



Addendum  
No. ONE Date: 11.01.2018

Project:

**NIX ROAD RENOVATIONS 2018  
FOR THE PHIL CAMPBELL HOUSING AUTHORITY,  
PHIL CAMPBELL, ALABAMA**

**MCKEE PROJECT NO. 18-212**

The following modifications/ changes and/or substitutions to the plans and specifications are hereby made a part of same and are incorporated in full force as part of the contract documents.

Bidders shall acknowledge receipt of this Addendum in writing on their Proposal Form.

**A1.1 GENERAL MODIFICATIONS:**

- A. Refer to the Advertisement for Bids and Note the Change in Date and Time for the Pre-Bid Meeting and the Pre-qualification packages:

A **mandatory Pre-Bid Meeting** and on-site review will begin at the Housing Authority main office, located at 19 Stalcup Circle, Phil Campbell, AL 35581 on **Friday, November 9, 2018 at 9:30 AM**. All General Contractors interested in bidding are required to attend the meeting and review the job site(s) following the meeting. A completed pre-qualification package is required to be submitted at the Pre-Bid meeting OR Hand delivered to the Office of the Housing Authority. **Pre-qualification packages are due no later than Friday, November 9, 2018 at 3:00 PM**. A copy of the pre-qualification package is being issued as part of this addendum.

- B. See attached Pre-qualification package, for completion by All General Contractors that intend to submit a Bid.

Attached:

1. AIA Document A305 – Contractor's Qualification Statement
2. Confirmation of Insurance Requirements

**A1.2 SPECIFICATION MODIFICATIONS:**

- A. NONE

**A1.3 DRAWING MODIFICATIONS:**

- A. NONE

**B1.1 CLARIFICATIONS:**

- A. NONE

**END OF ADDENDUM ONE**

# AIA<sup>®</sup> Document A305<sup>™</sup> – 1986

## Contractor's Qualification Statement

The Undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

SUBMITTED TO: X

ADDRESS:

SUBMITTED BY:

NAME:

ADDRESS:

PRINCIPAL OFFICE:

- Corporation
- Partnership
- Individual
- Joint Venture
- Other

NAME OF PROJECT (if applicable): Blank

TYPE OF WORK (file separate form for each Classification of Work):

- General Construction
- HVAC
- Electrical
- Plumbing
- Other (please specify)

### § 1. ORGANIZATION

§ 1.1 How many years has your organization been in business as a Contractor?

§ 1.2 How many years has your organization been in business under its present business name?

§ 1.2.1 Under what other or former names has your organization operated?

§ 1.3 If your organization is a corporation, answer the following:

§ 1.3.1 Date of incorporation:

§ 1.3.2 State of incorporation:

### ADDITIONS AND DELETIONS:

The author of this document has added information needed for its completion. The author may also have revised the text of the original AIA standard form. An *Additions and Deletions Report* that notes added information as well as revisions to the standard form text is available from the author and should be reviewed. A vertical line in the left margin of this document indicates where the author has added necessary information and where the author has added to or deleted from the original AIA text.

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

This form is approved and recommended by the American Institute of Architects (AIA) and The Associated General Contractors of America (AGC) for use in evaluating the qualifications of contractors. No endorsement of the submitting party or verification of the information is made by AIA or AGC.

§ 1.3.3 President's name:  
§ 1.3.4 Vice-president's name(s)

§ 1.3.5 Secretary's name:  
§ 1.3.6 Treasurer's name:

§ 1.4 If your organization is a partnership, answer the following:

§ 1.4.1 Date of organization:  
§ 1.4.2 Type of partnership (if applicable):  
§ 1.4.3 Name(s) of general partner(s)

§ 1.5 If your organization is individually owned, answer the following:

§ 1.5.1 Date of organization:  
§ 1.5.2 Name of owner:

§ 1.6 If the form of your organization is other than those listed above, describe it and name the principals:

## § 2. LICENSING

§ 2.1 List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable.

§ 2.2 List jurisdictions in which your organization's partnership or trade name is filed.

## § 3. EXPERIENCE

§ 3.1 List the categories of work that your organization normally performs with its own forces.

§ 3.2 Claims and Suits. (If the answer to any of the questions below is yes, please attach details.)

§ 3.2.1 Has your organization ever failed to complete any work awarded to it?

§ 3.2.2 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?

§ 3.2.3 Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five years?

§ 3.3 Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? (If the answer is yes, please attach details.)

**§ 3.4** On a separate sheet, list major construction projects your organization has in progress, giving the name of project, owner, architect, contract amount, percent complete and scheduled completion date.

**§ 3.4.1** State total worth of work in progress and under contract:

**§ 3.5** On a separate sheet, list the major projects your organization has completed in the past five years, giving the name of project, owner, architect, contract amount, date of completion and percentage of the cost of the work performed with your own forces.

**§ 3.5.1** State average annual amount of construction work performed during the past five years:

**§ 3.6** On a separate sheet, list the construction experience and present commitments of the key individuals of your organization.

#### **§ 4. REFERENCES**

**§ 4.1** Trade References:

**§ 4.2** Bank References:

**§ 4.3** Surety:

**§ 4.3.1** Name of bonding company:

**§ 4.3.2** Name and address of agent:

#### **§ 5. FINANCING**

**§ 5.1** Financial Statement.

**§ 5.1.1** Attach a financial statement, preferably audited, including your organization's latest balance sheet and income statement showing the following items:

Current Assets (e.g., cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepaid expenses);

Net Fixed Assets;

Other Assets;

Current Liabilities (e.g., accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes);

Other Liabilities (e.g., capital, capital stock, authorized and outstanding shares par values, earned surplus and retained earnings).

§ 5.1.2 Name and address of firm preparing attached financial statement, and date thereof:

§ 5.1.3 Is the attached financial statement for the identical organization named on page one?

§ 5.1.4 If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent-subsiary).

§ 5.2 Will the organization whose financial statement is attached act as guarantor of the contract for construction?

**§ 6. SIGNATURE**

§ 6.1 Dated at this      day of

Name of Organization:

By:

Title:

§ 6.2

M      being duly sworn deposes and says that the information provided herein is true and sufficiently complete so as not to be misleading.

Subscribed and sworn before me this      day of      20

Notary Public:

My Commission Expires:

CONFIRMATION OF INSURANCE REQUIREMENTS:

Confirmation that insurance and bonding requirements of the Project Specifications can and will be furnished and attach a letter of confirmation from your company's underwriter, broker, and/or agent indicating bonding limits, and that the required liability insurance is either in place or obtainable by the company submitting this prequalification proposal:

See the Below Insurance Requirements.

**Circle one please:      YES / NO**

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**Signature Officer of Firm**

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**Please Print Name**

Insurance:

Before commencing work, the General Contractor and each Subcontractor shall furnish the **Housing Authority** and/or Architect with Certificates of Insurance showing the following insurance is in force and will insure all operations under the contract.

The Contractor and each Subcontractor, at its sole expense, shall obtain and maintain in full force the following insurance to protect the Contractor, Subcontractor(s), Owner (The **Housing Authority**), the Architect, and Clerk of the Works at limits and coverage specified below. These limits and coverage specified are the minimum to be maintained and are not intended to represent the correct insurance needed to fully and adequately protect the Contractor And/or Subcontractor(s).

All insurance will be provided by insurers licensed to conduct business in the state of Alabama and shall have a minimum A.M. Best rating of A-VII and must be acceptable to the Owner. Self-insured plans and/or group funds not having an A.M. Best rating are not acceptable.

The General Contractor and each Subcontractor shall maintain insurance in such amount as will protect them and the Architect, **Housing Authority**, and Clerk of the Works from claims under Workers Compensation Act and other employee benefit acts, from claims for damages because of bodily injury, including death, and from claims for damages to property which may arise, both out of and during operations under this contract, whether such operations be by the General Contractor or by any Subcontractor, or anyone directly or indirectly employed by either of them. The General Contractor and/or any Subcontractor hereby agrees to indemnify and hold harmless the Architect, **Housing Authority**, and Clerk of the Works from liability, loss, damage costs,

and expenses of any kind which may arise because of any such claims specified in this said Paragraph.

**No work shall be performed until proof of compliance with the insurance requirements, without limiting any provisions of the above Paragraph has been received by the Owner, along with all certificates, including additional insured for the Architect, Housing Authority, and Clerk of the Works with all the minimum coverages as listed below:**

Worker's Compensation and Employee Liability

Part One: Statutory Benefits as required by the State of Alabama

Part Two: Employer's Liability

E.L. each accident	\$1,000,000.00
E.L. disease-each employee	\$1,000,000.00
E.L. disease-policy limit	\$1,000,000.00

Bodily injury by accident (each accident)	\$1,000,000.00
Bodily injury by disease (aggregate)	\$1,000,000.00

Commercial General Liability

Coverage on an occurrence form with a combined single limit (bodily injury and property damage combined) as follows:

Each occurrence	\$1,000,000.00
Damage to rented premises (ea. occurrence)	\$ 100,000.00
Medical expense (any one person)	\$ 5,000.00
Personal and advertising injury	\$1,000,000.00
Products/completed operation aggregate	\$2,000,000.00
General aggregate	\$2,000,000.00

Coverage to include:

Premises and operations

Personal injury and advertising injury

Independent contractors

Blanket contractual liability

Explosion, collapse, and underground hazards

Broad form property damage

Products/completed operations - This shall remain in effect for twenty four (24) months beyond completion and acceptance by Owner of the project, whichever is later. Railroad protective liability insurance, if work involves construction, demolition, or maintenance operations on or within 50' of a railroad.

Automobile liability

Covering any auto, all owned, non-owned, and hired vehicles with a combined single limit (bodily injury and property damage combined) of \$1,000,000.00 each

accident. The policy shall name the Architect, **Housing Authority**, and Clerk of the Works as additional insured.

#### Excess/Umbrella Liability

Coverage shall be per each occurrence \$1,000,000.00

#### Protection and Indemnity Insurance

If the contract involves work aboard and on, non-owned, or hired vessel, liability coverage in the amount of \$1,000,000.00 per occurrence shall be maintained.

#### Waiver of Subrogation

The Worker's Compensation policy shall contain a Waiver of Subrogation in favor of the Architect, **Housing Authority**, and Clerk of the Works.

The Contractor and Subcontractors shall name the Architect, **Housing Authority**, and Clerk of the Works, their employees and agents as additional insured for claims arising out of the Contractor and/or Subcontractors' work. The ISO Form CG 20, 10, 11, 85, or a comparable form that is no more restrictive shall be required. The Additional Insured Form MUST include the current Operations and Products/Completed Operations of the Contractor. The naming of the additional insured does not obligate the additional insured, in any way, to pay any premiums due.

Aggregate limits shall be on a "per project" basis or an Owner's and Contractor's protective liability policy shall be provided in the name of the Owner, Owner's Representatives, the Contractor, and Subcontractors, with the limits to be the same as above for Commercial General Liability.

#### Certificate of Insurance

Certificate of Insurance evidencing the above minimum requirements must be provided to and accepted by the Owner **PRIOR** to commencement of any work on the contract. Each policy shall be endorsed to provide ten (10) days written notice of cancellation mailed to the address of the Owner as published herein. Wordings which make exceptions for failure to provide are not allowed on the certificate(s).