

The Norwood Company Subcontractor Short Form Pre-Qualification

General Business Information					Part 1
Legal Business Name:				Date:	
Street Address:			Mailing Address:		
City:	State:	Zip:	City:	State:	Zip:
Former Business Name (if applicable):					
Street Address:			Mailing Address:		
City:	State:	Zip:	City:	State:	Zip:
Telephone:		Fax:		Website:	
PA Contractor's License #:			Expiration:		
NJ Contractor's License #:			Expiration:		
Other State Contractor's License # (please list):			Expiration:		
Primary Contact Info					
Contact Name:			Title:		
Telephone:			Location:		
Email:					
Bidding Contact Info <small>(This Contact/email will receive all Bid Invites)</small>					
Contact Name:			Title:		
Telephone:			Location:		
Email:					
Contractor Type	<input type="checkbox"/> General Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Other _____				
Business Type	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Other Date Established: _____				
Area of Operation <small>(Please check all applicable)</small>	<input type="checkbox"/> Suburban Philadelphia <input type="checkbox"/> Philadelphia <input type="checkbox"/> Reading/Lancaster <input type="checkbox"/> Lehigh Valley <input type="checkbox"/> Northeast PA <input type="checkbox"/> Central PA <input type="checkbox"/> Western PA <input type="checkbox"/> Delaware – North of C&D <input type="checkbox"/> Delaware – South of C&D <input type="checkbox"/> Northern New Jersey <input type="checkbox"/> Central New Jersey <input type="checkbox"/> Southern New Jersey <input type="checkbox"/> Baltimore/DC <input type="checkbox"/> Eastern Shore - MD <input type="checkbox"/> Other _____				
Labor Affiliation <small>(Please check all applicable)</small>	<input type="checkbox"/> Open Shop <input type="checkbox"/> Prevailing Wage <input type="checkbox"/> Union* <small>*Please list all unions with which your company is signatory</small>		Signatory Unions: 1.) _____ 4.) _____ 2.) _____ 5.) _____ 3.) _____ 6.) _____		
Type of Work			Trades – List all that apply		
<input type="checkbox"/> Commercial/Retail	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Institutional	1. _____		
<input type="checkbox"/> Office	<input type="checkbox"/> Tenant fit out	<input type="checkbox"/> Design/Build	2. _____		
<input type="checkbox"/> Casino/Gaming	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Hospitality	3. _____		
			4. _____		
			5. _____		
Company Certifications*			Licenses/Product Certifications**		
<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> VOSB <input type="checkbox"/> SBE <input type="checkbox"/> Other _____			1. _____		
Certified by: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> City <input type="checkbox"/> DOT <input type="checkbox"/> Other			2. _____		
Expiration: ____/____/____			3. _____		
License Numbers:			4. _____		
1.) # _____ 2.) # _____			5. _____		
3.) # _____ 4.) # _____					

***If requested, please provide a copy of current certification with Pre-Qualification form**

****If requested, please provide any documentation which substantiates licenses/product certification(s)**

Safety Information*		Part 2
OSHA Year (Last 4 years)	EMR Rate	
20__		
20__		
20__		
20__		

Do you have an OSHA compliant safety program in place? _____ Yes No

Do you have a designated safety officer at your company? _____ Yes No
 If Yes, please name _____

Does this person conduct safety inspections on all job site(s)? _____ Yes No

Have you implemented a hazardous communication plan(s)? _____ Yes No

Have you implemented a drug testing program? _____ Yes No

Do you have a light-duty program? _____ Yes No

Do you review the safety procedures and history of any subcontractor you work with? _____ Yes No

Do you provide safety training to all employees? _____ Yes No

Has your organization ever received a safety violation from OSHA? _____ Yes No
 If Yes, please describe _____

***If requested, along with this Pre-Qualification form please provide any documentation that substantiates the requested information in the safety questionnaire above, including but not limited to, OSHA logs, citation records, Worker's Compensation and EMR verification.**

Bonding/Surety Information**		Part 3
Agent's Name:	Bonding/Surety Company:	
Phone: ()	Bonding Capacity: Total: (\$)	Per Job: (\$)
Personal Guarantee: <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Bonding Capacity Available: (\$)	
Average Cost of Bond/% of Contract:	Value of Work presently Bonded: (\$)	

****If requested, please provide along with this Prequalification form a bondability letter from your surety indicating per job and aggregate bonding capacity along with current available capacity.**

Banking/Financial***		Part 4
Bank Name:	Contact Name:	
Phone: ()	Line of Credit Amount: (\$) _____	Available: (\$) _____
Annual Contract Volume (Past 3 years):	Current Work/Backlog Volume: (\$) _____	
• 20__ _____	Backlog Projects: _____	
• 20__ _____	_____	
• 20__ _____	_____	

*****Along with this Pre-Qualification form, please provide the last 3 year end audited financial statements (with footnotes), including the most recent interim financial statement inclusive of balance sheets and audited income statements. This information can be sent directly to our Operations Controller, Mary Sypher msypher@norwoodco.com**

Legal Questionnaire* <i>provided</i>		<i>*If the answer to any of these questions is 'yes'-please include details in the comment spaces</i>		Part 5
Please list any litigation, pending or resolved, that has been brought against your company within the past 5 years:				
Has your organization ever failed to complete work awarded to it?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Comments:</u>				
Are there any judgments, claims, arbitration, proceedings or suits pending or outstanding against your organization or its officers?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Comments:</u>				
Has your organization filed any law suits or requested arbitration with regard to construction contracts within the past 5 years?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Comments:</u>				
Within the past 5 years, has any officer or principle of your organization ever been an officer or principle of another organization when it failed to complete a construction contract?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Comments:</u>				

Insurance			Part 6
Name of Insurance Company:	Agent Name:	Agent Phone:	
Please refer to the attached Sample Certificate of Insurance outlining Norwood's requirements and submit a copy of your Sample Insurance Certificate along with this qualification form.			

W-9	Part 7
Please attach a current W-9 Certificate for your company as part of this prequal form.	

BIM (Building Information Modeling) Capabilities		Part 8
Do you deliver projects utilizing BIM, including maintenance of the model during construction and delivery of final "as-built" documents in the BIM format?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Comments:</u>		
Is modeling work performed in-house or do you utilize an outside firm (Sub-consultant)?		<input type="checkbox"/> In-House <input type="checkbox"/> Sub-consultant* *if utilizing a Sub-consultant, please list in the comment section three (3) firms with which you work
<u>Comments:</u>		
Identify the number of staff and experience of each CM staff member versed in BIM		Staff _____ Experience _____ (yrs)
<u>Comments:</u>		
List all BIM applications (software) that your company utilizes:	<ul style="list-style-type: none"> • _____ • _____ • _____ 	<ul style="list-style-type: none"> • _____ • _____ • _____

Recently Completed/Similar Projects				Part 9
Project #1				
PROJECT NAME:				
Owner:				
Owner Contact Name:	Phone #:	Email:		
Architect:				
Architect Contact Name:	Phone #:	Email:		
General Contractor/Construction Manager:				
GC/CM Contact Name:	Phone #:	Email:		
Type of Work:				
Project Location:				
Contract Amount:	Date Completed:			
Project #2				
PROJECT NAME:				
Owner:				
Owner Contact Name:	Phone #:	Email:		
Architect:				
Architect Contact Name:	Phone #:	Email:		
General Contractor/Construction Manager:				
GC/CM Contact Name:	Phone #:	Email:		
Type of Work:				
Project Location:				
Contract Amount:	Date Completed:			
Project #3				
PROJECT NAME:				
Owner:				
Owner Contact Name:	Phone #:	Email:		
Architect:				
Architect Contact Name:	Phone #:	Email:		
General Contractor/Construction Manager:				
GC/CM Contact Name:	Phone #:	Email:		
Type of Work:				
Project Location:				
Contract Amount:	Date Completed:			
Project #4				
PROJECT NAME:				
Owner:				
Owner Contact Name:	Phone #:	Email:		
Architect:				
Architect Contact Name:	Phone #:	Email:		
General Contractor/Construction Manager:				
GC/CM Contact Name:	Phone #:	Email:		
Type of Work:				
Project Location:				
Contract Amount:	Date Completed:			
Project #5				
PROJECT NAME:				
Owner:				
Owner Contact Name:	Phone #:	Email:		
Architect:				
Architect Contact Name:	Phone #:	Email:		
General Contractor/Construction Manager:				
GC/CM Contact Name:	Phone #:	Email:		
Type of Work:				
Project Location:				
Contract Amount:	Date Completed:			

TRADE & SUPPLIER REFERENCES				Part 10
TRADE/ SUPPLIER REFERENCE #1				
Company Name:				
Billing Dept Contact Name:				
Phone #		EMAIL		
Relationship to sub				
TRADE/ SUPPLIER REFERENCE #2				
Company Name:				
Billing Dept Contact Name:				
Phone #		EMAIL		
Relationship to sub				
TRADE/ SUPPLIER REFERENCE #3				
Company Name:				
Billing Dept Contact Name:				
Phone #		EMAIL		
Relationship to sub				
TRADE/ SUPPLIER REFERENCE #4				
Company Name:				
Billing Dept Contact Name:				
Phone #		EMAIL		
Relationship to sub				
TRADE/ SUPPLIER REFERENCE #5				
Company Name:				
Billing Dept Contact Name:				
Phone #		EMAIL		
Relationship to sub				
PROVIDE ANY ADDITIONAL PROJECT OR TRADE/SUPPLIER REFERENCES ON A SEPARATE SHEET				
Authorization*				
I hereby acknowledge that all of the information provided in this document is true and is not purposefully misleading.				
Signature: _____ Title: _____ Date: _____ Company: _____				

****By our signature which appears above, the subcontractor named herein, is agreeing to supply any documentation noted in this prequalification form, at the request of the designated party at The Norwood Company for the purposes of selecting a subcontractor for this project.***

****These are Norwood's minimum insurance requirements and may be increased based upon specific project or owner requirements****



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
	E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Sample Carrier (AM BEST: -A:Class X)	
	INSURER B : Sample Carrier (AM BEST: -A:Class X)	
	INSURER C : Sample Carrier (AM BEST: -A:Class X)	
	INSURER D : _____	
	INSURER E : _____	
	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 VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	X	X				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 _____ \$ _____
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	X				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ _____ \$ _____
<input checked="" type="checkbox"/>	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____	X	X				EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 _____ \$ _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below	X					<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	Pollution; Professional			Please indicate coverage limits, if available.			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Project: Subcontractor Pre-Qualification
 Additional Insureds: **The Norwood Company (Contractor)** and **(Owner)** shall be included as Additional Insureds on the Commercial General Liability, Automobile Liability, and Umbrella/Excess Liability Policies under either ISO Forms CG 20 10 04 13 (On-going Operations) and 20 37 04 13 (Completed Operations) in combination or their equivalents. The insurance provided by the Named Insured on this certificate shall be primary, without right of contribution, with respect to any similar insurance being maintained by the Certificate Holder. Waiver of Subrogation is granted by the Named Insured to Certificate Holder pursuant to written contract. 'Per Project' General Aggregate is required for both Commercial General and Umbrella Liabilities. Umbrella follows form over Commercial General, Automobile and Employer's Liability Policies.

CERTIFICATE HOLDER The Norwood Company 375 Technology Drive Malvern, PA 19355	CANCELLATION 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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