



CONTRACTOR/SUPPLIER SURVEY QUESTIONNAIRE

Your company is being considered as a potential bidder to perform Contract Work for Hope Gas, Please complete the following questionnaire. The information you provide will assist us in accurately identifying the type of work you perform. All information will be considered confidential and treated accordingly. Please answer N/A for questions that are non-applicable to your firm. FAILURE TO ANSWER ALL QUESTIONS OR TO PROVIDE ALL INFORMATION REQUESTED MAY PREVENT YOUR COMPANY FROM BEING CONSIDERED AS A POTENTIAL BIDDER FOR HOPE GAS. COMPLETION AND SUBMITTAL OF THIS QUESTIONNAIRE DOES NOT OBLIGATE HOPE GAS OR ITS SUBSIDIARIES TO CONTRACT ANY WORK OR MATERIALS.

Questionnaire Completed By: _____ Title _____ Date ___ / ___ / ___

I. PROSPECTIVE INFORMATION

A. Please provide the following information:

Firm Name: _____

Mailing Address _____

City/State/Zip _____

Telephone/Fax _____

E-Mail Address _____

Contact/Title and Telephone _____

Diverse Vendor YES NO
Small Business YES NO

II. BIDDING INTEREST

- A. What types of work and/or products are you interested in bidding?

- B. What Counties/States are you licensed to do work in?

- C. What type of work do you usually subcontract? _____
- D. Is your company Gold Shovel Standard Certified? YES NO

III. PERSONNEL and GAS WORK HISTORY

Please provide a listing of key management employees that would be associated with any work done for Hope Gas.

Attach a resume of their business experience.

Name	Title	Area of Responsibility
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any type of work you have done or any products you have provided in the past for the gas industry?

Identify key employees that hold gas industry experience and how many years of experience they have.

Name: _____
Title: _____
Category of Work: _____
Number of Years Experience: _____

Name: _____
Title: _____
Category of Work: _____
Number of Years Experience: _____

Name: _____
Title: _____
Category of Work: _____
Number of Years Experience: _____

Name: _____
Title: _____
Category of Work: _____
Number of Years Experience: _____

Name: _____
Title: _____
Category of Work: _____
Number of Years Experience : _____

IV. INSURANCE

A. Hope Gas requires the following minimum limits of project insurance coverage from each contractor and all subcontractors:

<u>MINIMUM LIMITS</u>	
1) Worker's Compensation	Statutory
2) Employers Liability	\$2,000,000 per occurrence
3) Commercial General Liability	\$2,000,000 per occurrence
4) Automobile Liability	\$2,000,000 per occurrence

B. Do you currently meet or exceed these requirements? YES NO

C. Please provide certificates of insurance evidencing the above requested coverage. Provide the name of your current insurance carrier (agent) and underwriter.

Agent: _____
Company: _____
Telephone: (____) _____

Underwriter: _____
Company: _____
Telephone: (____) _____

D. What has your company been bonded for and who is responsible for carrying your bond?
(example: Bid Bond, Performance Bond, etc..)

Responsibility of: _____

E. Is your firm self-insured for Worker's Compensation claims? YES NO

F. If so, do you self-administer or use a third-party administrator (TPA)? YES NO
If TPA is used, please identify: _____

G. EMR (Experience Modification Rating) _____

V. DOT OPERATOR QUALIFICATION AND DRUG AND ALCOHOL COMPLIANCE

- A. Anyone performing Hope Gas operator-defined “Covered Tasks” must be qualified in accordance with DOT Pipeline Safety Regulations (49 CFR 192.801 - .809). Additionally, all contractors performing safety sensitive work must administer a DOT-PHMSA compliant Drug and Alcohol Testing program (49CFR Part 199 and Part 40).

- B. Hope Gas has contracted with Veriforce to provide oversight of Contractor data, to include Covered Task Qualifications and Drug and Alcohol programs and statistical data. Affected contractors are required to execute an agreement with Veriforce and must qualify their employees according to the agreed upon Veriforce Policies and Procedures and the Hope Gas Covered Task Evaluation Criteria. Contractors must also submit written Drug and Alcohol programs and statistical testing data to Veriforce for review and approval.

- 1. Are you familiar with the Operator Qualification requirements? Yes No

- 2. Have your employees ever been qualified by another gas distribution or gas transmission company?
 Yes No

If yes, who? _____

- 3. Do you currently have employees qualified to perform covered tasks? Yes No

If yes, who issued the qualifications? _____

For which pipeline Operator? _____

VI. LABOR UNION INFORMATION

- A. Does your firm operate with union employees? YES NO
If yes, please state the Union *name(s) and expiration date(s)* of the current contract for the Union trade to be employed either directly by you or any of your sub-contractors.

Union name _____
Expiration Date ___/___/___

Union name _____
Expiration Date ___/___/___

Union name _____
Expiration Date ___/___/___

VII. EQUIPMENT

- A. Please attach a list all gas business equipment that you have and are available to use for Hope Gas jobs.

VIII. PLANT/OFFICE LOCATIONS

- A. Please list all plant, field, or office locations (different from headquarters contact information) along with the location contact persons name and telephone number.

IX. REFERENCES

Please provide three references of projects started and completed within the past twenty-four (24) months?

- A. Project: _____
Estimated Value: (USD) \$ _____
Client Contact: Mr./Mrs./Ms. _____
Contact Telephone: (____) _____
- B. Project: _____
Estimated Value: (USD) \$ _____
Client Contact: Mr./Mrs./Ms. _____
Contact Telephone: (____) _____
- C. Project: _____
Estimated Value: (USD) \$ _____
Client Contact: Mr./Mrs./Ms. _____
Contact Telephone: (____) _____

1. Has your company received any citations in the past three years from federal, state, or local agencies? [YES] [NO]

If yes, please attach a description of the nature of the citation and the abatement actions taken.

2. Does your company have a written safety/health program, to include a mission statement and/or policies and procedures? [YES] [NO] If yes, please attach a copy of your program.

3. Has your company ever failed to complete a project that it started? [YES] [NO]

If yes, please fill in the following: Project: _____
 Client: _____
 Location: _____
 Reason: _____

4. What category of license(s) (general, mechanical, electrical, etc.) does your firm possess?
 Type: _____ State: _____
 Type: _____ State: _____
 Type: _____ State: _____

X. CONTACT LIST

In the event of an emergency, please provide a full listing of all contact persons name, and emergency numbers.

Name: _____
 Position/Title: _____
 Day Phone: _____
 Cellular Phone: _____
 Pager #: _____
 Fax #: _____
 **EMERGENCY #: _____

Name: _____
 Position/Title: _____
 Day Phone: _____
 Cellular Phone: _____
 Pager # _____
 Fax #: _____
 **EMERGENCY #: _____

Name: _____
 Position/Title: _____
 Day Phone: _____
 Cellular Phone: _____
 Pager #: _____
 Fax #: _____
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 Fax #: _____
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Name: _____
 Position/Title: _____
 Day Phone: _____
 Cellular Phone: _____
 Pager # _____
 Fax #: _____
 **EMERGENCY #: _____

These last two sections will need to be completed prior to any test projects.

XI. WELDING AND FUSING

Welders and Fusers must be certified to work and fuse on Hope Gas pipelines. Please provide a listing of certified Welders and Fusers with their name and card number.

Welders

<i>Name</i>	<i>Card Number</i>
_____	_____
_____	_____
_____	_____
_____	_____

Fusers

Name

Card Number

_____	_____
_____	_____
_____	_____
_____	_____

NEW CONTRACTOR/SUPPLIER CHECKLIST

To determine whether a new contractor is eligible in becoming a qualified contractor, all of the following information must be provided to Hope Gas for consideration and review:

ITEM	COMPLETED	
1. Insurance: (Proof of Liability and Workman's Compensation Certificate)	YES	NO
2. Equipment: (List of company equipment available)	YES	NO
3. Personnel (List of employees names, resumes of Senior Management)	YES	NO
4. Plant/Office Location	YES	NO
5. Telephone numbers: (Daily, fax, cellular, and emergency numbers)	YES	NO
6. References: (Credit and customer references)	YES	NO
7. Name, Type, and Size of Projects for Gas Distribution Completed in the past year	YES	NO
8. Hourly Wage and Cost Plus Prices: (For equipment)	YES	NO
9. Welder's must be certified to work on Hope Gas pipelines	YES	NO
10. Fusers must be certified to fuse on Hope Gas pipelines	YES	NO
11. Hope Gas SOP construction/contract review	YES	NO
12. DOT Operator Qualification /Drug and Alcohol confirmed on Veriforce		

YES **NO**

13. Safety performance history / (BLS report)

YES **NO**