



FARRAGUT BOARD OF MAYOR AND ALDERMEN
Farragut Town Hall
11408 Municipal Center Drive

AGENDA
November 30, 2023

BMA SPECIAL CALLED MEETING
5:30 PM

- I. Roll Call**
- II. Approval of Agenda**
- III. Ordinances**
 - A. First Reading**
 - 1. Ordinance 23-18, Ordinance to amend the ARPA Fund Budget for Fiscal Year 2023-2024, passed by Ordinance 23-07
- IV. Business Items**
 - A. Approval of Bids and Award of Contract 2024-07, Farragut Town Hall Interior Renovations**

This meeting can be viewed live on the Farragut YouTube Channel and the Town of Farragut website www.townoffarragut.org/livestream.

The meeting will be held at the Farragut Town Hall, 11408 Municipal Center Drive

The Board of Mayor and Aldermen welcomes and invites Farragut residents to participate in public meetings.

At the end of each business meeting, there will be time reserved for public comment under the Citizen Forum agenda item. If you are interested in speaking, please fill out a blue comment card and turn it in to the Town Recorder or staff member. This time is set aside specifically for comments on items that are not on the Board of Mayor and Aldermen regular agenda for the meeting. Each speaker will be given five (5) minutes to speak on his/her topic.

During the regular agenda portion of the meeting there may be an allowance for public comment for each agenda item. The Mayor may recognize individuals for public comment based on the following guidelines.

11408 MUNICIPAL CENTER DRIVE | FARRAGUT, TN 37934 | 865.966.7057 |
WWW.TOWNOFFARRAGUT.ORG

It is the policy of the Town of Farragut not to discriminate on the basis of race, color, natural origin, gender, gender identity, sexual orientation, age, religion, disability or veteran status pursuant to Title VI of the Civil Rights Act of 1964, Public Law 93-112 and 101-336 in its hiring, employment practices and programs. To request accommodations due to disabilities, please call 865-966-7057 in advance of the meeting

1. The Mayor shall maintain and control the meeting to provide a professional and objective environment;
2. Any Farragut resident interested in speaking should fill out a blue comment card stating which agenda item they would like to comment on and turn in to the Town Recorder or a staff member;
3. Speakers shall come to the podium and identify themselves by name and street address;
4. Public comment shall be limited to five (5) minutes per individual. Time for public comment may be amended at the discretion of the Mayor. Time is not transferable to other speakers;
5. Speakers should strive to avoid redundancy; each speaker should have their own original viewpoint;
6. Comments shall address issues, not individuals or personalities;
7. Comments may support or oppose issues or measures, but the motives of those with differing views shall not be questioned or attacked;
8. Personal attacks and malicious comments shall not be tolerated;
9. An applicant, and/or their representative(s), for an item on the regular agenda shall be afforded the time necessary to present their request and respond to questions. The five (5) minute limitation shall not apply. However, the Mayor may ask an applicant to stay on point in order to facilitate the efficiency of the meeting.

Each speaker will be asked if they can agree to abide by the Comment Protocol. If so, please be prepared to speak when your name is called.

REPORT TO THE BOARD OF MAYOR AND ALDERMEN

PREPARED BY: Allison Myers, Town Recorder/Treasurer

SUBJECT: Ordinance 23-18, Ordinance to amend the ARPA Fund Budget for Fiscal Year 2023-2024, passed by Ordinance 23-07

INTRODUCTION:

The purpose of this agenda item is to approve Ordinance 23-18 on first reading to amend the Fiscal Year 2024 ARPA Fund Budget.

DISCUSSION:

The **ARPA Fund Budget** will be amended by increasing the appropriated expenditures from \$7,400,000 to \$8,900,000, an increase of \$1,500,000. This amendment is needed to budget for the additional expenditures required for the Town Hall renovation project. The amendment will also increase the fund revenues from \$1,791,566 to \$3,858,263, an increase in revenue of \$2,017,591. The additional funding is due to the award of the ARP Competitive Grant through The Tennessee Department of Environment and Conservation (TDEC) and the State Water Infrastructure Grants (SWIG) Program for the McFee Park Stormwater Parking Facilities. Please refer to Attachment A for the ARPA Fund budget and ending balance of \$1,423,479.

FINANCIAL SECTION: ARPA Fund Budget

Account Number: ARPA Fund Revenue-ARP Competitive Grant

FY2024 Budget

\$1,791,566

Requested Amendment

\$2,017,591

FY2024 Amended Budget

\$3,858,263

Approved By: A. Myers

Account Number: ARPA Fund Expenditures

FY2024 Budget

\$7,400,000

Requested Amendment

\$1,500,000

FY2024 Amended Budget

\$8,900,000

Approved By: A. Myers

RECOMMENDATION BY: Allison Myers, Town Recorder/Treasurer, for approval.

PROPOSED MOTION: Motion to approve Ordinance 23-18 on first reading.

BOARD ACTION:

MOTION BY: _____ **SECONDED BY:** _____

VOTE/TOTAL

BURNETTE

MEYER

POVLIN

WHITE

WILLIAMS

ORDINANCE	23-18
PREPARED BY	Myers
1 ST READING	November 30, 2023
2 ND READING	December 14, 2023
PUBLISHED IN	Farragut Press
DATE	

AN ORDINANCE OF THE TOWN OF FARRAGUT, TENNESSEE AMENDING THE FISCAL YEAR 2023-2024 ARPA FUND BUDGET, PASSED BY ORDINANCE 23-07

WHEREAS, the Town of Farragut adopted the fiscal year 2023-24 budget by passage of Ordinance Number 23-07 on June 8, 2023; and

WHEREAS, pursuant to the Tennessee State Constitution, Section 24 of Article II, no public money shall be expended except pursuant to appropriations made by law; and

WHEREAS, expenses for the ARPA Fund budget will be greater than budgeted; and

NOW THEREFORE BE IT ORDAINED BY THE BOARD OF MAYOR AND ALDERMEN OF THE TOWN OF FARRAGUT, TENNESSEE THAT CHANGES BE MADE TO THE FISCAL YEAR 2023-2024 BUDGET AS FOLLOWS:

SECTION 1. Ordinance 23-07 is hereby amended by:

The **ARPA Fund** will be amended by increasing the appropriated expenditures from \$7,400,000 to \$8,900,000, an increase of \$1,500,000. This amendment is needed to budget for additional expenditures required for the Town Hall remodeling project. The ARPA Fund revenue will be amended by increasing the fund revenues from \$1,791,566 to \$3,858,263, an increase in revenue of \$2,017,591. The additional funding is due to the award of the ARP Competitive Grant through The Tennessee Department of Environment and Conservation (TDEC) and the State Water Infrastructure Grants (SWIG) Program for the McFee Park Stormwater Parking Facilities

SECTION 2. The Board of Mayor and Aldermen authorizes the Town Recorder to make said changes in the accounting system.

SECTION 3. This ordinance shall take effect after its final passage and publication, the public welfare requiring it.

Ron Williams, Mayor

Allison Myers, Town Recorder

Attachment A

ARPA Fund-316

		FY2021-22	FY2022-23	FY2022-23	FY2023-24
		<u>Actual</u>	<u>Budget</u>	<u>Estimated</u>	<u>Amended</u>
Beginning Balance		0	3,353,590	3,353,590	6,465,216
316	Revenues				
33193	Federal ARPA Grant 1	3,527,626	0	0	0
33194	Federal ARPA Grant 2	0	3,527,626	3,527,626	0
36190	Interest	6,707	0	120,000	119,106
34840	TDEC Non-Competitive Grant-Design Services (Stormwater Master Plan)	0	0	0	893,445
34840	Construction Services (Stormwater Improvements)	0	0	0	828,121
	ARP Competitive Grant	0	0	0	2,017,591
Total Revenues		\$3,534,333	\$3,527,626	\$3,647,626	\$3,858,263
		<u>Actual</u>	<u>Budget</u>	<u>Estimated</u>	<u>Amended</u>
Expenditures					
41830-9210	Town Hall Building Improvements	0	1,000,000	0	4,000,000
41830-9311	Stormwater Parking Facilities	47,113	0	0	2,100,000
41991-1150	Essential Personnel Pay	120,850	190,000	36,000	0
41991-1320	Vaccine Incentive Program	12,780	0	0	0
41992-9450	Broadband Infrastructure	0	100,000	100,000	1,200,000
43150-4810	Stormwater Master Plan	0	0	400,000	600,000
43150-9340	Stormwater Improvements	0	1,000,000	0	1,000,000
Total Expenditures		\$180,743	\$2,290,000	\$536,000	\$8,900,000
Ending Balance		3,353,590	4,591,216	6,465,216	1,423,479

Town Hall Renovation Project

FY24 Budget	2,500,000
Construction contract	3,000,000
Move preparation	16,000
Architecture Supplement	50,000
Moving to Community Center	7,567
Storage Units 18 months	12,845
Temp offices 18 months	60,045
Town Hall Windows Replacement	19,000
Soft wash & pressure washing roof and exterior	9,000
Gutters	8,500
FF&E	300,000
Move Back into Town Hall	7,567
AV System, Security and Wiring	200,000
	3,690,524
Contingency 5%	150,000
Total	\$ 3,840,524.00

REPORT TO THE BOARD OF MAYOR AND ALDERMEN

PREPARED BY: David Smoak, Town Administrator

SUBJECT: Approval of Bids and Award of Contract 2024-07, Farragut Town Hall Interior Renovations

INTRODUCTION: The purpose of this agenda item is to approve the bids and award of contract 2024-07 for the Farragut Town Hall Interior Renovation project to Wright Contracting.

BACKGROUND: The Farragut Town Hall building was originally opened in 1991. As the town has grown, staff has also grown to provide services to the community. Now 30 years later, much of the office space has been filled up and does not provide for an efficient working environment for the staff or to be able to conduct productive meetings with the public.

DISCUSSION: One of the Town's priority initiatives for FY2022 under Building and Maintaining the Town's Infrastructure and Assets was to develop plans to enhance and update Town Hall. In the Capital Investment Program budget for FY2022 funding was allocated for design services to begin this process. In the FY2024 ARPA fund budget \$2.5 million was allocated for construction, FF&E, and temporary office space.

Bids were received on November 21, 2023, for this project and there was one responsive bid from Wright Contracting for a base bid of \$2,772,000. There were also two alternates included for #1. new audience seating in the Board of Mayor and Aldermen chambers for \$95,700 and alternate #2. To repair all windowsills, dam stops and joints that allow water to infiltrate into the building for \$227,700. The contractor will have 365 days to complete the project from notice to proceed.

The original construction budget estimate, which was completed in the winter of 2022, was \$1.5 million. Since that estimate was completed, there were additional renovations needed which increased the project scope. These included demolition of the existing rotunda stairway and reconstruction to meet current building standards, window repairs, fire protection upgrades, and foundation slab repairs. These necessary repairs and the cost of labor and materials have impacted the cost of this project.

The Town's design contractor, Cope Architecture, has reviewed the bids for completeness and recommends approval of the submitted proposal. Staff also recommends approval of the base bid and Alternate #2 (windows) for a total construction budget of \$2,999,700. As with most interior renovation projects, there will be items that will not be listed specifically in the bid that will need to be addressed during construction. Staff is also recommending to include a 5% contingency for potential change orders in the amount of \$150,000 and allow the Town Administrator to approve up to \$25,000 in change orders before bringing to the Board of Mayor and Aldermen for approval in order to keep the project timeline intact.

There is an accompanying budget amendment also being proposed in order to fund the overall project through ARPA fund reserves. All funding for this project will be paid for through federal ARPA funding and must be spent by December 31, 2026.

FINANCIAL SECTION:

Account Number: 316-41830-9210			
<u>Total Amended Budget</u>	<u>Contracted Amount & Contingency</u>	<u>Other Expenditures</u>	<u>Remaining Amount</u>
\$4,000,000	\$3,149,700	\$690,524	\$159,776
Approved By: <u>A. Myers</u>			

RECOMMENDATION BY: Town Administrator David Smoak for approval.

PROPOSED MOTION: To approve the bid for Contract 2024-07, Farragut Town Hall Interior renovations, with Wright Contracting for the base bid of \$2,772,000 and alternate #2 (windows) for \$227,700, for a total construction contract of \$2,999,700, to include a 5% contingency of up to \$150,000 and to authorize the Town Administrator to approve up to \$25,000 in change orders prior to Board of Mayor and Aldermen authorization.

BOARD ACTION:

MOTION BY: _____ **SECONDED BY:** _____

<u>VOTE/TOTAL</u>	<u>MEYER</u>	<u>POVLIN</u>	<u>WILLIAMS</u>	<u>WHITE</u>	<u>BURNETTE</u>
YES	_____	_____	_____	_____	_____
NO	_____	_____	_____	_____	_____
ABSTAIN	_____	_____	_____	_____	_____



November 21, 2023

Mr. David Smoak, Town Administrator
Town of Farragut
11408 Municipal Center Drive
Farragut, Tennessee 37923

RE: BIDS FOR FARRAGUT TOWN HALL INTERIOR RENOVATIONS

Mr. Smoak,

As you are aware, the bids for the above referenced project were received on November 21, 2023 at 9:30am and we had a total of 1 responsive bidder for the project referenced above. After review of the bidding documents, consideration of the original estimate plus the costs of items added during Construction Documents, verification of the bidder's license and bid bond, we recommend that the Town of Farragut enter into a contract with Wright Contracting, Inc.

I have attached a copy of the Bid and Statement of Qualification received.

Should you have any questions, please do not hesitate to contact this office.

Respectfully Submitted,

Susan Davis

Susan Davis, CSI
Sr. Project Manager

Cc: File



ARCHITECTURE

BID TABULATION FORM

Project Name: Farragut Town Hall Interior Renovations

Project Number: 21049 Contract 2024-07

Tabulation Form No.: 1

Opening Date: 11/21/2023

Opening Time: 9:30am ET

Bidder:	WRG	
Contractors License Number & Limits	65789	
Bid Envelope Cover Completed?	YES / NO	YES / NO
HVAC Subcontractor	DEL AIR	
Plumbing Subcontractor	DEL AIR	
Electrical Subcontractor	ME KAMES	
Masonry Subcontractor	WRG	
Addenda 1-2 Acknowledged	YES / NO	YES / NO
Superintendant named?	YES / NO	YES / NO
5% Bid Deposit	✓	
Ethnicity and Gender Statement	✓	
Non-Discrimination Assurance	✓	
Title VI Assurance	✓	
Drug Free Workplace Affidavit	✓	
Non Collusion Affidavit	✓	
Statement of Compliance Certificate - Illegal Immigrants	✓	
AIA A305 Qualification Statement	✓	
BASE BID	2,772,000.00	
Alternate No. 1 New seating	95,700.00	
Alternate No. 2 Windows	227,700.00	
Calendar Days for Completion	365	

Certified Correct By:

Ethan Howard - Sylvan
Candi Strauss Wright Contracting office@wrightn.com
865 454 1217

KARL SWIERZKO TOF KSWIERZKO@TOWNOFFARRAGUT.ORG.

DAVID SMOAK TOF dsmoak@townoffarragut.org

Ron Williams TGF

BUD MCKELVEY TOF bmcKelvey@townoffarragut.org

TREVOR HOBBS TOF THOBBS@TOWNOFFARRAGUT.ORG

CHRIS SHEFFIELD TOF CSHEFFIELD@TOWNOFFARRAGUT.ORG

SUSAN DAVIS CORE ARCHITECTURE

NOV 21, 2023 9:30 AM

Town of Farragut

Town Hall Renovations Bid Opening

CONTRACTOR'S FORM OF PROPOSAL
for
FARRAGUT TOWN HALL INTERIOR RENOVATION
Town of Farragut

To: Town of Farragut
11408 Municipal Center Drive
Farragut, Tennessee 37934

From: Wright Contracting, Inc (Contractor)
1116 Farrington Dr
Knoxville, TN 37923
office@wrighttn.com (e-mail address)

The undersigned, having carefully familiarized himself (or themselves) with the existing conditions at the site and with the Drawings and Specifications prepared by Cope Associates, Inc., 2607 Kingston Pike, Suite 5, Knoxville, Tennessee, hereby proposes to furnish all labor, materials and equipment, and to perform all work required to construct the interior renovation of **Farragut Town Hall**, located in Farragut, Tennessee; in accordance with Drawings and Specifications for the sum of:

Two million seven hundred seventy-two thousand Dollars
(in words)
\$ 2,772,000⁰⁰
(in numbers)

hereinafter referred to as the Base Bid.

The jobsite Superintendent for this project if the undersigned is selected shall be

Matthew Wooten

BID DEPOSIT

The undersigned furnishes herewith, as requested in the Instructions to Bidders, a bid deposit in the amount of five percent (5%) of the amount bid in the form of Cashier's Check _____, Certified Check _____, Bank Draft _____, made payable to the Owner, or Bid Bond, naming the Owner as the Obligatee. (Bidder to check form of deposit furnished.)

It is understood and agreed that, should the undersigned fail to enter into a contract with the Owner or furnish acceptable contract security, (Performance Bond, and Labor and Materials Payment Bond) within the time and in the manner herein provided, the bid deposit shall be retained by the Owner as liquidated damages and not as a forfeiture. As it is impossible to determine precisely the exact amount of damages the Owner will sustain, it is agreed that the bid deposit is a fair and equitable estimate of such damages.

UNIT PRICES:

Unit Price 1: N/A

ALTERNATES:

Alternate "No. 1": New seating in Board Room 115 per specification 12 61 00 Fixed Audience Seating.

If Alternate "No. 1", is accepted add the following amount:

Ninety-five thousand seven hundred Dollars
(in words)
\$ 95,700⁰⁰
(in numbers)

Alternate "No. 2": Remove existing windows as indicated on A400 and A801, modify openings as shown to include new flashings, and reinstall windows.

If Alternate "No. 2", is accepted add the following amount:

Two hundred twenty seven thousand seven hundred Dollars
(in words)
\$ 227,700⁰⁰
(in numbers)

STIPULATIONS:

In submitting the bids, the undersigned agrees:

1. Bids will not be withdrawn within the period of sixty (60) calendar days following the opening thereof.
2. Furnish completed Schedule of Values, as defined in Division 1 Section "Payment Procedures", by Noon of the next business day after receipt of bids.
3. If notified of the acceptance of this bid, execute a contract for the work and deliver to the Owner the performance and payment bond specified, within 7 calendar days after such notification.
4. That the Work included under the contract shall be Substantially Completed within the number of calendar days hereafter listed by this contractor, from and including the date stipulated in the Notice to Proceed:

365 Calendar Days

5. That the Owner reserves the right to award the Contract to his best interests, to reject any or all bids, to waive any informalities in bidding, and to hold all bids for the bid guarantee period.
6. That undersigned or an authorized representative did attend the Pre Bid Conference.
7. The Contractor warrants, by submission of this Bid that he has complied to the fullest extent with all requirements of the Bid Document without exclusion of any sort.
8. In submitting this Bid, the bidder recognizes that the right is reserved by the Town of Farragut to accept the Total Bid or any part, to negotiate with any Bidder, waive any formalities in the bidding, or to reject any or all bids.
9. All work items not specifically mentioned above as an alternate or unit allowance, but required by the contract documents, shall be considered included in the Base Bid.

RECEIPT OF DRAWINGS:

Receipt is acknowledged of the Drawings and Project Manual identified by "Farragut Town Hall Interior Renovation, Contract No. 2024-07" and addenda and supplementary drawings listed under "Addenda Receipt" attached.

ORGANIZATION: (Bidder to check type of organization)

The undersigned is organized as a ☒ corporation, () partnership, () individual, () sole proprietorship,

() joint venture, () other in the State of Tennessee

FEDERAL IDENTIFICATION NUMBER: 35-2437538

[TENNESSEE] CONTRACTORS LICENSE NUMBER: 65789

CONTRACTOR CLASSIFICATION, SUBCLASSIFICATION, AND LIMITATION:

BC, HC, HRA, LMC, MU Unlimited
(Classification) (Subclassification) (Limitation)

ADDENDA RECEIPT: (List addenda and supplementary drawings and the date received).

Addendum No. 1 Date Received 11/3/23

Addendum No. 2 Date Received 11/13/23

Addendum No. _____ Date Received _____

Addendum No. _____ Date Received _____

FIRM NAME Wright Contracting, Inc

STATE OF INCORPORATION Tennessee
BY Paul Gaudin
TITLE CFO
Date 11/17/23

OFFICIAL ADDRESS AND TELEPHONE:
1116 Farrington Dr. Knoxville, TN 37923

Telephone: 865-454-1217

Note: If by a corporation, this bid must have the signature required by its bylaws.

BID SECURITY:
Security in the sum of 5% Five Percent Dollars
(\$ _____), in the form of Bid bond is submitted herewith.

Equipment list to be utilized for this contract must be submitted with bid form.

List below or attach separately all Equipment to be used for this project:

END OF BID FORM

Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

Bid Bond

CONTRACTOR:

(Name, legal status and address)

Wright Contracting , Inc.
1116 Farrington Dr.
Knoxville, TN 37923

OWNER:

(Name, legal status and address)

Town of Farragut, TN
11408 Municipal Center Dr.
Farragut, TN 37934

SURETY:

(Name, legal status and principal place of business)

Westfield Insurance Company
P.O. Box 5001
Westfield Center, OH 44251-5001
Mailing Address for Notices
PO Box 5001
Westfield Center, OH 44251

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

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

BOND AMOUNT: 5% Five Percent of Amount Bid

PROJECT:

(Name, location or address, and Project number, if any)

FARRAGUT TOWN HALL INTERIOR RENOVATIONS

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 17th day of November, 2023.



(Witness)

Wright Contracting , Inc.

(Principal)

(Seal)

By:

(Title) Rachel Gardner CFO

Westfield Insurance Company

(Surety)

(Seal)

By:

(Title) Sue Hill, Attorney-in-Fact



(Witness) Kendra Adams

General
Power
of Attorney

CERTIFIED COPY

**Westfield Insurance Co.
Westfield National Insurance Co.
Ohio Farmers Insurance Co.**
Westfield Center, Ohio

Know All Men by These Presents, That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly organized and existing under the laws of the State of Ohio, and having its principal office in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint **Sue Hill**, SEVERALLY

of **Knoxville** and State of TN its true and lawful Attorney-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings, or other instruments or contracts of suretyship-

Surety Bond No.: Bid Bond
Principal: Wright Contracting, Inc.
Obligee: Town of Farragut, TN

LIMITATION: THIS POWER OF ATTORNEY CANNOT BE USED TO EXECUTE NOTE GUARANTEE, MORTGAGE DEFICIENCY, MORTGAGE GUARANTEE, OR BANK DEPOSITORY BONDS.

and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY:

"Be It Resolved, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact, may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed by the President and sealed and attested by the Corporate Secretary."

"Be it Further Resolved, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting held on February 8, 2000).

In Witness Whereof, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their **National Surety Leader** and **Senior Executive** and their corporate seals to be hereto affixed this **17th** day of **DECEMBER** A.D., **2019**.

Corporate
Seals
Affixed



WESTFIELD INSURANCE COMPANY
WESTFIELD NATIONAL INSURANCE COMPANY
OHIO FARMERS INSURANCE COMPANY

By: 
Gary W. Stumper, National Surety Leader and Senior Executive

State of Ohio
County of Medina ss.:

On this **17th** day of **DECEMBER** A.D., **2019**, before me personally came **Gary W. Stumper** to me known, who, being by me duly sworn, did depose and say, that he resides in **Hartford, CT**; that he is **National Surety Leader** and **Senior Executive** of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Boards of Directors of said Companies; and that he signed his name thereto by like order.

Notarial
Seal
Affixed





State of Ohio
County of Medina ss.:

David A. Kotnik, Attorney at Law, Notary Public
My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

I, **Frank A. Carrino**, Secretary of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; and furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Westfield Center, Ohio, this **17th** day of **November** A.D., **2023**.




Frank A. Carrino, Secretary

**Owner's Ethnicity and Gender of
Contractors and Sub-Contractors**

Ethnicity		Gender	Male	Female
Black/African American				
American Indian and Alaskan Native				
Asian				
Caucasian			11 11	2 2
Hispanic				
Native Hawaiian/ other Pacific Islander				
Other (please specify)				

NAME OF COMPANY: Wright Contracting, Inc

OWNER'S NAME: William Gardner Rachel Gardner

TYPE OF BUSINESS: Construction Contractor



Town of Farragut
Contract No. 2024-07
Farragut Town Hall
Interior Renovation

It is the policy of Wright Contracting, Inc. not to discriminate against any applicant for employment, or present employee, because of race, color, religion, national origin, age, sex, disability, or veteran status.

Wright Contracting, Inc. will take affirmative action to ensure that the Equal Employment Opportunity/Affirmative Action Policy (EEO/AA) is implemented with particular regard to: advertising, application procedures, compensation, demotion, employment, fringe benefits, job assignments, job classification, layoff, leave, promotion, recruitment, rehire, social activities, termination, transfer, upgrade, Working conditions, and selection for training to include apprenticeship, pre-apprenticeship, and on-the-job training.

Wright Contracting, Inc. will continue to make it understood to the employment sources/agencies with which it deals, and in employment opportunity announcements/ads, the above mentioned EEO/AA Policy and that all of the company's employment decisions are based on individual merit only.

All current employees of Wright Contracting, Inc. are requested to encourage qualified disabled persons, minorities, females, special disabled veterans, and Vietnam Era veterans to apply for employment, on-the-job training or for union apprenticeship.

It is the policy of Wright Contracting, Inc. to satisfy reasonable special accommodations for qualified disabled individuals.

It is the policy of Wright Contracting, Inc. that all company activities, facilities, and job sites are non-segregated. Separate or single-user toilet and changing facilities are provided for privacy between genders. Disabled parking spaces may be assigned to accommodate accessibility needs.

It is the policy of Wright Contracting, Inc. to ensure and maintain a Working environment free of coercion, harassment, and intimidation at all job sites and in all facilities at which employees are assigned to Work. Any violation of the policy should be immediately report to your supervisor or the Company EEO Officers identified below:

EEO Officer Name: Rachel Gardner

Address/Office Location: 1116 Farrington Dr. Knoxville TN 37923

Telephone No: (865) 454 1217

Rachel Gardner
Signature of Company Head

11/17/23
Date

TITLE VI ASSURANCE

As required by the Contractual Agreement, Wright Contracting, Inc. will comply with the applicable laws and regulations relative to nondiscrimination in federally or state assisted programs.

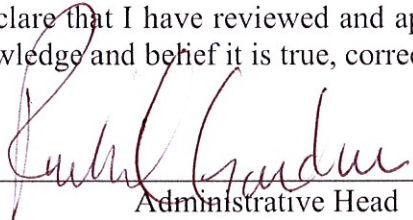
Wright Contracting, Inc. assures that no person shall on the grounds of race, color, or national origin, as provided by **Title VI of the Civil Rights Act of 1964** and as amended, and the Civil Rights Restoration Act of 1987 (P.L. 100.259) be excluded from participation in, or be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving federal financial assistance.

Wright Contracting, Inc. further assures that every effort will be made to ensure nondiscrimination in all of its programs and activities, whether those programs or activities are federally funded or not.

Wright Contracting, Inc. will also encourage interested certified Disadvantaged Business Enterprise (DBE) firms, as well as other minority-owned and women-owned businesses, to Work as subcontractors.

Declaration of Administrative Head

I declare that I have reviewed and approved the information provided in this assessment and to the best of my knowledge and belief it is true, correct, and complete.


Administrative Head

11/15/23
Date

DRUG-FREE WORKPLACE AFFIDAVIT

STATE OF Tennessee

COUNTY OF Knox

The undersigned, principal officer of Wright Contracting, Inc., an employer of five (5) or more employees contracting with _____ government to provide construction services, hereby states under oath as follows:

1. The under signed is a principal officer of Wright Contracting, Inc. (hereinafter referred to as the "Company"), and is duly authorized to execute this Affidavit on behalf of the Company.
2. The Company submits this Affidavit pursuant to T.C.A. § 50-9-113, which requires each employer with no less than five (5) employees receiving pay who contracts with the state or any local government to provide construction services to submit an affidavit stating that such employer has a drug-free workplace program that complies with Title 50, Chapter 9, of the Tennessee Code Annotated.
3. The Company is in compliance with T.C.A. § 50-9-113.

Further affiant saith not.

Rachel Gardner

Principal Officer

STATE OF Tennessee

COUNTY OF Knox

Before me personally appeared Rachel Gardner, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the forgoing affidavit for the purposes therein contained.

Witness my hand and seal at office this 15th day of November, 2023



Caryl L. Strauss
Notary Public

My commission expires: 2/4/24

END OF SECTION

**NON-COLLUSION
INDEPENDENT PRICE DETERMINATION
AFFIDAVIT**

I do hereby certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud.

I understand that collusive bidding is a violation of State and Federal law and can result in fines, prison sentences, and civil damage awards.

I agree to abide by all terms and conditions of this bid and certify that I am authorized to sign this bid for the vendor.

COMPANY NAME Wright Contracting, Inc.
ADDRESS 1116 Farrington Dr Knoxville, TN 37923
AUTHORIZED SIGNATURE Rachel Gardner
PRINT NAME HERE Rachel Gardner

DATE 11/15/23

THIS FORM **MUST** BE SIGNED AND RETURNED WITH THE BID.

END OF SECTION

STATEMENT OF COMPLIANCE CERTIFICATE ILLEGAL IMMIGRANTS

EACH CONTRACTOR BIDDING SHALL FILL IN AND SIGN THE FOLLOWING

This is to certify that Wright Contracting, Inc. have
fully complied with all the requirements of Tennessee Code Annotated § 12-4-124.

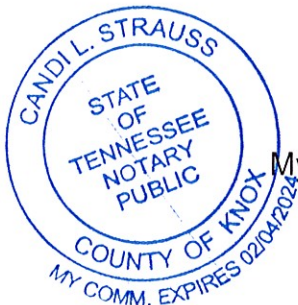
- All Bidders for construction services on this project shall be required to submit an affidavit (by executing this compliance document) as part of their bid that attests that such Bidder shall comply with requirements T.C.A. § 12-4-124.

Signed:

Rachel Gardner

Before me personally appeared Rachel Gardner, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the foregoing affidavit for the purposes therein contained.

Witness my hand and seal at office this 15th day of November, 20 23.



Candi L. Strauss

Notary Public

My commission expires: 2/4/24

**AFFIDAVIT OF COMPLIANCE
WITH
TENNESSEE CRIMINAL HISTORY RECORDS CHECK
TENNESSEE CODE ANNOTATED, SECTION §49-5-413**

(To be submitted with bid by contractor)

I, Rachel Gardner, president or other principal officer of
Wright Contracting Inc, swear or affirm that the company is in
(Name of Company)

compliance with Public Chapter 587 of 2007, codified at Tennessee Code Annotated §49-5-413, in effect at the time of this bid submission at least to the extent required of, governmental entities. I further swear or affirm that the company is in compliance with Tennessee Code Annotated, §49-5-413.

Rachel Gardner
President or Principal Officer

For Wright Contracting Inc
Name of Company

STATE OF Tennessee

COUNTY OF Knox

Before me personally appeared Rachel Gardner, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the foregoing affidavit for the purposes therein contained.

Witness my hand and seal at office this 15th day of November, 2023



My commission expires 2/4/24

[Signature]
Notary Public

**THIS FORM MUST BE INCLUDED IN THE BID PACKAGE AND MUST BE ON FILE IN THE
PURCHASING DEPARTMENT BEFORE WORK BEGINS.**

**AFFIDAVIT OF COMPLIANCE WITH
IRAN DIVESTMENT ACT**

TENNESSEE CODE ANNOTATED, SECTION 12-12-106

Comes Rachel Gardner, for and on behalf of
(Printed name of Principal Officer of Company)

Wright Contracting, Inc, (the "Company") and, after being duly
authorized by the Company so to do, makes oath that:

By submission of this solicitation, each person signing on behalf of any offeror certifies, and in the case of a joint partnership, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each offeror is not on the list created pursuant to the Iran Divestment Act, Tenn. Code Ann. § 12-12-106.

Rachel Gardner
Signature

CFO
Title

Sworn to and subscribed before me, a Notary Public, this 17 day of November, 2023

[Signature]
Signature of Notary Public

Notary Public
My Commission Expires:
2/4/24



AIA® Document A305™ – 2020

Contractor's Qualification Statement

THE PARTIES SHOULD EXECUTE A SEPARATE CONFIDENTIALITY AGREEMENT IF THEY INTEND FOR ANY OF THE INFORMATION IN THIS A305-2020 TO BE HELD CONFIDENTIAL.

SUBMITTED BY:

Wright Contracting, Inc

SUBMITTED TO:

Town of Farragut

NAME OF PROJECT:

Farragut Town Hall Interior Renovations Contract 2024-07

TYPE OF WORK TYPICALLY PERFORMED

General Construction

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

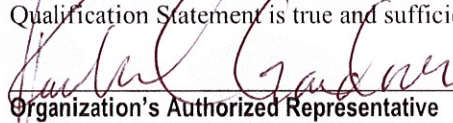
THIS CONTRACTOR'S QUALIFICATION STATEMENT INCLUDES THE FOLLOWING:

(Check all that apply.)

- ☒ Exhibit A – General Information
- ☐ Exhibit B – Financial and Performance Information
- ☐ Exhibit C – Project-Specific Information
- ☐ Exhibit D – Past Project Experience
- ☐ Exhibit E – Past Project Experience (Continued)

CONTRACTOR CERTIFICATION

The undersigned certifies under oath that the information provided in this Contractor's Qualification Statement is true and sufficiently complete so as not to be misleading.


Organization's Authorized Representative

11/17/2023

Date

Signature

Rachel Gardner CFO
Printed Name and Title

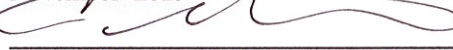
NOTARY

State of: Tennessee

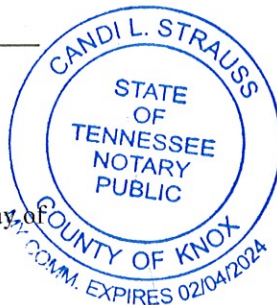
County of: Knox

Signed and sworn to before me this 17th day of

November 2023



Notary Signature

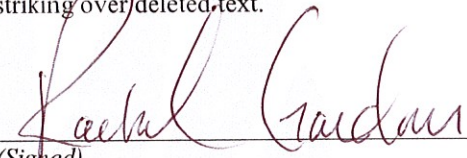


My commission expires: 02/04/2024

Certification of Document's Authenticity

AIA® Document D401™ – 2003

I, Rachel Gardner, hereby certify, to the best of my knowledge, information and belief, that I created the attached final document simultaneously with this certification at 15:48:14 ET on 10/12/2022 under Order No. 2114299176 from AIA Contract Documents software and that in preparing the attached final document I made no changes to the original text of AIA® Document A305™ – 2020, Contractor's Qualification Statement, as published by the AIA in its software, other than changes shown in the attached final document by underscoring added text and striking over deleted text.


(Signed)

CFO
(Title)

11/17/2023
(Dated)

AIA[®] Document A305[™] – 2020 Exhibit A

General Information

This Exhibit is part of the Contractor's Qualification Statement, submitted by Rachel Gardner and dated the 17th day of November in the year 2023
(In words, indicate day, month and year.)

§ A.1 ORGANIZATION

§ A.1.1 Name and Location

§ A.1.1.1 Identify the full legal name of your organization.
Wright Contracting, Inc.

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

§ A.1.1.2 List all other names under which your organization currently does business and, for each name, identify jurisdictions in which it is registered to do business under that trade name.

N/A

§ A.1.1.3 List all prior names under which your organization has operated and, for each name, indicate the date range and jurisdiction in which it was used.

N/A

§ A.1.1.4 Identify the address of your organization's principal place of business and list all office locations out of which your organization conducts business. If your organization has multiple offices, you may attach an exhibit or refer to a website.

1116 Farrington Dr.
Knoxville, TN 37923

§ A.1.2 Legal Status

§ A.1.2.1 Identify the legal status under which your organization does business, such as sole proprietorship, partnership, corporation, limited liability corporation, joint venture, or other.
Corporation

- .1 If your organization is a corporation, identify the state in which it is incorporated, the date of incorporation, and its four highest-ranking corporate officers and their titles, as applicable.
Tennessee, 2/2012, William Gardner (President), Rachel Gardner (CFO)
- .2 If your organization is a partnership, identify its partners and its date of organization.
N/A
- .3 If your organization is individually owned, identify its owner and date of organization.
N/A

- .4 If the form of your organization is other than those listed above, describe it and identify its individual leaders:

N/A

§ A.1.2.2 Does your organization own, in whole or in part, any other construction-related businesses? If so, identify and describe those businesses and specify percentage of ownership.

No

§ A.1.3 Other Information

§ A.1.3.1 How many years has your organization been in business?

11

§ A.1.3.2 How many full-time employees work for your organization?

13

§ A.1.3.3 List your North American Industry Classification System (NAICS) codes and titles. Specify which is your primary NAICS code.

236220 Construction General

§ A.1.3.4 Indicate whether your organization is certified as a governmentally recognized special business class, such as a minority business enterprise, woman business enterprise, service disabled veteran owned small business, woman owned small business, small business in a HUBZone, or a small disadvantaged business in the 8(a) Business Development Program. For each, identify the certifying authority and indicate jurisdictions to which such certification applies.

N/A

§ A.2 EXPERIENCE

§ A.2.1 Complete Exhibit D to describe up to four projects, either completed or in progress, that are representative of your organization's experience and capabilities.

§ A.2.2 State your organization's total dollar value of work currently under contract.

\$23,520,660.00

§ A.2.3 Of the amount stated in Section A.2.2, state the dollar value of work that remains to be completed:

\$8,937,000.00

§ A.2.4 State your organization's average annual dollar value of construction work performed during the last five years.

\$11,160,000.00

§ A.3 CAPABILITIES

§ A.3.1 List the categories of work that your organization typically self-performs.

Supervision, Project Management, Concrete, Masonry, Water Proofing, Carpentry, Doors and Accessories.

§ A.3.2 Identify qualities, accreditations, services, skills, or personnel that you believe differentiate your organization from others.

Please see attached resumes

§ A.3.3 Does your organization provide design collaboration or pre-construction services? If so, describe those services. Budgeting and Design pricing

§ A.3.4 Does your organization use building information modeling (BIM)? If so, describe how your organization uses BIM and identify BIM software that your organization regularly uses.

No

§ A.3.5 Does your organization use a project management information system? If so, identify that system.

Yes. Jonas Premier

§ A.4 REFERENCES

§ A.4.1 Identify three client references:

Mark Munday - Superior Steel - MMunday@superstl.com

Lisa Fingland - Tennessee Air National Guard - lisa.fingland@us.af.mil

Doug Lowrie - University of Tennessee - dlowrie1@utk.edu

§ A.4.2 Identify three architect references:

Brian Nicholson - Studio Four Design - bnicholson@s4dinc.com

Stacy Cox - Studio Four Design - scox@s4dinc.com

Lee Ingram - Brewer Ingram Fuller - lingram@breweringramfuller.com

§ A.4.3 Identify one bank reference:

Tiffany M. Hoppe - Pinnacle Financial Partners - Tiffany.Hoppe@pnfp.com

§ A.4.4 Identify three subcontractor or other trade references:

Terry Derry - Confidence Construction - nderry@yahoo.com

Andy Carr - Miller Electric - acarr@millerelectrical.net

Amanda Yearwood - Interstate Mechanical - ayearwood@interstatemechanical.com



AIA[®] Document A305[™] – 2020 Exhibit B

Financial and Performance Information

This Exhibit is part of the Contractor's Qualification Statement, submitted by Wright Contracting, Inc. and dated the 17th day of November in the year 2023
(In words, indicate day, month and year.)

§ B.1 FINANCIAL

§ B.1.1 Federal tax identification number:
35-2437538

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

§ B.1.2 Attach financial statements for the last three years prepared in accordance with Generally Accepted Accounting Principles, including your organization's latest balance sheet and income statement. Also, indicate the name and contact information of the firm that prepared each financial statement.

Please see attached
Stewart & Wheeler PC
729 West 1st North St
Morristown, TN 37814

§ B.1.3 Has your organization, its parent, or a subsidiary, affiliate, or other entity having common ownership or management, been the subject of any bankruptcy proceeding within the last ten years? No

§ B.1.4 Identify your organization's preferred credit rating agency and identification information.

Dun and Bradstreet - 078590191

§ B.2 DISPUTES AND DISCIPLINARY ACTIONS

§ B.2.1 Are there any pending or outstanding judgments, arbitration proceedings, bond claims, or lawsuits against your organization, its parent, or a subsidiary, affiliate, or other entity having common ownership or management, or any of the individuals listed in Exhibit A, Section 1.2, in which the amount in dispute is more than \$75,000? No
(If the answer is yes, provide an explanation.)

§ B.2.2 In the last five years has your organization, its parent, or a subsidiary, affiliate, or other entity having common ownership or management:
(If the answer to any of the questions below is yes, provide an explanation.)

.1 failed to complete work awarded to it?
No

.2 been terminated for any reason except for an owners' convenience?
No

- .3 had any judgments, settlements, or awards pertaining to a construction project in which your organization was responsible for more than \$75,000?

No

- .4 filed any lawsuits or requested arbitration regarding a construction project?

No

§ B.2.3 In the last five years, has your organization, its parent, or a subsidiary, affiliate, or other entity having common ownership or management; or any of the individuals listed in Exhibit A Section 1.2:

(If the answer to any of the questions below is yes, provide an explanation.)

- .1 been convicted of, or indicted for, a business-related crime?

No

- .2 had any business or professional license subjected to disciplinary action?

No

- .3 been penalized or fined by a state or federal environmental agency?

No



AIA Document A305™ – 2020 Exhibit C

Project Specific Information

This Exhibit is part of the Contractor's Qualification Statement, submitted by Wright Contracting, Inc. and dated the 17th day of November in the year 2023
(In words, indicate day, month and year.)

PROJECT:

(Name and location or address.)

Farragut Town Hall Interior Renovations

11408 Municipal Center Drive Farragut, TN 37934

CONTRACTOR'S PROJECT OFFICE:

1116 Farrington Dr. Knoxville, TN 37923

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

TYPE OF WORK SOUGHT

General contracting, construction manager as constructor

CONFLICT OF INTEREST

Describe any conflict of interest your organization, its parent, or a subsidiary, affiliate, or other entity having common ownership or management, or any of the individuals listed in Exhibit A Section 1.2, may have regarding this Project.

N/A

§ C.1 PERFORMANCE OF THE WORK

§ C.1.1 When was the Contractor's Project Office established?

2012

§ C.1.2 How many full-time field and office staff are respectively employed at the Contractor's Project Office?

13

§ C.1.3 List the business license and contractor license or registration numbers for the Contractor's Project Office that pertain to the Project.

Knox County License - 1001087429

Contractor License - 65789

§ C.1.4 Identify key personnel from your organization who will be meaningfully involved with work on this Project and indicate (1) their position on the Project team, (2) their office location, (3) their expertise and experience, and (4) projects similar to the Project on which they have worked.

Griffin Asplund - Project Manager - 1116 Farrington Dr.

Mike Stephenson - Project Manager - 1116 Farrington Dr.

Matt Wooten - Superintendent - 1116 Farrington Dr.

§ C.1.5 Identify portions of work that you intend to self-perform on this Project.
Project Management, Supervision, general labor, carpentry, and cleanup

§ C.1.6 To the extent known, list the subcontractors you intend to use for major portions of work on the Project.
See Attached Subcontractor List

§ C.2 EXPERIENCE RELATED TO THE PROJECT

§ C.2.1 Complete Exhibit D to describe up to four projects performed by the Contractor's Project Office, either completed or in progress, that are relevant to this Project, such as projects in a similar geographic area or of similar project type. If you have already completed Exhibit D, but want to provide further examples of projects that are relevant to this Project, you may complete Exhibit E.

§ C.2.2 State the total dollar value of work currently under contract at the Contractor's Project Office:
\$23,520,660.00

§ C.2.3 Of the amount stated in Section C.2.2, state the dollar value of work that remains to be completed:
\$8,937,000.00

§ C.2.4 State the average annual dollar value of construction work performed by the Contractor's Project Office during the last five years.
\$11,160,000.00

§ C.2.5 List the total number of projects the Contractor's Project Office has completed in the last five years and state the dollar value of the largest contract the Contractor's Project Office has completed during that time.

54
\$9,251,669.00

§ C.3 SAFETY PROGRAM AND RECORD

§ C.3.1 Does the Contractor's Project Office have a written safety program?
Yes

§ C.3.2 List all safety-related citations and penalties the Contractor's Project Office has received in the last three years.
N/A

§ C.3.3 Attach the Contractor's Project Office's OSHA 300a Summary of Work-Related Injuries and Illnesses form for the last three years. See Attached

§ C.3.4 Attach a copy of your insurance agent's verification letter for your organization's current workers' compensation experience modification rate and rates for the last three years. See Attached

§ C.4 INSURANCE

§ C.4.1 Attach current certificates of insurance for your commercial general liability policy, umbrella insurance policy, and professional liability insurance policy, if any. Identify deductibles or self-insured retentions for your commercial general liability policy. See Attached

§ C.4.2 If requested, will your organization be able to provide property insurance for the Project written on a builder's risk "all-risks" completed value or equivalent policy form and sufficient to cover the total value of the entire Project on a replacement cost basis?
Yes

§ C.4.3 Does your commercial general liability policy contain any exclusions or restrictions of coverage that are prohibited in AIA Document A101-2017, Exhibit A, Insurance A.3.2.2.2? If so, identify.

No

§ C.5 SURETY

§ C.5.1 If requested, will your organization be able to provide a performance and payment bond for this Project? Yes

§ C.5.2 Surety company name:

Shafer Insurance Agency

§ C.5.3 Surety agent name and contact information:

Jason Tallent

100 Marion St, Suite 200 Knoxville, TN 37921

§ C.5.4 Total bonding capacity:
\$15,000,000.00 per project
\$25,000,000 per aggregate

§ C.5.5 Available bonding capacity as of the date of this qualification statement:

\$16,063,580.00

**AIA®****Document A305™ – 2020 Exhibit D****Contractor's Past Project Experience**

	1	2	3	4
PROJECT NAME	TANG - Bldg 420	TANG - Direct Digital Control	TANG - B113 Refuel Cell	UTK Security Upgrades
PROJECT LOCATION	Louisville, TN	Louisville, TN	Louisville, TN	Knoxville, TN
PROJECT TYPE	Renovation	Renovation	Renovation	Renovation
OWNER	Tennessee Air National Guard USPFO TN 134 Mission Support	Tennessee Air National Guard USPFO TN 134 Mission Support	Tennessee Air National Guard USPFO TN 134 Mission Support	State of TN
ARCHITECT	N/A	N/A	N/A	West, Welch, Reed Engineers, Inc.
CONTRACTOR'S PROJECT EXECUTIVE	Lisa Fingland	Lisa Fingland	Lisa Fingland	Steve Hicks
KEY PERSONNEL (include titles)	Griffin Asplund Project Manager Griffin Asplund Superintendent	Griffin Asplund Project Manager Brantley Nichols Superintendent	Griffin Asplund Project Manager Brad Kidwell Superintendent	Mike Stephenson Project Manager Matt Wooten Superintendent
PROJECT DETAILS	Contract Amount \$9,251,669.00 Completion Date 10/15/2023 % Self-Performed Work 25%	Contract Amount \$3,462,344.00 Completion Date In Progress % Self-Performed Work 10%	Contract Amount \$7,323,528.00 Completion Date In Progress % Self-Performed Work 25%	Contract Amount \$3,265,385.00 Completion Date In Progress % Self-Performed Work 20%
PROJECT DELIVERY METHOD	☐ Design-bid-build ☐ Design-build ☒ CM constructor ☐ CM advisor ☐ Other:	☐ Design-bid-build ☐ Design-build ☒ CM constructor ☐ CM advisor ☐ Other:	☐ Design-bid-build ☐ Design-build ☒ CM constructor ☐ CM advisor ☐ Other:	☐ Design-bid-build ☐ Design-build ☒ CM constructor ☐ CM advisor ☐ Other:
SUSTAINABILITY CERTIFICATIONS				



AIA Document A305™ – 2020 Exhibit E

Contractor's Past Project Experience, Continued

	1	2	3	4
PROJECT NAME	UTK Fire Safety Upgrades	UTK Animal & Environmental	TANG ADAL 134th 241st Facilities	2305 TANG ADAL TEC & 134th Facilities
PROJECT LOCATION	Knoxville, TN	Knoxville, TN	Louisville, TN	Louisville, TN
PROJECT TYPE	Renovation	Renovation	Renovation	Renovation
OWNER	State of TN	State of TN	Tennessee Air National Guard USPFO TN 134 Mission Support	Tennessee Air National Guard USPFO TN 134 Mission Support
ARCHITECT	Studio 4 Design	Sparkman Architech	N/A	N/A
CONTRACTOR'S PROJECT EXECUTIVE	Doug Lowrie	Bradford Raines	Lisa Fingland	Lisa Fingland
KEY PERSONNEL (include titles)	Mike Stephenson Project Manager Matt Wooten Superintendent	Mike Stephenson Project Manager Matt Wooten Superintendent	Griffin Asplund Project Manager Brantley Nichols Superintendent	Griffin Asplund Project Manager Brantley Nichols Superintendent
PROJECT DETAILS	Contract Amount \$3,313,517.00 Completion Date 08/30/2023 % Self-Performed Work 15%	Contract Amount \$1,972,274.00 Completion Date 07/21/2023 % Self-Performed Work 35%	Contract Amount \$221,000.00 Completion Date In progress % Self-Performed Work 10%	Contract Amount \$2,056,300.00 Completion Date In progress % Self-Performed Work 10%
PROJECT DELIVERY METHOD	☐ Design-bid-build ☐ Design-build ☒ CM constructor ☐ CM advisor ☐ Other:	☐ Design-bid-build ☐ Design-build ☒ CM constructor ☐ CM advisor ☐ Other:	☐ Design-bid-build ☐ Design-build ☒ CM constructor ☐ CM advisor ☐ Other:	☐ Design-bid-build ☐ Design-build ☒ CM constructor ☐ CM advisor ☐ Other:
SUSTAINABILITY CERTIFICATIONS				

Log of Work-Related Injuries and Illnesses

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Wright Contracting, Inc
Establishment name
Knoxville
City
TN
State

Identify the person

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)
-----------------	------------------------	------------------------------------

(D)	(E)
Date of injury or onset of illness	Where the event occurred <i>(e.g., Loading dock north end)</i>

(F)
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)

Describe the case

[illegible]

Classify the case

CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Death	Remained at Work		
	Days away from work	Job transfer or restriction	Other recordable cases
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11
12	12	12	12
13	13	13	13
14	14	14	14
15	15	15	15
16	16	16	16
17	17	17	17
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93	93	93	93
94	94	94	94
95	95	95	95
96	96	96	96
97	97	97	97
98	98	98	98
99	99	99	99
100	100	100	100

Enter the number of days the injured or ill worker was:

Away from work	On job transfer or restriction
1. Medical history—Detailed history of present illness, past medical history, and family history. 2. Physical examination—General, head, neck, chest, abdomen, and extremities. 3. Diagnostic tests—Chest x-ray, ECG, and laboratory tests (CBC, BUN, creatinine, liver function tests, and urinalysis). 4. Immunization status—Verify immunization status and administer any missing vaccines. 5. Medication review—Review current and past medications for potential side effects or interactions. 6. Occupational history—Detailed history of occupational exposures and activities. 7. Psychosocial assessment—Assess for stress, anxiety, and depression. 8. Referral to specialists—Referral to specialists as needed (e.g., cardiologist, pulmonologist, or occupational medicine specialist). 9. Follow-up—Schedule follow-up appointment to monitor progress and adjust treatment as needed.	1. Medical history—Detailed history of present illness, past medical history, and family history. 2. Physical examination—General, head, neck, chest, abdomen, and extremities. 3. Diagnostic tests—Chest x-ray, ECG, and laboratory tests (CBC, BUN, creatinine, liver function tests, and urinalysis). 4. Immunization status—Verify immunization status and administer any missing vaccines. 5. Medication review—Review current and past medications for potential side effects or interactions. 6. Occupational history—Detailed history of occupational exposures and activities. 7. Psychosocial assessment—Assess for stress, anxiety, and depression. 8. Referral to specialists—Referral to specialists as needed (e.g., cardiologist, pulmonologist, or occupational medicine specialist). 9. Follow-up—Schedule follow-up appointment to monitor progress and adjust treatment as needed.

Check the "Injury" column or choose one type of illness:

(M) Injury

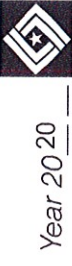
Page totals ▶

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about this estimate or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Page ____ of ____

Summary of Work-Related Injuries and Illnesses



Year 20 20
U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G) <u>0</u>	(H) <u>0</u>	(I) <u>0</u>	(J) <u>0</u>

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K) <u>0</u>	(L) <u>0</u>

Injury and Illness Types

Total number of . . .	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
(M) Injuries	<u>0</u>	<u>0</u>	<u>0</u>
(2) Skin disorders	<u>0</u>	<u>0</u>	<u>0</u>
(3) Respiratory conditions	<u>0</u>	<u>0</u>	<u>0</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name Wright Contracting, Inc
Street 1116 Farrington Dr.
City Knoxville State TN ZIP 37923

Industry description (e.g., *Manufacture of motor truck trailers*)
Commercial Construction
Standard Industrial Classification (SIC), if known (e.g., 3715)

OR
North American Industrial Classification (NAICS), if known (e.g., 336212)
236220

Employment information

(If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 20
Total hours worked by all employees last year 30380

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive CFO
() 865-384-0748 Title 02/17/2020
Phone Date

Summary of Work-Related Injuries and Illnesses



Year 20 21

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35. In OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of ...	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
(M)	0	0	0	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-9044, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name WRIGHT CONTRACTING INC

Street 1116 FARRINGTON DR

City KNOXVILLE State TN ZIP 37923

Industry description (e.g., *Manufacture of motor truck trailers*) _____

Standard Industrial Classification (SIC), if known (e.g., 3715)
1542

OR _____

North American Industrial Classification (NAICS), if known (e.g., 336212)
236220

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 11
Total hours worked by all employees last year 21710.16

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Rachel Gaudin Title CFO
Company executive
Phone (865) 454-1217 Date 02/28/2022

Summary of Work-Related Injuries and Illnesses



Year 20 22

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of ...	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
(M)	0	0	0	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name **WRIGHT CONTRACTING INC**
 Street **1116 FARRINGTON DR**
 City **KNOXVILLE** State **TN** ZIP **37923**

Industry description (e.g., *Manufacture of motor truck trailers*)

Standard Industrial Classification (SIC), if known (e.g., 3715)
1542

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)
236220

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees **11**
 Total hours worked by all employees last year **22911.53**

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____ Title _____
 Phone _____ / _____
 Date _____

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Year 2022

U.S. Department of Labor
Occupational Safety and Health Administration

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

WRIGHT CONTRACTING INC.

Establishment name:

$$\mathbb{Z}$$

Identify the person		Describe the case		Classify the case		Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	On job transfer or restriction (K)	On job transfer or restriction (L)	Injury (M)	All other illnesses
			/ month/day			☐	☐	☐	☐	0 days	0 days	☐	☐
			/ month/day			☐	☐	☐	☐	0 days	0 days	☐	☐
			/ month/day			☐	☐	☐	☐	0 days	0 days	☐	☐
			/ month/day			☐	☐	☐	☐	0 days	0 days	☐	☐
			/ month/day			☐	☐	☐	☐	0 days	0 days	☐	☐
			/ month/day			☐	☐	☐	☐	0 days	0 days	☐	☐
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April 20, 2022

Payroll Made Easy, DBA Continuum HR
11691 Gateway Blvd., Suite 104
Fort Myers, FL 33913
RE: Crown Shredding, LLC

To whom it may concern:

Payroll Made Easy, DBA Continuum HR is a Professional Employer Organization (PEO) that provides the burden of risk management and assumes other responsibilities such as payroll and employee taxes, benefits administration, workers' compensation and all human resources administrative related issues.

Wright Contracting Inc. has been insured for workers' compensation under our workers' compensation policy since September 20, 2020.

The workers' compensation policy is under Payroll Made Easy, DBA Continuum HR, under UWIC Insurance Policy, policy number WC522-00001-020-SZ.

Our Experience Mod Rating (ERM):
Effective 6/1/2020-.84
Effective 6/1/2021-.83
Effective 6/1/2022-.73

Wright Contracting Inc. assumes the ERM rating of Payroll Made Easy, DBA Continuum HR for the duration the client stays with Payroll Made Easy, DBA Continuum HR.

Please feel free to contact at (239) 400-2237 should you have any questions.

Sincerely,

Phillip Herron

Phillip Herron
Director of Risk Management
Direct Line: 239 400-2237
Email: pherron@continuumhr.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/20/2023

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 SUNZ Insurance Solutions, LLC. C/O Payroll Made Easy, Inc. 11691 Gateway Blvd., Suite 104 Fort Myers, FL 33913	ID: (PME)	CONTACT NAME: Eliese Goldenbloom PHONE (A/C, No, Ext): 239-415-1110 E-MAIL ADDRESS: eliese@continuumhr.com FAX (A/C, No): 239-415-1114
INSURED Payroll Made Easy, Inc, d/b/a Continuum HR 11691 Gateway Blvd., Suite 104 Fort Myers FL 33913		INSURER(S) AFFORDING COVERAGE INSURER A : United Wisconsin Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
		NAIC # 29157

COVERAGES

CERTIFICATE NUMBER: 68345537

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ N	WC522-00001-023-SZ WC522-00001-022-SZ WC522-00001-021-SZ	6/1/2023 6/1/2022 6/1/2021	6/1/2024 6/1/2023 6/1/2022	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Coverage provided for all leased employees but not subcontractors of: Wright Contracting Inc
Client Effective: 9/20/2020

CERTIFICATE HOLDER**CANCELLATION**

517

Wright Contracting Inc
1116 Farmington Drive
Knoxville TN 37923

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Rick Leonard

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/10/2023

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 Shafer Insurance Agency, Inc. 1100 Marion Street Suite 200 Knoxville TN 37921	CONTACT NAME: Christina Addington PHONE (A/C, No, Ext): 865-292-1114 E-MAIL: caddington@shaferinsurance.com ADDRESS: caddington@shaferinsurance.com	FAX (A/C, No): 865-637-2247
INSURED Wright Contracting, Inc. 1116 Farrington Drive Knoxville TN 37923	License#: 5471 WRIGCON-CO	INSURER(S) AFFORDING COVERAGE INSURER A: Middlesex Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
		NAIC # 23434

COVERAGES**CERTIFICATE NUMBER:** 805173941**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
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR Blanket AI/Waivr GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC OTHER:			A0212079	4/10/2023	4/10/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY Blanket AI & Waiver			A0212079	4/10/2023	4/10/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll Deds. \$ 1,000
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 0			A0212079	4/10/2023	4/10/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N ☐ N/A						PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Leased/Rented Equip			A0212079	4/10/2023	4/10/2024	\$500 Ded.; Limit - 100,000

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

Pollution Liability - Policy No. G71655544002
Policy Term: 9/20/22 to 9/20/23
Carrier - Westchester Surplus Lines Ins. Co.
Aggregate Limit \$2,000,000
Each Occurrence Limit \$2,000,000
Deductible \$5,000

Builders Risk - Policy No. MIM 1042429 51
See Attached...

CERTIFICATE HOLDER**CANCELLATION**

For Info Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ADDITIONAL REMARKS SCHEDULE

AGENCY Shafer Insurance Agency, Inc.		NAMED INSURED Wright Contracting, Inc. 1116 Farrington Drive Knoxville TN 37923
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Policy Term: 7/25/22 to 7/25/23
 Carrier - Berkley National Insurance Co.
 \$2,500,000 limit at one building (Frame & Joisted Masonry)
 \$5,000,000 limit at one building (Non-Combustible)
 \$25,000,000 limit at one building (Masonry Non-Combustible, Modified Fire Resistive and Fire Resistive)
 Includes Flood & Earthquake
 Deductible \$2,500

William Wright Gardner (Bill)

President/Estimator/Project Manager

Education:

Bachelor of Science in Mechanical Engineering, Virginia Tech 1991

Employment History:

Wright Contracting, 7 years – *Founder, President, 50% owner*

Johnson & Galyon, 12 years – *Executive Vice President, 23% owner*

Fountainhead Builders, 4 years – *Owner*

Schlumberger Well Services, 4 years – *Senior Field Engineer*

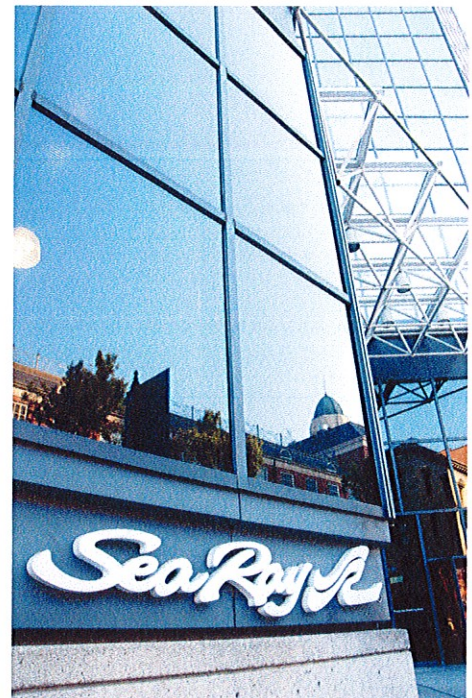


After leaving the oil field, Bill started a residential construction business in Louisiana. The move to Knoxville was precipitated by a desire to live in an area that was a great place to raise a family. At Johnson & Galyon, Bill worked as a project manager, estimator, Executive Vice President and company owner.

Bill has been responsible for numerous high-profile projects in Knoxville. Wright Contracting was founded to focus on his core values; strong personal connections, outstanding construction services and bringing great value to his clients.

Relevant Project Experience:

- Oak Ridge National Labs
 - ◆ Powerline Upgrades \$5,687,600
 - ◆ Greenhouse Headhouse \$1,796,000
 - ◆ AEL Upgrades \$ 965,000
- Oak Ridge Associated Universities
 - ◆ SC-200 Building \$1,226,000
 - ◆ MC-100 Chiller \$ 395,100
- Knoxville Utilities Board
 - ◆ Jackson Ave Parking Lot \$550,000
 - ◆ Promenade Garage Renovation \$1,280,100
 - ◆ Kuwahee Admin Building \$905,600
- University of Tennessee
 - ◆ Alpha Gamma Rho \$2,157,700
 - ◆ Neyland Stadium Improvements \$1,270,400
 - ◆ Tennis Stadium Improvements \$1,373,660
 - ◆ University Ave Building Improvements \$905,000
 - ◆ Henson Hall Renovations \$1,274,000
 - ◆ Buehler Lab Renovations \$2,208,000
 - ◆ Dougherty Sustainable Energy Lab \$1,982,000
- TN Air National Guard O&T Facility \$4,499,000



Rachel Gardner

Chief Financial Officer/Estimator/Project Manager

Education:

Bachelor of Science in Mechanical Engineering,
Arizona State University 1991

Master of Science in Aerospace Engineering,
North Carolina State University 1993

Employment History:

Wright Contracting, 7 years – *Founder, 50% owner*

Lankford Engineering, 6 years – *Controls Systems Program Engineer*

Schlumberger Well Services, 3 years – *Senior Field Engineer*

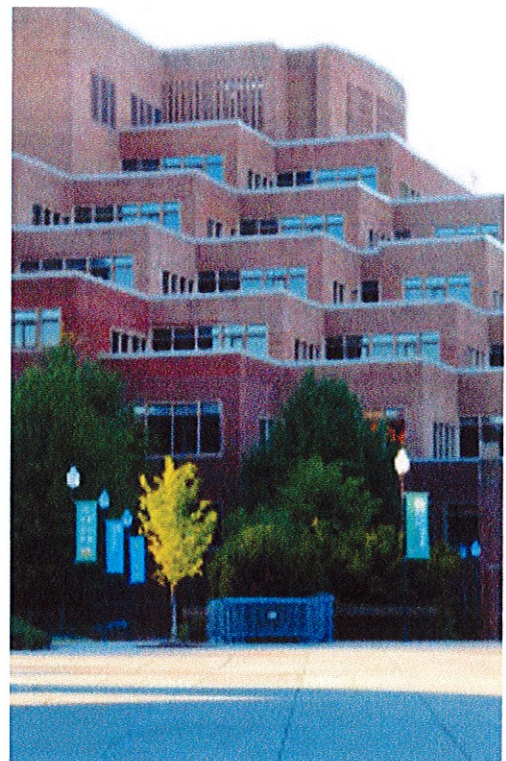


Rachel has done it all. After earning two engineering degrees, working on oil rigs in the Gulf of Mexico and programming control systems in industrial facilities, she took a break to focus her efforts and energy on raising four children.

Wright Contracting has afforded her the opportunity to be an owner and use her education and experience for the benefit of our clients. Rachel is responsible for all things financial, estimates approximately 60% of our projects, manages projects and coordinates administrative staff.

Relevant Project Experience:

- UTK
 - Hodges Library – Special Collections, \$ 128,900
 - Hodges Library – Digital Signage, \$ 241,900
 - Hodge Library – 3Form Panels, \$ 71,800
 - Communications Building, \$ 134,700
 - Henson Hall Renovations \$1,274,000, Estimator
 - Dougherty Lab 324 Renovations \$400,000, Estimator
 - Buehler Lab Renovations \$2,208,000, Estimator
 - Dougherty Sustainable Energy Lab \$1,982,000, Estimator
- Roane County Schools Life Skills Classrooms, \$460,000
- Loudon County Schools- 3 Elementary Schools, \$ 109,000
- TN School for the Deaf – Cottages, \$ 226,700, Estimator
- City of Clinton City Hall Renovation, \$ 455,650
- City of Oak Ridge Fire Station #4 Renovation, \$ 473,000
- Cellular Sales Verizon Store, \$ 589,000
- Brunswick Boats Showroom, \$322,000



UT Hodges Library

Mike Stephenson

Project Manager / Estimator

Education:

Construction Technology & Estimating
San Diego State University, 2005

Business Management & Advertising
Grossmont Community College, 1987



Employment History:

Wright Contracting, *Project Manager, Estimator*

Kinsman Construction, *6 years - Senior Project Manager*

GB Capital Holdings, *3 years - Project Manager*

Peterbuilt Corporation, *9 years - Project Manager*

30 years of industry experience

Mike is a project manager/estimator at Wright Contracting. He recently moved with his wife from San Diego to Knoxville. He is a great asset to Wright Contracting bring over 30 years of construction experience in project management and estimating in multiple areas of commercial construction such as Research and Development Facilities, marinas, industrial, Engineered sitework (piers and docks), school work, sports facilities, restaurants. Mike is hard-working, energetic and looks after the interest of all team members. His thorough understanding of the project scope and building mechanics ensures a successful project every time.

Relevant Project Experience:

- Childhelp Buildout, \$ 841,000
- Oak Ridge Utility Business Office, \$ 293,000
- Homes for Industry R&D Facility
- Sun Micro Systems R&D Facility
- Point Loma Marina \$3,200,000
- Intrepid Landing LLC \$4,800,000
- B Street Cruise Ship Terminal
Structural Renovation and Roofing
\$1,600,000
- All Tribe Charter School Phase and
Ground up Expansion \$3,500,000
- California DOT Material Lab Testing
Facility \$1,700,000
- The Waterfront Grill \$877,000



Point Loma Marina

Griffin Asplund

Project Manager

Education:

University Of Tennessee, Knoxville, 2016

- BS Construction Science
- Minor in Business Administration

OSHA 30 - 2018

TDEC Level 1 - 2018

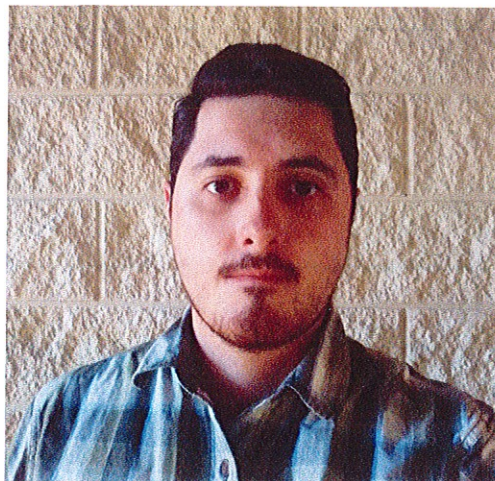
Employment History:

Wright Contracting, Inc., 2018 to present

- Assistant PM, PM, Jr. Estimator, Superintendent, Safety liaison

Self employed renovating residential homes - 2 years, 2016 - 2018, owner

Christopolus and Kennedy, 2 years, 2014 - 2015 - Assistant PM



Project Responsibilities:

Griffin is an Assistant Project Manager and/or Superintendent. He will assist the project manager in the office with items such as submittal processing, RFIs, PCOs, subcontracts, etc. On smaller projects he is placed onsite as the acting Superintendent, managing the schedule, subcontractors, and self perform work. On larger projects, he will act as an Assistant Superintendent, helping the onsite superintendent.

Relevant Project Experience:

- ORNL Power Line Upgrades - Assistant Project Manager / Assistant Superintendent
- ORNL AEL Upgrades - Assistant Project Manager / Assistant Superintendent
- ORNL Greenhouse Headhouse - Assistant Project Manager
- ORAU MC-100 Chiller - Assistant Project Manager
- TVA KOC East Tower Bathroom Renovation - Superintendent
- KUB Flemings Gazebo - Project Manager/Superintendent
- KUB Turret Brick Repair - Project Manager/Superintendent
- Cellular Sales Verizon - Assistant Project Manager
- World Travel - Assistant Project Manager
- Ben Atchley Veterans Home - Project Manager/Superintendent
- Sharps Ridge Veterans Memorial Park - Project Manager
- Petwell Clinic - Assistant Project Manager
- Childhelp - Assistant Project Manager
- Brunswick Boat Showroom - Assistant Project Manager
- Residential Investment Property Renovation - Project Manager/Superintendent

Matthew Wooten

Estimator/ Assistant Project Manager

Education:

OSHA 30

Employment History:

Wright Contracting - *Superintendent*

ForeMost Construction Group, 2 years – *Project Manager, Estimator*

Alpha Services Group, 2 years - *Owner/Operator*

US Army Corps of Engineers, 4 years - *Combat Engineer*



Matt is an assistant project manager for Wright Contracting. Through the course of his 8 years in the construction industry, Matt has owned and operated a successful company, managed both residential & commercial construction projects, and assisted in the reconstruction of the Iraqi infrastructure in support of Operation Iraqi Freedom. Matt is goal oriented and his attention to detail ensures the finished project not only meets your expectations, but exceeds them.

Relevant Project Experience:

- Tennessee School for the Deaf, Assistant Project Manager
- All Souls Church, Assistant Project Manager
- Pokeworks, Project Manager
- Residential New Construction & Renovation Projects, Project Manager
- Court Ave Apartment Complex, Assistant Project Manager
- Checkerboard Commercial Office & Warehouse, Assistant Project Manager
- Citizens Bank, Estimator
- Taco Bell, Estimator
- Superior Steel Paint Building, Assistant Project Manager
- Munday Boat Dock, Assistant Project Manager

