



North Carolina Department of Transportation

Active Claim Resolution Form

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

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

The Contractor's Request is for:

Extension in Contract Time: Amount: _____ Days Hours
 Additional Compensation: Amount: \$ _____
 Date of Written Request: _____ Department Initiated

Brief Description of Claim Issue (Utility, weather, etc.): _____

The RESIDENT ENGINEER'S Recommendation is:

Extension in Contract Time:

Recommend Recommend Granting: Extend Completion Date: _____ Days Hours
 Denial Extend ICT No. _____ for _____ Days Hours

Additional Compensation:

Recommend Recommend Granting: Amount: \$ _____
 Denial

Signature: _____ Name: _____ Date: _____
 (Resident Engineer)

The CONSTRUCTION UNIT'S Review:

Comments: _____

Signature: _____ Name: _____ Date: _____
 (Area Construction Engineer)

The DIVISION ENGINEER'S Decision is:

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

Requests for Extensions in Contract Time: (Applicable section(s) to be filled out by Resident Engineer)

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? _____ through _____
3. Resident 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? _____ through _____
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 recommended _____ 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? _____ through _____
What time extension is being requested by the Contractor? _____
4. Resident Engineer's Determination:
What is the affected operation? _____
What are the calendar dates/times affected? _____ through _____
5. Did the Contractor pursue the work in accordance with Article 108-1? Yes No
6. Number of days/hours recommended _____ Please explain: _____

Claim Resolution Form

Requests for Additional Compensation: (Applicable section(s) to be filled out by Resident Engineer)

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 Resident Engineer in writing prior to performing the work? Yes No Date: _____
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 recommended \$ _____ Please explain: _____

104-4 Suspension of Work

1. (a) Was the temporary suspension ordered by the Resident Engineer in writing? Yes No If no, go to (b). If yes:
What are the dates of authorized temporary suspension: _____ through _____
Did the contractor notify the Resident 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: _____ through _____
Did the contractor notify the Resident 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 recommended \$ _____ Please explain: _____

Claim Resolution Form

Requests for Additional Compensation: (Cont'd) (Applicable section(s) to be filled out by Resident Engineer)

104-7 Extra Work

1. Has the Contractor submitted all information as required by the Subarticle? Yes No
2. Did the contractor notify the Resident Engineer in writing prior to performing the work? Yes No Date: _____
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 recommended \$ _____ Please explain: _____

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 recommended \$ _____ Please explain: _____

Active Claim Resolution Form Instructions

Use this form for Contractor claims over \$100,000 and/or over 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 2-4.
3. After consideration of the Contractor's request, complete the Resident Engineer section on page 1. Include recommended Project Completion Date/ICT Completion Date extensions and/or recommended additional compensation amounts, as applicable, and save the form locally.
4. Enter the Contractor's claim information into 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-2 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, Roadway Construction or Bridge Construction Engineer, Division Engineer, and any additional cc recipients. There is no need to copy State Construction Engineer or FHWA. Do not copy the Contractor.
 - 5.5. Press "Send Now", then sign the document when prompted.
 - 5.6. When the document signing is complete by all designated personnel, choose Download and select Combined Document to download and save the eSigned document locally.
 - 5.7. Upload the completed document in the Construction Team Site for the subject contract, in the Claims >Active folder.
6. Ensure the final decision for this 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-2 should not be sent to the Contractor*).

Note: For claims over \$100,000 and/or over 90 days, the State Construction Engineer's review is required and will be captured in HiCAMS Claims Tracking.