

THE NEW TERMINAL ONE

JFK INTERNATIONAL AIRPORT

M/W/LBE / SDVOB Information Session

August 8, 2023

Agenda

□ Introductory Remarks and Project Overview

Frank Mendoza, The New Terminal One

□ Upcoming Bid Packages in the next 30, 60, 90-Days

Leen Almaasarani, AECOM Tishman

□ Prequalification Refresher

Lauren Munro, AECOM Tishman

□ Questions & Answers



THE NEW TERMINAL ONE
—JFK INTERNATIONAL AIRPORT

**M/W/LBE & SDVOB
Information Session**
Tuesday, August 8, 2023
1:00 PM

REGISTER HERE

or use the QR code →

For more information: www.anewjfk.com

AECOM TISHMAN **A NEW JFK**

TOPICS INCLUDE:

- Project Update
- Contract Opportunities
- Prequalification
- Q&A



Our World-Class Team

FINANCIAL SPONSORS	   
CAPITAL PROJECT DELIVERY	   
DESIGN-BUILDER	 
CONCESSIONS MANAGER	

The New Terminal One Impact

Jobs



10,000+ total jobs
6,000+ local construction jobs

Local



Creating opportunities for local firms and residents
Prioritizing 37 local zip codes and Queens

Labor



Project Labor Agreement with leading MWBE and local hiring provisions
Building Trades investing through Ullico as a Financial Sponsor

Community



Initiatives on education, workforce, environmental, and business development
JFK Airport Academy to upskill local workforce

Sustainability



Green Energy and carbon reduction initiatives
LEED Certification through construction and state-of-the-art operational capabilities
Envision Certification to evaluate the sustainability of civil infrastructure

Diversity



30% M/WBE participation goal across all disciplines and phases; **3% SDVOB** participation goal for design and construction work

Diversity Goals

- **30% M/WBE Goal** across all phases and disciplines of the project
 - 20% MBE
 - 10% WBE
- **3% SDVOB Goal** across Design and Construction
- **Workforce Hiring Goals** for minorities and women:
 - 40% for laborers
 - 30% for other trades
 - 7% for women
- **Prioritization of local firms** starting with Southeast Queens and Western Nassau, followed by the remaining Borough of Queens, next the Boroughs of Manhattan, The Bronx, Brooklyn and Staten Island and finally, the New York and New Jersey Port Districts



Defining Local for Contracting and Hiring

Tier 1 – Within the 37 zip codes surrounding JFK

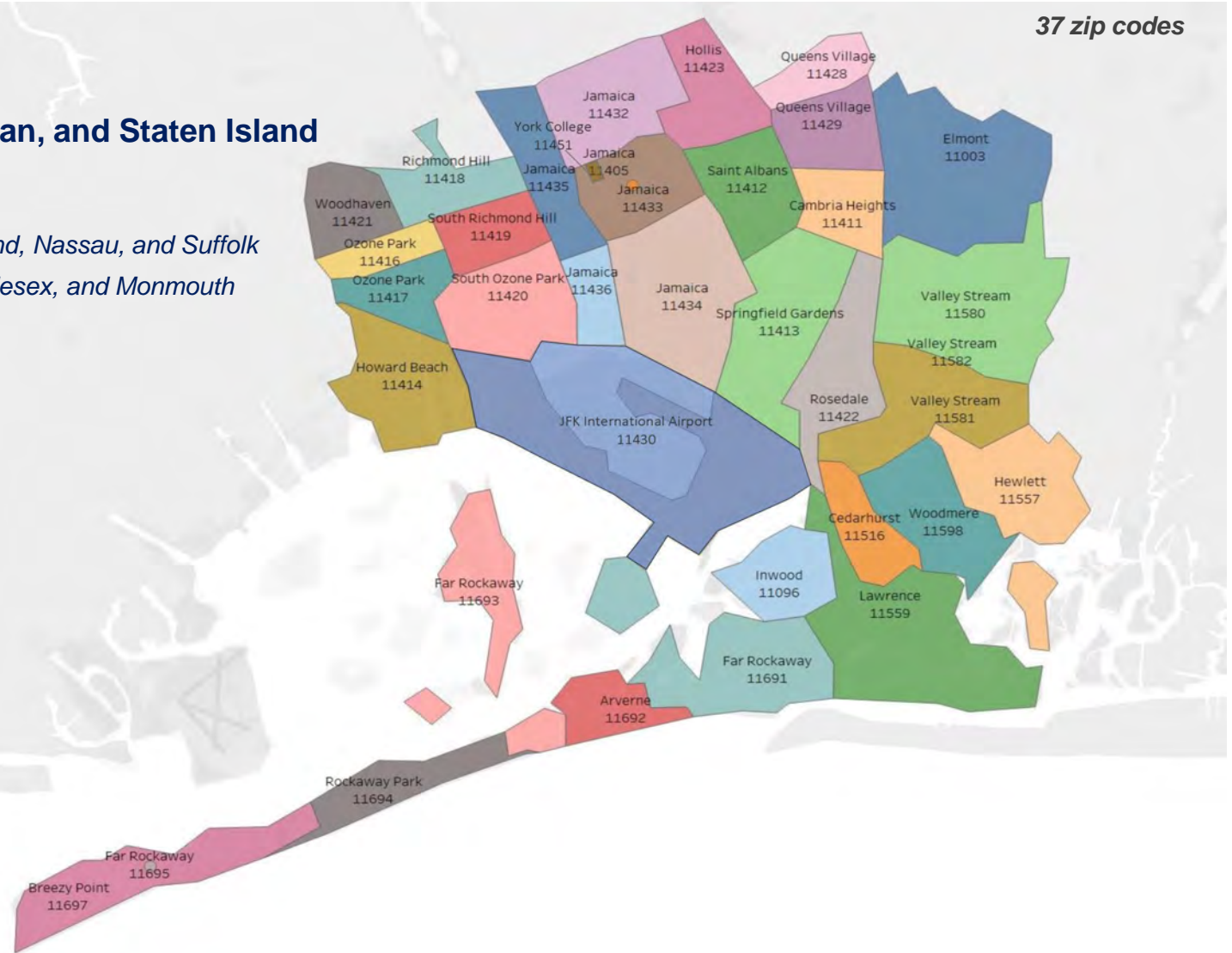
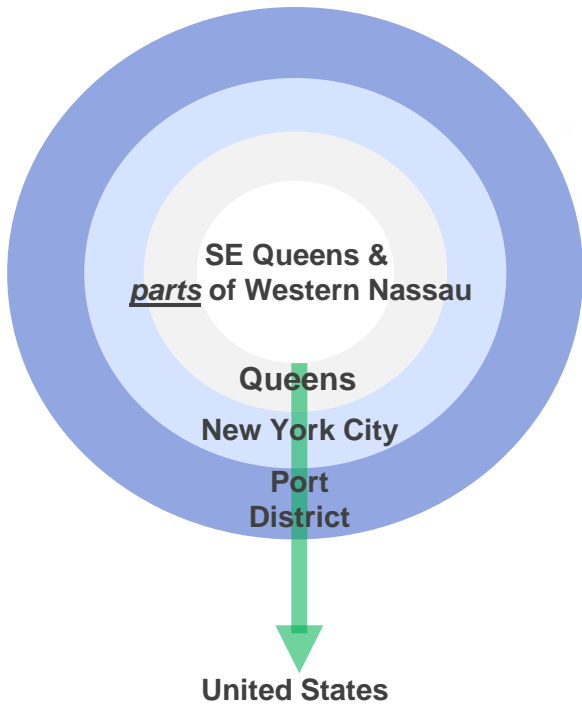
Tier 2 – Within the Borough of Queens

Tier 3 – Within the Boroughs of Brooklyn, Bronx, Manhattan, and Staten Island

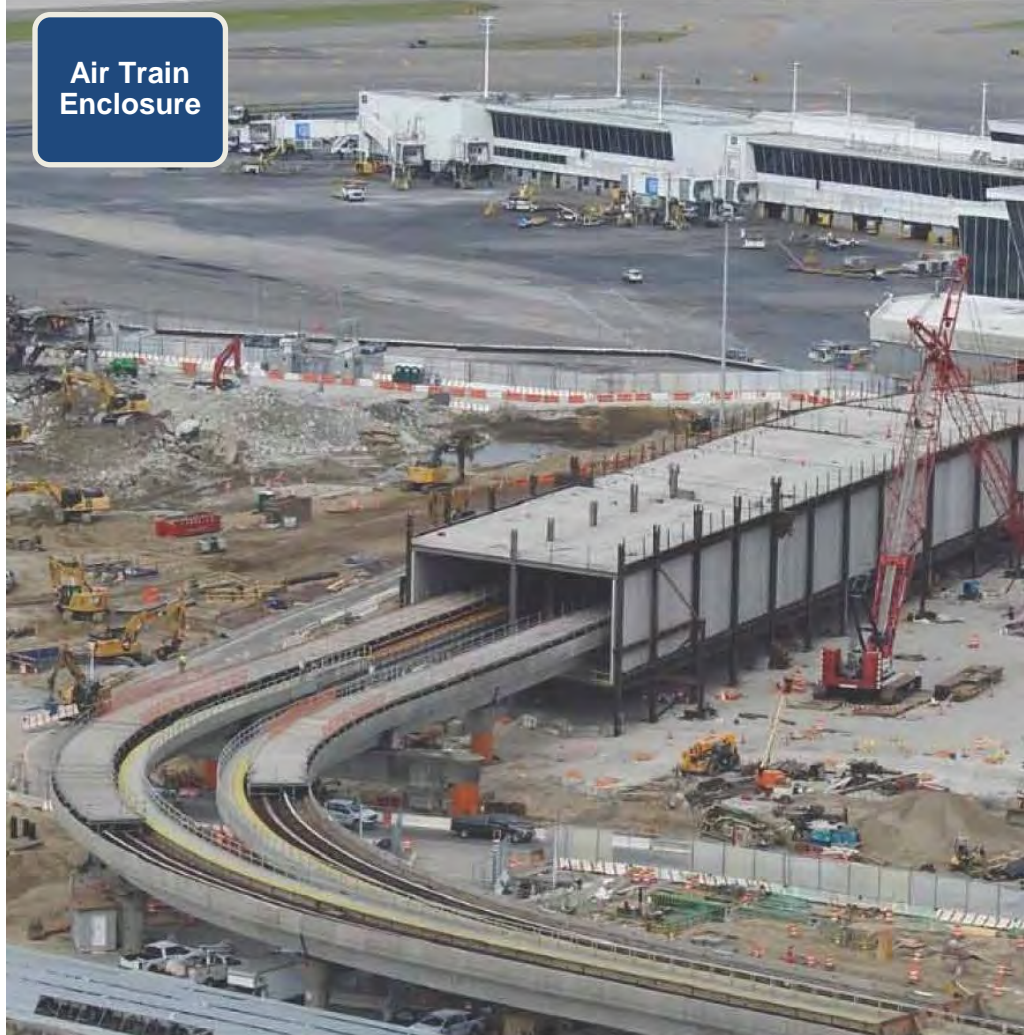
Tier 4 – Within the Port District

New York: Kings, Queens, Bronx, New York, Richmond, Westchester, Rockland, Nassau, and Suffolk

New Jersey: Bergen, Passaic, Hudson, Essex, Morris, Union, Somerset, Middlesex, and Monmouth

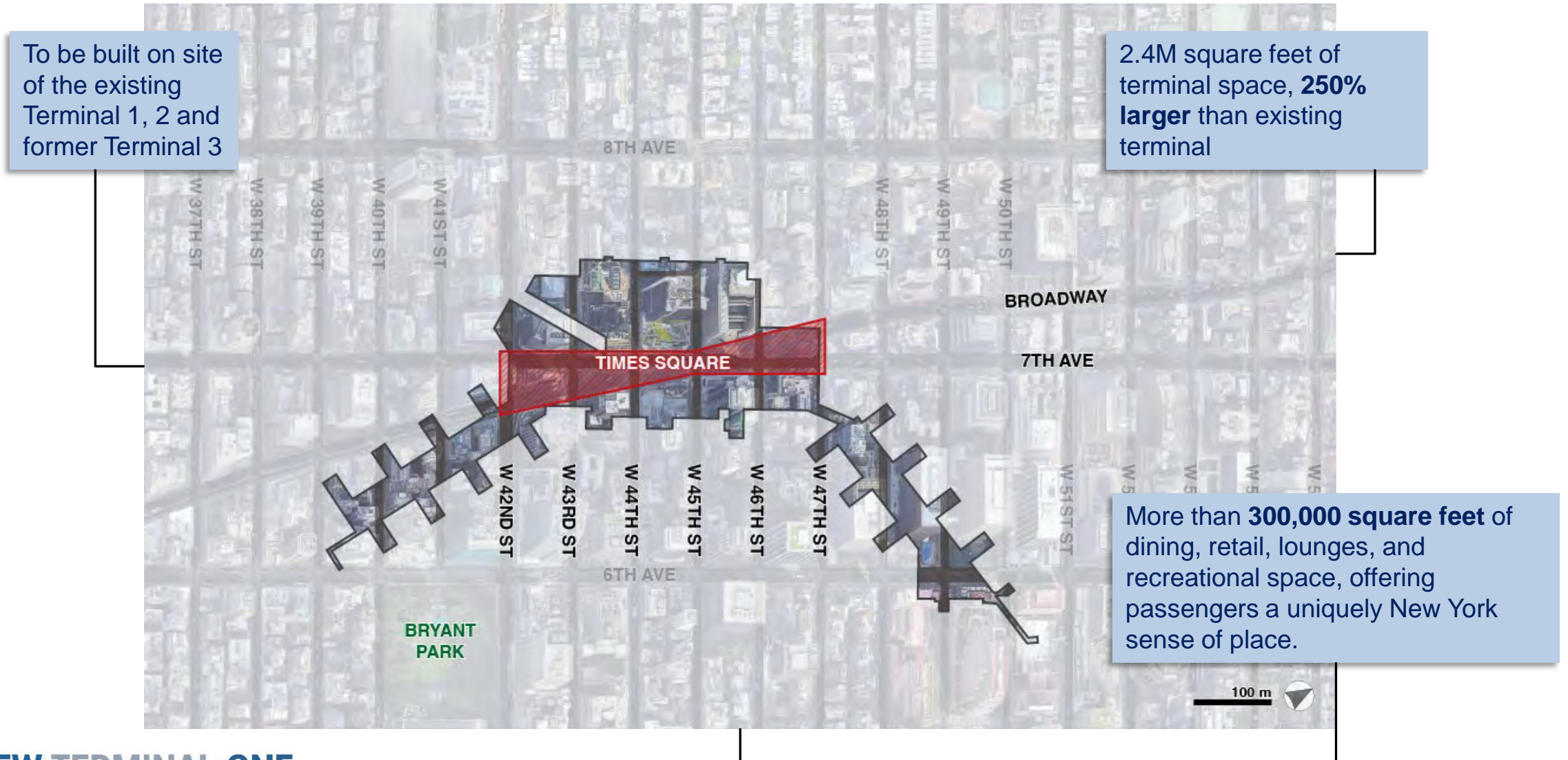


Construction Progress



Project Scale and Phasing

This overlay of the terminal over Times Square provides a sense of the scale of the project.



New Terminal One Procurement

Contracting Opportunities

Contracting Opportunities

Trade Packages

General Construction

Stonework & Tile

Hollow Metals & Finish Hardware

Painting & Coatings

Graphics & Signage

Landscaping

Roadway Canopies

Carpet & Flooring

Millwork

General Conditions Packages

Labor Force

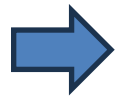
Office Supplies

Food Service Suppliers / Catering

Construction Cleaning

Final Cleaning

1



2



3



4

To express
interest email:
info@onejfk.com

Complete
Prequalification

Sign
Non-Disclosure
Agreement

Join
Bidders
List

Completing the Prequalification Process

Completing the Prequalification Process

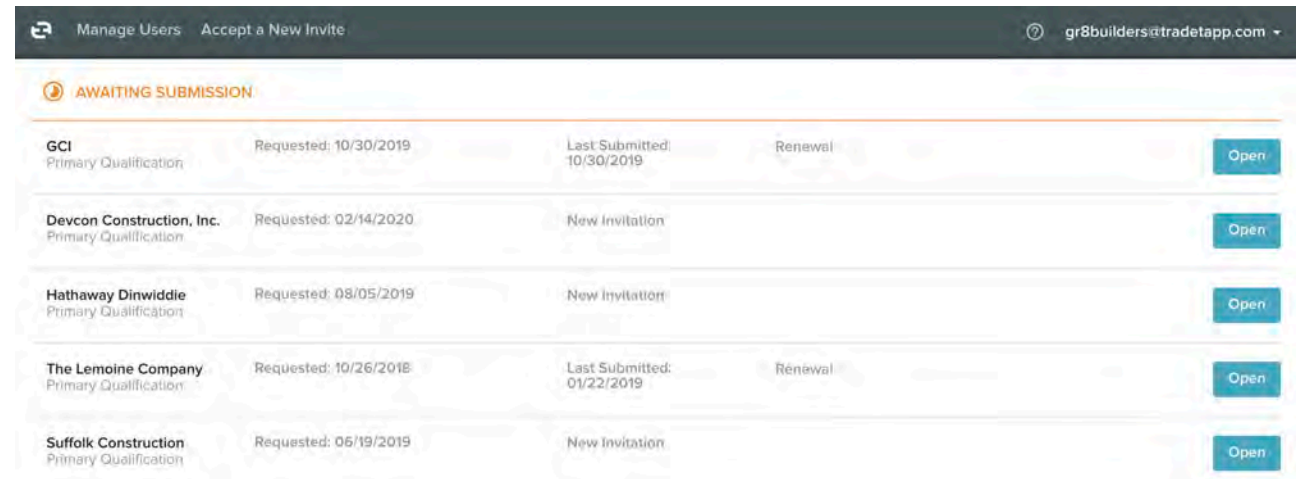
What is TradeTapp?

Web-based Vendor Prequalification

TradeTapp delivers a modern technology platform to the subcontractor prequalification process.

Why use TradeTapp as a subcontractor?

- **No redundancies:** submit any application and automatically create a stored qualification to use for any GC in the network.
- **Confidential & secure:** TradeTapp's secure platform safely protects the transmittal of your sensitive documents unlike email or fax.
- **Increased visibility:** By signing up to TradeTapp, you are joining the largest builder's network in Construction. This means your company can be found for more projects.



The screenshot displays the TradeTapp user interface. At the top, there is a navigation bar with 'Manage Users' and 'Accept a New Invite' options, and a user profile for 'gr8builders@tradetapp.com'. Below this, a section titled 'AWAITING SUBMISSION' contains a table of pending qualification requests. Each row includes the company name, the date the request was made, the status of the submission, and a 'Renewal' status, along with an 'Open' button for each entry.

Company Name	Requested	Status	Renewal	Action
GCI Primary Qualification	10/30/2019	Last Submitted: 10/30/2019	Renewal	Open
Devcon Construction, Inc. Primary Qualification	02/14/2020	New Invitation		Open
Hathaway Dinwiddie Primary Qualification	08/05/2019	New Invitation		Open
The Lemoine Company Primary Qualification	10/26/2018	Last Submitted: 01/22/2019	Renewal	Open
Suffolk Construction Primary Qualification	06/19/2019	New Invitation		Open

Difference between *Tishman Construction Corporation* and *AECOM JFK T6* Prequalification

No redundancies: submit any application and automatically create a stored qualification to use for any GC in the network.

PLEASE NOTE:

- You will need to fill out one for Tishman Construction (JFK T1) and;
- You will need to fill out one for AECOM- JFK T6 (Hunt).

The screenshot shows a web application interface for 'Qualifications'. The top navigation bar includes 'Manage Our Vendors', 'TradeTapp Invites', 'Other Invites', and 'Permissions & Settings'. Below this, there are two tabs: 'Awaiting Submission' with a count of 2, and 'Submitted' with a count of 0. The main content area is titled 'Questionnaires that are awaiting submission' and displays a table with two rows of data. Each row includes the name of the qualification, its status, the date it was requested, the contact email, the last submission date, and a 'New Invitation' button. The 'Open' button is highlighted in green.

Qualification Name	Status	Requested	Contact Email	Last Submitted	Action
Tishman Construction Corporation Primary Qualification	Awaiting Submission	1/6/2022	support@buildingconnected.com	-	New Invitation Open
AECOM - JFK T6 Primary Qualification	Awaiting Submission	1/17/2022	support@buildingconnected.com	-	New Invitation Open

When receiving an Invitation to Prequalify

1. Invited by the Tishman Team
2. Self-invited by Public Link

A WHOLE
NEW
JFK

TERMINAL PROJECTS

WORK WITH US

MEDIA

PUBLIC OUTREACH

CONTACT US

The New Terminal One

Port Authority of NY & NJ

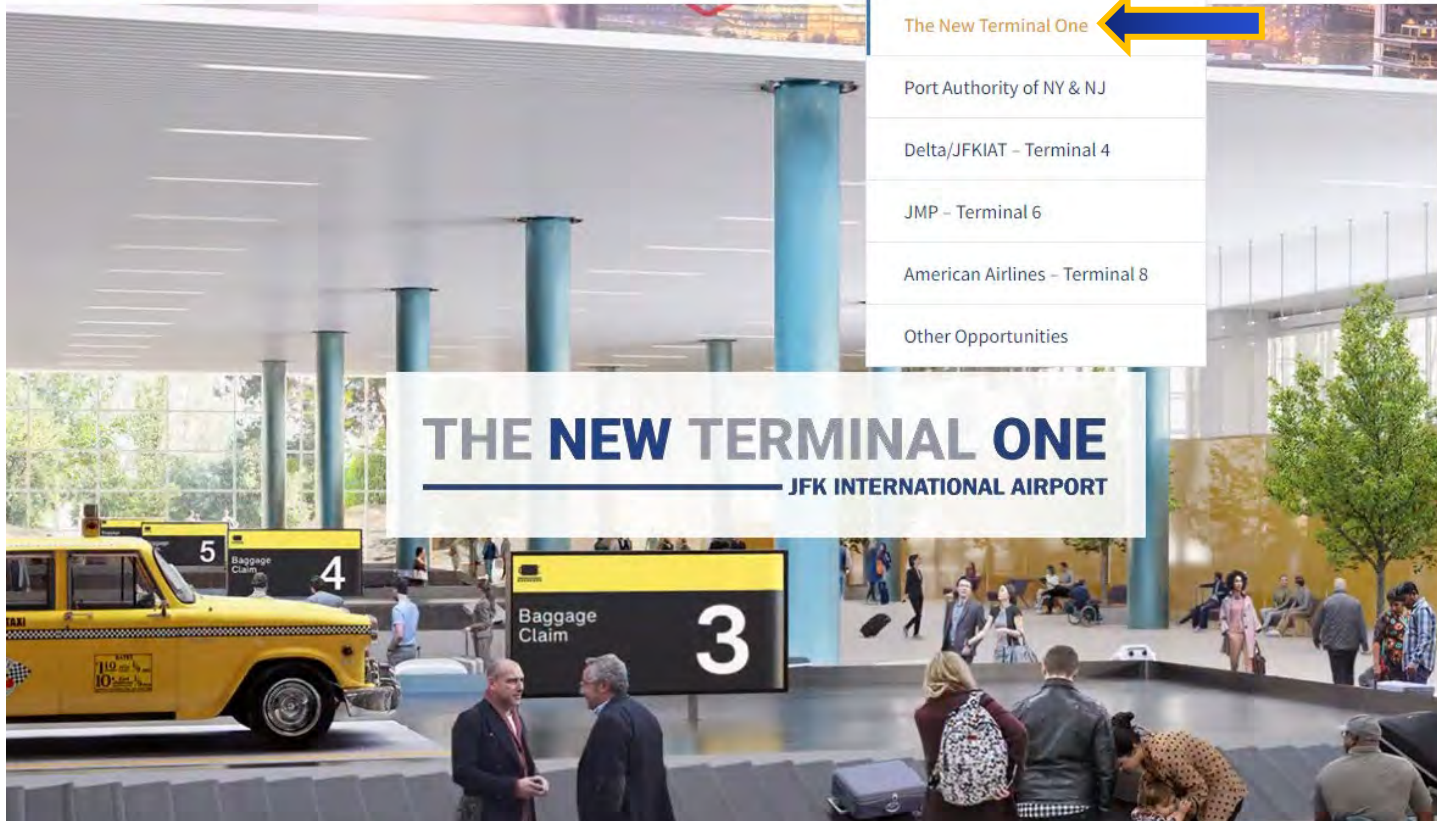
Delta/JFKIAT - Terminal 4

JMP - Terminal 6

American Airlines - Terminal 8

Other Opportunities

THE NEW TERMINAL ONE
JFK INTERNATIONAL AIRPORT



Public Link To Qualify

- The public link to qualify is on <https://www.anewjfk.com/projects/the-new-terminal-one/> for subcontractors to self-invite and complete the questionnaire.
- Questions? Reach out to support@buildingconnected.com.

THE NEW TERMINAL ONE
JFK INTERNATIONAL AIRPORT

AECOM TISHMAN

Contractor Prequalification

STEP 1

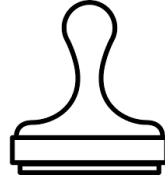


BUILDINGCONNECTED

First time users, create a Building Connected account.

Returning users, make sure you are logged in before clicking Prequalify.

STEP 2



Open the “Qualifications” tab (rubber stamp symbol)

Navigate to the **Awaiting Submission** section and locate the questionnaire for: **“Tishman Construction Corporation”**

STEP 3



If you have any questions, email us at info@onejfk.com

RESOURCES

For your reference, find session recordings and copies of past presentations with information regarding how to complete the prequalification application.

1. January 11, 2022 – “Understanding the Prequalification Process”
2. March 8, 2022 – “New Terminal One Insurance Requirements”
3. May 10, 2022 – “Preparing your Health and Safety Plan (HASP)”
4. June 14, 2022 – “Completing the Prequalification Application”

**** Note that AECOM is involved in more than one project at JFK Airport. There is a separate prequalification per development team.**

If you are interested in being considered for both projects, do not start the applications simultaneously.

Complete 1 first, then start the 2nd, to facilitate the seamless transition of information from one application to the next.

How to begin filling out the Prequalification Questionnaire

The screenshot shows the 'Qualifications' section of the TradeTapp portal. The top navigation bar includes 'Manage Our Vendors', 'TradeTapp Invites', 'Other Invites', and 'Permissions & Settings'. Below this, there are two tabs: 'Awaiting Submission' (with a count of 2) and 'Submitted' (with a count of 0). The main content area is titled 'Questionnaires that are awaiting submission'. A table lists a single entry for 'Tishman Construction Corporation' with the following details: 'Primary Qualification', 'Requested: 1/6/2022', 'Contact Email: support@buildingconnected.com', 'Last Submitted: --', and 'New Invitation: --'. A green 'Open' button is highlighted on the right side of the table row.

- Your main TradeTapp portal will include all of your pending submissions and all of your completed questionnaires.
- Navigate to the “Awaiting Submission” section and locate the request from AECOM Tishman.
- Click “Open” to begin filling out the questionnaire.

- If you are unsure what a question means or how to answer it, there are “Question Tips” which are located below the menu on the left-hand side of your questionnaire.
- If you have further question about your questionnaire, we recommend reaching out to: Info@onejfk.com.

TradeTapp HRL Construction

Last saved: July 31 at 1:43 PM PDT

Currency In: USD

Print Summary

Back

Continue

What is your company name?

Company name*

DAB Testing Co

GENERAL ✓

CONTACTS ✓

PROJECTS ✓

SAFETY 2/3

INSURANCE ✓

FINANCIAL 3/4

REVIEW

? Question Tip

Provide the full legal name of your company. If you are doing business under a different name than that listed on your W-9, enter as "Legal Name d/b/a Sample Name".

Tishman TradeTapp Questionnaire:

Primary Questionnaire
Supplier/Consultant Questionnaire

General

Tishman Construction Corporation

Last Saved: Jun 24, 11:01 AM

Currency in
USD

Print Summary

Express Mode ?



GENERAL



CONTACTS



PROJECTS



INTEGRITY



SAFETY

5/7

INSURANCE

6/7

FINANCIAL

3/4

REVIEW

Question Tip

Provide the full legal name of your company. If you are doing business under a different name than that listed on your W-9, enter as "Legal Name d/b/a Sample Name"

BACK

CONTINUE

What is your company name?

Company Name



Tishman Construction Corporation

Last Saved: Jun 24, 11:12 AM

Currency In
USD

Print Summary

Express Mode



- GENERAL
- CONTACTS
- PROJECTS
- INTEGRITY
- SAFETY 5/7
- INSURANCE 6/7
- FINANCIAL 3/4
- REVIEW

Question Tip

Provide the full legal name of your parent company.

BACK

CONTINUE

Is your company a subsidiary or child to a parent company?

Is your company a subsidiary or child to a parent company?

You have indicated *not applicable* to this question

[Click here](#) if this does apply to your company

Tishman Construction Corporation

Last Saved: Jun 24, 11:14 AM

Currency In
USD

Print Summary

Express Mode ?



GENERAL 16/17

CONTACTS ✓

PROJECTS ✓

INTEGRITY ✓

SAFETY 5/7

INSURANCE 6/7

FINANCIAL 3/4

REVIEW

Question Tip

Provide your Minority, Disadvantaged, or Special Business Enterprise status as granted by the US DOT. You may provide one or several certifications.

BACK

CONTINUE

Does your company have any enterprise business certifications?

This application requires at least 1 entry for this question.

Add New

or select:

This doesn't apply to my company

CERTIFICATION:

Woman-owned businesses (WBE)

Minority-owned businesses (MBE)

Businesses owned by economically disadvantaged individuals (DBE)

Tishman Construction Corporation

Last Saved: Jun 24, 11:14 AM

Currency in
USD

Print Summary

Express Mode ?



GENERAL 16/17

CONTACTS ✓

PROJECTS ✓

INTEGRITY ✓

SAFETY 5/7

INSURANCE 6/7

FINANCIAL 3/4

REVIEW

Question Tip

You may provide one or several union affiliations.

BACK

CONTINUE

Does your company have any union affiliations?

This application requires at least 1 entry for this question.

Add New

or select:

This doesn't apply to my company

PLEASE NOTE: Union affiliation is not a requirement to become prequalified nor a requirement to work on the project.

Tishman Construction Corporation

Last Saved: Jun 24, 11:14 AM

Currency in
USD

Print Summary

Express Mode ?



- GENERAL ✓
- CONTACTS ✓
- PROJECTS ✓
- INTEGRITY ✓
- SAFETY 5/7
- INSURANCE 6/7
- FINANCIAL 3/4
- REVIEW

← BACK

CONTINUE →

What percentage of your work do you subcontract?

NOTE: Subcontracting refers to the practice of bringing in an outside company or individual to perform specific parts of a contract or project.

Projects

Tishman Construction Corporation

Last Saved: Jun 24, 11:19 AM

Currency in
USD

Print Summary

Express Mode ?



- GENERAL
- CONTACTS
- PROJECTS
- INTEGRITY
- SAFETY 5/7
- INSURANCE 6/7
- FINANCIAL 3/4
- REVIEW

Question Tip

Backlog is the total value of uncompleted work that your company has committed to via written contract. You may estimate this value if necessary

BACK



CONTINUE

What is your estimated backlog as of today?

Current Estimated Backlog

PLEASE NOTE: A backlog is a buildup of work that needs to be completed.

Tishman Construction Corporation

Last Saved: Jun 24, 11:20 AM

Currency in
USD

Print Summary

Express Mode ?



GENERAL

CONTACTS

PROJECTS

INTEGRITY

SAFETY 5/7

INSURANCE 6/7

FINANCIAL 3/4

REVIEW

Question Tip

Provide completed projects of within the past 5 years and include the largest by total subcontract value. Note: it's possible that the references you provide will be contacted by the company you are submitting this application to.

← BACK

CONTINUE →

Provide references of recently completed projects

Largest Completed Project in Past 5 Years-

Completed Projects

Add New

Tishman Construction Corporation

Last Saved: Jun 24, 11:20 AM

Currency in
USD

Print Summary

Express Mode ?



GENERAL

CONTACTS

PROJECTS

INTEGRITY

SAFETY 5/7

INSURANCE 6/7

FINANCIAL 3/4

REVIEW

BACK



CONTINUE

What is your average job size?

Integrity

Tishman Construction Corporation

Last Saved: Jun 24, 11:26 AM

Currency In
USD

Print Summary

Express Mode

GENERAL

CONTACTS

PROJECTS

INTEGRITY

SAFETY

INSURANCE

FINANCIAL

REVIEW

Question Tip

If provided, hover your mouse over the help icon shown after any question in the list for additional information. Please be sure to include an additional explanation or detail to your responses when prompted.

BACK

NEXT SECTION

Please answer the following question(s)

During the past five (5) years, has your firm, its parent, a subsidiary or affiliate, or any principal, officer or director thereof been suspended, debarred, disqualified or otherwise been declared ineligible to bid or to perform work? If yes, please explain. *

YES

NO

During the past seven (7) years, has your firm, its parent, a subsidiary or affiliate or any principal, officer, director or employee thereof been subpoenaed by a local, state, multi-state, or federal governmental agency or authority? If yes, please explain. *

YES

NO

During the past seven (7) years, has your firm, its parent, a subsidiary or affiliate or any principal, officer, director or employee thereof been the target or subject of any investigation by a local, state, multi-state, or federal governmental agency or authority? If yes, please explain. *

YES

NO

During the past seven (7) years, has your firm, its parent, a subsidiary or affiliate or any principal, officer, or director been convicted of a crime, entered a plea of nolo contendere, indicted or otherwise charged or fined? If yes, please explain. *

YES

NO

During the past seven (7) years, has your firm, its parent, a subsidiary or affiliate or any principal, officer, or director entered into a consent decree, deferred prosecution agreement or a non-prosecution agreement relating to business activities? If yes, please explain. *

YES

NO

Safety

To Whom it May Concern;:

This is to certify that _____ insures the above referenced contractor under
policy# _____ through our agency and certifies the Experience Modification Rate (EMR) for
the most recent six (6) years, representative of the above referenced contractor, is as follows:

YEAR

EMR

YEAR

EMR

Tishman Construction Corporation

Last Saved: Jun 24, 11:28 AM

Currency in
USD

Print Summary

Express Mode ?



- GENERAL ✓
- CONTACTS ✓
- PROJECTS ✓
- INTEGRITY ✓
- SAFETY 5/7
- INSURANCE 6/7
- FINANCIAL 3/4
- REVIEW

Question Tip

If no, please upload a blank sheet.

BACK



CONTINUE

If your firm had any OSHA Fine, please upload citation.

Document upload

Choose Files

Tishman Construction Corporation

Last Saved: Jun 24, 11:28 AM

Currency In
USD

Print Summary

Express Mode ?

GENERAL ✓

CONTACTS ✓

PROJECTS ✓

INTEGRITY ✓

SAFETY 5/7

INSURANCE 6/7

FINANCIAL 3/4

REVIEW

← BACK

CONTINUE →

Please attach copies of your company's OSHA No. 300/300a log(s) from 2013-current year.

Document upload

Choose Files

or select:

This doesn't apply to my company

PLEASE NOTE: <https://www.osha.gov/sites/default/files/OSHA-RK-Forms-Package.pdf>

OSHA's Form 300 (Rev. 04/2004)

Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it.
 Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20__

U.S. Department of Labor
 Occupational Safety and Health Administration



Form approved OMB no. 1218-0176

Please Record:

- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Reminders:

- Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Establishment name _____
 City _____ State _____

Step 1. Identify the person

Step 2. Describe the case

Step 3. Classify the case

Step 4.

Step 5.

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)
Reset			____/____/____ month / day		
Reset			____/____/____ month / day		
Reset			____/____/____ month / day		
Reset			____/____/____ month / day		
Reset			____/____/____ month / day		
Reset			____/____/____ month / day		
Reset			____/____/____ month / day		
Reset			____/____/____ month / day		
Reset			____/____/____ month / day		
Reset			____/____/____ month / day		
Reset			____/____/____ month / day		
Reset			____/____/____ month / day		

SELECT ONLY ONE circle based on the most serious outcome:

Death (G)	Remained at Work		
	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Enter the number of days the injured or ill worker was:

Away from work (K)	On job transfer or restriction (L)
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days

Select one column:

Injury (1)	Illness				
	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Add a Form Page

Page totals ▶ 0 0 0 0 0 0
 Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

0 0 0 0 0 0
 Injury Skin disorder Respiratory condition Poisoning Hearing loss All other illnesses
 (1) (2) (3) (4) (5) (6)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it.
 Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#).

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name

Street

City State Zip

Industry description (e.g., *Manufacture of motor truck trailers*)

North American Industrial Classification (NAICS), if known (e.g., 336212)

--	--	--	--	--	--

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees

Total hours worked by all employees last year

Sign here

Knowing falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

Phone Date

Reset

Insurance

Tishman Construction Corporation

Last Saved: Jun 24, 11:32 AM

Currency in USD

Print Summary

- Express Mode ?
- GENERAL ✓
- CONTACTS ✓
- PROJECTS ✓
- INTEGRITY ✓
- SAFETY 5/7
- INSURANCE 6/7
- FINANCIAL 3/4
- REVIEW

Question Tip

The following coverages are being requested as part of this application. You may indicate *Not Applicable* for any coverage that your company does not carry. In addition, be sure to update any expired coverage, as indicated by the *Updated Needed* tag.

BACK

CONTINUE

Provide us details of your current insurance policies

PLEASE NOTE:
Workers' Compensation;
General Liability;
Automobile Liability;
Umbrella/Excess;
Professional Liability;
So on...

Add New

Tishman Construction Corporation

Last Saved: Jun 24, 11:32 AM

Currency in
USD

Print Summary

Express Mode



GENERAL



CONTACTS



PROJECTS



INTEGRITY



SAFETY

5/7

INSURANCE

6/7

FINANCIAL

3/4

REVIEW

Question Tip

The certificate of insurance (or "COI") for this question should be a sample that indicates ability to provide coverage.

BACK

CONTINUE

Provide us a copy of your current certificate(s) of insurance

Add New



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/29/2021

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).

PRODUCER Scarbrough Medlin & Associates, Inc. 5700 Granite Pkwy, #500 Plano TX 75024	CONTACT NAME: Carol Dozier PHONE (A/C No. Ext): 214-423-3333 FAX (A/C No.): 214-423-3350 E-MAIL ADDRESS: carol@scarbrough-medlin.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Ulica Lloyds of Texas</td> <td></td> <td>10990</td> </tr> <tr> <td>INSURER B : Republic Franklin Insurance Company</td> <td></td> <td>12475</td> </tr> <tr> <td>INSURER C : Service Lloyds</td> <td></td> <td>43389</td> </tr> <tr> <td>INSURER D : Ulica National Insurance Group</td> <td></td> <td>25976</td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : Ulica Lloyds of Texas		10990	INSURER B : Republic Franklin Insurance Company		12475	INSURER C : Service Lloyds		43389	INSURER D : Ulica National Insurance Group		25976	INSURER E :			INSURER F :	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
INSURER A : Ulica Lloyds of Texas		10990																			
INSURER B : Republic Franklin Insurance Company		12475																			
INSURER C : Service Lloyds		43389																			
INSURER D : Ulica National Insurance Group		25976																			
INSURER E :																					
INSURER F :																					
INSURED Total Office Solutions LLP, Move Solutions, Ltd. dba Move Solutions-Dallas, Ltd., Furniture Solutions NOW, Ltd. dba Corporate Source, Ltd. Sojourner Properties, L.P. 1473 Terre Colony Ct.: Dallas TX 75212																					

COVERAGES CERTIFICATE NUMBER: 557630610 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSP. WVD.	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		CPP 5202293	11/1/2021	11/1/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCASION) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		5188182	11/1/2021	11/1/2022	COMBINED SINGLE LIMIT (EA ACCIDENT) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ HIP-Base: \$10,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS \$10,000		5202294	11/1/2021	11/1/2022	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (Mandatory in NH) IF NH, describe under DESCRIPTION OF OPERATIONS below.	Y/N N/A	SLICWC0120201	11/1/2021	11/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B	<input type="checkbox"/> Hired & Non-Owned		5188182	11/1/2021	11/1/2022	Comprehensive Ded 1,000.00 Collision Ded 1,000.00 Actual Cash Value

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required):
Blanket Additional Insured with Ongoing & Completed Operations & Blanket Waiver of Subrogation as required by written contract is included on General Liability, Blanket Additional Insured & Blanket Waiver of Subrogation as required by written contract is included on Auto Policy. Blanket Waiver of Subrogation as required by written contract is included on Workers Compensation. Blanket Primary & Non-Contributory as required by written contract is included on General Liability Policy only. Umbrella Policy follows form.
HCBeck, Ltd., and all limited partners, general partners and all affiliated companies, and shareholders, directors and officers of the foregoing entities are included under the blanket as Additional Insured.

CERTIFICATE HOLDER HCBeck, Ltd. 1807 Ross Avenue Suite 500 Dallas TX 75201	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--

Tishman Construction Corporation

Last Saved: Jun 24, 11:33 AM

Currency in
USD

Print Summary

Express Mode



GENERAL



CONTACTS



PROJECTS



INTEGRITY



SAFETY

5/7

INSURANCE

6/7

FINANCIAL

3/4

REVIEW

Question Tip

Provide the details of your current bonding program and brokerage contact. If a surety letter upload is required, you may also recognize this as a "good guy" letter.

BACK

CONTINUE

What are the details of your surety/bonding program?

Current Surety Company

Broker Agency Company Name

Broker Agency Contact Name

Single Project Bonding Capacity

Aggregate Bonding Capacity

PLEASE NOTE:

This letter provides evidence that the contractor has a surety relationship. It will state how long that relationship has existed; give the financial rating and T-listing of the surety and give general parameters of the limits of what kind of bonding the contractor would be considered for.

Tishman Construction Corporation

Last Saved: Jun 24, 11:33 AM

Currency in
USD

Print Summary

Express Mode ?



- GENERAL ✓
- CONTACTS ✓
- PROJECTS ✓
- INTEGRITY ✓
- SAFETY 5/7
- INSURANCE** 6/7
- FINANCIAL 3/4
- REVIEW

Question Tip

Do not include a % sign

← BACK

CONTINUE →

What is your company's surety bond rate?

Tishman Construction Corporation

Last Saved: Jun 24, 11:33 AM

Currency in
USD

Print Summary

Express Mode

GENERAL

CONTACTS

PROJECTS

INTEGRITY

SAFETY

INSURANCE

FINANCIAL

REVIEW

BACK

NEXT SECTION

Please provide a bank reference letter, or "good guy" letter, dated within the past 6 months.

Document upload

Create Files

or select:

This doesn't apply to my company

PLEASE NOTE:

This is a letter that essentially states that the principal has an account and have a relationship with you. The letter does not typically say what the credit line is.

Financial

Tishman Construction Corporation

Last Saved: Jun 24, 11:37 AM

Currency In
USD

Print Summary

Express Mode ?



GENERAL ✓

CONTACTS ✓

PROJECTS ✓

INTEGRITY ✓

SAFETY 5/7

INSURANCE 6/7

FINANCIAL 3/4

REVIEW

Question Tip

Your most recent annual CPA reviewed or audited statements are strongly preferred. If you provide a compiled or incomplete financial statement, your application may be rejected!

BACK

NEXT SECTION

Upload your most recent financial statement including balance sheet and statement of income ("P&L"). CPA Audited or Reviewed statements are preferred.

2018



2017



2016



2016



2015



Add New

Review

THE NEW TERMINAL ONE

JFK INTERNATIONAL AIRPORT

Q & A

JFK

JFK



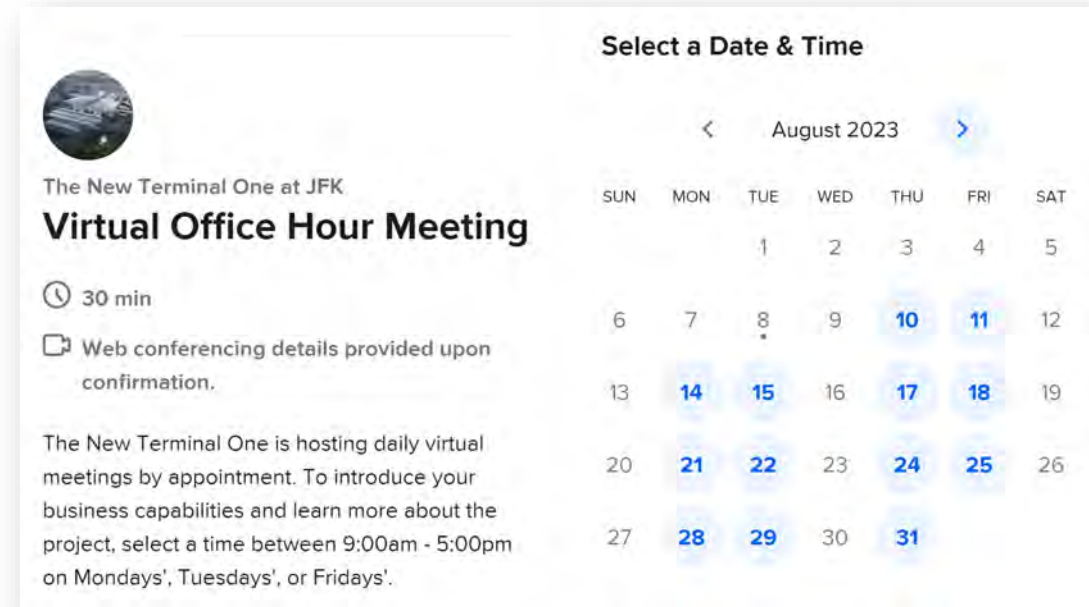
Stay Connected

Office Hours

- Register for 1-on-1 Meetings:
 - **Virtual:** Daily from 9:00am to 5:00pm
 - **In-Person at the JFKR Community Information Center**
Wednesdays from 12:00pm to 5:00pm

2023 Upcoming Sessions

- Meet the Primes, Aug 24 at 10AM
- MWLBE/SDVOB Information Session, Sep 12 at 1PM
- Meet the Primes, Sep 24 at 10AM



The screenshot shows a meeting registration page for 'Virtual Office Hour Meeting' at JFK. It includes a profile picture of 'The New Terminal One at JFK', a 30-minute duration, and a note that web conferencing details are provided upon confirmation. A calendar for August 2023 is displayed, with dates 10, 11, 14, 15, 17, 18, 21, 22, 24, 25, 28, 29, and 31 highlighted in blue. Below the calendar, there is a paragraph explaining that the terminal is hosting daily virtual meetings by appointment, and users should select a time between 9:00am and 5:00pm on Mondays, Tuesdays, or Fridays.



THE NEW TERMINAL ONE

JFK INTERNATIONAL AIRPORT

To learn more visit:

www.anewjfk.com/projects/the-new-terminal-one/

General Inquiries: info@onejfk.com

