ACCS CONTRACTOR PREQUALIFICATION APPLICATION

ACCS PROJECT NUMBER: 2026 121 NWSCC

ACCS PROJECT NAME: Bevill Auditorium Freight Elevator Repair

GENERAL INFORMATION:

- All contractors must be prequalified by ACCS to perform any Large Public Works projects within ACCS.
- Once the applicant has submitted the completed, signed and notarized application, an ACCS selection committee will review the application, and once approved, will notify the applicant that they are on the approved contractor list.
- Failure to complete and provide all the information requested will be deemed non-responsive by ACCS and will be just cause for rejection of any prequalification submittal.
- Completed application should be submitted electronically to:

Architect: N/A
Email: N/A

NWSCC Executive Director: Dillard McCown
Email: dillard.mccown@nwscc.edu

- General Information on Specific Project:

Prequalification Submission Deadline: October 22, 2026
Scheduled Bid Date: November 12, 2026
Project Duration (estimated months): 3

- Applicant must demonstrate to Owner's satisfaction a proven and verifiable track record for timely completion of projects within the past 5 years. Project cost must be equal or larger than ($82,500.00) and of similar scope to this project.

Scope of Work: Repair/Upgrade Freight Elevator on the Phil Campbell Campus

This Project consists of the following (mark all that apply):

☐	New Construction	☐	Renovation	☐	Addition	☐	Demolition
☐	Seismic	☐	Structural	☐	Concrete	☐	Pavement
☒	Mechanical Systems	☒	Electrical	☐	Plumbing	☐	Roofing
☐	Information Technology	☐	Life Safety	☐	Landscaping	☐	Sitework
☐	Hazardous Materials	☐	Security	☐	ADA Compliance	☐	Interior Finishes

- ACCS requirements, except as modified in the Bid and Contract Documents, will be applicable to the Work of this project. The Contract award, if made, will be made to the low, responsive, and responsible Bidder.

  That a Bidder is responsible may be evidenced by the following facts:

  - Bidder maintains a permanent place of business;
  - Bidder has adequate resources to properly perform the work within the time limit specified;
  - Bidder has the necessary capital and financial resources to undertake and complete the project;
  - Bidder has a competent and experienced organization;
  - Bidder has within his organization, at the time of construction, management and supervisory personnel available for assignment to the project that are skilled and experienced in the particular type of work to be undertaken on the project;
  - Bidder has performed and completed similar work of similar magnitude in a satisfactory manner;
  - Bidder will not generally have Notice(s) to Cure on ACCS or other Public Works projects;
  - Bidder will not have a history of warranty claims;
  - Bidder will not have a history of liquidated damages.

SECTION 1 – CONTRACTOR and ORGANIZATION INFORMATION

- **1.1** Provide the following Company information:
  - **1.1.1** Full Legal Name: Enter full legal name of company
  - **1.1.2** Address: Enter full address of company
  - **1.1.3** Phone numbers: Enter company phone number
  - **1.1.4** Web address: Enter company web address
  - **1.1.5** Principal office location: Enter office location

- **1.2** Provide primary and secondary contact information:
  - **1.2.1** Primary name, email, and phone number: Enter primary contact information
  - **1.2.2** Secondary name, email, and phone number: Enter secondary contact information

- **1.3** How many years has your organization been in business under its current name? Enter number
- **1.4** How many full-time employees work for your organization? Enter number
- **1.5** What is your Alabama General Contractor's License number? Enter number
  - **1.5.1** Please submit a copy of Alabama General Contractor's License with this application. *[DOCUMENT REQUIRED]*

- **1.6** Provide resumes of these two key personnel expected to be managing this project.

  ** Resumes of key personnel should show experience in their current role on projects of similar size, scope, complexity and construction costs. Must be employee of the General Contractor and been with the submitted company for a minimum of 1 year. Must have a minimum of 5 years' experience in this role with similar size projects. Completion dates of projects and construction costs should be included **

  - **1.6.1** Project Manager
  - **1.6.2** Superintendent

  [DOCUMENTS REQUIRED]

- **1.7** Please describe your company's best practices for the development of the project schedule, based upon the critical path, and the maintenance and updating of the schedule throughout the life of the project.
  [DOCUMENT REQUIRED]

  - **1.7.1** As described above, your company acknowledges they will provide a monthly updated project schedule that is discussed monthly in OAC and is included with each pay application. Failure to provide this updated schedule will result in pay applications being delayed until the schedule is provided and approved by the design team.

    ☐YES ☐NO

SECTION 2 – EXPERIENCE and WORKLOAD

- **2.1** State your organization's total dollar value of work currently under contract. Enter dollar value
  - **2.1.1** Of the amount stated above in 2.1, state the dollar value of work that remains to be completed (current domestic backlog). Enter dollar value
  - **2.1.2** How much of the domestic backlog in 2.1.1 is bonded work? Enter dollar value

- **2.2** Provide your company's annual volume for work completed and billed in the past three (3) years.
  - **2.3.1** 2023: Enter dollar value
  - **2.3.2** 2024: Enter dollar value
  - **2.3.3** 2025: Enter dollar value

- **2.3** Is your current domestic backlog (2.1.1) less than 150% of your average three (3) year revenue?
  ☐YES ☐NO

- **2.4** Is your three (3) year average revenue at least $165,000.00 or greater?
  ☐YES ☐NO

- **2.5** ACCS must be assured that the applicant is not "claims oriented" and does not routinely achieve its profit margin through unfair, unjustified change order pricing or claims, or by "shopping" sub-contractor prices. Architects, engineers, and owners of prior projects, when questioned, must agree that their claims experience with the applicant was reasonable and proper, that the applicant was cooperative, change order pricing was fair, applicants did not engage in frivolous or intimidating legal claims or threats, and the good will and best efforts of suppliers and sub-contractors were maintained.

[IF AN ASNWER TO THE FOLLOWING 8 QUESTIONS IS YES, A DOCUMENT OF EXPLANATION IS REQUIRED]

  - **2.5.1** Are there any pending or outstanding judgments, claims, arbitration, mediation proceedings or lawsuits against your organization or its officers within the last three (3) years?
    ☐YES ☐NO

  - **2.5.2** Has your company, within the last three (3) years, been assessed and/or paid liquidated damages after completion of a project?
    ☐YES ☐NO

    - **2.5.2.1** Was the project an ACCS project?
      ☐YES ☐NO ☐N/A

  - **2.5.3** Has your company, within the last three (3) years, received a formal "Notice to Cure" on any unfinished or defective work?
    ☐YES ☐NO

    - **2.5.3.1** Was the project an ACCS project?
      ☐YES ☐NO ☐N/A

  - **2.5.4** Does your company have any outstanding warranty claims for projects completed within the last six (6) years?
    ☐YES ☐NO

  - **2.5.5** Has your company worked on any ACCS projects that were not completed by the date established as the substantial completion date in the past three (3) years?
    ☐YES ☐NO

  - **2.5.6** Has your company worked on any ACCS projects in the past three (3) years and failed to follow the change order process and/or performed work without the approval of the Design Professional and ACCS?

☐**YES** ☐**NO**

- **2.6** The applicant shall provide four (4) examples of projects that are at least $206,250.00 or greater in cost, of a similar scope as described in the **Scope of Work** on page 1 and completed within the last five (5) years. The desired experience should be with public work, of the design-bid-build delivery method. The examples provided should have the following minimum information:
    - Project Name and Location
    - Owners Name and Contact Information – for reference questions
    - Architects Name and Contact Information - for reference questions
    - Project Delivery Method
    - Contract Amount and Project Duration (months)
    - Description of how it is similar in scope

[DOCUMENTATION OF PROJECT EXAMPLES REQUIRED]

SECTION 3 – FINANCIAL, INSURANCE and SAFETY INFORMATION

- **3.1** Provide documentation from your bonding company with the following minimum information:

- **3.1.1** Name and address of bonding company
- **3.1.2** Name of agent and contact phone number
- **3.1.3** Single Job Bonding capacity
- **3.1.4** Aggregate Bonding capacity
- **3.1.5** State rating of your bonding company

[DOCUMENT REQUIRED]

- **3.2** Within the last 3 years, has your surety company made any payments on its behalf because of a default, to satisfy any claims made against a performance or payment bond issued on the applicant's behalf or paid for completion because the applicant was in default and/or terminated by a project owner?

  ☐YES ☐NO *[IF YES, DOCUMENT OF EXPLANATION REQUIRED]*

- **3.3** If your company were to be the apparent, low bidder on this project, would you be willing to provide financial statements to verify your capacity to perform the work?

  ☐YES ☐NO

- **3.4** Can your insurance carrier meet the following minimum limits of liability and provide the exact language in the Additional Remarks section, as shown below, and on the sample Certificate of Insurance at the end of this document without adding any other information and/or disclaimers to the policy as stated in the insurance specifications for the bid?

  ☐YES ☐NO

Minimum limits of liability for any work performed for ACCS:

Worker's Compensation - $1,000,000
Commercial General Liability - $1,000,000 per occurrence, $2,000,000 aggregate
Commercial Business Automobile Liability - $1,000,000 per occurrence
Commercial Umbrella – $5,000,000 per occurrence, $5,000,000 Aggregate
Builder's Risk – 100% of Contract Sum

Language in the Additional Remarks section of the Certificate will state:

Alabama Community College System (Owner), _____ (College), and their agents, consultants and employees are named as additional insureds in respect to General Umbrella and Automobile Liability. Coverage afford the Additional Insureds is Primary and Non-Contributory except for Employer's Liability. Policies are endorsed to include a Waiver of Subrogation in favor of Alabama Community College System. Thirty (30) days notice of cancellation applies (ten (10) days notice for non-payment of premium) in favor of Additional Insured.

- **3.5** Does your company have a written safety program that can be made available upon request?

  ☐YES ☐NO

- **3.6** Provide your company's current Total Recordable Incident Rate (TRIR). Enter number

- **3.7** Provide your company's past 3 years' average Experience Modification Rate (EMR). Enter number

- **3.8** Are you willing to make your current *OSHA 300 Log of Work-Related Injuries and Illnesses* and your *OSHA 300A Summary of Work-Related Injuries and Illnesses* available upon request?

  ☐YES ☐NO

SECTION 4 – ADDITIONAL INFORMATION

Please submit any additional information, not part of this application, that you would like to be considered in determining your organization's competency, experience, and financial ability to successfully complete this public project.

[IF ANY, DOCUMENT(S) REQUIRED]

SIGNATURE

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

Dated this _____ day of _____ 2026. Name of organization: _____

By: _____

Title: _____

_____ 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 me this _____ day of _____ 2026.

Notary Public: _____ My Commission Expires: _____

ACORD

COI-LPW SAMPLE
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): current date

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 have ADDITIONAL INSURED provisions or 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: Vendor Primary Contact Name
Name of Insurance Agency who issues this certificate Agency Address Agency Phone Number / Contact	PHONE (A/C, No, Ext): Vendor Phone Number — FAX (A/C, No): Vendor Fax # E-MAIL ADDRESS: Vendor Email Address

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Legal Name of Insured Vendor / Company Vendor Address	INSURER A: list each applicable Insurance Company	REQUIRED
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	REQUIRED MIN.
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT LOC OTHER:	Y	Y	list applicable policy number	Policy Effective Date - must be prior to or coincidental with effective date of contract	Policy Expiration Date - must be on or after termination of Construction Contract if occurrence based	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ $ $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	Y	list applicable policy number	see above	see above	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ 1,000,000 $ 1,000,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			list applicable policy number	see above	see above	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	list applicable policy number	see above	see above	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $
A	Builders Risk			list applicable policy number	see above	see above		list Construction Contract Value

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

REQUIRED ADDITIONAL INSURED ENDORESEMENT (IN ENTIRETY):
"Alabama Community College System, (College), and their agents, consultants, and employees are named as additional insureds in respect to General, Umbrella, and Automobile Liability. Coverage afford the Additional Insureds is Primary and Non-Contributory except for Employer's Liability. Policies are endorsed to include a Waiver of Subrogation in favor of Alabama Community College System. Thirty (30) days notice of cancellation applies (ten (10) days notice for non-payment of premium) in favor of Additional Insured."

CERTIFICATE HOLDER	CANCELLATION
[REQUIRED AS BELOW] Alabama Community College System *(name of Community College)* 135 South Union Street Montgomery, AL 36104	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. *NOTE: Must be notified as indicated; 30 days required.* AUTHORIZED REPRESENTATIVE *SIGNATURE REQUIRED*

SAMPLE

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