



**PREQUALIFICATION APPLICATION**  
**LONG LEAD SYSTEMS**  
**STRUCTURAL STEEL, COMPOSITE METAL PANELS, GLASS AND GLAZING, AND VERTICAL**  
**TRANSPORTATION**  
**LVCCD Phase Three Renovation, Contract No. 19-4572 PWP # CL-2019-194**

**INSTRUCTIONS FOR REQUEST FOR PREQUALIFICATION APPLICATIONS**

Martin Harris-Turner, A Joint Venture (MHT) is inviting qualified firms to submit General and Supplemental prequalification information to be used to prequalify subcontractors for the CMAR Project:

This is a CMAR project subject to Nevada Revised Statutes, SB-1 and Clark County\ Prevailing Wage.

All Interested parties must be qualified pursuant to NRS 338.16991. Qualification applications will be received by Martin Harris-Turner, A Joint Venture, through **April 6, 2020**.

Firms may obtain a qualification application from our website. Subcontractors must complete the pre-qualification forms in their entirety in order to be considered for approval by Martin Harris-Turner, A Joint Venture

For your Prequalification Application to be considered:

1. Subcontractor must be licensed pursuant to chapter 624 of NRS;
2. The Prequalification Application must be received no later than **close of business on April 6, 2020**. Prequalification Applications may be dropped off in person, electronically submitted or mailed prior to the due date/time.
3. Subcontractor must be qualified pursuant to NRS 338.16991 to submit a proposal for the provision of labor, materials or equipment on a public work.

**GENERAL PROJECT INFORMATION:**

The LVCC District Phase Three Renovation project is an overall renovation to the existing Las Vegas Convention and Visitors Center and will be completed in a series of different sequences. Renovations will include Enhancements to Concession Areas, Restrooms, Customer Entrance Portholes, Lobby Space, Meeting Rooms and Loading areas. Upgrades to the Power Distribution and HVAC Systems, Lighting, Technology, Safety and Security. The Iconic Ribbon Roof and Entry feature along with an expansion to the South Hall will be added to the existing campus and an upgrade to all finishes are only parts of this renovation. This is a Prevailing Wage Project that will be utilizing a Contractors Controlled Insurance Program (CCIP)

**PROJECT SCHEDULE AND MARTIN HARRIS CONSTRUCTION (MHC) ROLE**

MHT is the Construction Manager at Risk (CMAR) for pre-construction services for the referenced project. The construction portion of the project will begin in December of 2020. Construction must be complete in September of 2024. MHT will determine Qualified Bidders pursuant to NRS338.16991, and include multiple qualified bidders for each scope of work.



Martin-Harris / Turner, A Joint Venture

**PREQUALIFICATION APPLICATION**

**LONG LEAD SYSTEMS**

**STRUCTURAL STEEL, COMPOSITE METAL PANELS, GLASS AND GLAZING, AND VERTICAL  
TRANSPORTATION**

**LVCCD Phase Three Renovation. Contract No. 19-4572 PWP # CL-2019-194**

**PREQUALIFICATION APPLICATION**

The Prequalification Application can be obtained on our website at [turnermartinharris.com](http://turnermartinharris.com) in the subcontractor's tab or please contact:

- Kathy Peck, at [kpeck@mhcturner.com](mailto:kpeck@mhcturner.com) for pick up at 101 Convention Center Dr. Suite 1005, Las Vegas, NV. 89109

**PREQUALIFICATION DUE DATE AND DELIVERY**

Prequalification Applications are due by **close of business on April 6, 2020**

Prequalification Applications shall be clearly marked:

**PREQUALIFICATION APPLICATION  
SEQUENCE A, LONG LEAD COMPONENTS  
LVCCD Phase Three Renovation, Contract No. 19-4572 PWP # CL-2019-194**

Email to: Matt Scruggs at [mscruggs@turnermartinharris.com](mailto:mscruggs@turnermartinharris.com)

-or-

Deliver to: 101 Convention Center Dr. Suite 1005, Las Vegas, NV. 89109

Prequalification Applications may be dropped off in person, electronically submitted or mailed prior to the due date/time. It is the subcontractor's responsibility to ensure and verify that their documents have been received on time, regardless of delivery method. Late submittals will **NOT** be accepted.



Martin-Harris / Turner, A Joint Venture

**PREQUALIFICATION APPLICATION**

**LONG LEAD SYSTEMS**

**STRUCTURAL STEEL, COMPOSITE METAL PANELS, GLASS AND GLAZING, AND VERTICAL  
TRANSPORTATION**

**LVCCD Phase Three Renovation. Contract No. 19-4572 PWP # CI.-2019-194**

**PREQUALIFICATION APPLICATION INSTRUCTIONS**

Application must be accompanied with all requested attachments.

**COVER LETTER**

In the cover letter, clearly indicate the name, telephone number, facsimile number and direct email address for the designated Primary point-of-contact for your firm or Team. Include any unique qualifications within the body of your cover letter. Also, please indicate if the firm or team intends to submit as a small or minority business enterprise. **(One page maximum)**

**COMPANY INFORMATION**

Complete in its entirety, signed by an authorized individual. Attach copies of all contractor's licenses in this tab.

**FINANCIAL ABILITY AND BONDING CAPACITY**

Complete Form in its entirety. Attach a copy of your most recent financial statement in this tab.

**INSURANCE**

Complete Form in its entirety. Attach a copy of your Certificate(s) of Insurance(s) in this tab.

**SAFETY**

Complete Form in its entirety, signed by an authorized individual. Attach an NCCI letter, or letter from insurance company confirming EMR of less than 1.00

**PERFORMANCE HISTORY**

Complete Form in its entirety.

**CERTIFICATION OF APPLICANT**

Complete Form in its entirety, signed by an authorized individual.

**REQUESTS FOR CLARIFICATION/INFORMATION**

All questions regarding the submittal may be submitted in writing no later than close of business March 30, 2020 to Matt Scruggs at [mscruggs@turnermartinharris.com](mailto:mscruggs@turnermartinharris.com)



**PREQUALIFICATION APPLICATION**  
**LONG LEAD SYSTEMS**  
**STRUCTURAL STEEL, COMPOSITE METAL PANELS, GLASS AND**  
**GLAZING, AND VERTICAL TRANSPORTATION**  
**LVCCD Phase Three Renovation, Contract No. 19-4572 PWP # CL-2019-194**

**FORM #1 – COMPANY INFORMATION**

1. Subcontractor General Information

Primary Firm Name:	
Scope of Work Offered:	
FEIN:	
Contact Name:	
Contact Phone:	
Contact Email:	

Business Type of Primary Firm:

Sole Proprietorship	
Corporation	
Partnership	
Limited Partnership	
Limited Liability Corp. (LLC)	

Please list principals of the Primary Firm:

<b>Name:</b>	
Title:	
Phone:	
Email:	
<b>Name:</b>	
Title:	
Phone:	
Email:	
<b>Name:</b>	
Title:	
Phone:	
Email:	
<b>Name:</b>	
Title:	
Phone:	
Email:	



**PREQUALIFICATION APPLICATION**  
**LONG LEAD SYSTEMS**  
**STRUCTURAL STEEL, COMPOSITE METAL PANELS, GLASS AND**  
**GLAZING, AND VERTICAL TRANSPORTATION**  
**LVCCD Phase Three Renovation, Contract No. 19-4572 PWP # CL-2019-194**

**FORM #1 – COMPANY INFORMATION**

2. Does Subcontractor possess a current NEVADA Contractor’s license for this scope of work?

<b>License Type and No.:</b>		<b>License Limit (\$):</b>	
<b>License Type and No.:</b>		<b>License Limit (\$):</b>	
<b>License Type and No.:</b>		<b>License Limit (\$):</b>	

**\* Please attach copies of all licenses.**

3. Has subcontractor breached any contracts with a public body or Person in Nevada or any other State within the last five (5) years?

Yes	
No	

If yes, please explain.

4. Has subcontractor been disciplined or fined by the State Contractor’s Board or another state or federal agency for conduct that relates to the ability of the applicant to perform the work required by this contract?

Yes	
No	

If yes, please explain.

5. Has subcontractor been disqualified from the award of any contract pursuant to NRS 338.017 or 338.13895

Yes	
No	

If yes, please explain.

Printed Name & Title:

Authorized Signature:

--	--



**PREQUALIFICATION APPLICATION**  
**LONG LEAD SYSTEMS**  
**STRUCTURAL STEEL, COMPOSITE METAL PANELS, GLASS AND**  
**GLAZING, AND VERTICAL TRANSPORTATION**  
**LVCCD Phase Three Renovation, Contract No. 19-4572 PWP # CL-2019-194**  
**FORM #2 – FINANCIAL AND BONDING ABILITY**

1. Include company sales revenue values for the subcontractor for the three most recent calendar years.

**Subcontractor**

Year	Revenue

**Financials**

Accounting Firm:	
Contact Name:	
Phone:	
Email:	

**\* A copy of your most recent financial statement is required.**

**Bank Reference**

Bank Name:	
Contact Name:	
Title:	
Phone:	
Email:	

2. Does subcontractor have the ability to Bond for the estimated project scope of work? Surety is required to be “Best “A” Rated or better listed within Treasury Circular 570, licensed to issue bonds in Nevada and have an underwriting limit greater than anticipated contract amount. Provide a letter issued by Subcontractor’s surety (not agent) evidencing length of existing relationship, single project and aggregate bonding limits.

Yes		No	
-----	--	----	--

Bonding Rate (%)	
Bonding Limit (\$)	

**Surety Information:**

Company:	
Contact Name:	
Phone:	
Email:	



**PREQUALIFICATION APPLICATION  
LONG LEAD SYSTEMS**

**STRUCTURAL STEEL, COMPOSITE METAL PANELS, GLASS AND  
GLAZING, AND VERTICAL TRANSPORTATION  
LVCCD Phase Three Renovation, Contract No. 19-4572 PWP # CL-2019-194  
FORM #3 – INSURANCE**

Company Name:	
---------------	--

**INSURANCE FORM**

Insurance Company:

Agent Name:

Phone Number:

Email:

The ACORD Certificate of Liability form (25-S), which is completed to attest to the scope of your insurance coverage only, summarizes the various policies listed as to the limits and coverage's provided. It does not show restrictions, exclusions or limitations of coverage which may cause a material breach under the subcontract agreement. **PLEASE HAVE YOUR INSURANCE REPRESENTATIVE MARK THIS FORM AS A SUPPLEMENT TO THE ACORD CERTIFICATE AS TO COVERAGE FOR THE EXPOSURE LISTED. COVERAGE IS DEEMED TO BE PROVIDED IF NOT EXCLUDED.**

**General Liability Insurance**

Coverage Includes: <b>Please attach a Copy of your Certificate(s) of Insurance(s)</b>		Yes		No
1.	A Per Project Aggregate	<input type="checkbox"/>		<input type="checkbox"/>
2.	Turner/Martin-Harris and Owner/Client as additional insured as respects ongoing and completed operations hazards (CG 20 11 10 85 edition or equivalent) <b>All Equivalent Forms Must Be Attached.</b>	<input type="checkbox"/>		<input type="checkbox"/>
3.	Primary & Non-contributory Wording	<input type="checkbox"/>		<input type="checkbox"/>
4.	Defense Costs outside of limits	<input type="checkbox"/>		<input type="checkbox"/>
5.	Blanket Contractual Liability	<input type="checkbox"/>		<input type="checkbox"/>
6.	Coverage for "Action Over" claims	<input type="checkbox"/>		<input type="checkbox"/>
7.	Mold	<input type="checkbox"/>		<input type="checkbox"/>
8.	Subsidence	<input type="checkbox"/>		<input type="checkbox"/>
9.	Additional Insured may satisfy any SIR	<input type="checkbox"/>		<input type="checkbox"/>
10.	EFIS	<input type="checkbox"/>		<input type="checkbox"/>
11.	Multi Residential Exclusion	<input type="checkbox"/>		<input type="checkbox"/>
	Single Family	<input type="checkbox"/>		<input type="checkbox"/>
	Military Housing	<input type="checkbox"/>		<input type="checkbox"/>
	Apartments	<input type="checkbox"/>		<input type="checkbox"/>
	Condominiums/Townhomes	<input type="checkbox"/>		<input type="checkbox"/>
	Dormitories	<input type="checkbox"/>		<input type="checkbox"/>
	Assisted Living Facilities	<input type="checkbox"/>		<input type="checkbox"/>
	Hotels	<input type="checkbox"/>		<input type="checkbox"/>
	Please specify any other extraordinary exclusions that have been attached to your general liability policy that restrict coverage beyond the standard ISO Commercial General Liability form (CG 00 01 10 01)	a.		
		b.		
		c.		

**Workers Compensation Insurance**

Coverage Includes:	<input type="checkbox"/>		<input type="checkbox"/>
Waiver of Subrogation in name of Martin Harris Construction and Owner/Client	<input type="checkbox"/>		<input type="checkbox"/>
Signature:	Date:		
Print Name:			

\* All insurance qualifications, terms & conditions shall be subject to the Turner/Martin-Harris, A Joint Venture CCIP Manual to be provided at a later date.



**PREQUALIFICATION APPLICATION  
LONG LEAD SYSTEMS**

**STRUCTURAL STEEL, COMPOSITE METAL PANELS, GLASS AND  
GLAZING, AND VERTICAL TRANSPORTATION**

**LVCCD Phase Three Renovation, Contract No. 19-4572 PWP # CL-2019-194**

**FORM #4 - SAFETY**

Company Name:	
---------------	--

1. Does the Subcontractor maintain a full-time Safety Program?

Yes	
No	

2. Confirm all on-site field employees will possess 10-hour OSHA cards – and that all supervisors on-site will possess 30-hour OSHA cards.

Yes	
No	

<b>SAFETY</b>							
Name of Safety Professional:							
Title:							
Phone Number:		Fax:			Email:		
1. Drug Free Work Policy <input type="checkbox"/> Yes <input type="checkbox"/> No							
2. Does your company have a written safety plan? <input type="checkbox"/> Yes <input type="checkbox"/> No							
3. Do you have on-site personnel trained to perform First Aid and CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No							
4. Does your competent person have the proper certification cards? <input type="checkbox"/> Yes <input type="checkbox"/> No							
5. Do you have regular site safety inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency of on-site safety meetings (daily, weekly, etc):							
6. Do you subcontract work out to others? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, do you insure they follow the proper safety requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No							
7. Provide the last three years of safety records including Experience Modification Rate (EMR - Must be less than 1.00), Recordable Incident Rate (RIR) and Lost Time Incident Rate (LTIR):							
Year :		EMR :		RIR:		LTIR:	
Year :		EMR :		RIR:		LTIR:	
Year :		EMR :		RIR:		LTIR:	
8. Has your firm had a work-related fatalities within the past 5 Years? If yes, provide details on separate sheet.							
Yes: <input style="width: 50px;" type="text"/>		No: <input style="width: 50px;" type="text"/>					
To order your free copy of <b>EM 385-1-1 Safety and Health Requirements Manual</b> fax your request to: <b>USACE PUBLICATIONS (301)394-0084</b> Include your name and address and the manual will be mailed directly to you.							

3. Has subcontractor received any OSHA violations in the last five (5) years? (If yes, provide details/unresolved issues)

Yes	
No	

I hereby certify that the pre-qualification information provided herein is accurate, correct and true.

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

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



**PREQUALIFICATION APPLICATION**

**LONG LEAD SYSTEMS**



**STRUCTURAL STEEL, COMPOSITE METAL PANELS, GLASS AND  
GLAZING, AND VERTICAL TRANSPORTATION**

**UNLV VCCD Phase Three Renovation, Contract No. 19-4572 PWP # CL-2019-194**

**FORM #5 – PERFORMANCE HISTORY**

1. Has subcontractor completed projects, public or private, in the State of Nevada, of similar size and scope within the last five (5) years?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

List or attach three example projects, including:

Subcontractor Name:	
Project Name:	
Location:	
Scope Performed:	
Value of Scope:	
Owner or GC Contact Name:	
Phone:	
Email:	

Subcontractor Name:	
Project Name:	
Location:	
Scope Performed:	
Value of Scope:	
Owner or GC Contact Name:	
Phone:	
Email:	

Subcontractor Name:	
Project Name:	
Location:	
Scope Performed:	
Value of Scope:	
Owner or GC Contact Name:	
Phone:	
Email:	



**PREQUALIFICATION APPLICATION**

**LONG LEAD SYSTEMS**

**STRUCTURAL STEEL, COMPOSITE METAL PANELS, GLASS AND  
GLAZING, AND VERTICAL TRANSPORTATION**

**LVCCD Phase Three Renovation, Contract No. 19-4572 PWP # CL-2019-194**

**FORM #6 – APPLICATION CERTIFICATION**

1. The subcontractor shall attest to the truthfulness and completeness of this application.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

X \_\_\_\_\_

Authorized Subcontractor Signature

Print Name:	
Title:	
Date:	