

New Vendor / Supplier / Service Provider – Profile Form

All new vendors, suppliers, and service providers (“Suppliers”) must be qualified prior to making any purchases. Please complete the following form and email it to purchasingdept@thompsontractor.com. Once qualified, you will receive notification from the purchasing department. Do not accept any orders or perform any services prior to receiving an affirmative qualification notification from the purchasing department.

Please note that the following policies apply to our suppliers:

- All purchases must reference a valid Thompson Tractor Co., Inc. purchase order (PO) number or Purchase Agreement number. A valid PO must follow the format PONNNNNN. A valid Purchase Agreement must follow the format PAGRNNNNN. NNNNNN=system generated number. All shipments must reference a valid PO or Purchase Agreement number on the shipping label and packing slip.
- All invoices must reference the applicable PO or Purchase Agreement Number.
- Purchase Order Terms and Conditions are posted on our website www.thompsontractor.com
- All shipments shall be FOB-Destination. When shipping costs are necessary we require using our UPS Account, where applicable.
- Invoices should be submitted to apinvoices@thompsontractor.com.

Invoices must include the following mandatory information:

1. Purchase Order number or Purchase Agreement number when referring to a blanket order.
2. Invoice Number
3. Quantity, Description, and Price by line item
4. Labor, Material Costs, and Freight Charges as applicable, Separated
5. Remit to Address
6. Taxes (if applicable)
7. Shipping Address

FAILURE TO FOLLOW TO THE ABOVE REQUIREMENTS MAY RESULT IN DELAYED OR DENIED PAYMENT FOR PRODUCTS OR SERVICES.

****SUBMIT A COPY OF YOUR W-9 WITH YOUR COMPLETED PAPERWORK****

[Complete all applicable sections on the following pages (it is ok if more than one is applicable).

Once completed, your certification and signature on the last page is required.]

Section 1 – Organization Profile

**All Suppliers, Vendors, Service Providers must complete this Section
(if a question is not applicable to your business, please list N/A)**

| | |
|--|---|
| Legal Name of Entity | |
| DBA (if applicable) | |
| Physical Street Address | |
| Mailing Address (if different) | |
| Website | |
| Primary Contact Name / Title | |
| Primary Contact Email | |
| Primary Contact Phone | |
| Accts. Rec. Contact Person | |
| Accts. Rec. Email | |
| Accts. Rec. Phone | |
| NAICS Code | |
| DUNS Number | |
| If CMMC compliant, please provide you organization's Cage Code | |
| Description of Services / Work / Products to be provided | |
| Number of years in business | |
| Number of years doing the type of work you will be providing | |
| Do you ever subcontract your work? | |
| Business Classifications | <p>Select all that apply and provide applicable certifications:</p> <p><input type="checkbox"/> Small Business Concern</p> <p><input type="checkbox"/> SBA Certified Small Disadvantaged Business Concern</p> <p><input type="checkbox"/> Self Certified Small Disadvantaged Business Concern</p> <p><input type="checkbox"/> Women Business Enterprise (WBE)</p> <p><input type="checkbox"/> SBA Certified Hubzone Small Business Concern</p> <p><input type="checkbox"/> Veteran Owned Small Business</p> <p><input type="checkbox"/> Service Disabled Veteran Owned Small Business</p> <p><input type="checkbox"/> Economically Disadvantaged Women Owned Small Business</p> <p><input type="checkbox"/> Minority Business Enterprise (i.e. African American, Hispanic American, Native American) Specify: _____</p> <p><input type="checkbox"/> Foreign Business Concern</p> <p><input type="checkbox"/> Large Business Concern</p> <p><input type="checkbox"/> Government Agency</p> |

Section 2 – Repair / On-Site Work / On-Site Delivery / Labor Provider

**Complete this Section if you provide on-site work, repair work, on-site delivery, or labor services.
If not applicable, leave blank and proceed to the next section.**

| Entity Environmental, Health, and Safety Info | Prior Calendar Year | 2nd Prior Calendar Year | 3rd Prior Calendar Year |
|---|---|-------------------------|-------------------------|
| Avg. Number of Employees | | | |
| Fatalities | | | |
| Total Serious Injuries (Hospitalization / Amputation / Severe burns / Loss of Sight) | | | |
| Total Recordable Cases | | | |
| Total Recordable Incident Rate (TRIR) | | | |
| # of Citations / Violations from a government agency | | | |
| # of Environmental spills or releases | | | |
| Comments | | | |
| Will you be using / bringing on site any environmentally regulated materials? If so, please describe. | | | |
| On Site Work | <p>Prior to performing any work at a Thompson Tractor location or designated site, we must receive your signed copy of the Release, Waiver, and Acknowledgement attached as Exhibit A. Please submit the signed copy to purchasingdept@thompsontractor.com</p> | | |
| Insurance COIs must be provided! | <p>Prior to providing any services, we must receive a Certificate of Insurance (COI) evidencing that you maintain the minimum insurance coverages listed in Section 5 below. The COI may be emailed to purchasingdept@thompsontractor.com</p> | | |

Section 3 – Information Technology / Software / Hardware

Complete this Section if you will provide services or parts involving information technology, software or hardware.

If not applicable, leave blank and proceed to the next section.

| | |
|---|--|
| Will any of your work connect to or access any IT systems or resources (this includes internet access)? If yes, what systems, networks, or resources will you need access to? | |
| Will you require or maintain any access to the above on an ongoing basis after the project completes | |
| Do you have a SOC2? If yes, provide a copy (if possible) | |
| Name and contact info for the person that can answer IT security questions at your organization | |
| Insurance COIs must be provided! | <p>Prior to providing any services, we must receive a Certificate of Insurance (COI) evidencing that you maintain the minimum insurance coverages listed in Section 5 below. The COI may be emailed to purchasingdept@thompsontractor.com</p> |

Section 4 – Transportation Service Providers
Complete this Section if you will provide transportation services.
If not applicable, leave blank and proceed to the next section.

**** You will also be required to sign our standard Shipper / Carrier Agreement prior to providing services**

| | |
|--|---|
| Do you have Operating Authority as a licensed motor carrier (Y / N)? | |
| If Yes, what is your MC Number? | |
| If Yes, what is your USDOT Number? | |
| # of years in business as a motor carrier | |
| What is your FMCSA Safety Rating (Satisfactory / Conditional / Unsatisfactory / Unrated) | |
| Are any of your BASIC scores over threshold? If so, which (Unsafe Driving; Hours of Service; Vehicle Maintenance; Crash; Controlled Substances; Driver Fitness)? | |
| Have you ever had a conditional or unsatisfactory safety rating or had your operating authority suspended? | |
| Do you have any open FMCSA investigations or active enforcement actions? | |
| Number of DOT reportable accidents in last 24 months? | |
| Number of accidents involving fatality or serious injury in the last 24 months? | |
| Minimum years CDL experience required for drivers? | |
| Number of power units in your fleet? | |
| Company drivers or owner operators? | |
| States in which you operate? | |
| Is 24/7 support available? Provide contact name / info to obtain pickup or delivery status. | |
| Insurance COIs must be provided! | Prior to providing any services, we must receive a Certificate of Insurance (COI) evidencing that you maintain the minimum insurance coverages listed in Section 5 below. The COI may be emailed to purchasingdept@thompsontractor.com |

[Continued on following page]

Section 5 – INSURANCE REQUIREMENTS

If you completed Section 2, 3, or 4 above, we must receive a Certificate of Insurance (COI) evidencing that you maintain the minimum applicable insurance coverages listed below.

The COI may be emailed to purchasingdept@thompsontractor.com

| | |
|--|---|
| <p>All vendors completing Section 2, 3, or 4 above must provide a COI showing these coverages</p> <p>COIs must be provided!</p> | <p><u>Commercial General Liability (Occurrence Form):</u> \$1,000,000 Per Occurrence \$2,000,000 in the Aggregate Must cover claims for bodily injury, property damage, personal and advertising injury arising from all of vendor’s operations, including coverage for products and completed operations. These coverages are to be provided by the current ISO Commercial General Liability Insurance policy (Occurrence Form, number CG 00 01) or equivalent.</p> <p><u>Workers’ Compensation and Employer’s Liability:</u> Workers’ Compensation State Statutory Limits Employer’s Liability Bodily Injury by Accident \$1,000,000 each accident Bodily Injury by Disease \$1,000,000 policy limit Bodily Injury by Disease \$1,000,000 each employee</p> <p><u>Auto Liability:</u> If you will be driving a vehicle in connection with the services, the following is required: \$1,000,000 Combined Single Limit, Per Accident Insuring bodily injury and property damage arising from all owned, non-owned, and hired vehicles, if any. (Transportation Providers subject to separate limits further below)</p> <p><u>Umbrella Liability:</u> \$1,000,000 Per Occurrence and in the Aggregate</p> <p>Each of the above coverages must be placed with an insurance company with an A.M. Best rating of A-VII or better. **Each COI (other than Workers’ Compensation) must list Thompson Tractor Co., Inc. as an Additional Insured and include a waiver of subrogation.</p> |
| <p>IT / Software / Hardware providers only:</p> <p>In addition to the insurance requirements in the first row, the following COIs must be provided</p> | <p><u>Professional Liability (aka Errors & Omissions):</u> \$1,000,000 Per Claim \$2,000,000 in the Aggregate</p> <p><u>Cyber:</u> \$1,000,000 Per Claim \$1,000,000 in the Aggregate</p> <p><u>Crime:</u> \$1,000,000 Per Occurrence</p> <p>Each of the above coverages must be placed with an insurance company with an A.M. Best rating of A-VII or better and include a waiver of subrogation.</p> |
| <p>Transportation Providers (Motor Carriers) only:</p> <p>In addition to the insurance requirements in the first row, the following COIs must be provided</p> | <p><u>Automobile Liability:</u> \$3,000,000 Combined Single Limit, Per Accident. This can be achieved through primary and umbrella policy if needed, provided that umbrella is at least as broad as underlying Auto policy.</p> <p><u>Cargo Insurance:</u> 1.5x the replacement value of the highest value cargo to be hauled.</p> <p>Each of the above coverages must be placed with an insurance company with an A.M. Best rating of A-VII or better. Thompson Tractor Co., Inc. must be listed as an Additional Insured on the Auto Policy and as a Loss Payee on the Cargo Policy, and each must include a waiver of subrogation.</p> |

The undersigned hereby certifies, represents, and warrants, that the above information is true, accurate, and complete in all material respects as of the date listed below, and that the undersigned is duly authorized on behalf of the below listed entity to complete, certify and submit this New Vendor / Supplier / Service Provider – Profile Form.

Entity Name: _____

Signature: _____

Print Name: _____

Title: _____

Date: _____