



# North Carolina Department of Transportation

## Active Claim Resolution Form

Use this form for Contractor Claims up to \$100,000 and/or up to 30 days.

Contract No.:	_____	Division:	_____
Claim ID No.:	_____ Issue: _____	County:	_____
TIP No.:	_____	Contractor:	_____
Project No.:	_____	Resident Engineer:	_____

### The Contractor's Request is for:

An Extension in Contract Time: Amount: \_\_\_\_\_  Days  Hours

Additional Compensation Amount: \$ \_\_\_\_\_

Date of Written Request \_\_\_\_\_  Department Initiated

### The Resident Engineer's Decision is:

#### Extension in Contract Time:

**Recommend Denial** (Requires Division Engineer review below)

**Granted:** Extend Completion Date: \_\_\_\_\_  Days  Hours

Extend ICT No. \_\_\_\_\_ for \_\_\_\_\_  Days  Hours

#### Additional Compensation:

**Recommend Denial** (Requires Division Engineer review below)

**Granted** Amount: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Resident Engineer)

### The Division Engineer's Decision is: (Required if the Resident Engineer recommends denial of the claim)

#### Extension in Contract Time:

**Denied**

**Granted:** Extend Completion Date: \_\_\_\_\_  Days  Hours

Extend ICT No. \_\_\_\_\_ for \_\_\_\_\_  Days  Hours

#### Additional Compensation:

**Denied**

**Granted:** Amount: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Division Engineer)

# Claim Resolution Form

## Active Claim Resolution Form ACRF-1 Instructions

*Use this form for Contractor claims for up to \$100,000 and/or up to 30 days*

1. Complete the project information and the Contractor's request on page 1.
2. Review the Contractor's request and complete the applicable specifications section(s) on pages 3-5.
3. After consideration of the Contractor's request, complete the decision section on page 1. Include Project Completion Date/ICT Completion Date extensions and/or additional compensation amounts, as applicable, and save the file locally.
4. Enter the Contractor's Claim and your decision in HiCAMS Claims Tracking.
5. Login to DocuSign to electronically sign the form & store the resulting document.
  - 5.1. Upload the completed form into DocuSign.
  - 5.2. From the Document Actions pull-down next to the document, select "Apply Template". Choose "Shared Templates", select the ACRF-1 template, and press Add.
  - 5.3. Choose "Browse from my Computer" and upload the Contractor's claim and any supporting information.
  - 5.4. Complete the Recipients and Routing section with the names and email addresses of the indicated recipients, including yourself: Resident Engineer, Division Engineer, and additional cc recipients, if desired. There is no need to copy the State Construction Engineer or FHWA. Do not copy the Contractor.
  - 5.5.
    - a. If you approved the claim, change the action for the Division Engineer from "Sign" to "Receive a Copy".
    - b. If you recommended the claim be denied, the action for the Division Engineer should be to "Sign" the document.
  - 5.6. Press "Send Now", then sign the document when prompted.
  - 5.7. When the document signing is complete, choose Download and select Combined Document to download and save the eSigned document locally.
  - 5.8. Upload the completed document in the Construction Team Site for the subject contract, in the Claims >Active folder.
6. Ensure the final decision for the active claim is entered and processed in HiCAMS Claims Tracking.
7. Resident Engineer shall notify the Contractor in writing with a detailed explanation. *(The ACRF-1 should not be sent to the Contractor.)*

# Claim Resolution Form

## *Requests for Extensions in Contract Time:*

### **108-10(B)3 Delays To The Contractor's Controlling Operation(s)**

1. Has the Contractor submitted all information as required by the Subarticle?  Yes  No
2. According to the Contractor:  
What is the alleged controlling operation delayed? \_\_\_\_\_  
What are the circumstances resulting in the alleged delay? \_\_\_\_\_  
\_\_\_\_\_  
What calendar dates/times was the controlling operation allegedly delayed? \_\_\_\_\_
3. Engineer's Determination:  
What was the controlling operation? \_\_\_\_\_  
Was the controlling operation delayed?  Yes  No  
What are the calendar dates/times the controlling operation was delayed? \_\_\_\_\_  
Was the delay due to circumstances originating from the work required under the contract?  Yes  No  
What were the circumstances resulting in delay? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Did the Contractor pursue the work in accordance with Article 108-1?  Yes  No  
*(This applies to the period prior to the delay or alleged delay.)*
5. Were the delays caused by circumstances beyond the contractor's control and without his fault or negligence?  Yes  No
6. Number of days/hours granted \_\_\_\_\_ Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **108-10(B)4 Changes In The Work Ordered By The Engineer (Additional Work, Etc.)**

1. Has the Contractor submitted all information as required by the Subarticle?  Yes  No
2. What is the category of the request?  
 Reduction in Quantities  Elimination of Items  Additional Work  Extra Work
3. According to the Contractor:  
What is the affected operation? \_\_\_\_\_  
What are the calendar dates/times affected? \_\_\_\_\_  
What time extension is being requested by the Contractor? \_\_\_\_\_
4. Engineer's Determination:  
What is the affected operation? \_\_\_\_\_  
What are the calendar dates/times affected? \_\_\_\_\_
5. Did the Contractor pursue the work in accordance with Article 108-1?  Yes  No
6. Number of days/hours granted \_\_\_\_\_ Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Claim Resolution Form

## *Requests for Additional Compensation:*

### **104-3 Alterations of Plans or Details of Construction**

1. Has the Contractor submitted all information as required by the Subarticle?  Yes  No
2. Did the contractor notify the Engineer in writing prior to performing the work?  Yes  No Date of Notification: \_\_\_\_\_
3. Did the Department advise the Contractor in accordance with the Subarticle?  Yes  No  N/A
4. Did the Contractor submit his claim within 120 days after completion of the work?  Yes  No
5. Has the Contractor submitted records as required by Subarticle 104-8(B)?  Yes  No
6. Has the Character of performing the work materially changed?  Yes  No Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Has the cost of performing the work changed?  Yes  No Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Amount of additional compensation granted \$ \_\_\_\_\_ Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **104-4 Suspension of Work**

1. (a) Was the temporary suspension ordered by the Engineer in writing?  Yes  No If no, go to (b). If yes:  
What are the dates of authorized temporary suspension: \_\_\_\_\_ to \_\_\_\_\_  
Did the contractor notify the Engineer in writing within 7 days of the suspension of his intent to file a claim for additional compensation?  Yes  No Date of Notification: \_\_\_\_\_  
Has the Contractor submitted his written request for adjustment in compensation with cost records, supporting data and information within 14 calendar days of the receipt of the notice to resume work?  Yes  No Go to 2.
- (b) What was the alleged delay? \_\_\_\_\_  
What are the dates of Contractor's alleged suspension: \_\_\_\_\_ to \_\_\_\_\_  
Did the contractor notify the Engineer in writing of his intent to file a claim for additional compensation due to the alleged suspension?  Yes  No Date of Notification: \_\_\_\_\_  
Has the Contractor submitted his written request for adjustment in compensation with cost records, supporting data and information within 14 calendar days after the last day of the period during which he contends the alleged suspension of work should have occurred?  Yes  No Go to 2.
2. Has the Contractor submitted records as required by Subarticle 104-8(C)?  Yes  No (See #3 below)  
Has the Contractor kept records in accordance with Article 109-3 (Force Account Work)?  Yes  No  
Did the Contractor give the Resident Engineer the opportunity to review the records?  Yes  No  
Has the Contractor submitted additional documentation as requested by the Resident Engineer?  Yes  No  N/A  
Has the Contractor submitted cost records on a weekly basis within 7 days?  Yes  No
3. Was the temporary suspension or alleged suspension more than 24 hours in duration?  Yes  No
4. Amount of additional compensation granted \$ \_\_\_\_\_ Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Claim Resolution Form

## *Requests for Additional Compensation: (Continued)*

### **104-7      Extra Work**

1. Has the Contractor submitted all information as required by the Subarticle?  Yes  No
2. Did the contractor notify the Engineer in writing prior to performing the work?  Yes  No Date of Notification: \_\_\_\_\_
3. Did the Department advise the Contractor in accordance with the Subarticle?  Yes  No
4. Did the Contractor submit his claim within 120 days after completion of the work?  Yes  No
5. Amount of additional compensation granted \$ \_\_\_\_\_ Please explain: \_\_\_\_\_

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### **105-11      Inspection of Work**

1. Has the Contractor kept records in accordance with Article 109-3 (Force Account Work)?  Yes  No
2. Did the inspection yield acceptable work by the Contractor?  Yes  No If no, explain: \_\_\_\_\_
3. Are there other entities (utilities, cities or towns, etc.) involved in the payment of the work?  Yes  No  
Were they given opportunity to inspect the work?  Yes  No
4. Amount of additional compensation granted \$ \_\_\_\_\_ Please explain: \_\_\_\_\_

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