contractor elects, with Owner's approval, to subcontract any portion of the Work to another Contractor, Contractor shall require of such Subcontractor insurance coverage similar to that required of Contractor hereunder and shall furnish to Owner evidence that such insurance coverages are currently in effect. Moreover, Contractor shall require any such Subcontractor to name Contractor and Owner as additional insureds on Subcontractor's Commercial General Liability Insurance and will provide Contractor with a waiver of subrogation form from such sub-Contractors worker's compensation carrier. Failure of Contractor to require Subcontractor to obtain the coverages required herein or to furnish Owner evidence of such coverage shall be grounds for termination for default.

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.

1	2	3	4	5
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2. a. (2) List date, State and type of incorporation, partnership, or proprietorship establishment:

Date	State/Type (incorporation, partnership/proprietorship)

2. a. (3) List names of the firm principals appropriate to the type of the firm:

Corporation: President, Vice-president, Secretary, Treasurer *Partnership: Partners*
Proprietorship: Owner *Other: List and explain*

Title: _____ Full Name: _____ Yrs Service: _____

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2. a. (4) Has your company ever performed construction work for the City of Sumter and/or related public agencies?

Yes No

If yes, list the name of the agency, project, dollar value, owner and architect names and contact phone numbers, scheduled completion and actual completion dates for all projects completed within the last five to ten (5-10) years.

Public Agency	Project Name	Dollar Value & Total Change Order Dollar Value	Owner Agency Contact Info	Architect Contact Info	Scheduled vs. Actual Completion Date

Office Locations

2. b. Will this project be managed and directed from an office in SC? An office in SC is defined as the principal place from which the trade or business of the bidder is directed or managed. 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)

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

#1 –Project Name	
Description of Work Performed	
Owner Name/ Representative	
Architect Name/Representative	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

#2 –Project Name	
Description of Work Performed	
Owner Name/ Representative	

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Architect Name/Representative	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

Litigation/Claims

2. d. (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. _____

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

2. d. (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: _____

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

Section 3. PROJECT SPECIFIC REQUIREMENTS

Project-Specific References

3. a. Please identify three historical or renovation/rehabilitation projects most closely reflecting the size and complexity of the type of work being requested for the proposed project. Projects should have been completed within the last ten (10) years, at least one of which within the last five (5) years. Include:

#1 –Similar - Project Name	
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	

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Contract Dollar Value	
Final Contract Dollar Value	
Scheduled Completion Date	
Actual Completion Date	

#2 –Similar - Project Name	
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	

#3 –Similar - Project Name	
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	

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[General project references were requested in section 2. a. (4) 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) Project-specific Staff Experience - Project-specific employment history is requested for key personnel. 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, education and training, professional licenses, and affiliations. Provide organizational structure reflecting authority, responsibility and proportion of time dedicated to this project. Provide evidence that the key personnel have worked together successfully as a team.

3. b. (2) Project Schedule – The project schedule is very condensed and does not have room for **any** delays. The scope of work is interior renovations. The City is requiring the contractor to agree to complete the project in the below schedule.

Notice of Award	September 18, 2013
Contract Executed & Notice to Proceed	September 27, 2013
Commencement of work by GC	October 1, 2013
Completion	December 12, 2013

Do you agree to commit all labor, materials, equipment, or other related items or services in order to adhere to this strict schedule? Yes No

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. (1) Describe how your company plans to control the project schedule and the project budget to keep on target with minimal change orders.

3.c. (2) Describe your impact on the Sumter Community in the past and/or how Sumter has impacted your business.

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4. Signature

By signing this document, you are acknowledging that all answers are true to the best of your knowledge.
Submitted by:

Company Name (as licensed in SC)

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

Email: _____
Contact person's E-mail address

b. Notary Certification:
South 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 ____