

SUBCONTRACTOR PRE-QUALIFICATION

SECTION 1 - GENERAL BUSINESS INFORMATION*							
Legal Business Name:			Date:				
Street Address:			Mailing Address:				
City:	State:	Zip:	City:	St	ate:	Zip:	
Former Business Name (if	applicable):						
Street Address (if different	than above):		Mailing Address:				
City:	State:	Zip:	City:	St	ate:	Zip:	
Telephone:		•		Website:			
PA Contractor's License #:				Expiration:			
NJ Contractor's License #:				Expiration:			
Other State Contractor's Li	icense # (please list):			Expiration:			
Primary Contact - Auth	orized to sign contracts a	nd purchase orders (This	contact will receive contrac	ts via DocuSign)			
Contact Name:			Title:				
Cell Phone:			Email:				
Estimating/Bidding Cor	ntact Info (This contact will	receive all bid invitations)					
Contact Name:			Title:				
Cell Phone:			Location:				
Email:							
Contractor Type	□Subcontractor □	Supplier Other_					
# Of Employees	Office Fi	eld					
Subcontracted Labor		ocontract any Labor? List companies	Yes □ No on separate sheet if need	ded			
Business Type	☐Corporation ☐ Sc	ole Proprietorship 🗆 🛭	Partnership LLC/LLP	□Other D	ate Established	:	
Area of Operation (Please check all applicable)			nding/Lancaster □Lehigh rsey □Central New Jers	·			
Labor Affiliation (Please check all applicable)	☐ Open Shop ☐ Prevai☐ ☐ Union* *Please list all unions with signatory		Signatory Unions: 1.) 2.)	5			
			3.)	6	.)		
Project Experience			Trades (List all that a	oply. Identify any si	ubcontractors in	section above.)	
☐ Warehouse/ Distribution	☐ Healthcare	☐ Lab/Life Science	1				
☐ Office/Corporate	☐ Casino/Gaming	☐ Academic/	2				
Interiors		Institutional	3				
☐ Hospitality	☐ Data Center	☐ Retail	4 5				
☐ Food & Beverage	☐ Cold Storage	☐ Manufacturing	6				
Processing Company Certifications	•*		Licenses/Product Cer	tifications*			
□MBE □WBE □DBE							
	□ VOSB □ SBE □ Other		1				
Expiration://	•	···-	2				
	 2.) #		4				
	4.) #		5				
1			1				

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



	SECTION	l 2 – SAF	ETY INFORMATIO	N*						
OSHA Year (Last 4 years)	EMR Rate		OSHA TCIR	Hours Work	ed.	# of OSHA Recordable Injuries				
	LIVIN Nate	Tota	Case Incident Rate	Hours Work	.eu	# Of OSHA Recordable injuries				
20										
20										
Do you have an OSHA-compliant safety p	rogram in place?]Yes □] No							
Do you have a designated safety officer a			No If Yes, please	namo						
Does this person conduct safety inspection			No II res, please							
			_							
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 [
Do you review the safety procedures and			-	os 🗆 No						
Do you provide safety training to all emp		Yes [es 🗆 NO						
Has your organization ever received a sa	•			aaca avnlain						
rias your organization ever received a sa	iety violation from OSII.	A: 🗆 16	s — Νο 11 1es, ρι							
*If requested, please provide any docume	entation that substantia	atos tho i	formation provide	d about including	a hut not	limited to OSUA logs situation				
	SECTION 3: BC	ONDING	/ SURETY INFORM	//ATION*						
Agent's Name:			Bonding/Surety Company:							
Phone:		Bonding Capacity:			Per Job: (\$)					
Personal Guarantee:			Current Bonding Ca	apacity Available:	(\$)					
Average Cost of Bond / % of Contract:			Value of Work pres	sently Bonded: (\$)						
*If requested, please provide a bondabili capacity.	ity letter from your sur	ety indic	ating per-job and a	ggregate bonding	g capacit	ty along with current available				
	SECTION 4	: FINAN	CIAL INFORMATIO	ON **						
Bank Name:		Con	act Name:							
Phone:		Line	of Credit Amount: (\$)	Availa	able: (\$)				
Annual Contract Volume (Past 3 years):		Curr	ent Work/Backlog V	/olume: (\$)						
20\$ 20\$										
20 \$										
**Along with this Pre-Qualification form,		-			-					
interim financial statement inclusive of be Controller, Mary Sypher <u>msypher@norwc</u>		tea incom	e statements. Inis	information can b	oe sent ai	rectly to our Operations				
		SECTIO	N 5: W-9**							
**Please attach a current W-9 Certificate	for your company as po	art of this	prequalification fo	orm.						
	SE	CTION 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	LEGA							
If the answer to any of these questio	SECTION 7: ons is 'yes'-please	_		vided					
Please list any litigation, pending or resolved, that has been bro									
Has your organization ever failed to complete work awarded to it?									
Are there any judgments, claims, arbitration, proceedings, or suits pending or outstanding against your organization or its officers?									
Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the past 5 years?									
Within the past 5 years, has any officer or principal of your organization ever been an officer or principal of another organization Yes No									
when it failed to complete a construction contract? <u>Comments:</u>									
CECTION O. DINA (DUIN	DING INFORM	ATION	LAAODELINIC\ CADADULTIES						
· ·			I MODELING) CAPABILITIES						
Do you deliver projects utilizing BIM, including maintenance of "as-built" documents in the BIM format?	f the model duri	ng con	struction and delivery of final	☐ Yes ☐ No					
Is modeling work performed in-house or do you utilize an outs	side firm (Sub-		☐ In-House ☐ Sub-consultant	*					
consultant)?			*If utilizing a Sub-consultant, ple (3) firms with which you work	ase list in the co	nment section thre				
Identify the number of staff members with BIM experience and	ears								
of experience.			Staff Expe	rience	_ (yrs)				
List all BIM applications (software) that your company utilizes:									
<u>Comments:</u>									
SECTION 9: DESIGN/BUI	ILD OR DELEGA	ATED	DESIGN/BUILD CAPABILITIES						
Does your company provide design-build or delegated design?	Yes 🗆	No							
\square In-House (list number of internal engineers)]	□ Sub	-consultant						
If answered yes to any of the above, please be sure to indicate	Professional Lia	ability I	nsurance limits on your sample	COI					
SECTION 10: REC	CENTLY COMPI	LETED	/ SIMILAR PROJECTS						
Project #1									
PROJECT NAME:									
Owner:									
Owner Contact Name:	Phone #:		Email:						
Architect:									
Architect Contact Name:	Phone #:		Email:						
General Contractor/Construction Manager:			<u> </u>						
GC/CM Contact Name:	Phone #:		Email:						
Type of Work:	•		'						
Project Location:									
Contract Amount:	ompleted:								



D 1 1 1 1 1 D			
Project #2			
PROJECT NAME:			
Owner:	ı		
Owner Contact Name:	Phone #:		Email:
Architect:	ı		
Architect Contact Name:	Phone #:		Email:
General Contractor/Construction Manager:	ı		
GC/CM Contact Name:	Phone #:		Email:
Type of Work:			
Project Location:		T	
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:	
		Date completed.	
Project #4		Bute completed.	
		Dute completed.	
Project #4		Date completed.	
Project #4 PROJECT NAME:	Phone #:	Date completed.	Email:
Project #4 PROJECT NAME: Owner:	Phone #:	Date completed.	Email:
Project #4 PROJECT NAME: Owner: Owner Contact Name:	Phone #:	Date completed.	Email:
Project #4 PROJECT NAME: Owner: Owner Contact Name: Architect:	I	Date completed.	
Project #4 PROJECT NAME: Owner: Owner Contact Name: Architect: Architect Contact Name:	I	Date completed.	
Project #4 PROJECT NAME: Owner: Owner Contact Name: Architect: Architect Contact Name: General Contractor/Construction Manager:	Phone #:	Date completed.	Email:
Project #4 PROJECT NAME: Owner: Owner Contact Name: Architect: Architect Contact Name: General Contractor/Construction Manager: GC/CM Contact Name:	Phone #:	Date completed.	Email:
Project #4 PROJECT NAME: Owner: Owner Contact Name: Architect: Architect Contact Name: General Contractor/Construction Manager: GC/CM Contact Name: Type of Work:	Phone #:	Date Completed:	Email:
Project #4 PROJECT NAME: Owner: Owner Contact Name: Architect: Architect Contact Name: General Contractor/Construction Manager: GC/CM Contact Name: Type of Work: Project Location:	Phone #:		Email:
Project #4 PROJECT NAME: Owner: Owner Contact Name: Architect: Architect Contact Name: General Contractor/Construction Manager: GC/CM Contact Name: Type of Work: Project Location: Contract Amount:	Phone #:		Email:
Project #4 PROJECT NAME: Owner: Owner Contact Name: Architect: Architect Contact Name: General Contractor/Construction Manager: GC/CM Contact Name: Type of Work: Project Location: Contract Amount: Project #5	Phone #:		Email:
Project #4 PROJECT NAME: Owner: Owner Contact Name: Architect: Architect Contact Name: General Contractor/Construction Manager: GC/CM Contact Name: Type of Work: Project Location: Contract Amount: Project #5 PROJECT NAME:	Phone #:		Email:
Project #4 PROJECT NAME: Owner: Owner Contact Name: Architect: Architect Contact Name: General Contractor/Construction Manager: GC/CM Contact Name: Type of Work: Project Location: Contract Amount: Project #5 PROJECT NAME: Owner:	Phone #: Phone #:		Email:
Project #4 PROJECT NAME: Owner: Owner Contact Name: Architect: Architect Contact Name: General Contractor/Construction Manager: GC/CM Contact Name: Type of Work: Project Location: Contract Amount: Project #5 PROJECT NAME: Owner: Owner Contact Name:	Phone #: Phone #:		Email:
Project #4 PROJECT NAME: Owner: Owner Contact Name: Architect: Architect Contact Name: General Contractor/Construction Manager: GC/CM Contact Name: Type of Work: Project Location: Contract Amount: Project #5 PROJECT NAME: Owner: Owner Contact Name: Architect:	Phone #: Phone #:		Email: Email:
Project #4 PROJECT NAME: Owner: Owner Contact Name: Architect: Architect Contact Name: General Contractor/Construction Manager: GC/CM Contact Name: Type of Work: Project Location: Contract Amount: Project #5 PROJECT NAME: Owner: Owner Contact Name: Architect: Architect Contact Name:	Phone #: Phone #:		Email: Email:
Project #4 PROJECT NAME: Owner: Owner Contact Name: Architect: Architect Contact Name: General Contractor/Construction Manager: GC/CM Contact Name: Type of Work: Project Location: Contract Amount: Project #5 PROJECT NAME: Owner: Owner Contact Name: Architect: Architect Contact Name: General Contractor/Construction Manager:	Phone #: Phone #: Phone #: Phone #:		Email: Email: Email: Email:
Project #4 PROJECT NAME: Owner: Owner Contact Name: Architect: Architect Contact Name: General Contractor/Construction Manager: GC/CM Contact Name: Type of Work: Project Location: Contract Amount: Project #5 PROJECT NAME: Owner: Owner Contact Name: Architect: Architect: Architect Contact Name: General Contractor/Construction Manager: GC/CM Contact Name:	Phone #: Phone #: Phone #: Phone #:		Email: Email: Email: Email:
Project #4 PROJECT NAME: Owner: Owner Contact Name: Architect: Architect Contact Name: General Contractor/Construction Manager: GC/CM Contact Name: Type of Work: Project Location: Contract Amount: Project #5 PROJECT NAME: Owner: Owner Contact Name: Architect: Architect: Architect Contact Name: General Contractor/Construction Manager: GC/CM Contact Name: General Contractor/Construction Manager: GC/CM Contact Name:	Phone #: Phone #: Phone #: Phone #:		Email: Email: Email: Email:



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/SU	PPLIER REFERENCES ON A SEPAR	RATE SHEET				
Authorization*						
I hereby acknowledge that all the information provided in this docum	nent is true and is not purposefully misleadir	ng.				
Signature:	Title:					
	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.



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).

tilis certificate does no	t conter rights to the certificate floider in fled	or such endorsement(s).				
PRODUCER	CONTACT NAME:					
		PHONE FAX (A/C, No, Ext): (A/C, No):				
		E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COV	ERAGE NAI	C#		
	INSURER A: Sample Carrier (AM BEST: -A:Clas	s X)				
INSURED		INSURER B: Sample Carrier (AM BEST: -A:Class	s X)			
		INSURER C : Sample Carrier (AM BEST: -A:Class	s X)			
		INSURER D:				
		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER	DEVISIO	N NIIMRED:			

OCTENACEO CENTIFICATE NOMBER.				- NOMBER.	TREVIOLOTY TO MIDELL.				
C	NDICA"	TO CERTIFY THAT THE POLICIES FED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY BIONS AND CONDITIONS OF SUCH	QUIF	REME AIN,	NT, TERM OR CONDITION OF AN THE INSURANCE AFFORDED BY	CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPE HEREIN IS SUBJECT TO	CT TO WHICH THIS
NSF		TYPE OF INSURANCE		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS
		COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR	х	х		1	N.	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 1,000,000 \$ \$ 5,000 \$ 1,000,000

	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER:				PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 2,000,000 \$ 2,000,000
ı	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY 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 EXCESS LIAB DED RETENTION \$	X	X		EACH OCCURRENCE AGGREGATE	\$ 5,000,000 \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY 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
	Pollution;			Please indicate coverage		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project: Subcontractor Pre-Qualification

limits, if available.

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				

ACORD 25 (2016/03)

Professional