



SUBCONTRACT

To: National TAB
 105 Stone Village Drive
 Fort Hill, SC 29708

Subcontract #: 241000037890
Date Issued: 1/23/25

Project Name: Eli Lilly ASRS Expansion
 (24.100.0037)
Project Address: 59 Moore Drive
 Durham, NC 27709

Payment Terms:	60 days
Contract Type	Firm Price

Subcontractor Contact Information	
Contact:	Scott Springer
Cell #:	803-646-1559
Email:	scott@nationaltab.com

InServ Contact Information for Subcontract	
Project Manager	Curtis Davis
Cell #:	919-441-3616
Email:	cdavis@inserv.org

Scope of Work: Subcontractor Shall Perform Testing and Balancing of Glycol system, including 34 -GFCUs, 3 -Dehumidifiers, 1 - Chiller, 1- Pump Skid in accordance with the Revision 3 drawings and specifications dated 10/04/2024 by Gresham Smith. Included are all TAB report turn over documents required per specifications.

Item Number	Description	Amount
1	Lbr & Mat for Glycol System TAB	23,000.00

Total Subcontract Amount: \$23,000.00



Notwithstanding anything herein to the contrary, the purchase price in any Purchase Order is firm and not subject to escalation for any reason unless expressly authorized by Purchaser in writing.

Contractual Obligations

Specifications Sections:

01340 Submittals

15010 Gen Provisions

15905 Testing, Adjusting, & Balancing

1. The Following drawings are included in the scope of work. Please note these drawings do not define the complete scope of work.

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RTP008	DI	00008670
RTP008	DI	00008671
RTP008	DI	00008672
RTP008	DI	00008673
RTP008	DI	00008990
RTP008	DI	00008991
RTP008	MH	00002103
RTP008	MH	00002104
RTP008	MH	00002111
RTP008	MH	00002112
RTP008	MH	00002601
RTP008	MH	00011811
RTP008	MH	00011812
RTP008	MJ	00000001
RTP008	MJ	00000002
RTP008	MP	00002101
RTP008	MP	00002102
RTP008	MP	00002401
RTP008	MP	00002402
RTP008	MP	00011811
RTP008	MP	00011812
RTP008	MP	00011821
RTP010	MP	00001201
RTP006	DI	00008600
RTP006	DR	00001202

Insurance:

The minimum insurance requirements for this job are as follows.

General Liability (Per Occurrence)	\$1,000,000
General Liability (General Aggregate per Project)	\$2,000,000
General Liability (Products-Completed Operations Aggregate)	\$2,000,000
General Liability (Personal & Advertising Injury)	\$1,000,000
General Liability (Damage to Premises Rented to You)	\$50,000
General Liability (Medical Expense)	\$5,000
Auto Liability (Per Person)	\$1,000,000
Auto Liability (Per Occurrence for Personal Injury)	\$2,500,000
Auto Liability (Per Occurrence for Property Damage)	\$1,000,000
Workers Compensation (Each Accident)	\$1,000,000
Excess Umbrella Liability (Each Occurrence)	\$3,000,000

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The subcontractor must submit a certificate of insurance indicating compliance with this requirement that lists InServ Corp as an additional insured.

Sales and Use Taxes

Except as otherwise specified in the Subcontractor Purchase Order, the purchase price excludes all applicable federal, state, and local taxes and other charges in effect on the date hereof. Notwithstanding anything herein to the contrary, the purchase price in any Subcontractor Purchase Order is firm and not subject to escalation for any reason unless expressly authorized by the Purchaser in writing.

This Statement of Work is classified as a: **This Project is Tax Exempt**

- Capital Improvement Project – E-589CI form
- Capital Improvement Project that includes purchase of mill machinery or work on mill machinery in manufacturing industries or plants – E-595E form
- Tax Exempt in accordance - NCDOR classification requirements - E-595E form
- NA – work performed outside of the State of NC (checkbox)

Warranty.

Warranty shall be as described in the MSA period shall be:

- 12 Months
- 24 Months
- Other _____

The warranty period starts from the time the owner assumes control of the facility.

Warranties:

Per Plans and Specifications. At a minimum the subcontractor will provide a one-year warranty from the date of substantial completion in addition to longer warranties as called out in the project documents.

Liquidated Damages Apply to this Contract – Yes No

Bonding Requirements Apply to this Contract – Yes No

Project SPECIFICS

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Schedule Requirements: Per issued Brasfield & Gorrie Project Schedule Dated 12/09/24.

Milestone	Description	Date
BGM07000	Building Dry (100% Dry)	5/13/25
E19999	ASRS Mechanically Complete	8/18/25
FI1090	Mechanical System Final Inspection	09/23/25

Work schedule for this job will be performed:

- Monday through Thursday working 4, 10-hour days
- ~~X Monday through Friday working 5, 10-hour days~~
- Monday through Friday working 5, 8-hour days
- Monday through Saturday working 6, 10-hour days
- Weekends only
- Other Monday through Thursday working 4, 12-hour days

Saturdays are make-up day for rainouts during week.

Site Specific Safety Requirements: Per issued Brasfield & Gorrie SSSP

- X Site Safety Orientation
- X Attendance at a Weekly Progress meeting of a 1 hr. duration
- X Daily JHA
- X Subcontractor supplied Dedicated Safety Professional (If 20 or more personnel)
- X Daily Safety Requirements
- X Weekly site safety audit

PPE Requirements:

- X Safety glasses, hard hat, vest, steel-toe boots, cut proof gloves
- X Lift Spotter, Fire Watch, Vehicle Attendant
- Respirator
- Other _____

Special Safety Procedures Required:

- Permitted Confined Space

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- Trenching Procedures
- Crane and or Rigging Plan
- Other _____

Drug Test Required – **Yes X No**
72 Hour Drug Test is required to issue Good Guy Letter.

Background Check Requirement – **Yes X No**

Invoicing Instructions

All invoices shall be sent to **APADMIN@INSERV.ORG**

1. Sending duplicates will cause delays.
2. Invoices sent to other email addresses will not be processed.
3. The word “Invoice” or “Credit Memo” must be clearly stated (no Statements or Quotations will be processed).
4. Include the proper legal entity name as shown on Purchase Order / Subcontract Agreement
5. Invoice date
6. PO Number / Subcontract Agreement Number (only one PO Number per invoice can be accepted).
7. InServ Job Number – 24.100.0037
8. Description of services and/or goods matching the PO line:
Lbr and Mat. Testing and Balance
9. Amount owed by PO / Subcontract Agreement
10. Name, remittance address

All T&M/NTE invoicing must include copies of approved timesheets (signed by an InServ representative) and backup documentation for material, equipment, and subcontract cost.

For Lump Sum AIA billing format, the Schedule of Values shall itemize the entire Subcontract Sum and shall indicate the percentage complete of each portion of the Subcontract Work for all Subcontract Work completed during the month.

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Preliminary Applications for Payment shall be submitted by the 10th day of each month to the InServ Project Manager for review and approval. Agreed changes will be incorporated and a formal AIA document (Form G702 Application and Certificate for Payment and Form G703 Continuation Sheet for All Applications for Payment) shall be submitted by Subcontractor by the 15th day of each month.

Each invoice shall include a Partial or Final Lien Release in the form attached to your MSA as Attachments E & F, and any other backup documentation as required by the Contract Documents. In addition, at the completion of the project, both a Warranty and Certificate of Completion form must be submitted. All Subcontractor invoices must contain, at a minimum, the job number, the Purchase Order number, dates of work performed, and description of the work being billed.

By signing below, you agree to the terms and conditions set forth in this document. Please return a signed copy to InServ for execution.

Signed:

National TAB

InServ Corp

By (Authorized Representative)

Date

By (Authorized Representative)

Date

Scott Springer

Print Name

Print Name

VP of Regional Markets

Print Title

Print Title

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