

Please complete all sections as applicable. Attach any additional information you deem may be helpful to establish your company's qualifications and capabilities.

**Referred by**

Have you worked with North Wind Group or any of its operating subsidiaries before? Yes No

If yes, provide the following information: Project Name

Point of Contact Email

**I. General Information**

Company

Federal Tax ID No.

Address

Year Business Started

City

Point of Contact

State

Zip Code

Contact Title

Phone

Dunn & Bradstreet No.

Fax

Union Yes No

Email

ISO 9001 Certified Yes No

Website

Other Quality Program/Quality Standards

Accreditations/Certifications

Subcontractor

Vendor/Supplier

**II. Organization**

**Business Type:**  Corporation  Partnership  Limited Liability Company  Sole Proprietor  Joint Venture

List the name, title, years with company and % of ownership of the company's principals/executives:

Name

Title

Yrs w/ Co

% Ownership

Is your company owned or controlled by a parent company or other organization? Yes No

Provide name of parent company:

**II. Organization (continued)**

Check applicable certification(s): *Attach copies of certifications for each qualifying SBA classification.*

- |  |  |
|--|--|
| <input type="checkbox"/> Large Business (no special classification)  | <input type="checkbox"/> Small Business Enterprise (SBE) |
| <input type="checkbox"/> Minority Business Enterprise (MBE)          | Veteran Owned Small Business (VOSB)                      |
| <input type="checkbox"/> HUBZone Small Business                      | Service Disabled Veteran Owned Small Business (SDVOSB)   |
| <input type="checkbox"/> Small Disadvantaged Business (SDB)          | Women Owned Small Business (WOSB)/(WBE)                  |
| <input type="checkbox"/> 8(a) Certified Small Disadvantaged Business | Alaskan Native Corporation (ANC)                         |
| <input type="checkbox"/> Native American/Indian Tribe                | Other _____  |

**III. Legal Information**

If you answer yes to any of the questions below, please attach a complete explanation.

Yes No

- Are there any judgments, claims arbitration procedures or suits pending/outstanding against your firm, its officers, or principals?
- Has your company filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years?
- Has your company or any organization with which your officers were involved during the last three (3) years ever been in bankruptcy or a voluntary reorganization?
- Has your company ever been assessed liquidated damages?
- Has your company ever had any labor law violations?
- Have you ever defaulted or failed to complete a contract?
- Have you ever been terminated from a contract?
- Have you ever had your license revoked or suspended?

**IV. Financial Information**

**Annual Volume**

What was the average annual revenue from work completed in the last five (5) years and what is next year's forecasted revenue?

Year	Year	Year	Year	Year	Year
Revenue	Revenue	Revenue	Revenue	Revenue	Forecasted Revenue

*To prequalify for a contract of any value, attach copies of your most recent annual financial statements (balance sheet, income statement and cash flow, as well as a current work in progress report). If your annual statements are more than six months old, please also include your most recent quarterly statement. North Wind uses this information strictly for prequalification purposes and will not disclose this information to any third parties.*

**Banking**

Name of Financial Institution Since

Address

City State Zip Code

Contact Phone

If your company would like to authorize North Wind and its affiliated companies to initiate payment to the above indicated financial institution, provide the following information.

Financial Institution Checking/Savings  
Routing Number: Account Number:

**Bonding**

*Attach formal letter from bonding company*

Bonding Company Surety  
Broker/Agent

Contact Person Phone Time with Bond Co.

Bond Capacity per Project Aggregate

Bond Rates Volume Bond % Rate

*(Enter bond rates for the specified volume)*

- \$100,000
- \$500,000
- \$1M
- \$2M
- \$5M

**V. Insurance**

Please note certain North Wind projects may require additional limits or other types of insurance coverage. At a minimum, North Wind requires the following insurance coverage. Do you carry, or can you obtain these? Yes No

*Attach current copy of insurance certificate.*

- \$2,000,000 Commercial General Liability per project aggregate
- \$1,000,000 Umbrella Excess Liability
- \$1,000,000 Automobile Liability

Insurance Carrier Effective Expiration

Limit Broker/Agent Phone

**VI. Safety**

**OSHA Record**

Has your firm had any OSHA citations, fines, or jobsite fatalities within the most recent three (3) years?

Yes      No      If yes, please attach a detailed description of the incident (include – location, date, type or inspection, standard(s) cited, violation type (other, serious, repeat, willful), current status and steps taken to prevent a recurrence.)

**Workers' Compensation**

Please list your firm's workers' compensation experience modification rate (EMR) for the last three (3) years and attach written documentation from your insurance broker confirming these rates.

Year	Year	Year
Rate	Rate	Rate

Employee hours worked the last three years:

**OSHA 300 Log Information** (List the last three years of information shown below.)

- Year
- Number of Total Recordable Injury Cases (A)
- Total Number of Cases with Days Away From Work (B)
- Total Number of Cases with Job Transfer or Restriction (C) Total
- Number of Days Away from Work
- Total Number of Days of Job Transfer or Restriction
- Number of Fatalities
- Total Employee Hours Worked (D)
- OSHA Recordable Incident Rate  $(A) \times 200,000 / (D)$
- Days Away, Restricted or Transfer (DART) Rate  $[(B) + (C)] \times 200,000 / (D)$

**Other Safety Information**

Yes      No

- Do you have corporate safety goals and objectives?
- Do you have a written safety and health program/manual?
- Do you have a documented pre-job or new employee occupational S&H orientation program?
- Do you have a documented occupational S&H training program for newly hired or promoted first line supervisors or foremen?
- Do your supervisors hold safety meetings?
- Do you conduct field safety inspections to determine compliance with applicable federal, state, local and company regulations/procedures?
- Are inspection reports generated?
- Do you have a follow-up system to track items identified during safety inspections?
- Does your company conduct injury, incidents, and near-miss investigations?
- Does your company have a Drug Free Workplace Program?
- Does your program include pre-employment, random, post-incident and reasonable suspicion testing?

**VII. Experience**

**Trade Categories**

Please list the PRIMARY NAICS codes of work your company performs.

**Geographic Areas of Work**

Please check only those states where you will do work.

AK	AL	AR	AZ	CA	CO	CT	DE	FL	GA	HI	IA	ID	IL	IN	KS
KY	LA	MA	MD	ME	MI	MN	MO	MS	MT	NC	ND	NE	NH	NJ	NM
NV	NY	OH	OK	OR	PA	PR	RI	SC	SD	TN	TX	UT	VA	VT	WA
WI	WV	WY													

Please list any foreign areas where you will do work.

**Contractor's License(s), States and Numbers**

State

Contract Number

Expiration Date

**VIII. Performance References**

Provide four references below. Each reference should be from a different customer. These references should be for work completed in the last five years and should be representative of the work you are trying to prequalify for now. **One must be for your largest project within the last two years.** NOTE: The contact provided must have *direct* knowledge of your performance on that project. Leaving out any requested contact information including email address will delay processing of your form.

**1. Project Name and Summary**

Customer		Value	
Contact Name	Contact E-Mail	Contact Phone	Contact Fax

**2. Project Name and Summary**

Customer		Value	
Contact Name	Contact E-Mail	Contact Phone	Contact Fax

**3. Project Name and Summary**

Customer		Value	
Contact Name	Contact E-Mail	Contact Phone	Contact Fax

**4. Project Name and Summary**

Customer		Value	
Contact Name	Contact E-Mail	Contact Phone	Contact Fax

**VIII. Signature**

By signing this form, I certify that the information provided therein is accurate, correct, and true. By submitting a valid bid, the subcontractor or vendor authorizes North Wind to obtain a written or oral credit report on the subcontractor's or vendor's business entity from any credit-reporting agency. The subcontractor or vendor authorizes any bank, commercial business, or bonding company with whom the subcontractor or vendor has current or inactive experience to give any and all necessary information to North Wind, which will assist North Wind in the Subcontractor/Vendor Evaluation. The subcontractor or vendor further authorizes North Wind to reinvestigate the status from time-to-time, as North Wind deems necessary.

By Signing this form, you agree to comply with the North Wind Code of Business Ethics and Compliance. A copy of these may be found at [www.northwindgrp.com/work-with-us/](http://www.northwindgrp.com/work-with-us/).

Printed Name

Title

Signature

Date

Phone