

Today's Speakers



Frank Mendoza
Outreach Manager,
McKissack & McKissack



Jerry Herold
Project Manager,
AECOM Tishman



Lauren G. Munro Risk Analyst II, AECOM Tishman



Our World-Class Team







The New Terminal One Redevelopment Project



The New Terminal One Commitment

Reaffirming Our Commitments

- 30% M/WBE goal (20% MBE, 10% WBE) across all phases and disciplines of the project
- 3% SDVOB goal across all phases and disciplines of the project
- Hiring goals for minorities and women (40% for laborers, 30% for other trades and 7% for women)
- Prioritization of local firms starting with SE Queens and Western Nassau, followed by Borough of Queens and New York /New Jersey Port District



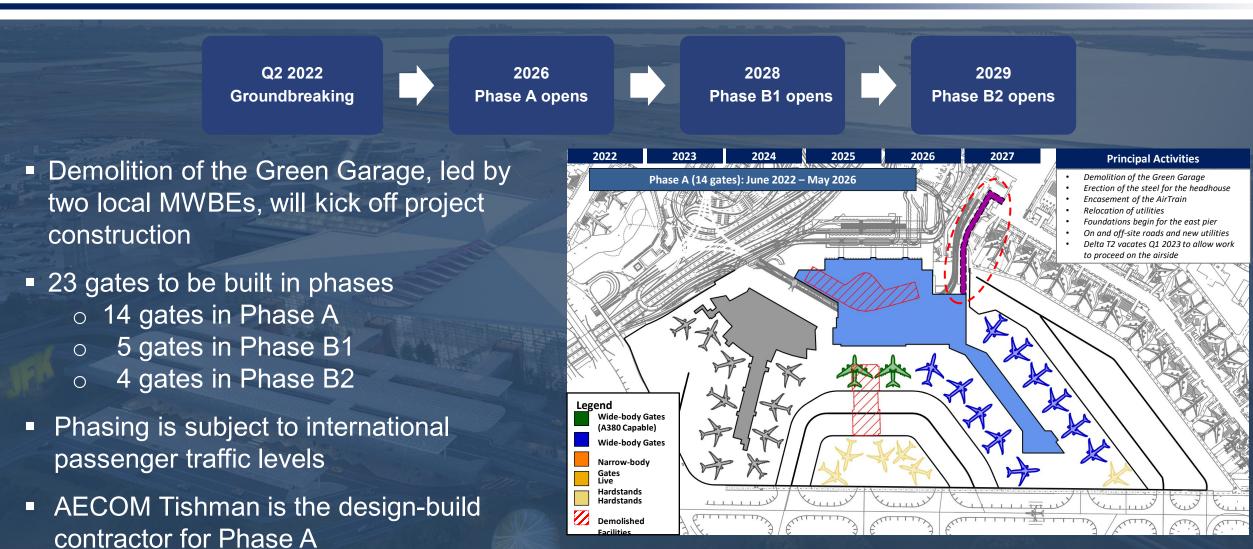


Commitment to the Community





Anticipated Project Phasing







The New Terminal One Redevelopment





Check-in

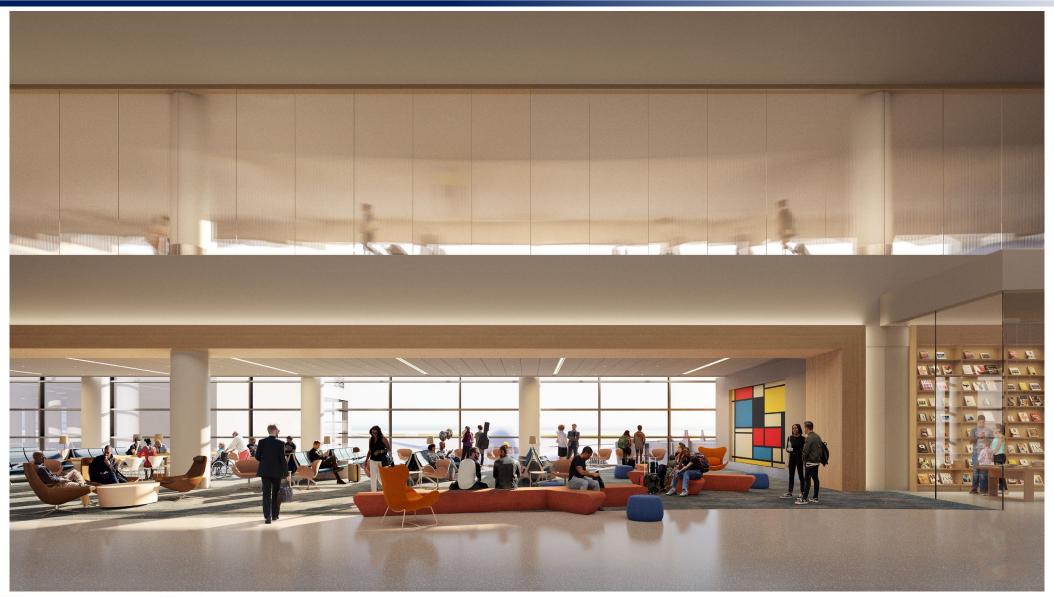


Welcome Plaza

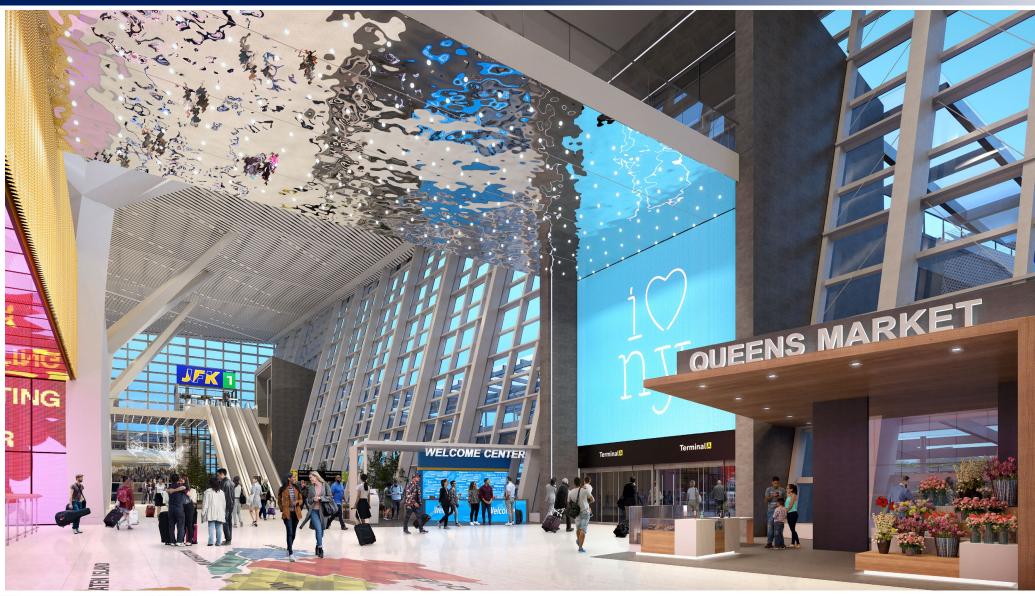




Holding Rooms



Retail and Concessions





JFK Park



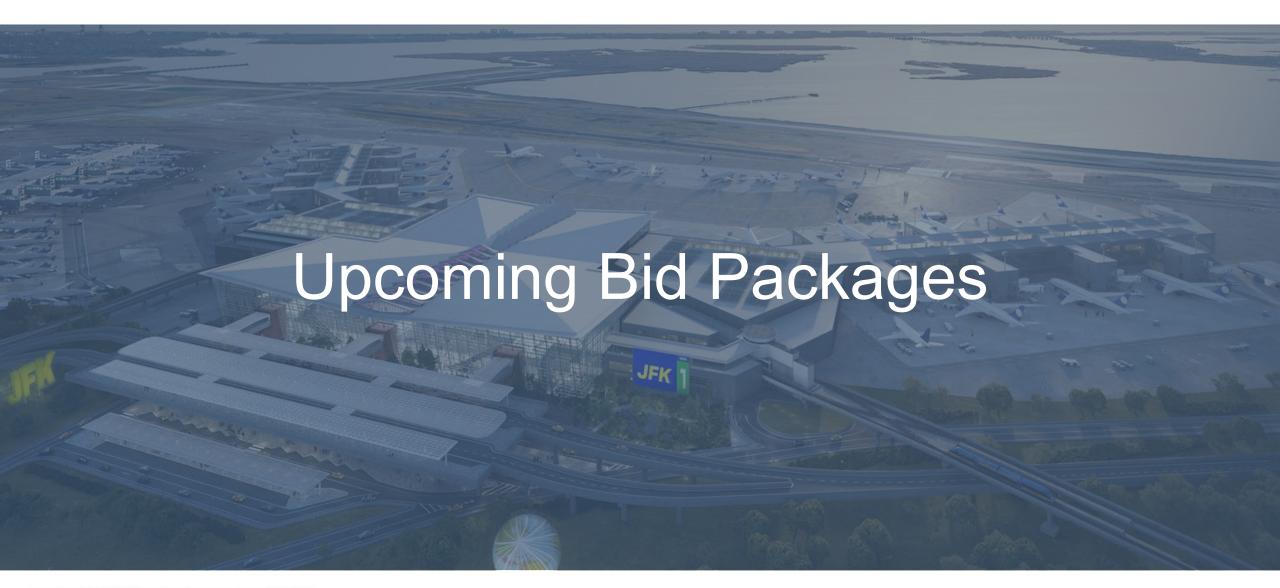
Baggage Claim



Passenger Departures



New Terminal One Procurement





Bid Opportunities in Q3 – Q4 2022

Bid Package Title & Description	Anticipated Launch	Anticipated Bid Submission
Concrete Slab-On-Grade	Sep-22	Nov-22
Concrete Slab-on-Metal-Deck	Sep-22	Nov-22
Demolition of Terminal 2	Sep-22	Sep-22
Fire Alarm	Sep-22	Dec-22
Passenger Boarding Bridges	Sep-22	Dec-22



Bid Opportunities in Q3 – Q4 2022

Bid Package Title & Description	Anticipated Launch	Anticipated Bid Submission
_abor Force	Oct-22	Nov-22
Stair Steel	Oct-22	Nov-22
Building Automation and Temperature Control	Oct-22	Dec-22
Miscellaneous Metals	Oct-22	Dec-22
	JFK 1	The second



Bid Opportunities in Q3 – Q4 2022

Bid Package Title & Description	Anticipated Launch	Anticipated Bid Submission
Telecom Install	Nov-22	Feb-23
Security Install	Nov-22	Feb-23
Temporary Carpentry	Nov-22	Feb-23
LV Security - Parts & Smarts	Nov-22	Mar-23
LV Telecom - Parts & Smarts	Nov-22	Mar-23
LV Radio, DAS - Parts & Smarts	Nov-22	Mar-23
SITA - Master Integrator	Nov-22	Mar-23
Dock Guidance, Ramp Signage, etc.	Nov-22	Mar-23
Masonry	Nov-22	Mar-23
idsom y	1404-22	IVIGIT-20



Completing the Prequalification Process





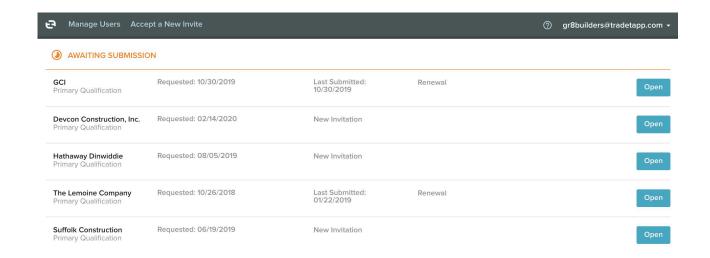
What is TradeTapp?

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.





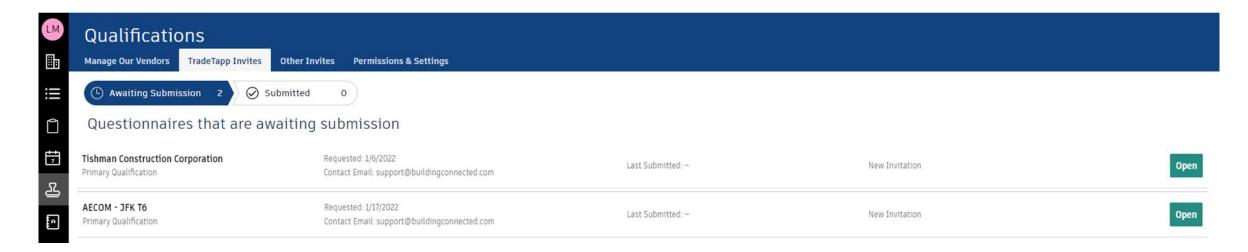


Difference between *Tishman Construction Corporation* and *AECOM JFK T6* Prequalification

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).







When receiving an Invitation to Prequalify

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





If you have an existing account...

• If you are already logged in to your BuildingConnected account, you'll be immediately directed to the "TradeTapp Invites" tab.









Sign in to your BuildingConnected account

Email
NEXT
Need an account?

If you do not have an existing TradeTapp account...

- If you are new to BuildingConnected, you will be prompted to create an account before viewing the qualification questionnaire.
- Click on "Need an Account?" to begin the account creation process.
- Note: you do not need a paid subscription to join BuildingConnected or access your qualification applications.





If you did not receive your TradeTapp invitation email...

If you know that you have been invited to qualify with <u>Tishman Construction</u> <u>Corporation</u> through TradeTapp but are not receiving the invitation email, there are several things we suggest you do:

- 1. Check spam & junk mail folders;
- Allow emails from @tradetapp.com (have your IT team whitelist the email domain);
- 3. Email AECOM Tishman directly to request that they resend your invitation.

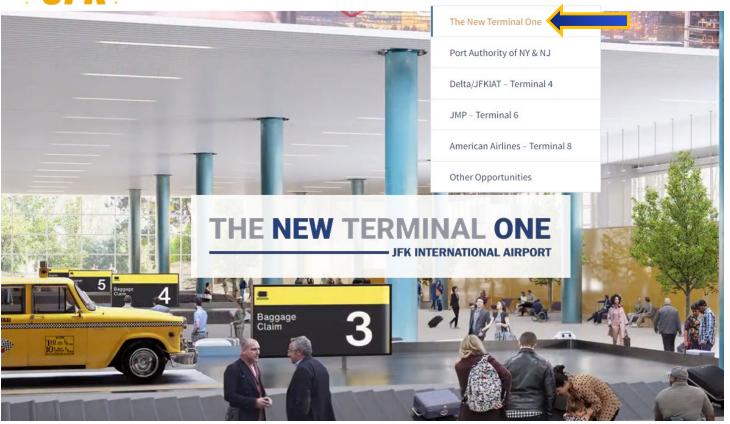








Public Link To Qualify



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





JOIN THE NEW TERMINAL ONE TEAM

The New Terminal One invites all vendors to join the AECOM Tishman bidders list. Click on the "Prequalify" button below. All Vendors are asked to complete an online Prequalification Questionnaire and upload required financial records and safety documents that provide the team with relevant information concerning their financial health, safety and integrity records.

- 1 First time users, please create an account then login.
- 2 If you have an account, login
- 3 Open the "Qualifications Tab", followed by the "TradeTapp Invites" to locate the **Tishman Construction**Corporation questionnaire to prequalify for The New Terminal One.
- 4 If you have any questions, please email support@tradetapp.com



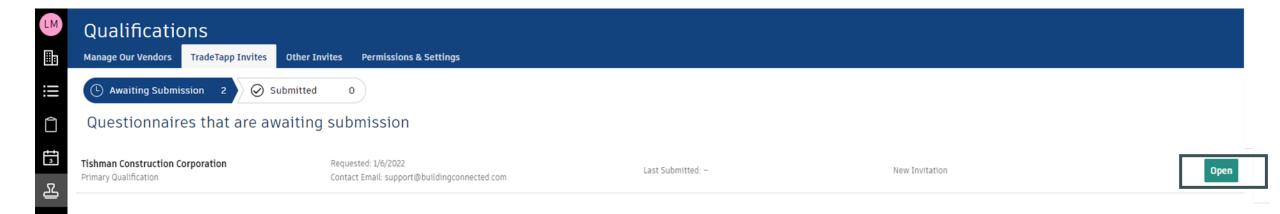




How to begin filling out the Prequalification Questionnaire





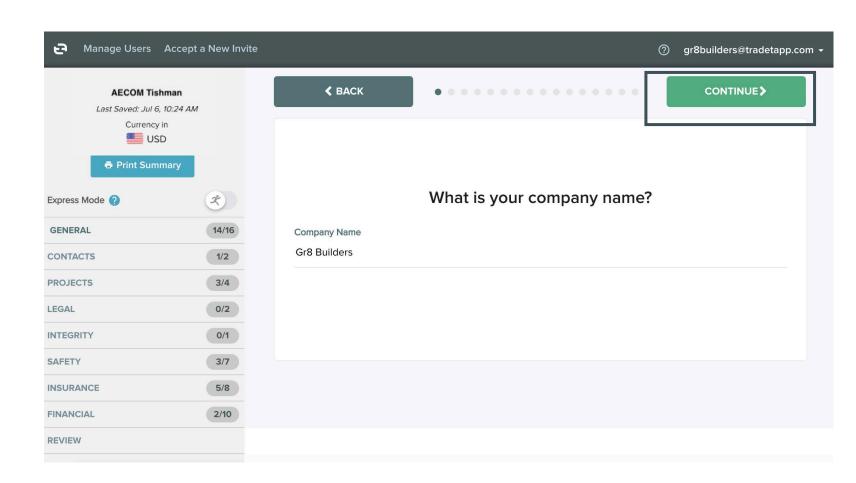


- Your main TradeTapp portal will include all of your pending submissions and all of your completed questionnaires.
- Navigate to the "Awaiting Submission" section and locate the request from AECOM Tishman.
- Click "Open" to begin filling out the questionnaire.





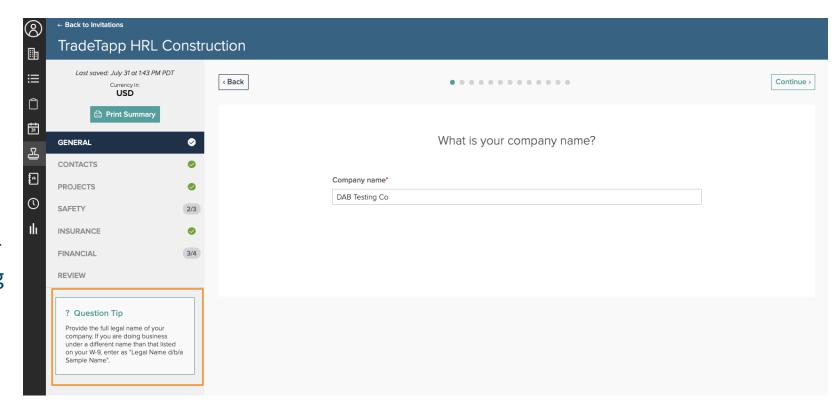
- Provide a response to each question and navigate through the questionnaire by using the "continue" button at the top.
- You can leverage the "back" button to go back to a previous question.







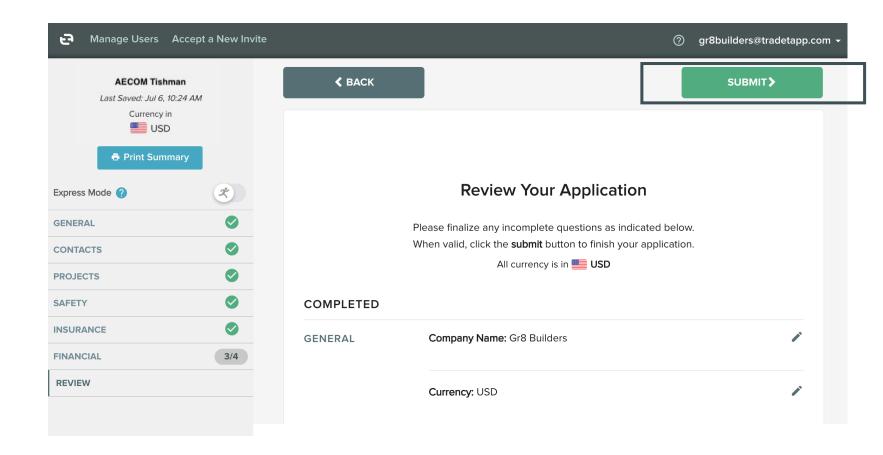
- If you are unsure what a question means or how to answer it, there are "Question Tips" which are located below the menu on the left-hand side of your questionnaire.
- If you have further question about your questionnaire, we recommend reaching out to: lnfo@onejfk.com.







- Once the questionnaire has been completed, you will have the chance to review the application before submitting.
- If all of the information looks correct, click "submit" to finalize the submission.







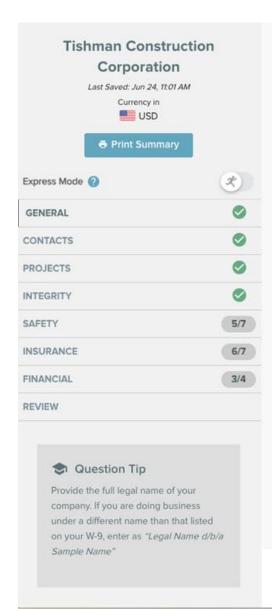
Tishman TradeTapp Questionnaire:

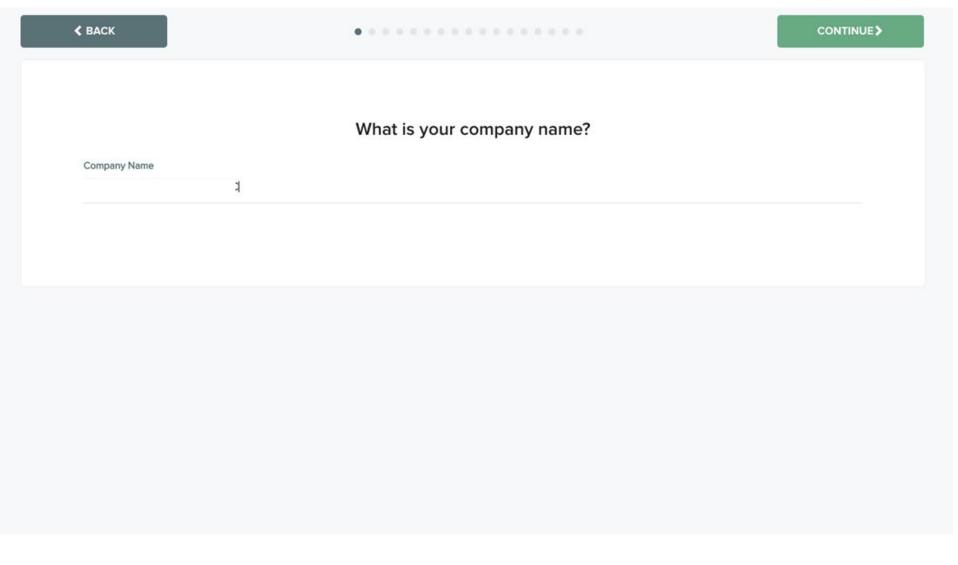
Primary Questionnaire
Supplier/Consultant Questionnaire



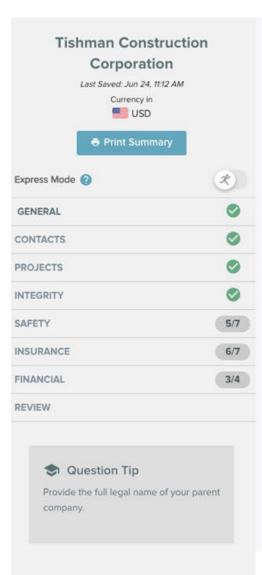


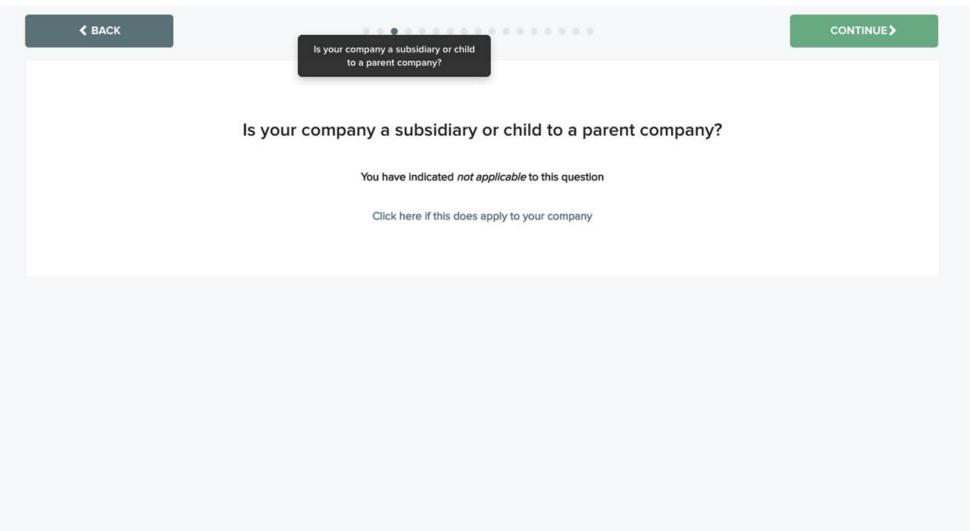
General





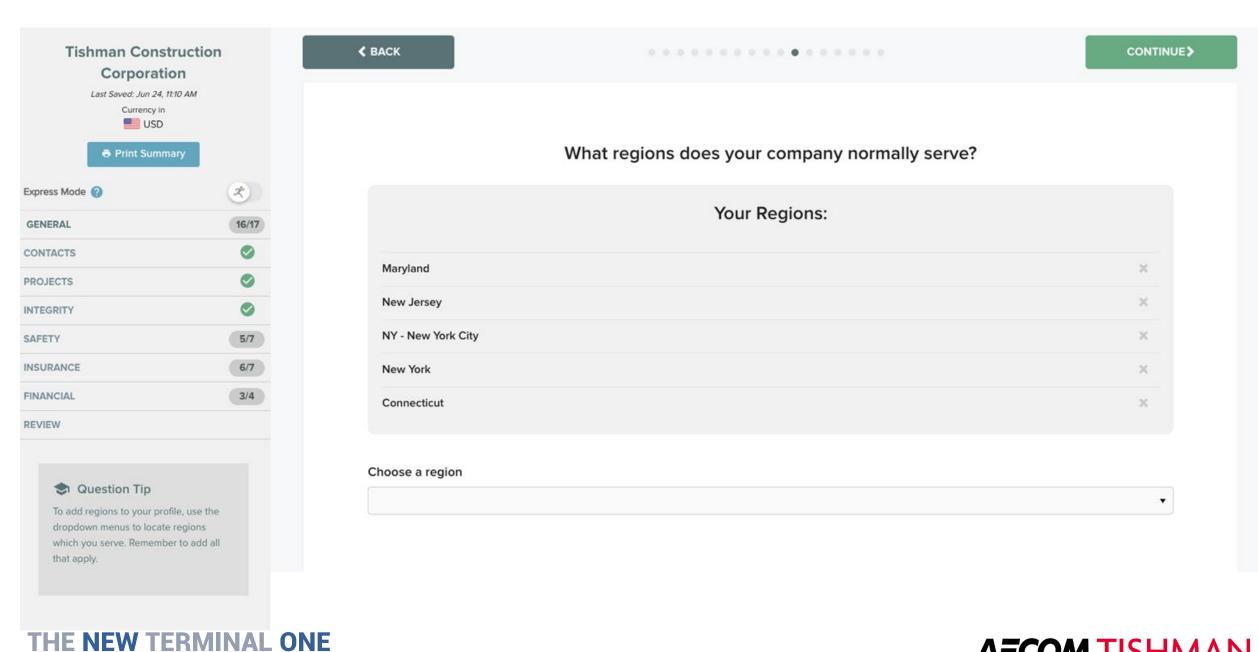






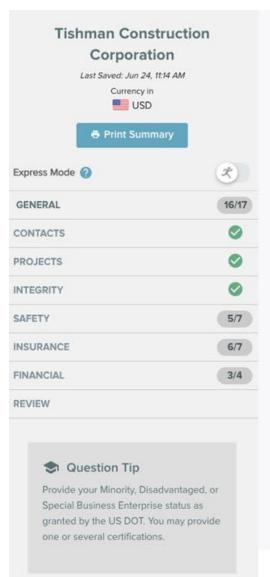


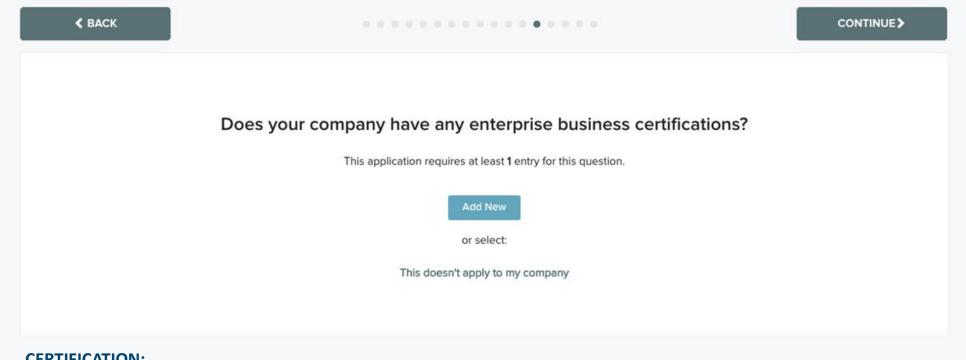




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AECOM TISHMAN



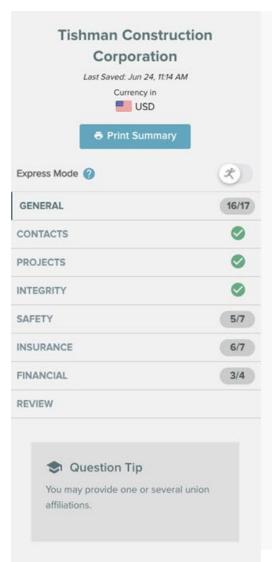


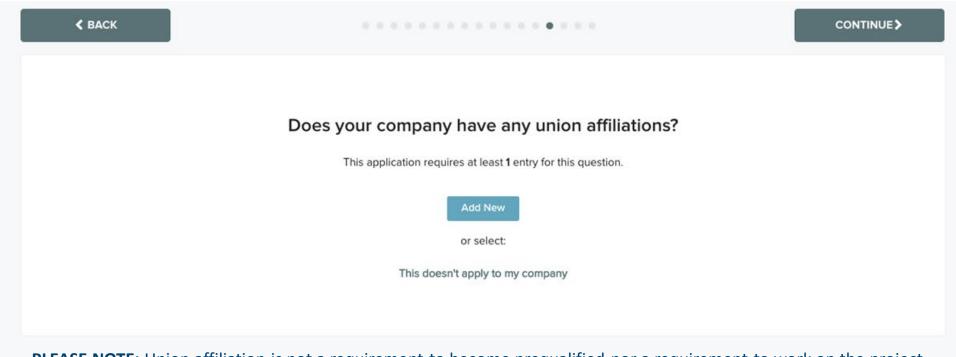
CERTIFICATION:

Woman-owned businesses (WBE)

Minority-owned businesses (MBE)

Businesses owned by economically disadvantaged individuals (DBE)

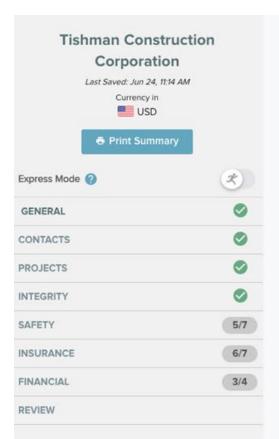


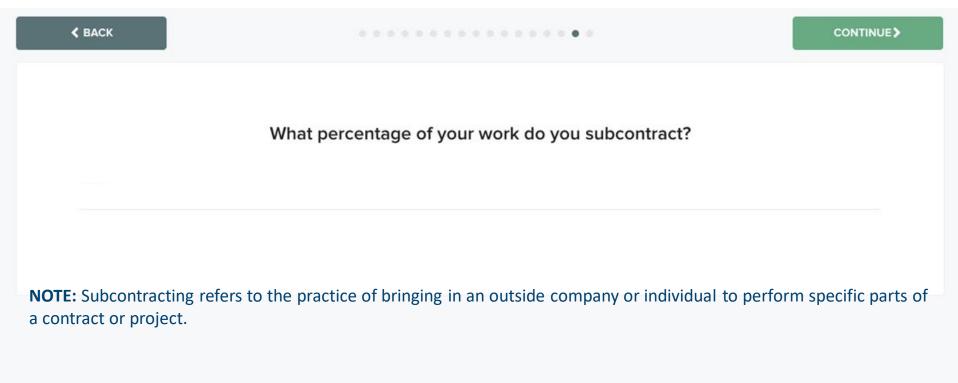


PLEASE NOTE: Union affiliation is <u>not</u> a requirement to become prequalified <u>nor</u> a requirement to work on the project.





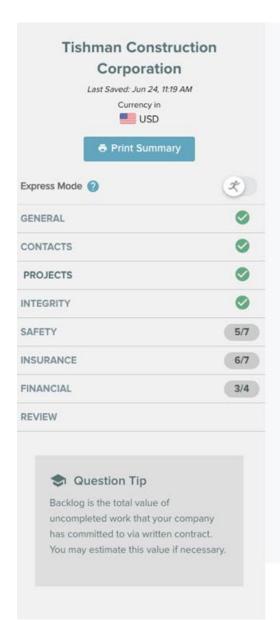


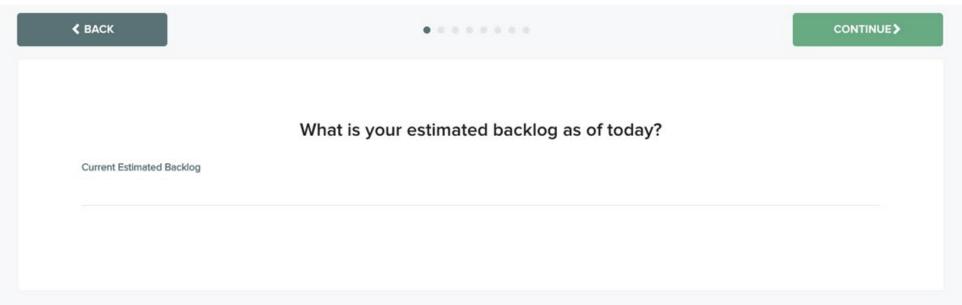






Projects

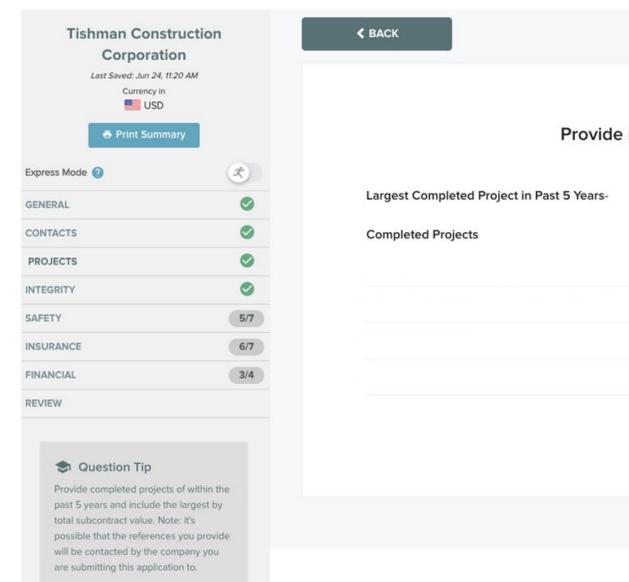


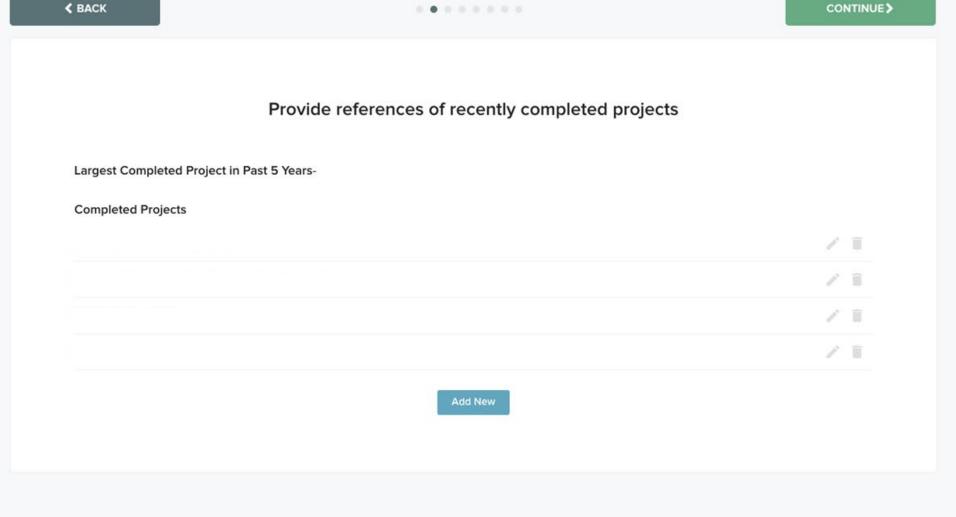


PLEASE NOTE: A backlog is a buildup of work that needs to be completed.



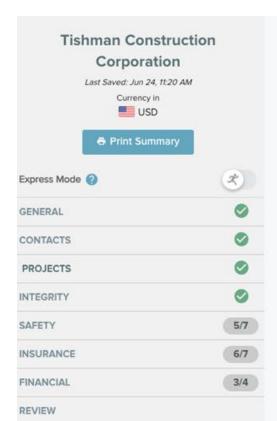


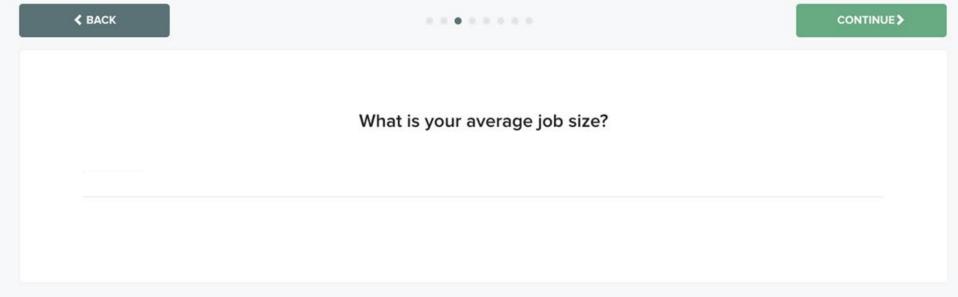










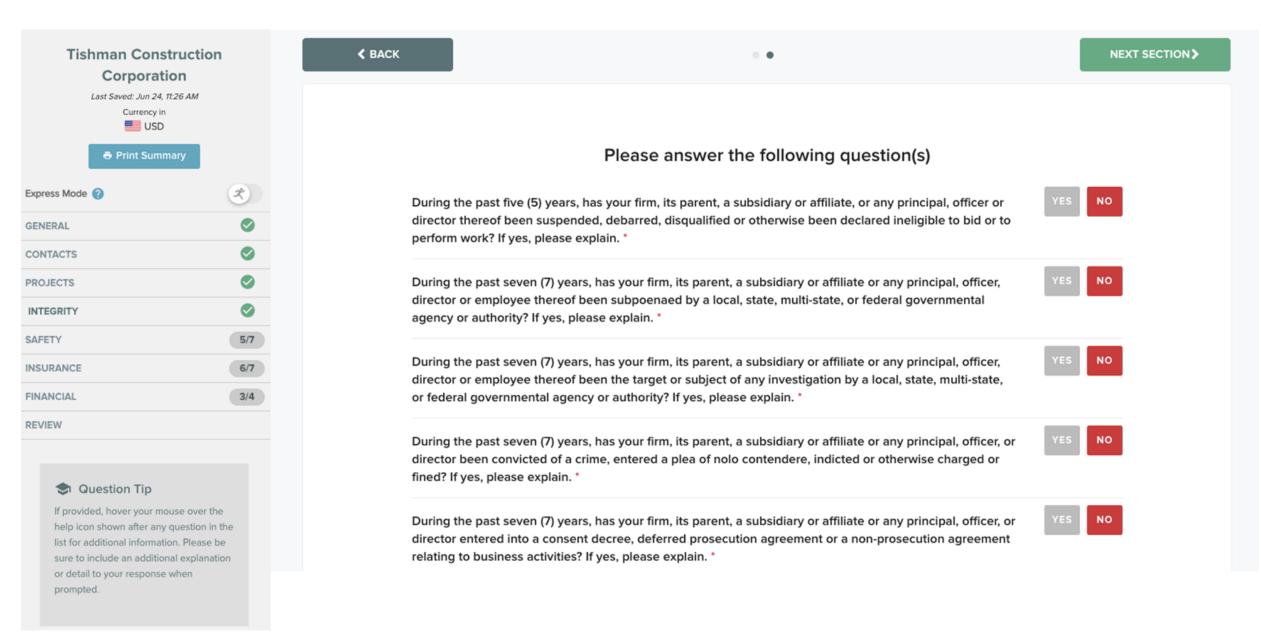






Integrity



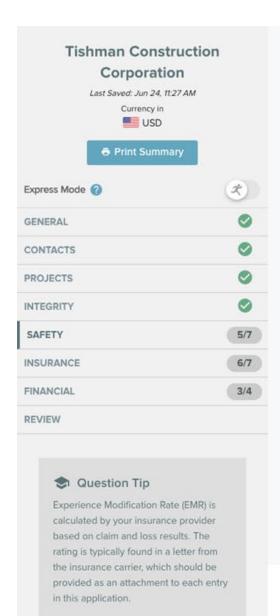


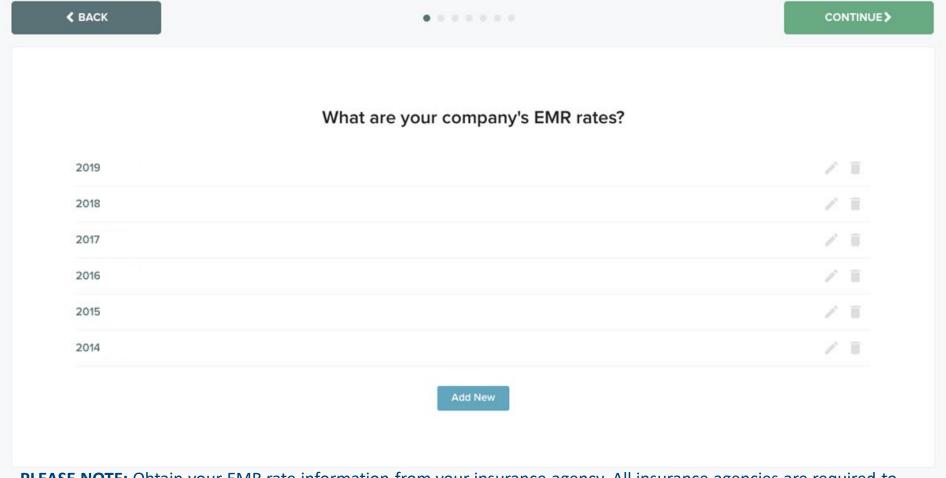


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Safety

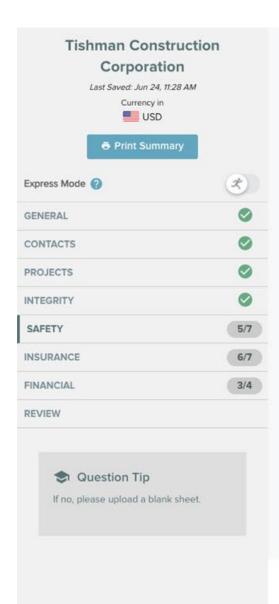


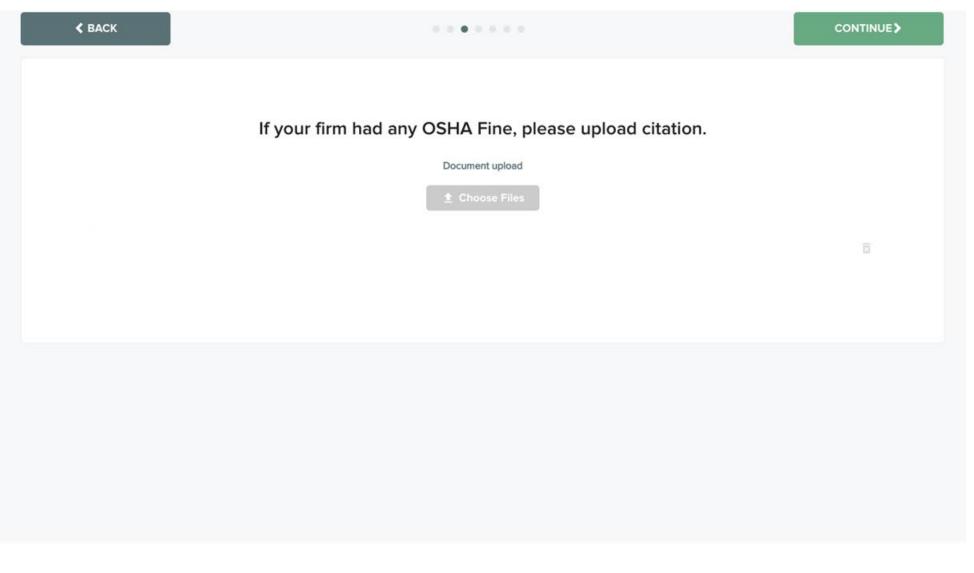


PLEASE NOTE: Obtain your EMR rate information from your insurance agency. All insurance agencies are required to provide the EMR rate to their corporate customers at the beginning of each fiscal year. If you are unsure about your current EMR rate, contact your insurance agent to find out what your rate is.



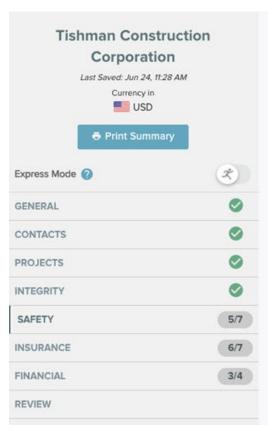


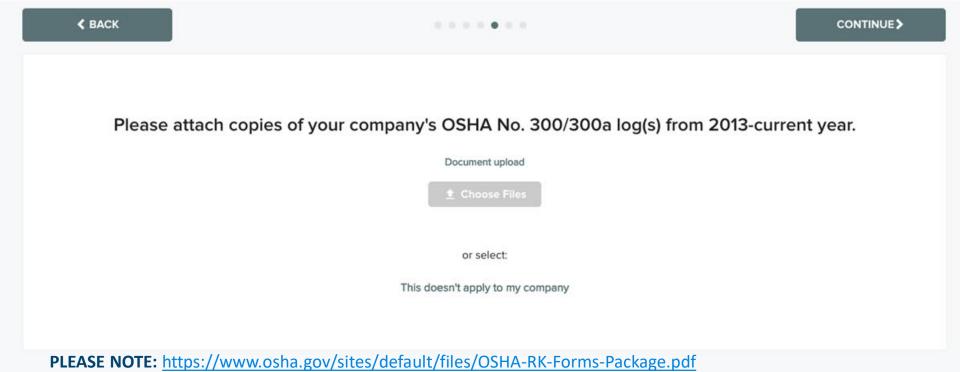














OSHA's Form 300 (Rev. 04/2004)

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.

Establishment name

Year 20 U.S. Department of Labor

Form approved OMB no. 1218-0176

Occupational Safety and Health Administration

- · 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.

em		

- 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.

	related in	ijuries and illnesses that meet an 12.	y of the specific reco	ording criteria listed	n 29 CFR Part 1904.8		vo lines for a single case it teps for each case.	you need t	0.		City			State	
Ste	p 1. Ide	ntify the person		Step 2. Des	cribe 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	(E) Where the event occurred (e.g., Loading dock north end,	(F) Describe injury or illness, p	ice that		ONLY ONE or rious outcom			Enter the n days the in worker was	jured or ill	Select one colum	ın:
				illness (e.g., 2/10)		directly injured or made pe Second degree burns on right acetylene torch)	rson ill (e.g., t forearm from	Death (G)	Days away from work (H)	Job transfer or restriction	Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	njury (M) kin disorder kespiratosy ondition	Varioning loss
Reset				/				0	\circ	\circ	\circ	days	days	(1) (2) (3)	(4) (5) (
Reset				month / day				0	0	0	0	days	days	000	000
Reset				month / day				0	0	0	0	days	days	000	000
Reset				month / day				0	0	0	0	days	days	000	000
Reset				month / day				0	0	0	0	days	days	000	000
Reset			_	month / day				0	0	0	0	days	days	000	000
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Reset				month / day				0	0	0	0	days	days	000	000
		or this collection of information is esting					Page totals	0	0	0	0	O days	days	0 0 0	0 0
espond to the estimates or	e collection any other as	of information unless it displays a currepects of this data collection, contact: Us Avenue, NW, Washington, DC 20210	ently valid OMB control S Department of Labor,	number. If you have an OSHA Office of Statistic	comments about these al Analysis, Room	dd a Form Page	Be sure to trans	fer these to	tals to the Sur	mmary page (Fo	orm 300A) before	you post it.		(1) (2) Skin di sonder Respiratory condition	(4) Poissoning (5)

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

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.



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

Form approved OMB no. 1218-0176

Summary of Work-Related Injuries and Illnesses

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 Case	s		
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	5		
Total number of days away from work		otal number of days of b transfer or restriction	
0		0	
(K)		(L)	
Injury and Illnes	ss Types		
Total number of . (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory condit	tions 0	(6) All other illnesses	0

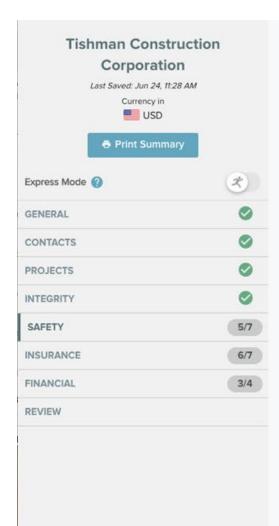
Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

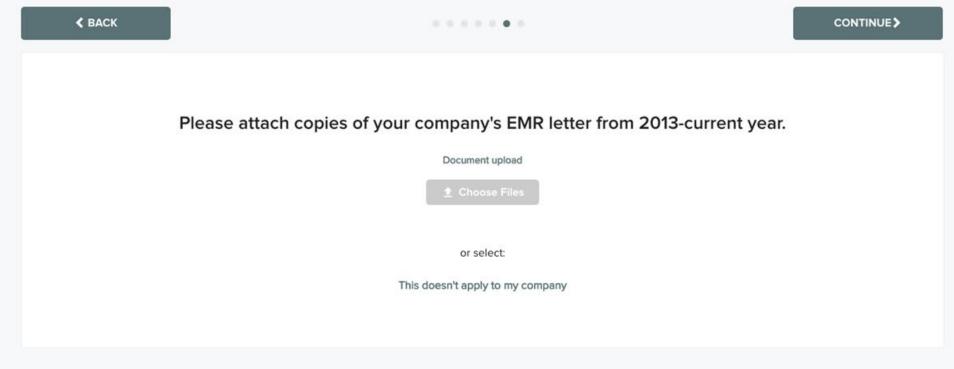
Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information 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.

four establishment	name				
Street					
City		State	7	Zip	
Industry descri	otion (e.g., Manu	facture of mo	tor truck tra	ulers)	
North America	n Industrial Class	ification (NA	ICS), if kno	own (e.g.,	336212
Employment	information (I)	vou don't ha	ve these fio	ures see tl	he
	he next page to es		re mese jigi		
Annual average	number of empl	oyees			
Total hours wo	rked by all emplo	yees last year			
Sign here					
Knowingly fa	alsifying this de	ocument ma	y result i	n a fine.	
	have examined				est of
my knowledg	e the entries are	true, accura	ate, and co	mplete.	
Company exec	ıtive		Title		
Phone		I	Date		











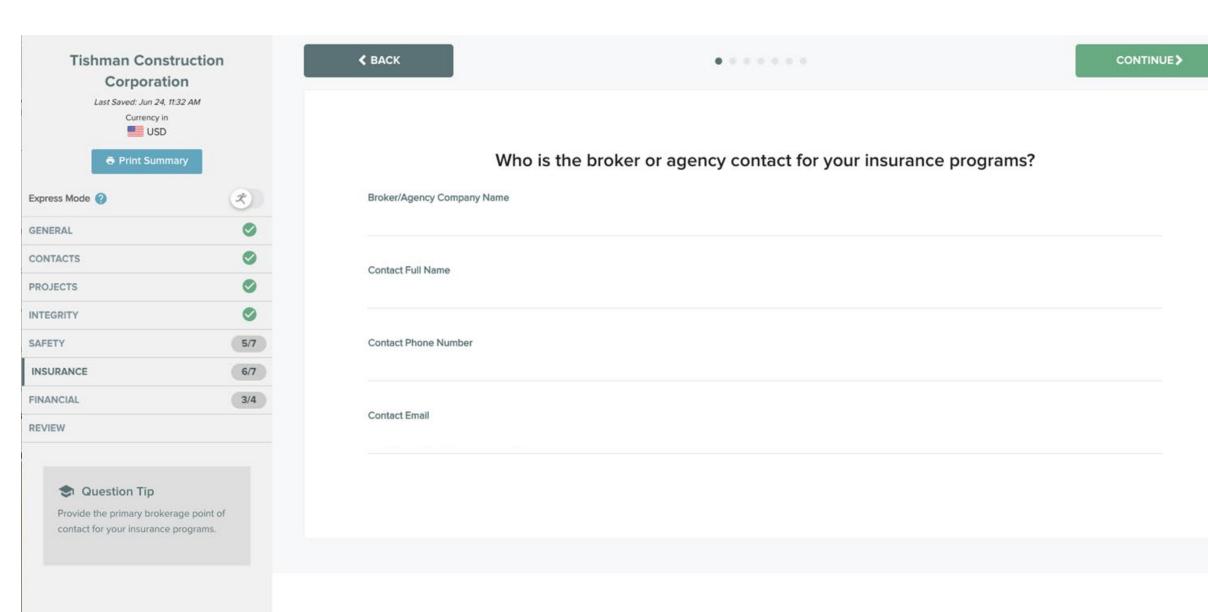


To Whom it May Con	cern;:			
This is to certify that _		insures the above	referenced contractor un	der
policy#		ncy and certifies the Experi		(EMR) for
the most recent six (6)	years, representative	e of the above referenced co	ntractor, is as follows:	
YEAR	EMR	YEAR	EMR	



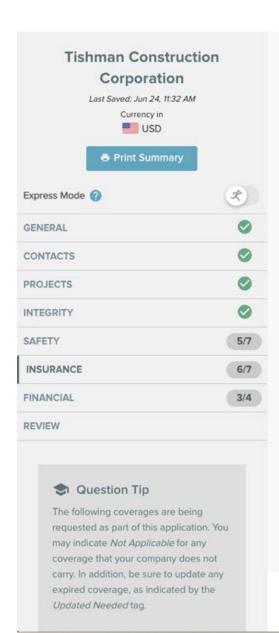


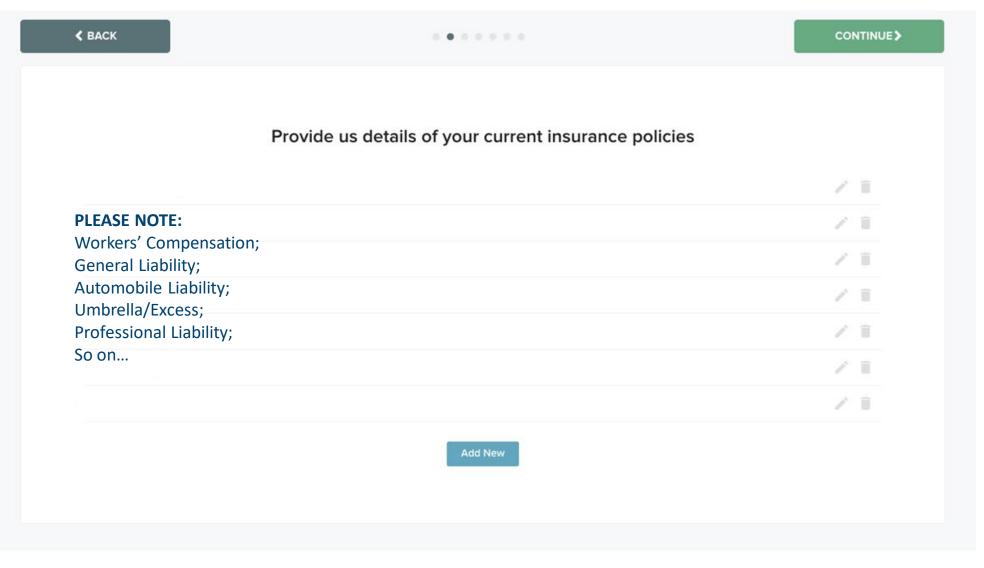
Insurance



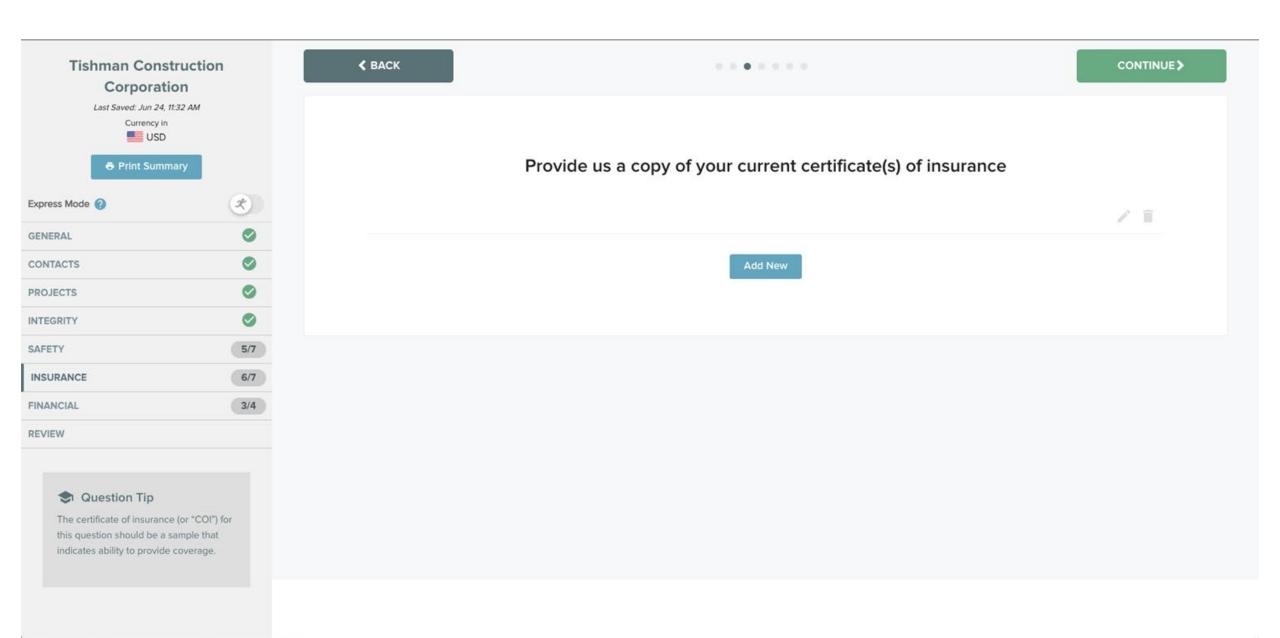








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CERTIFICATE OF LIABILITY INSURANCE

DATE (MWDD/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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER	NAME: Carol Dozier					
Scarbrough Medlin & Associates, Inc. 5700 Granite Pkwy. #500	PHONE (A/C, No. Ext): 214-423-3333 FAX (A/C, No): 214-42	3-3350				
Plano TX 75024	E-MAIL ADDRESS: carol@scarbrough-medlin.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Utica Lloyds of Texas	10990				
INSURED	INSURER B: Republic Franklin Insurance Company	12475				
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	INSURER C : Service Lloyds	43389				
	INSURER D: Utica National Insurance Group	25976				
	INSURER E:					
	INSURER F:					

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 CLAMS.

ľ	TR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	8
Г	D	X COMMERCIAL GENERAL LIABILITY			CPP 5202293	11/1/2021	11/1/2022	EACH OCCURRENCE	\$1,000,000
ı		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
ı								MED EXP (Any one person)	\$5,000
ı								PERSONAL & ADV INJURY	§ 1,000,000
ı		GENL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
ı		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
L		OTHER:							\$
Γ	В	AUTOMOBILE LIABILITY			5188182	11/1/2021	11/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
ı		X ANY AUTO						BODILY INJURY (Per person)	\$
ı		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
ı		X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
L								PIP-Basic	\$10,000
Γ	A	X UMBRELLALIAB X OCCUR			5202294	11/1/2021	11/1/2022	EACH OCCURRENCE	\$5,000,000
ı		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
L		DED X RETENTION\$ 10,000							\$
Γ	С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			SLICWC0120201	11/1/2021	11/1/2022	X STATUTE OTH-	
ı		ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$1,000,000
ı		OFFICER/MEMBEREXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
L		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
	В	Hired & Non-Owned			5188182	11/1/2021	11/1/2022	Comprehensive Ded Collision Ded Actual Cash Value	1,000.00 1,000.00

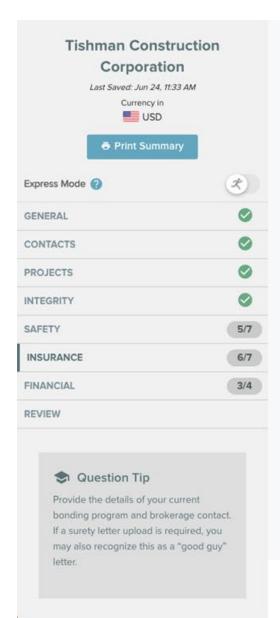
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 161, Additional Remarks Schedule, may be attached if more space is required)
Blanket Additional Insured with Ongoing & Completed Operations & Blanket Waiver of Subrogation as required by written contract is included on General
Liability. Blanket 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 contact is included on General
Liability Policy only. Umbreila Policy follows form.

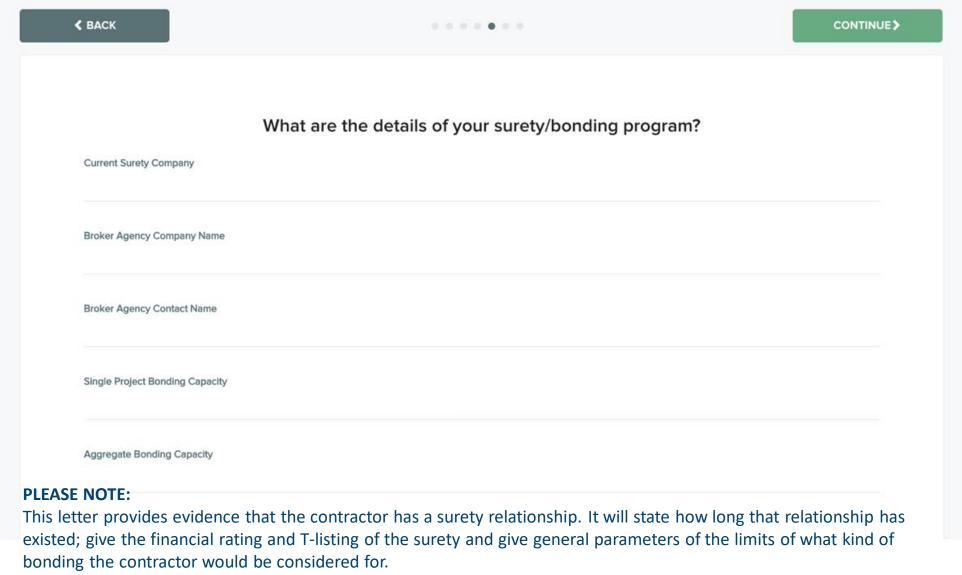
HCBeck, Ltd., and all limited partners, general partners and all affiliated companies, and shareholders, directors and officers of the foregoing entities are included under the blanket as Additional Insured.

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

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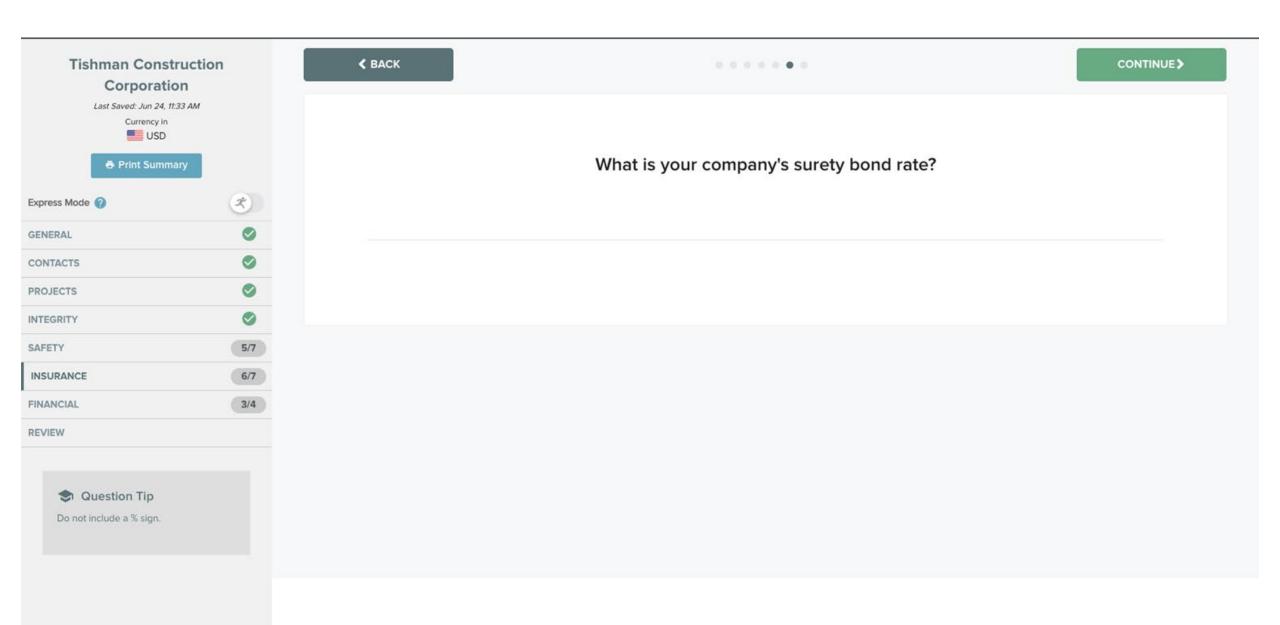






JFK INTERNATIONAL AIRPORT

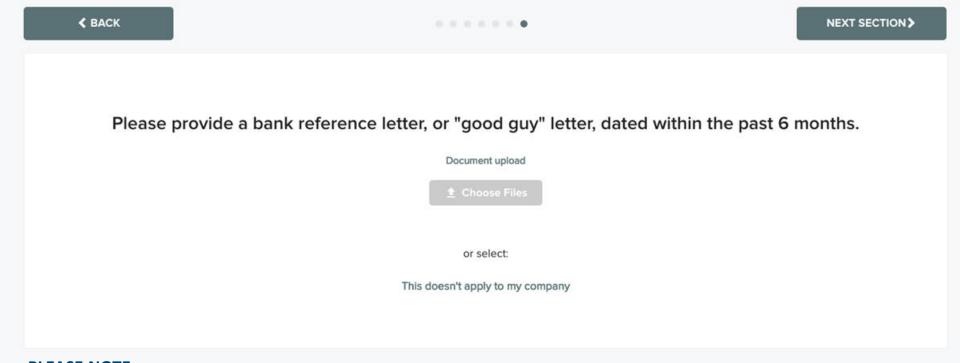












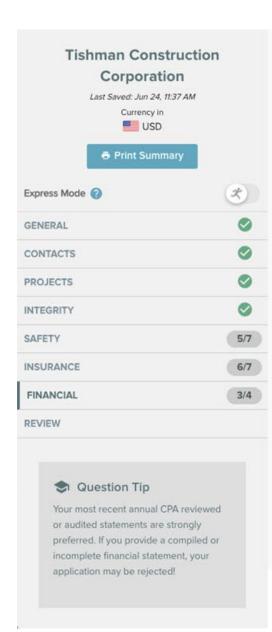
PLEASE NOTE:

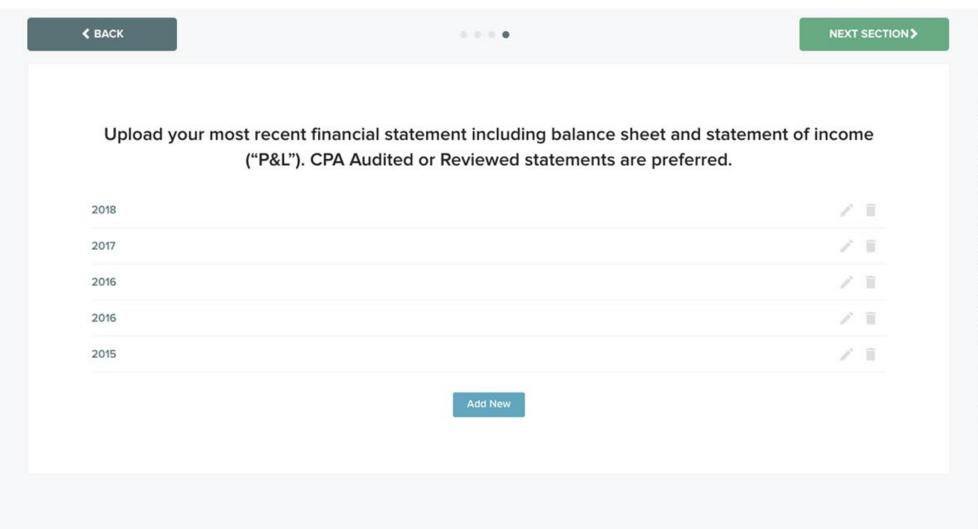
This is a letter that essentially states that the principal has an account and have a relationship with you. The letter does not typically say what the credit line is.





Financial

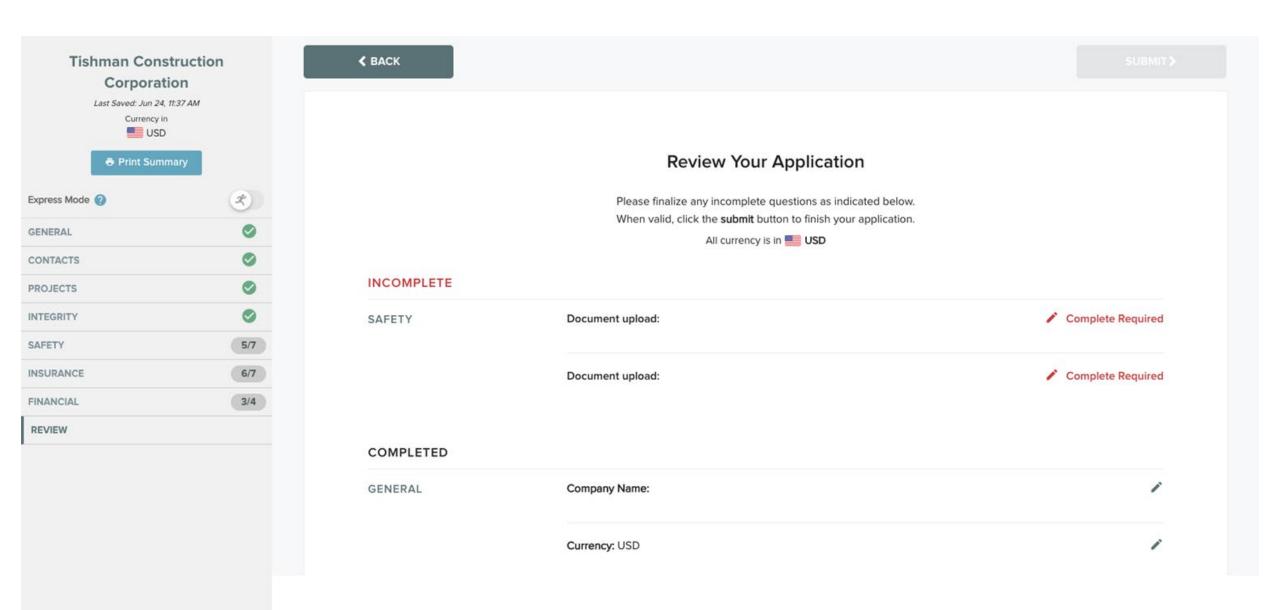








Review









Stay Connected with The New Terminal One

2022 Outreach:

For a copy of this and prior presentations visit our Events Web Page at https://www.anewjfk.com/projects/the-new-terminal-one/

October 11

NTO MWLBE/SDVOB Information Session – Preparing Estimates, Tips and Tricks

November 8

NTO MWLBE/SDVOB Information Session

December 13

NTO MWLBE/SDVOB Information Session

Additional sessions will be scheduled

Office Hours

- Visit us at https://www.anewjfk.com/projects/the-new-terminal-one/
- Register for 1-on-1 Meetings:
 - Virtual: Daily from 9:00am to 5:00pm
 - o **In-Person**: Wednesday's from 12:00pm to 4:00pm

