

As a prerequisite to being considered to provide services for West White Rose Project (WWRP), all potential suppliers must complete and submit the attached questionnaire for evaluation.

The information contained in this prequalification questionnaire will be used to ensure that each supplier providing services is qualified and selected by analysis as to its ability to:

- Show proven relevant experience;
- Demonstrate financial capability;
- Consistently meet cost, quality and delivery requirements;
- Demonstrate its commitment to a safe work environment and performing services in a safe manner consistent with project safety standards, regulatory and its own objectives; and
- Demonstrate flexibility and co-operation in performing contractual obligations.

Please note the requirement to attach various documents requested herein, including:

- a) WCB Experience Rating Statement, as requested below;
- b) Corporate organization charts as requested in Section 1;
- c) Audited financial statement for the past year as requested in Section 8; and
- d) Various quality documents, including certifications, as requested in Section 10.

The questionnaire must be **completed in full** and returned to the following address **together with all required attachments** in order that project team may fully assess your company's capabilities.

Attn: **Cory Rowe, Quality Manager**

E-mail: Cory.Rowe@Kiewit.com / copy to Jessica.Apit@Kiewit.com

Address: Kiewit Offshore Services Ltd., Spanish Room Rd., Marystown, NL, A0E 2M0

DECLARATION

The undersigned:

- a) Certifies that the information contained in this response is a true reflection of the skills and capabilities of the company; and
- b) Understands and accepts that the receipt of the attached response places no obligation upon the Project team to include the company on any invitation to bid for work.

(signature)

(print name)

(title)

(date)

1.0 GENERAL INFORMATION

Name of company	
Address	
Telephone	Contact (name and title)
Fax	Email and website address
Type of company (<i>sole proprietor, partnership, corporation –private or corporation – public</i>)	
Place and year of incorporation, registration, establishment	Will the SOW provided on this EOI/ Prequalification be executed from this office?
Is your business 51% or more owned, managed and controlled by designated groups? Please specify the group. (<i>Women, Aboriginal peoples, Persons with disabilities, Visible minorities</i>)	
Identify and provide applicable number if currently certified with any national certifying organizations (<i>CAMSC, WBECconnect International, WBE Canada, others please specify</i>)	
Is your company a member of supplier association? Please specify. (<i>NLOWE, Noia, St. John's Board of Trade, others please specify</i>)	

Address to whom invitations to bid should be sent

Contact name and address		
Telephone	Fax	Email

Canadian Head Office

Name
Address

Addresses of other offices

Name	Address

Names and ownership level of principal shareholders, including partnerships or firms

Name	% Ownership	Address

Names of the officers of company

Upon submission, please attach following:

1. Certificate of incorporation
2. Organization chart(s) which illustrate the authoritative and fiscal relationship with parent companies of any tier and affiliates/subsidiaries
3. Declaration of residency
4. A written statement indicating that there is no outstanding HSE charges, stop work orders or regulatory violations against your company

2.0 GENERAL EXPERIENCE RECORD

Indicate in the categories of work for which your firm considers itself qualified and in which it has significant experience.

The information supplied in the following table shall be the annual turnover of the company during the preceding five calendar years, in terms of the amounts billed to clients for each year of work in progress or completed.

Annual Turnover	
Year	Turnover

What is the largest value contract your firm has performed within the past three years?

Final contract value:	Year(s) work performed:
Contract description:	
Types of work performed:	
Client name:	

Describe below the basis under which the majority of your work is performed (e.g. lump sum, unit price, reimbursable, bid, negotiated, etc.)

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List below the disciplines of work which your firm typically subcontracts and the basis on which such subcontracts are typically performed (e.g. lump sum, unit price, reimbursable, bid, and negotiated, etc.).

Do you have a program to meet local content requirements called for by Client? Yes No

Do you have a Diversity Plan or Diversity Policy in place? Yes No

Are subcontractors systematically evaluated as to their capabilities prior to use? Yes No

If yes, describe below the process, including criteria employed in the evaluation.

Are invoices and backup documentation maintained electronically? Yes No

If yes, describe system utilized:

For reimbursable work, are daily work tickets submitted the following day? Yes No

Are tickets typically priced when submitted for approval? Yes No

If not, describe the required process changes that would be required:

Are controls in place to prevent duplicate invoicing? Yes No

Are systems used to track Project Controls in the home office? Yes No

Are systems used to track Project Controls in the field? Yes No

Describe below procedures and tools employed to manage cost and schedule for field and home office.

3.0 PARTICULAR EXPERIENCE RECORD

List major contracts undertaken during the past five years. The value is to be based on the value at substantial completion, or for current contracts at the time of award. The information is to be summarized for each contract completed or under execution by the applicant.

Description of work		
Name of employer	Location of work	
Applicant's role (check one) <input type="checkbox"/> General contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Partner of joint venture		
Value of the total contract at award	Value of the total contract at completion	
Pricing structure	Total man-hours	Percentage subcontracted
Date of award	Date of start work	Date of completion

Description of work		
Name of employer	Location of work	
Applicant's role (check one) <input type="checkbox"/> General contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Partner of joint venture		
Value of the total contract at award	Value of the total contract at completion	
Pricing structure	Total man-hours	Percentage subcontracted
Date of award	Date of start work	Date of completion

6.0 TESTING / LABORATORY CAPABILITIES

Detail your firm's facilities and testing capabilities. Provide additional sheets if required. Provide additional details on facilities sufficient to enable an assessment of the capabilities of each location.

Facilities / laboratory description:		

8.0 FINANCIAL CAPABILITY

Provide financial information required herein to demonstrate that it has sufficient financial capabilities.

Banker	Name of banker		
	Address of banker		
	Telephone	Contact name and title	
	Fax	Email	

Provide your bank's current rating (specify rating agency):

Attach an audited financial statement covering the past corporate year. From financial statements, summarize below actual assets and liabilities for the past five years. Based upon known commitments, summarize projected assets and liabilities for the next two years.

	Actual for previous five years					Projected for next two years	
	1	2	3	4	5	6	7
Total Assets							
Current Assets							
Total Liabilities							
Current Liabilities							
Profits Before Taxes							
Profits After Taxes							

For current year, provide the following:

Net Cash to Revenue = Cash + Unbilled Revenue – Billings in Excess:

Cash to Revenue ratio = Cash / Revenue:

Operating Margin = Operating Income / Revenue:

Earning Margin = Operating Earnings / Revenue:

Debt to Total Capitalization = Debt / (Debt + Equity):

Provide the following information with respect to bonding capability.

Indicate all names of all surety companies utilized by your firm within the last three (3) years and list the number of times surety had to complete your firm's work:

Maximum bonding capability:

What is the maximum contract value that you consider your firm is capable of handling?

What is the amount of current work bonded?

What is the cost of a labour and material payment bond?

What is the cost of a performance bond?

Can your firm provide an unconditional bank letter of credit? Yes No

Will parent company provide a parent company guarantee? Yes No

Provide the following information regarding insurance coverages in place.

Type	Limit
Personnel	
Commercial General Liability	
Automobile	
All Risks Physical Damage (for applicant's equipment)	
Aircraft	
Marine	
Errors and Omissions	
Other (specify)	

10.0 QUALITY ASSURANCE

Provide the following information with respect to quality management.

Attach:

- a) Organization chart for the quality function. Include details showing who is responsible for quality management and to whom the function reports.
- b) Sample Quality Procedures.
- c) Sample Quality Plan.
- d) Sample Inspection and Test Plan.
- e) Copy of latest internal audit and current audit schedule.

Does the position of Quality Manager (or its equivalent) exist in the organization? Yes No

If yes, is this position dedicated full time to the quality function? Yes No

Describe the qualifications of the Quality Manager:

Number of personnel involved in quality, including inspection:

Describe the qualifications of Quality personnel:

Is there a document control person and system in the organization? Yes No

Is a documented Quality Program in effect? Yes No

If yes, how many years has a documented Quality Program been in effect?

If no, describe below how quality is managed:

Has the Quality Program been registered (e.g. ISO)? Yes No

If yes, provide full details below and **attach a copy of the certification(s)**.

Are you CWB certified? Yes No

If no, describe the type of QC program that is in place:

Is there a Quality Control/Inspection System in effect? Yes No

Is there an up-to-date Quality Manual? Yes No

Are there Quality Assurance/Control Procedures in effect? Yes No

Do you employ lower tier subcontractors? Yes No

If yes, describe below the quality controls you employ on subcontractors.

Note: All fabricators of pressure equipment and site suppliers must complete either a desk top audit or an on-site audit prior to commencing work.

11.0 ENVIRONMENT, HEALTH AND SAFETY (EHS)

Provide the following statistical data for the past 4 years.

Calendar Year				
No. of fatalities				
No. of lost time cases				
No. of medical aid cases				
No. of restricted work cases				
No. of hours worked				

Do you have or provide:

- EHS requirements? Yes No
- Full-time dedicated EHS representative? Yes No

Program

Do you have a written Environmental, Health and Safety Program? Yes No

If yes, attach a copy of the program

Do you have a substance abuse program? Yes No

If yes, does it include the following:

- Pre-employment Yes No
- Random Testing Yes No
- Testing for Cause Yes No