

JFK INTERNATIONAL AIRPORT

THE NEW TERMINAL ONE

M/W/LBE / SDVOB Information Session

November 7, 2023

THE NEW TERMINAL ONE

JFK INTERNATIONAL AIRPORT

AGENDA

□ Introductory Remarks and Project Overview

Frank Mendoza, The New Terminal One

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

Leen Almaasarani, AECOM Tishman

□ Questions & Answers



THE NEW TERMINAL ONE
JFK INTERNATIONAL AIRPORT

**M/W/LBE & SDVOB
Information Session**

**Tuesday, November 7, 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



WORLD-CLASS TEAM

FINANCIAL SPONSORS



CAPITAL PROJECT DELIVERY



DESIGN-BUILDER



COMMERCIAL DEVELOPER & 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

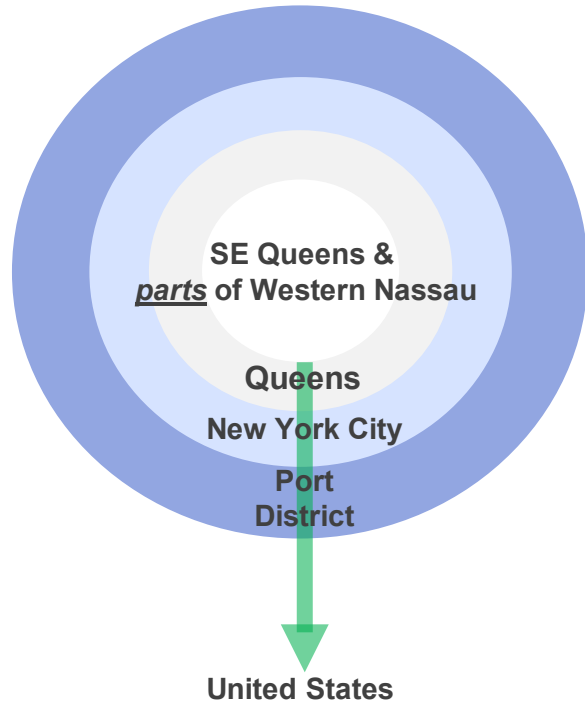
Prioritization of local firms starting with Southeast Queens and Western Nassau, followed by the remaining Borough of Queens, next the Boroughs of Manhattan, The Bronx, Brooklyn and Staten Island and finally, the New York and New Jersey Port Districts



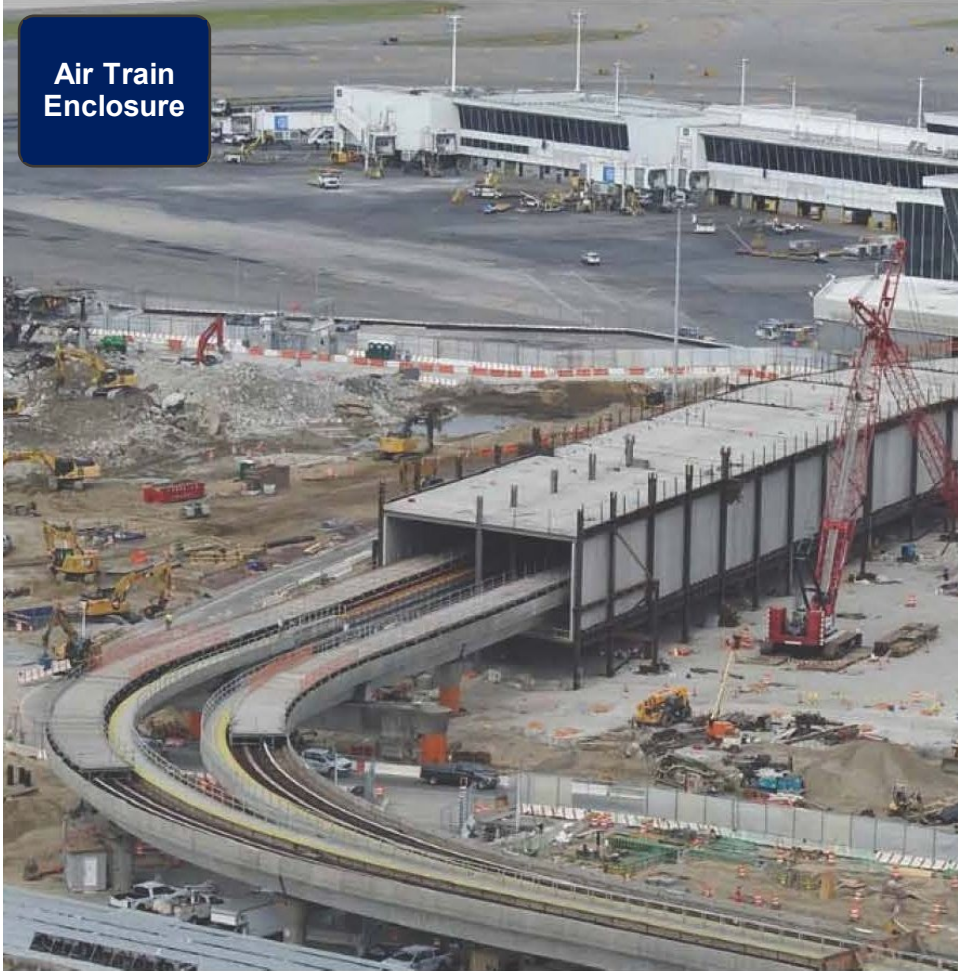
DEFINING LOCAL FOR CONTRACTING AND HIRING

- 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

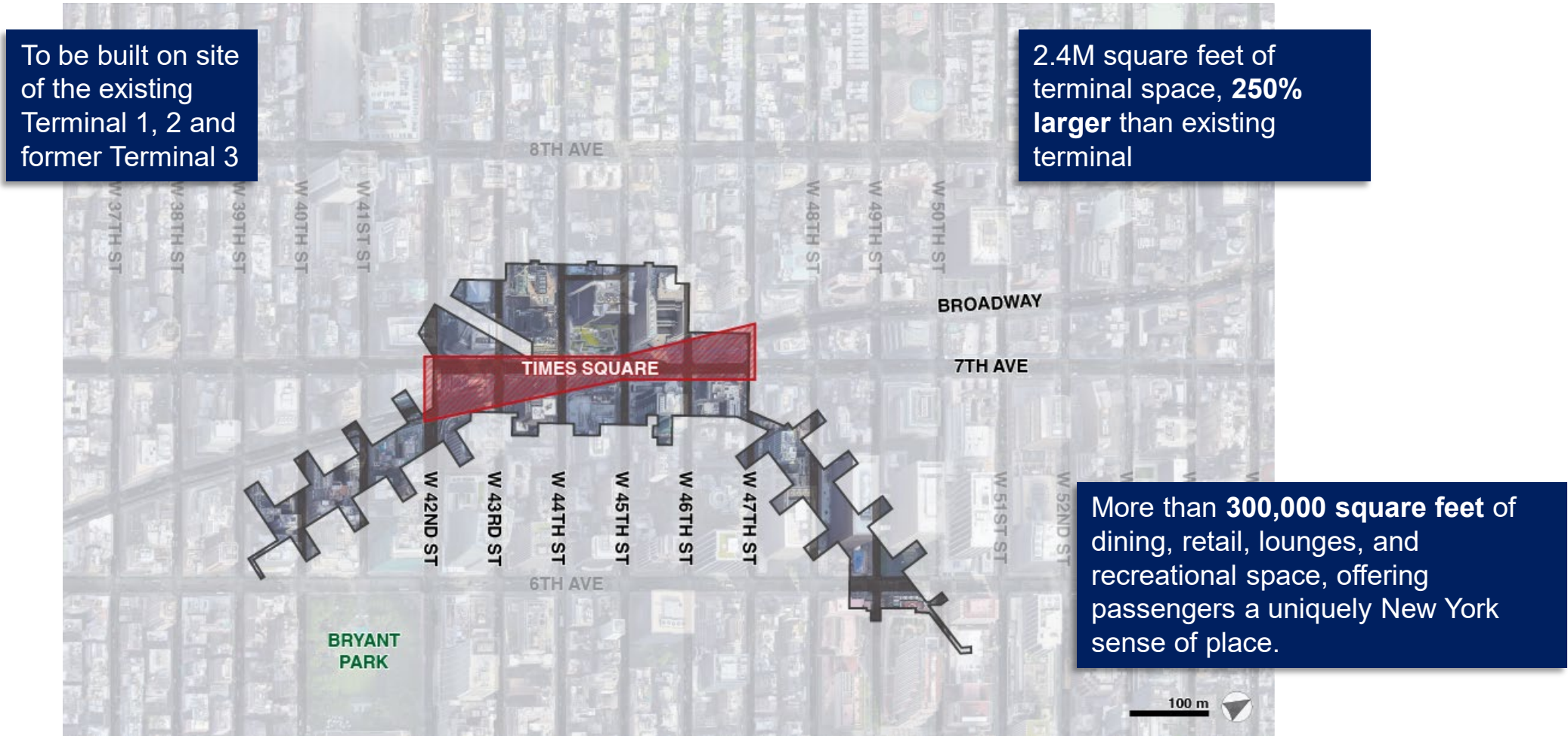


CONSTRUCTION PROGRESS



PROJECT SCALE AND PHASING

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



POTENTIAL OPPORTUNITIES IN THE CONCESSIONS PROGRAM

Who Can Participate?

- Firms specializing in design, engineering, architecture, building or construction.
- Professional services providers
- Businesses specializing in retail, food & beverage, or specialty product

Types of Opportunities Available

ARCHITECTURE & ENGINEERING:

- Architecture
- Interior Design
- Sustainability
- Engineering (structural, mechanical, electrical)
- Project/Construction Management
- Cost Estimating, Scheduling
- QA/QC, Testing & Inspection
- Safety Management & Oversight

CONSTRUCTION TRADES:

- Concrete, Masonry, Metals
- Wood, Plastics & Composites
- Thermal & Moisture Protection
- Openings & Finishes
- Equipment & Furnishings
- Fire Suppression, Plumbing, HVAC
- Electrical & Communications

PROFESSIONAL SERVICES:

- Supporting URW & concessions operators across development and day-to-day operations, e.g.
- Janitorial/maintenance
- Photography/video
- Graphic design/print production
- Legal
- Accounting

CONCESSIONS & PRODUCTS:

- Flexible entry points for businesses of all kinds:
- Physical space
 - Dedicated turnkey spaces for LBEs
 - Product placement/merchandise sourcing
 - Automated Retail
 - Digital storefronts
 - Flexible deal structures & terms

Ways to Participate

- Prime & strategic partnerships
- Subcontractor to GCs

DESIGN-BUILDER PROCUREMENT OPPORTUNITIES

Q4 2023 – Q2 2024	Q4 2023 – Q2 2024	Q4 2023 – Q2 2024
Stonework & Tile	Landscaping	General Construction
Hollow Metals & Finish Hardware	Over Head Coiling & Specialty Doors	Pest Control
Painting & Coatings	Flooring	Gas Fuel Services
Graphics & Signage	Millwork	First Aid Supplies

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.

**** 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.

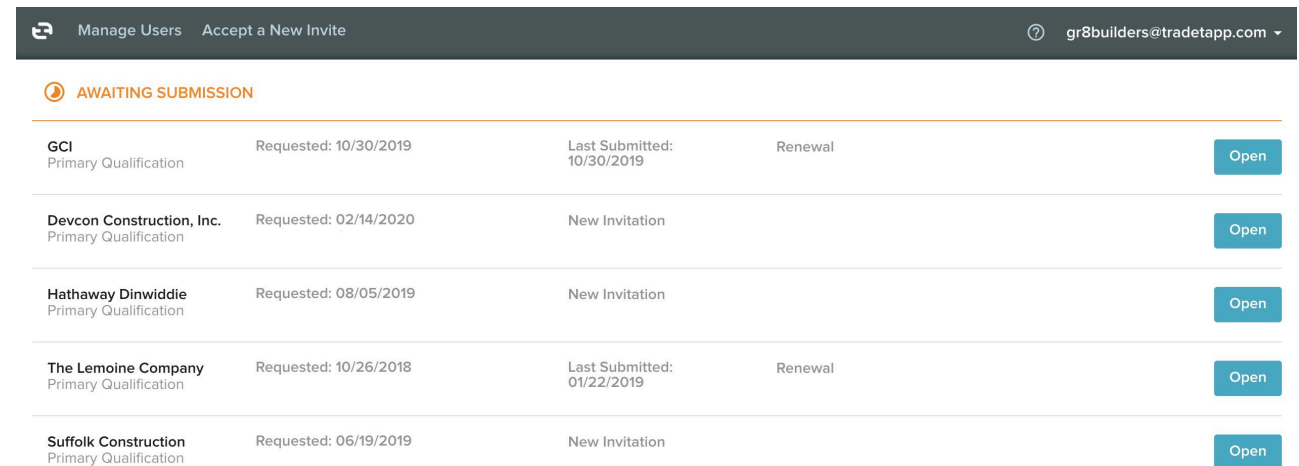
What is TradeTapp?

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 shows a web interface for managing qualifications. At the top, there is a navigation bar with 'Manage Users' and 'Accept a New Invite' on the left, and a user profile 'gr8builders@tradetapp.com' on the right. Below the navigation bar, there is a section titled 'AWAITING SUBMISSION' with a circular arrow icon. The main content is a table with five rows, each representing a qualification request. Each row includes the company name, the type of qualification, the requested date, the last submitted date, the status, and an 'Open' button.

Company	Qualification Type	Requested	Last Submitted	Status	Action
GCI	Primary Qualification	10/30/2019	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	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).

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



TERMINAL PROJECTS

WORK WITH US

MEDIA

PUBLIC OUTREACH

CONTACT US

The New Terminal One

Port Authority of NY & NJ

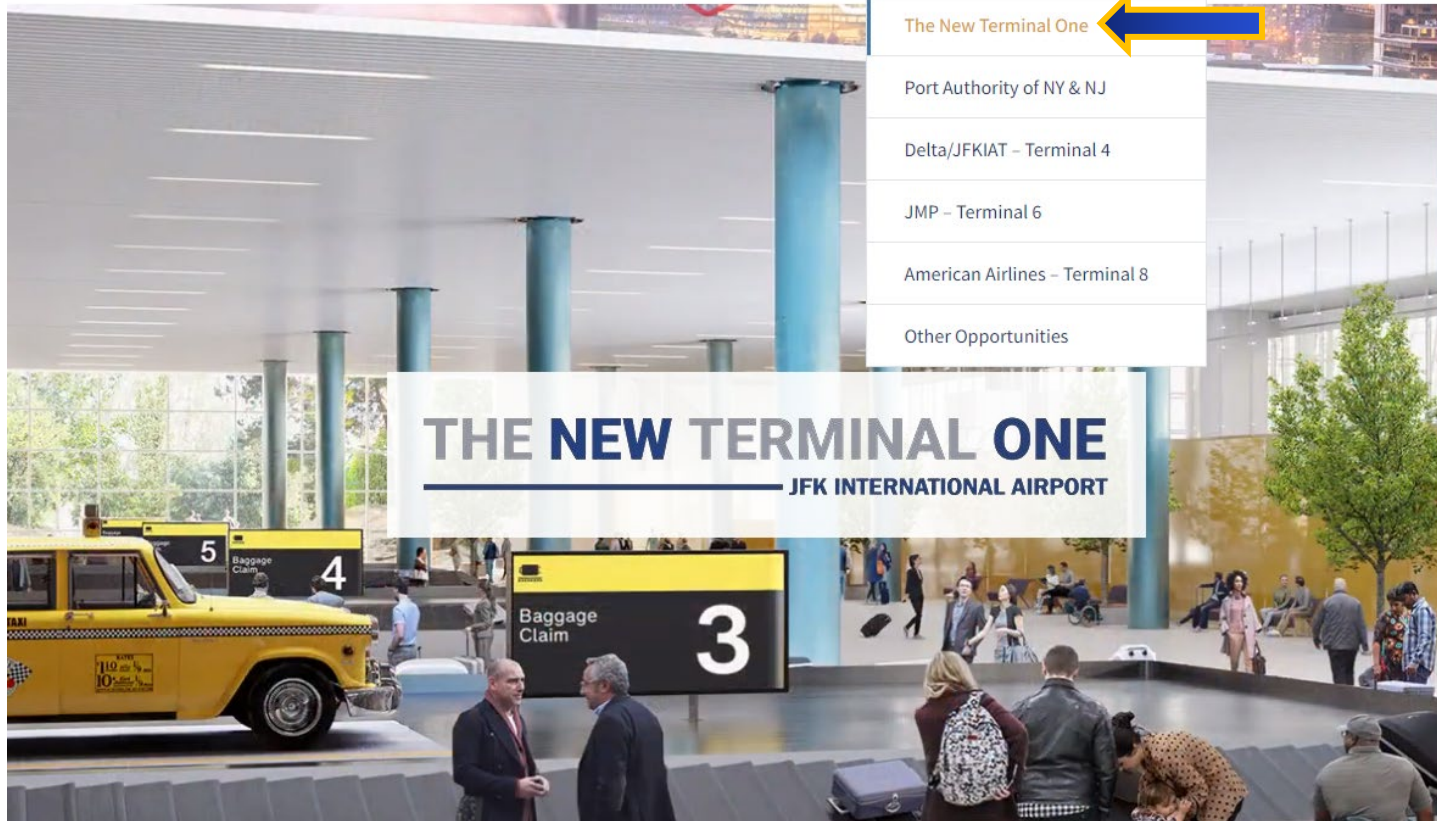
Delta/JFKIAT - Terminal 4

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.

CONTRACTOR PREQUALIFICATION

STEP 1



BUILDINGCONNECTED

First time users, create a Building Connected account.

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STEP 2



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

STEP 3



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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”

How to begin filling out the Prequalification Questionnaire

The screenshot shows the 'Qualifications' section of the TradeTapp portal. The user 'LM' is logged in. The navigation bar includes 'Manage Our Vendors', 'TradeTapp Invites', 'Other Invites', and 'Permissions & Settings'. The 'TradeTapp Invites' tab is active, showing a summary of 'Awaiting Submission' (2) and 'Submitted' (0). Below this, the heading reads 'Questionnaires that are awaiting submission'. A table lists a qualification for 'Tishman Construction Corporation', which is a 'Primary Qualification' requested on 1/6/2022. The contact email is support@buildingconnected.com, and the last submission date is blank. A 'New Invitation' link is present, and a green 'Open' button is highlighted in a red box 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.

← Back to Invitations

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

? 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

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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

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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

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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

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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

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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

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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


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Currency in
 USD


 Print Summary


Express Mode 





GENERAL 


CONTACTS 

PROJECTS 


INTEGRITY 

SAFETY 


INSURANCE 

FINANCIAL 

REVIEW

 BACK



CONTINUE 

What is your average job size?

.....

Integrity

Tishman Construction Corporation

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Currency in
USD

Print Summary

Express Mode ?



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

Tishman Construction Corporation

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Currency in
USD

Print Summary

Express Mode ?



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

Question Tip

Experience Modification Rate (EMR) is calculated by your insurance provider based on claim and loss results. The rating is typically found in a letter from the insurance carrier, which should be provided as an attachment to each entry in this application.

BACK



CONTINUE

What are your company's EMR rates?

2019		
2018		
2017		
2016		
2015		
2014		

Add New

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.

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

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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

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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.

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 <i>(e.g., Welder)</i>	(D) Date of injury or onset of illness <i>(e.g., 2/10)</i>	(E) Where the event occurred <i>(e.g., Loading dock north end)</i>	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill <i>(e.g., Second degree burns on right forearm from acetylene torch)</i>
Reset			____/____ month / day		
Reset			____/____ month / day		
Reset			____/____ month / day		
Reset			____/____ month / day		
Reset			____/____ month / day		
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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"/>
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<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

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"/>
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<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 (1) Skin disorder (2) Respiratory condition (3) Poisoning (4) Hearing loss (5) All other illnesses (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

Knowingly 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).

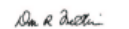
PRODUCER Scarbrough Medlin & Associates, Inc. 5700 Granite Pkwy, #500 Plano TX 75024		CONTACT NAME: Carol Dozier PHONE (A/C No. Ext): 214-423-3333 FAX (A/C No): 214-423-3350 E-MAIL ADDRESS: carol@scarbrough-medlin.com	
INSURED Total Office Solutions LLP, Move Solutions, Ltd. dba Move Solutions-Dallas, Ltd., Furniture Solutions NOW, Ltd. dba Corporate Source, Ltd. Sojourner Properties, L.P. 1473 Terre Colony Ct., Dallas TX 75212		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Utica Lloyds of Texas	NAIC # 10990
		INSURER B : Republic Franklin Insurance Company	12475
		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 CLAIMS.

RSR/LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	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 OTHER:		CPP 5202293	11/1/2021	11/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 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 OTHER:		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) \$ PIP-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"/> RETENTION \$ 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 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If Yes, 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	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 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

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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

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Currency in
USD

Print Summary

Express Mode ?



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

← BACK



NEXT SECTION →

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

Document upload

Choose 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

An aerial photograph of a large airport terminal building with a distinctive, multi-faceted roof structure. The terminal is surrounded by a tarmac with several aircraft parked. In the background, there is a large body of water, possibly a bay or a large lake, with some landmasses visible. The sky is overcast. The text 'Q & A' is overlaid in the center of the image in a large, white, sans-serif font.

Q & A

Stay Connected

Register for 1-on-1 Meetings


- **Virtual:** Daily from 9 a.m. to 5 p.m. ET
- **In-Person:** Wednesdays from 12 to 5 p.m. ET
JFKR Community Information Center
144-33 Jamaica Ave, Queens, NY 11435

Learn more at: <https://www.anewjfk.com/projects/the-new-terminal-one/>

Email the NTO team at: info@onejfk.com

Scan the QR code to Register for Office Hours



An aerial rendering of the new Terminal One at JFK International Airport during the "blue hour" of dusk. The terminal building is the central focus, featuring a large, modern glass facade and a distinctive, multi-faceted roof structure. The sky is a mix of soft blues and greys, with the sun's glow reflecting on the water in the background. Numerous commercial aircraft are parked at gates along the terminal's length. In the foreground, a complex highway interchange with multiple lanes and overpasses is visible, showing the terminal's integration with the surrounding infrastructure. The overall scene conveys a sense of modernity and scale.

THE NEW TERMINAL ONE

JFK INTERNATIONAL AIRPORT