

Bid #4

PROPOSAL ATTACHMENTS

Landis Pool Resurfacing Proposal Form & Signature Page

It is the intent of the Town to accept the lowest responsible/responsive proposal. The selected proposal will be the most advantageous regarding price, quality of service, vendor qualifications and capabilities to provide the specified service, and other factors which the Town may consider. The Town reserves the right to accept or reject any or all proposals and to waive irregularities therein.

The undersigned hereby submits the following proposal for the cost of Contractor/Construction services as described within this Request for Proposal document:

Business Name: Conner Construction Corp.

Representative Name/Title: Eva Harris/Sr Estimator

Address: 19008 W Catawba Ave, Cornelius, NC 28031

Office Phone: 704-896-8118 Cell Phone: 704-634-7126

Website: www.connerconstructs.com Email: eva@connerconstructs.com

Material Costs	Labor Costs	Other / Note
\$36,622	\$31,812	

Total Cost: \$68,434

Payment will be made to the contractor within 30 days of receiving the monthly invoice. The invoice shall include date(s) of service and amount for each date. Special services provided will be billed via a separate invoice and described by the service provided and the date it was provided.

Authorized Signature: Eva Harris

Date: 9/2/2025

Proposal References

Please list three (3) client references. The Town reserves the right to contact references other than, and/or in addition to, those being furnished below.

Business Name: City of Concord

Address: PO Box 308, Concord, NC 28026

Contact Name: Jimmy Bulter Phone: 704-920-5422

Business Relationship: Conner was the GC for McInnis Park Pool Renovation

Business Name: Granite Falls SplashPad

Address: 56 Pinewood Road, Granite Falls, NC 28630

Contact Name: Joseph Hartman Phone: 828-396-1221

Business Relationship: Lail Builders was the GC for this project Conner installed the splashpad

Business Name: Bishop Park Pool Improvements

Address: 705 Sunset Drive, Athens, GA 30606

Contact Name: Ryan Deal Phone: 706-633-0562

Business Relationship: JOC Construction was the GC for this project Conner installed the pool

Company Narrative

Company Name: Conner Construction Corp.

Number of Employees: 14

Years of Operation: 29

Current Clients: Mccallan, Westmoreland, Norwood

Please include a brief narrative in the space below to include any additional information you wish to share that may assist us in choosing the best vendor for our needs:

~~*Conner Construction corp maintains an unlimited General Contractor license, has a bond rate of 2%. And is currently celebrating our 29th year of service to our clients. We are a commercial only contractor that specializes in municipal, collegiate and design build aquatic construction.~~

~~*On time and on budget every time.~~

~~*We recently finished the city of Granite Falls splash pad, Victory Junction's aquatic replacement including a lazy river and City of Athen's 10 lane competition pool with 2 diving boards and a zero entry child play area.~~

*Currently, we are under contract for two additional municipal splash pads and several other pool projects.

*Our success depends on our clients' success and referrals.

Property/Liability and Workers' Compensation Certification

The selected vendor must provide a Certificate of Insurance including workers' compensation coverage naming the Town as an additional insured with the minimum insurance requirements of \$1,000,000.

- I understand that, if my proposal is selected, I will be required to provide a Certificate of Insurance with a minimum coverage of \$1,000,000 naming the Town of Landis as an additional insured.
- I hereby certify that I have and will maintain in full force and effect a policy of Workers Compensation Insurance in compliance with the Laws of the State of North Carolina with the following insurance company:

Insurance Company Name: Harford Mutual Insurance Group - GL
Carolina Mutual - WC

Agent's Name, Address, Telephone: Spivey Insurance Group 251 Post Office Dr, Indian Trail, NC
704-821-4460

Policy Number: GL - MP10773444
WC - WC28266-2025 Effective Date: 5/16/2025

Proposal for the Independent Contractor Statement

It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing the relationship of co-partners between the parties hereto or as constituting the Contractor as the agent, representative, or employee of the Town for any purpose or in any manner whatsoever. The Contractor is to be and shall remain an independent contractor with respect to all services performed.

The Contractor represents that it has, or will secure at its own expense, all personnel required in performing services. Any and all personnel of the Contractor or other persons, while engaged in the performance of any work or services required, shall have no contractual relationship with the Town, shall not be considered employees of the Town and any and all claims that may or might arise under the Unemployment Compensation Act or the Workers' Compensation Act of the State of North Carolina on behalf of said personnel arising out of employment or alleged employment including, without limitations, claims of discrimination against the Contractor, its officers, agents, contractors or employees, shall in no way be the responsibility of the Town; and the Contractor shall defend, indemnify and hold the Town, its officers, agents and employees harmless from any and all such claims irrespective of any pertinent tribunal, agency, board, commission or court. Such personnel or other persons shall neither require nor be entitled to any compensation, rights, or benefits of any kind whatsoever from the Town, including, without limitation, tenure rights, medical and hospital care, sick and vacation leave, Workers' Compensation, Unemployment Insurance, disability, or severance pay.

Company/Individual Name: Conner Construction Corp.

Official Address: 19008 W Catawba Ave, Cornelius, NC 28031

Signature & Title: *Eva Harris* - Sr Estimator

Date: 9/2/2025

Certification Regarding Lobbying

The undersigned Firm certifies, to the best of his or her knowledge and belief, that:

No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal Contract, grant, loan, or cooperative agreement.

If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal Contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, et seq.)]

The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including Sub-contracts, sub-grants, and Contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. § 1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure]

Signature of Firm's Authorized Official: *Eva Harris*

Name and Title of Firm's Authorized Official: Eva Harris/Sr Estimator

Date: 9/2/2025

Note: This form may be signed electronically. All firms proposed for the contract must sign and return this form as part of the solicitation response.

Intent to Perform as a Minority Business Enterprise Firm or Sub-firm

All Minority Business Enterprises (MBE) proposed for the following solicitation must fill out this portion of the form.

Firm is proposed as: Prime firm: X Sub-firm: _____

Is the firm a NC Department of Administration certified Historically Underutilized Business?

Yes: X No: _____

Is the firm a NC Department of Transportation certified Disadvantaged Business Enterprise?

Yes: _____ No: X

If the answer is no to both questions above, is the firm an approved Minority Business Enterprise by the Town of Landis?

Yes: _____ N/A (firm is qualified under one of the two methods above): _____

Legal name of the firm and physical address: _____

Conner Construction Corp. - 19008 W Catawba Ave, Cornelius, NC 28031

As a duly authorized representative, I certify the above information is accurate.

Eva Harris

Signature of Firm's Authorized Official

Eva Harris/Sr Estimator

Printed Name and Title of Firm's Authorized Official

9/2/2025

Date



North Carolina
Department of Administration
Office for Historically Underutilized Businesses

Pamela B. Cashwell
Secretary

Tammie Hall
Director

August 5, 2022

Eva Harris
Conner Construction Corp (Woman Owned)
19008 W. Catawba Ave.
Cornelius, NC 28031

Dear Eva Harris:

The Office for Historically Underutilized Businesses (HUB Office) is pleased to inform you that your company is now certified as a Historically Underutilized Business. Your firm is listed in the Statewide Uniform Certification (SWUC) Program database. This certification will remain in effect for four (4) years from the date of this letter.

You must notify the HUB Office in writing within 30 days of any changes affecting your compliance with SWUC Program eligibility requirements, including changes in ownership, day-to-day management and operational control. Failure to notify the HUB Office of these changes or reapply for certification in a timely manner may cause your HUB Certification to be revoked. In addition, please be advised your status may be changed if there is a 3rd party challenge granted against your firm. The link to the HUB Office 3rd party challenge form can be located at <https://files.nc.gov/ncdoa/documents/ThirdpartyEligibilityChallengerev080811.pdf>. All information submitted to the Office for Historically Underutilized Business is subject to audit and review.

The HUB Office collaborates with local Minority/Women/Small Business (M/W/SBE) Offices who offer assistance to certified HUB firms with identifying contract opportunities with state and local government. Many of these offices also offer assistance with business development. Please visit our website at <http://www.doa.nc.gov/hub/programs.aspx?pid=swuc> to locate the local office near you. Another great resource is the Small Business and Technology Development Center at www.sbtcd.org for free personalized business assistance and counseling.

It is important to note that although your status as a certified HUB firm greatly improves your access to state and local government contracts, this certification does not guarantee contract awards. Your ability to research opportunities and bid competitively will be important to your success in this program. We are committed to assisting you through the process with the completion of the Preliminary Business Development and Supportive Services Assessment Survey, located on the HUB Office website under the Certification Tab. The information will provide an overview of your company which will assist us in appropriately aligning contract opportunities that you are ready, willing and able to pursue.

Thank you for your interest and participation in the SWUC Program as a Historically Underutilized Business firm with the State of North Carolina.

Sincerely,

Tammie Hall

Tammie Hall
Director



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/05/2025

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 Spivey Insurance Group Inc. 251 Post Office Dr #3 Indian Trail NC 28079		CONTACT NAME: Spivey Insurance Group PHONE (A/C No. Ext): (704) 821-4460 FAX (A/C No): (704) 821-6766 E-MAIL ADDRESS: certificates@spiveyinsurancegroup.com	
INSURED Conner Construction Corporation 19008 W Catawba Avenue Cornelius NC 28031-5603		INSURER(S) AFFORDING COVERAGE INSURER A: HARFORD MUTUAL INSURANCE CO NAIC # 14141 INSURER B: CAROLINA MUTUAL INSURANCE 14090 INSURER C: Progressive Southeastern INSURER D: Nautilus Insurance Company INSURER E: Liberty Mutual Ins Co INSURER F:	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY			MP10773444	05/16/2025	05/16/2026	EACH OCCURRENCE \$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	☐ POLICY ☒ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
C	☒ AUTOMOBILE LIABILITY			980769035	05/16/2025	05/16/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	☐ ANY AUTO						BODILY INJURY (Per person) \$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	☐ HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
D	☒ UMBRELLA LIAB ☒ EXCESS LIAB			AN1347354	05/16/2025	05/16/2026	EACH OCCURRENCE \$ 5,000,000
	☐ CLAIMS-MADE						AGGREGATE \$ 5,000,000
	DED ☒ RETENTION \$ 10000						PR/COMP OPS AGG \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC28266-2025	05/16/2025	05/16/2026	☒ PER STATUTE ☐ OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Rented/Leased Equipment Coverage			BMO67050799	11/28/2024	11/28/2025	Limit: \$150,000

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

FOR INFORMATIONAL PURPOSES ONLY

For certificate requests, please email certificates@spiveyinsurancegroup.com

CERTIFICATE HOLDER**CANCELLATION**

FOR INFORMATIONAL PURPOSES 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