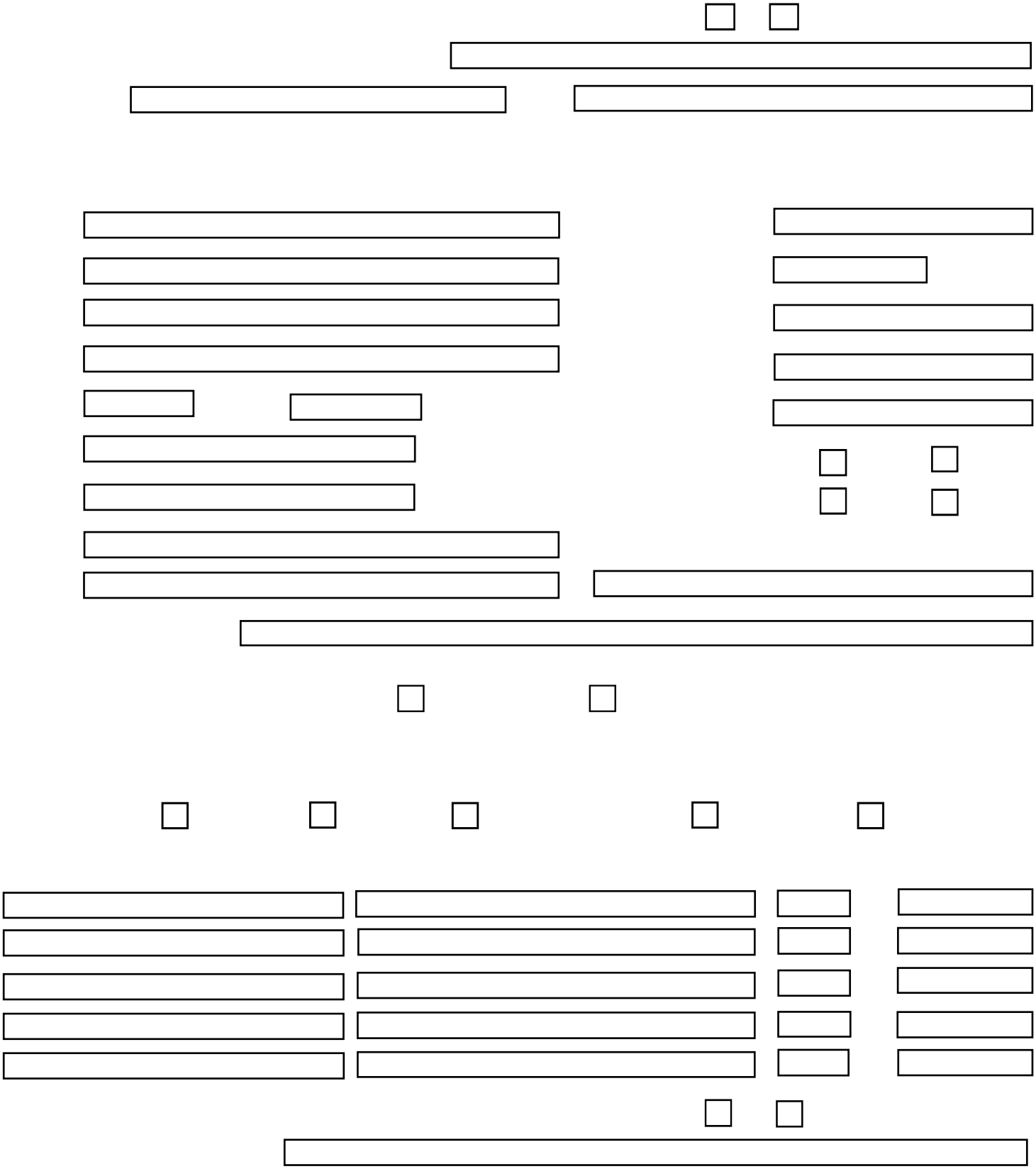

,,□2UJDLDWLR□ □RWLXHG□

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

- ☐ Large Business (no special classification)
- ☐ Minority Business Enterprise (MBE)
- ☐ HUBZone Small Business
- ☐ Small Disadvantages Business (SDB)
- ☐ 8(a) Certified Small Disadvantaged Business
- ☐ Native American/Indian Tribe
- ☐ Small Business Enterprise (SBE
- ☐ Veteran Owned Small Business (VOSB)
- ☐ Service Disabled Veteran Owned Small Business (SDVOSB)
- ☐ Women Owned Small Business (WOSB)/(WBE)
- ☐ Alaskan Native Corporation (ANC)
- ☐ Other _____

,,,□/HJDO□IRUPDWLR

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?	☐	☐

B

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 Routing Number: _____ Checking/Savings 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

(Enter bond rates for the specified volume)

Volume	Bond % Rate
$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) X 200,000/(D)			
Days Away, Restricted or Transfer (DART) Rate [(B) + (C)] X 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 investigate 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/.

Printed Name _____

Title _____

Signature _____

Date _____

Phone _____