



SUBCONTRACTOR PREQUALIFICATION FORM

Instructions: Once the editable PDF is filled out **return via email to Norcon_Ellenville_Project@norconinc.com** or mail to Norcon, Inc. 661 W. Ohio Street, Chicago, IL 60654, Attention: Prequalification. Feel free to attach any company literature or brochures to this form.

Date

Company Name

Address

City State Zip Code

Email Phone Website:

Main Contact Name and Title

Year business was established

Ownership Type(Check ALL that Apply)

- Minority Owned Business Enterprise S Corporation
- Women Owned Business Enterprise C Corporation
- Disadvantaged Business Enterprise Limited Partnership
- Sole Proprietorship Limited Liability Company
- Vetern Owned Business Enterprise

FEIN Number:

Business Type

What trade work does your company perform?

Are you located within the Hudson Valley Region of New York?

- Yes No

Total Number of Employees Office Field

Are you directly or indirectly signatory to any labor union agreements: Yes No

If Yes, which unions:

Are you licensed within the State of New York

Bid / Estimate / Budget Contacts

Norcon's Invitations to Bid are currently sent out using the website Building Connected at www.buildingconnected.com. If you aren't already enrolled in this free website, please make sure that your contacts below are enrolled and that contact information is current within the program.

Please list contact information for at least 2 contacts within your firm that should receive invitations to bid / budget.

Name	Title	Phone	Email

Financial

Please provide the current bonding capacity authorized by surety

Single Job Limit:

Aggregate Limit

Bonding Company:

Firm's business volume for the last year:

Dun & Bradstreet Number:

Please be prepared to send your company's financial information upon request.

Insurance

Please review Norcon's minimum insurance requirements attached. Does your company currently maintain insurance that meets Norcon's minimum insurance requirements.

Yes

No

Please provide your company's current Umbrella insurance amount:

Safety

Safety Manager Contact Name and Title:

Please list your current Experience Modification Rate(EMR):

Experience

Please check all markets that your company has experience in:

- | | | |
|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Educational | <input type="checkbox"/> High-End Residential | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Retail | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Commercial | |
-

Please list 3 sample projects below.

Project Name	Project Type	Contract Value	General Contractor

References

Please list contact information for three owners, general contractors or construction managers for whom the company has worked in the past two (years) below:

Company	Contact	Phone	Email

EXHIBIT D – INSURANCE REQUIREMENTS

NORCON, Inc.

Project: **Sample**

Project #:

Date:

All insurance Certificates should state the following limits of coverage:

**Worker's
Compensation**

1. Worker's Compensation Insurance Requirements:
 - a. Cover the statutes of the states in which the work will be done and any other states who's Workers Compensation laws may be applicable with regard to the Work.
 - b. Carry an A.M. Best Rating of A VII or better.
 - c. Have Employer's Liability Limits of \$500,000 each limit.
 - i. \$500,000 Each Accident
 - ii. \$500,000 Policy Limit for Disease
 - iii. \$500,000 Each Employee for Disease
 - d. State the identity of any excluded officers, members, partners or owners
 - e. Contain a Waiver of subrogation to NORCON and Owner.
 - f. The indemnification agreement shall not be limited in any way by any limitations on the amount or type of damages, compensation or benefits payable by or for the Subcontractor under Workers' Compensation Acts, disability benefit acts or other employee benefit acts.
 - g. Contain an Alternate Employer endorsement naming NORCON and Owner.

**Commercial
General
Liability**

2. Commercial General Liability (ISO Occurrence form or its Equivalent) Requirements:
 - a. \$2,000,000 general aggregate dedicated solely to the Work
 - b. \$2,000,000 products/Completed Operations Aggregate dedicated solely to the Work (to be maintained for a period of 2 years beyond the completion of the contract).
 - c. \$1,000,000 each occurrence limit
 - d. \$1,000,000 Person/Advertising Injury Liability limit
 - e. \$50,000 fire damage
 - f. \$5,000 medical payments
 - g. Waiver of subrogation with respect to NORCON and Owner. **THIS IS A STRICT REQUIREMENT OF THIS PROJECT AND IT WAS SPECIFICALLY AGREED TO PRIOR TO AWARD OF THIS CONTRACT.**
 - h. No exclusions or limitations to the form provisions with regard to:
 - i. Explosion, collapse or underground.
 - ii. Tort liability assumed via a contract*.
 - iii. liability imputed arising out of the actions of independent contractors to agents
 - iv. Products/Completed operations
 - v. Types of operations or location and description of premises covered.
 - i. The subcontractor's commercial general liability policy is to be primary and non-contributory.

**Automobile
Liability**

3. Automobile Liability Requirements:
 - a. Covering all owned, non-owned and rented, leased, borrowed or hired vehicles.
 - b. "Who is an insured" clause to include any persons or organization deemed or alleged to be responsible for the operation of covered vehicles.
 - c. \$1,000,000 combined single limit for bodily injury and/or property damage.
 - d. No exclusion for drivers that will have anything whatsoever to do with the Work.
 - e. Waiver of subrogation with respect to NORCON and Owner.
 - f. The subcontractor's commercial automobile coverage is to be primary.

Contractors Equipment	<p>4. Contractors Equipment "Floater" Requirements:</p> <ul style="list-style-type: none"> a. Covering Subcontractor's tools and equipment b. Waiver of subrogation with respect to NORCON and Owner c. "Open Perils" form of coverage d. Deductible per occurrence no greater than \$1000.
Umbrella	<p>5. Umbrella or Excess Liability following form over the above liability type coverages:</p> <ul style="list-style-type: none"> a. \$5,000,000 per occurrence. b. \$5,000,000 aggregate.
Endorsements	<p>The Commercial General Liability insurance shall be endorsed to name NORCON, and the following (to be enumerated) and all of their respective affiliates, employees, partners, beneficiaries, agents, joint ventures or joint enterprisers, directors, shareholders, agents and members as additional insureds including but not limited to the premises/operations, products and completed operations liability and personal/advertising injury liability on a primary basis with respect to the additionally insured parties hereunder, and further, such coverage extended to the additionally insured parties shall not contribute with any insurance in force for or available to such additionally insured parties. The same shall be true for the umbrella liability, if any, required herein and, if so, Subcontractor's Umbrella/Excess insurance shall be endorsed to include these provisions.</p>
Per Occurrence Requirements	<p>Total Per Occurrence/Accident Limits for comprehensive General Liability, Auto Liability and Employer's Liability Insurance may be satisfied by a party with any combination of primary and excess or umbrella liability policies totaling the amount of the required insurance.</p>
Minimum Requirements Disclaimer	<p>These are minimum requirements and may be revised only according to specific contract documentation. If project Specifications call for higher requirements, provide these specified amounts.</p>
Subcontractor Responsibility	<p>Each Subcontractor is responsible for coordinating all insurance certificates for each of its subcontractors and vendors.</p>
Waiver of Subrogation	<p>The above required insurance must contain a waiver of subrogation and waive all rights of subrogation against the parties named as additional insured.</p>
Certificate Holder	<p>NORCON Inc. 661 W Ohio Street Chicago, IL 60654 Phone (312) 715-9200 Fax (312) 715-9201 Attn: ap@norconinc.com</p>
Additional Insureds	<p>Certificate Holder to be given 30 days written notice prior to any policy change, lapse or cancellation.</p> <ul style="list-style-type: none"> 1) 2) 3)

****An approved certificate must be on file at least one business day prior to performing any work****
End of Exhibit