

The Norwood Company Subcontractor Pre-Qualification

General Business Information Part 1							
Legal Business Name:			Date:				
Street Address:			Mailing Address:				
City:	State:	Zip:	City:	9	State:	Zip:	
Former Business Name (if	applicable):						
Street Address: (if differen	t 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 L			Expiration:				
	Primary Authorized	d Signer of Contracts/PO's (TN	IC will send contracts via	DocuSign to this co	ontact)		
Contact Name:			Title:				
Cell Phone:			Email:				
	Estimati	ng/Bidding Contact Info (This	Contact/email will receive	all Bid Invites)			
Contact Name:			Title:				
Cell Phone:			Location:				
Email:			Location.				
Contractor Type	□Subcontractor □	Supplier Other					
70							
# Of Employees	□Office						
	Da a a		a /:£ ab a alva al a a a b al avv)			
Subcontracted		ocontract any Labor? 🗌 Ye					
Labor	□What %		ompanies on separate	sheet if needed_			
Business Type	□Corporation □ Sole Proprietorship □Partnership □LLC/LLP □Other Date Established:						
	•		-				
Area of Operation	☐Suburban Philadelph	_			al PA 🗆 Western PA		
(Please check all		n New Jersey \square Central Ne $^{\scriptscriptstyle 1}$	w Jersey \square Southern Ne	ew Jersey 🛮 Mar	yland		
applicable)	Other						
Labor Affiliation	☐Open Shop ☐Prevai	ling Wage	Signatory Unions:				
(Please check all	☐ Union*		1.) 4.) 2.) 5.)				
applicable)	*Please list all unions with	which your company is					
	signatory	, , ,	3.)		6.)		
	Project Experience		Trades – List all th	at apply - iden		ontractor in section	
	Troject Experience		liddes zist dir til	abo			
☐Commercial/Retail	□Healthcare	☐Institutional					
			1				
			1 2.				
☐Office/Tenant Fit		☐ Food & Beverage					
Out	Pharmaceutical/Lab	processing	3				
			4				
☐ Casino/Gaming		☐Hospitality	5				
	Warehouse/Industrial	,					
	Company Certifications*		Licenses/Produc	ct Certifications*			
□MBE □WBE □DBE □VOSB □SBE □Other			1			_	
Certified by: □Federal □State □City □DOT □Other			2				
Expiration://		3					
License Numbers:			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*						
OSHA Year (Last 4 years)	EMR RATE	OSHA TCIR**	HOURS WORKED	# OF OSHA F INJU	RECORD/ IRIES	ABLE
20						
20						
20						
20						
		**Total Case Incident Rate				
Do you have an OSHA compliant safety program ir	n place?				_□ Yes	□ No
Do you have a designated safety officer at your co If Yes, please name					_□ Yes	□ No
Does this person conduct safety inspections on all	job site(s)?				_ 🗆 Yes	□ No
Have you implemented a hazardous communication	on plan(s)?				□ Yes	□ No
Have you implemented a drug testing program?					_□ Yes	□ No
Do you have a light-duty program?						□ No
Do you review the safety procedures and history of any subcontractor you work with?						□ No
Do you provide safety training to all employees?						
Has your organization ever received a safety violation from OSHA?						
*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.						
	nding/Surety In		-		Par	rt 3
Agent's Name:		Bonding/Surety		5 1 1 / 4 5		
Phone: ()		Bonding Capacit		Per Job: (\$)		
Personal Guarantee: Yes 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 p						
***If requested, please provide along with the aggregate bonding capacity along with current			ty letter from your s	urety indicating	per job	o and
	Banking/Fina				Par	t 4
Bank Name:		Contact Name:				
Phone: ()		Line of Credit An	nount: (\$)	Available: (\$)		
Annual Contract Volume (Past 3 years): Current Work/Backlog Volume: (\$)						
• 20			:			
• 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* *If the provided	answer to any of these questi	ons is 'yes'-please in	clude details in the comm	ent spaces	Part 5
Please list any litigation, pending or resolved, th	at has been brought agains	t your company w	vithin the past 5 years:		
Has your organization ever failed to complete w	ork awarded to it?				☐ Yes ☐ No
Comments:					
Are there any judgments, claims, arbitration, pro	oceedings, or suits pending	or outstanding ag	ainst your organizatior	or its officers?	☐ Yes ☐ No
Comments:					
Has your organization filed any lawsuits or requ	ested arbitration with rega	rd to construction	contracts within the pa	st 5 years?	☐ Yes ☐ No
<u>Comments:</u>					
Within the past 5 years, has any officer or princi	ple of your organization ev	er been an officer	or principle of another	organization	☐ Yes ☐ No
when it failed to complete a construction contra Comments:	ct?				
<u>comments.</u>					
Name of Insurance Company:	Insurance	Agent Name:		Agent Phone:	Part 6
Please refer to the attached Sample Certifi	cate of Insurance outlin				our Sample
Insurance Certificate along with this qualif	_				
	W-9				Part 7
Please attach a current W-9 Certificate for	your company as part o	of this prequal fo	orm.		
	formation Modeling) Ca			P	art 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?					
Comments:					
Is modeling work performed in-house or do you	utilize an outside firm (Sub	o-consultant)?	☐ In-House ☐ Sub-c		
*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 e	ach CM staff member verse	ed in BIM	Staff	Experience	(yrs)
<u>Comments:</u>					
List all BIM applications (software) that your cor	npany			•	
utilizes:	•			•	
Design/ Build or Delegated Design Capabilities Part 9					
Does your company provide design build or dele		No			rait 3
☐ In-House (list number of internal engineers)		☐ Sub-consulta	ant		
If answered yes to any of the above, please be s	ure to indicate Professiona			COI	
· · · · · · · · · · · · · · · · · · ·					



Recently Completed/Similar Projects Part 10							
Project #1							
PROJECT NAME:		<u> </u>					
Owner:							
Owner Contact Nar	ne:	Phone #:	Email:				
Architect:			•				
Architect Contact N	lame:	Phone #:	Email:				
General Contractor	/Construction Manager:						
GC/CM Contact Na	me:	Phone #:	Email:				
Type of Work:							
Project Location:							
Contract Amount:							
		Project #	#2				
PROJECT NAME:							
Owner:							
Owner Contact Nar	ne:	Phone #:	Email:				
Architect:							
Architect Contact N	lame:	Phone #:	Email:				
	/Construction Manager:						
GC/CM Contact Na	me:	Phone #:	Email:				
Type of Work:							
Project Location:							
Contract Amount:			ate Completed:				
		Project #	#3				
PROJECT NAME:							
Owner:							
Owner Contact Nar	ne:	Phone #:	Email:				
	Architect:						
Architect Contact N		Phone #:	Email:				
	/Construction Manager:						
GC/CM Contact Na	me:	Phone #:	Email:				
Type of Work:							
Project Location:							
Contract Amount: Date Completed:							
Project #4							
PROJECT NAME:							
Owner:							
Owner Contact Nar	ne:	Phone #:	Email:				
Architect:			T				
Architect Contact N	· · ·	Phone #:	Email:				
	/Construction Manager:						
GC/CM Contact Na	me:	Phone #:	Email:				
Type of Work:							
Project Location:							
Contract Amount: Date Completed:							
		Project #	#5				
PROJECT NAME:							
Owner:		T	Г				
Owner Contact Name: Phone #: Email:							
Architect:		T	T				
Architect Contact N		Phone #:	Email:				
	/Construction Manager:	T =1	T				
GC/CM Contact Na	me:	Phone #:	Email:				
Type of Work:							
Project Location:							
Contract Amount: Date Completed:							



TRADE & SUPPLIER REFERENCES THAT NORWOOD HAS PERMISSION TO CONTACT Part 11						
		TRADE/ SU	IPPLIER REFERENCE #1			
Company Name:		-				
Billing Dept Contact N	ame:					
Phone #		EMAIL				
Relationship to sub		<u>.</u>				
		TRADE/ SU	IPPLIER REFERENCE #2			
Company Name:						
Billing Dept Contact N	ame:					
Phone #		EMAIL				
Relationship to sub		<u>.</u>				
		TRADE/ SU	IPPLIER REFERENCE #3			
Company Name:						
Billing Dept Contact N	ame:					
Phone #		EMAIL				
Relationship to sub		<u>.</u>				
		TRADE/ SU	IPPLIER REFERENCE #4			
Company Name:						
Billing Dept Contact N	ame:					
Phone #		EMAIL				
Relationship to sub						
		TRADE/ SU	IPPLIER REFERENCE #5			
Company Name:						
Billing Dept Contact N	ame:					
Phone #		EMAIL				
Relationship to sub		<u>.</u>				
	•					
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.

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

tina certineate aces not e	contenting its to the certificate notice in hea of	i such chuorschicht(s).					
PRODUCER	RODUCER		CONTACT NAME:				
		PHONE (A/C, No, Ext):	FAX (A/C, No):				
		E-MAIL ADDRESS:					
		INSURER(S) AF	FORDING COVERAGE	NAIC #			
		INSURER A: Sample Carrier (AM	BEST: -A:Class X)				
INSURED		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 INSLIPANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSLIPED NAMED ABOVE FOR THE POLICY PERIOD

CI	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY CCLUSIONS AND CONDITIONS OF SUCH	PERT	AIN,	THE INSURANCE AFFORDED BY	THE POLICIES	S DESCRIBED	경기 가는 사람들은 가게 되었다. 그렇게 되었다면 하는 것이 되었다는 때 얼마나 그렇다.	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs
The state of the s	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- PRO- DECT LOC OTHER:	х	000000		5		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000
	ANY AUTOS ONLY HIRED AUTOS ONLY	Х	Х				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$	X	X				EACH OCCURRENCE AGGREGATE	\$ 5,000,000 \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ONY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	2			PER STATUTE OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 500,000 \$ 500,000 \$ 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	CANCELLATION
The Norwood Company 375 Technology Drive	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Malvern, PA 19355	AUTHORIZED REPRESENTATIVE