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| **Instructions** | |
|  | Complete all requested information and send electronically to Info@NCINJ.com or Upload on our Portal at NRG-NJ.com |
|  | Make sure to attach / include:   * This Vendor Information form: * W-9 * Signed Independent Contractor Agreement * Current Insurance Certificate including General Liability. Please list the following as the additional insured:   Nelson Renovation Group LLC  25 park Pl  Paramus, NJ 07652 |

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| **Table of Contents** | | |
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Package must be completed in its entirety to be considered as a supplier of NRG.

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| **Part I – General Information** | | | | | | | | | | | | | | | | | | | |
| **1.** | **Company, Division or Individual Legal Name** (As shown on Federal Tax documents, articles of incorporation, etc.) | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| **2.** | **Check Appropriate Box:** | | | | | | | | | | | | | | | | | | |
|  |  | Individual/Sole Proprietor |  | Corporation | | | | | |  | | | | | | Partnership | | | |
| **3.** | **State of Incorporation** | |  | | | | | | | | | | | | | | | | |
| **4.** | **Parent Company** (if applicable) | |  | | | | | | | | | | | | | | | | |
| **5.** | **Years Company In Existence** | |  | | | | | | | | | | | | | | | | |
| **6.** | **Is the Company privately owned or publicly traded?** | |  | Privately-Owned | | | | |  | | | | | | Publicly-Traded | | | |
|  |  | |  | If Publicly Traded, Ticker Symbol ⯈ | | | | | | | | |  | | | | | |
| **7.** | **Taxpayer Identification Number** | |  | | | | | | | | | | | | | | | | |
| **8.** | **Address - HEADQUARTERS** | |  | | | | | | | | | | | | | | Suite # |  | |
|  | (for legal notices) | | City | |  | | | | | | ST | | |  | | | Zip |  | |
|  | Main Telephone Number | | Area Code | | (     ) | |  | | | | | | | | | | | | |
|  | Main Fax Number | | Area Code | | (       ) | |  | | | | | | | | | | | | |
| **9.** | **Address - REMITTANCES** | |  | | | | | | | | | | | | | | Suite # |  | |
|  |  | | City | | |  | | | | | | ST | |  | | | Zip |  | |
| **10** | **ITB or Work Order Contact Information** | | **Please specify who the point of contact will be for Estimates and or work orders** | | | | | | | | | | | | | | | | |
|  | Name | |  | | | | | | | | | | | | | | | | |
|  | **Telephone Number** | | Area Code | | | (       ) | |  | | | | | | | | | | | |
|  | **Fax Number** | | Area Code | | | (       ) | |  | | | | | | | | | | | |
|  | **After Hours Number** | | Area Code | | | (       ) | |  | | | | | | | | | | | |
|  | **E-mail Address** **(required)** | |  | | | | | | | | | | | | | | | | |
| **11** | **Company Website** | |  | | | | | | | | | | | | | | | | |
| **12** | **Total Branch/Office Locations**       **Total Number of Employees** | | | | | | | | | | | | | | | | | | |

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| **Part II – Products and Services Description** | | | | | | | | | | | | | |
| **13** | **Select applicable category** (Mark all that apply)**:** | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Gen Conditions |  | Mechanical (HVAC) |  | **CLEANING** | |  | Site Work / Excavating |  | Electrical |  | JANITORIAL | |  | Demolition |  | Plumbing |  | CARPETS / FLOORING | |  | Masonry |  | Fire Alarm |  | WINDOWS | |  | Concrete |  | Sprinkler systems |  | EMERGENCY CLEAN UP | |  | Framing – Wood |  | **Security & Low Voltage Systems** (Cameras, Access Control |  | HAZARDOUS MATERIALS | |  | Structural Steel & Metal Framing |  | OTHER: |  | TRASH REMOVAL / RECYCLING | |  | **Carpentry** (Rough & Finish) |  | OTHER: |  | PRESSURE-WASHING | |  | Insulation |  | **Specialty Equipment Installation** (Lifts, Kitchen, Gym, etc.) |  |  | |  | Drywall |  |  |  |  | |  | Roofing |  |  |  |  | |  | Glas / Glazing |  |  |  |  | |  | Flooring (Tile, Carpet, Wood, Epoxy) |  |  |  |  | |  | Paint / Wall finish |  |  |  |  | |  | Millwork & Cabinetry |  |  |  |  | |  | Doors, Frames & Hardware |  |  |  |  | | | | | | | | | | | | | |
| **Part III – USA Geographic Coverage Area** | | | | | | | | | | | | | |
| **14** | **Select where your Company is licensed to provide services / products** (Type in Cities or counties – NY, NJ, CT, PA ONLY)**:** | | | | | | | | | | | | |
|  |  |  |  |  |  | | |
|  |  |  |  |  |  | | |
|  |  |  |  |  |  | | |
|  |  |  |  |  |  | | |
| **15.** | **Percentage of Services Self-Performed** | | | |  | 100% |  | 75%-99% | |  | 50%-74% |  | < 50% |

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| **Part IV – References and Certifications** | | | | | | | | | | | | | | | | |
| **16.** | **Are any of the Company’s employees unionized?** | | | | | | | | | | |  | Yes |  | No |
|  | **If Yes, please describe.** | | | |  | | | | | | | | | | | |
| **17.** | | **Is your company?** | | | **Minority Owned  Female Owned  Neither** | | | | | | | | | | | |
| **18.** | **Can Company provide invoices electronically?** | | | | | | | | | | |  | Yes |  | No |
| **19.** | **E-mail address for Request for Proposals, Quotes, etc.** | | | | | | | |  | | | | | | |
| **20.** | **DUNS No.** | | |  | | | **EDGAR CIK No.** (For SEC filings) | | | |  | | | | |
| **21.** | **SIC Code** | |  | | | **NAISC Code** | |  | | **UNSPSC Code** |  | | | | |
| **22.** | **Is Company currently providing products/services to NRG?** | | | | | | | | | | |  | Yes |  | No |
| **23.** | **Has the Company filed for bankruptcy protection under either Chapter 7 or Chapter 11 of the United States Bankruptcy Code?** | | | | | | | | | | |  | Yes |  | No |
| **24.** | **Is there any pending or threatened litigation against the Company that could affect its ability to perform its obligations as a NRG supplier?** | | | | | | | | | | |  | Yes |  | No |
| **25.** | **Provide 3 References:** | | | | | | | |  | | | | | | |
|  |  | | | | | | | |  | | | | | | |