

The Norwood Company Subcontractor 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: (if different than above):		Mailing Address:		
City:	State:	Zip:	City:	State: Zip:
Telephone:		Website:		
PA Contractor's License #:		Expiration:		
NJ Contractor's License #:		Expiration:		
Other State Contractor's License # (please list):		Expiration:		
Primary Authorized Signer of Contracts/PO's (TNC will send contracts via DocuSign to this contact)				
Contact Name:		Title:		
Cell Phone:		Email:		
Estimating/Bidding Contact Info (This Contact/email will receive all Bid Invites)				
Contact Name:		Title:		
Cell Phone:		Location:		
Email:				
Contractor Type	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Other _____			
# Of Employees	<input type="checkbox"/> Office _____ <input type="checkbox"/> Field _____			
Subcontracted Labor	Does your company subcontract any Labor? <input type="checkbox"/> Yes (if checked see below) <input type="checkbox"/> No <input type="checkbox"/> What % _____ <input type="checkbox"/> List Companies on separate sheet if needed _____			
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 <i>(Please check all applicable)</i>	<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 <input type="checkbox"/> Northern New Jersey <input type="checkbox"/> Central New Jersey <input type="checkbox"/> Southern New Jersey <input checked="" type="checkbox"/> Maryland Other _____			
Labor Affiliation <i>(Please check all applicable)</i>	<input type="checkbox"/> Open Shop <input type="checkbox"/> Prevailing Wage <input type="checkbox"/> Union* <i>*Please list all unions with which your company is signatory</i>		Signatory Unions: 1.) _____ 4.) _____ 2.) _____ 5.) _____ 3.) _____ 6.) _____	
Project Experience			Trades – List all that apply - identify any subcontractor in section above	
<input type="checkbox"/> Commercial/Retail	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Institutional	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
<input type="checkbox"/> Office/Tenant Fit Out	<input type="checkbox"/> Pharmaceutical/Lab	<input type="checkbox"/> Food & Beverage processing		
<input type="checkbox"/> Casino/Gaming	<input type="checkbox"/> Warehouse/Industrial	<input type="checkbox"/> Hospitality		
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 _____ Certified by: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> City <input type="checkbox"/> DOT <input type="checkbox"/> Other Expiration: ____/____/____ License Numbers: 1.) # _____ 2.) # _____ 3.) # _____ 4.) # _____			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	

**If requested, please provide a copy of current certification, and any documentation which substantiates licenses/product certification(s)*

Safety Information*				Part 2
OSHA Year (Last 4 years)	EMR RATE	OSHA TCIR**	HOURS WORKED	# OF OSHA RECORDABLE INJURIES
20__				
20__				
20__				
20__				
		**Total Case Incident Rate		

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
<i>Comments:</i>				
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
<i>Comments:</i>				
Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the past 5 years?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Comments:</i>				
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
<i>Comments:</i>				

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	
<i>Comments:</i>		
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	
<i>Comments:</i>		
Identify the number of staff and experience of each CM staff member versed in BIM	Staff _____	Experience _____ (yrs)
<i>Comments:</i>		
List all BIM applications (software) that your company utilizes:	<ul style="list-style-type: none"> • _____ • _____ • _____ 	<ul style="list-style-type: none"> • _____ • _____ • _____

Design/ Build or Delegated Design Capabilities		Part 9
Does your company provide design build or delegated design? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> In-House (list number of internal engineers)	<input type="checkbox"/> Sub-consultant	
If answered yes to any of the above, please be sure to indicate Professional Liability Insurance limits on your sample COI		

Recently Completed/Similar Projects				Part 10
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 THAT NORWOOD HAS PERMISSION TO CONTACT				Part 11
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 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.***

