

SUBCONTRACTOR PRE-QUALIFICATION

SECTION 1 - GENERAL BUSINESS INFORMATION *

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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 Contact - Authorized to sign contracts and purchase orders (This contact will receive contracts via DocuSign)					
Contact Name:			Title:		
Cell Phone:			Email:		
Estimating/Bidding Contact Info (This contact will receive all bid invitations)					
Contact Name:			Title:		
Cell Phone:			Location:		
Email:					
Contractor Type	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Other _____				
# Of Employees	Office _____ Field _____				
Subcontracted Labor	Does your company subcontract any Labor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what % _____ 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 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 subcontractors in section above.)		
<input type="checkbox"/> Warehouse/ Distribution	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Lab/Life Science	1. _____		
<input type="checkbox"/> Office/Corporate Interiors	<input type="checkbox"/> Casino/Gaming	<input type="checkbox"/> Academic/ Institutional	2. _____		
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Data Center	<input type="checkbox"/> Retail	3. _____		
<input type="checkbox"/> Food & Beverage Processing	<input type="checkbox"/> Cold Storage	<input type="checkbox"/> Manufacturing	4. _____		
			5. _____		
			6. _____		
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: 1.) # _____ 2.) # _____			4. _____		
3.) # _____ 4.) # _____			5. _____		

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

SECTION 2 – SAFETY INFORMATION*

OSHA Year (Last 4 years)	EMR Rate	OSHA TCIR Total Case Incident Rate	Hours Worked	# of OSHA Recordable Injuries
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 explain _____

****If requested, please provide any documentation that substantiates the information provided above, including but not limited to OSHA logs, citation records, Worker’s Compensation, and EMR verification.***

SECTION 3: BONDING / SURETY INFORMATION*

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 a bondability letter from your surety indicating per-job and aggregate bonding capacity along with current available capacity.***

SECTION 4: FINANCIAL INFORMATION **

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***

SECTION 5: W-9**

*****Please attach a current W-9 Certificate for your company as part of this prequalification form.***

SECTION 6: INSURANCE**

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.***

SECTION 7: LEGAL
If the answer to any of these questions is 'yes'-please include details in the comment spaces provided

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
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
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
Within the past 5 years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Comments:</u>	

SECTION 8: BIM (BUILDING INFORMATION MODELING) CAPABILITIES

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
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* <i>*If utilizing a Sub-consultant, please list in the comment section three (3) firms with which you work</i>
Identify the number of staff members with BIM experience and the average years of experience.	Staff _____ Experience _____ (yrs)
List all BIM applications (software) that your company utilizes:	
<u>Comments:</u>	

SECTION 9: DESIGN/BUILD OR DELEGATED DESIGN/BUILD CAPABILITIES

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	

SECTION 10: RECENTLY COMPLETED / SIMILAR PROJECTS

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:	

SECTION 11: TRADE & SUPPLIER REFERENCES
Individuals listed below will be contacted by Norwood.

REFERENCE #1

Company Name:	Relationship to sub	
Billing Dept Contact Name:	Phone #:	Email:

REFERENCE #2

Company Name:	Relationship to sub	
Billing Dept Contact Name:	Phone #:	Email:

REFERENCE #3

Company Name:	Relationship to sub	
Billing Dept Contact Name:	Phone #:	Email:

REFERENCE #4

Company Name:	Relationship to sub	
Billing Dept Contact Name:	Phone #:	Email:

REFERENCE #5

Company Name:	Relationship to sub	
Billing Dept Contact Name:	Phone #:	Email:

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: _____
 Company: _____ Date: _____

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

