

SUBCONTRACTOR RESPONSIBILITY QUESTIONNAIRE

(For purposes of this document, vendor is included in the definition of subcontractor - see Page 3)

The information provided below is true and accurate. Any misrepresentation in the information provided will be considered evidence of fraud since this information is the basis for evaluating the Business's suitability for future contracting relationships.

GENERAL INFORMATION			
Legal Name of Business		DUNS #	
Address		Taxpayer Identification #	
City, State, ZIP		Type of Entity	
POINT OF CONTACT		NAICS CODE	
CORPORATE OFFICERS Please list the names and titles of the three highest ranking officers of the Business		BUSINESS SIZE AND CLASSIFICATION Check all that apply to the Business Misrepresentation is subject to 15 U.S. Code §645	
Name	1. Name	Large Business	Small Business
Title	1. Title	Woman Owned Minority Owned Veteran Owned AbilityOne SBA 8(a)	Service-Disabled Vet Small Disadvantaged HUBZone DBE
Phone	2. Name		
Cell	2. Title		
E-mail Address	3. Name	Other (please list)	
Additional E-Mail	3. Title	UNION AGREEMENTS	
LINE OF BUSINESS		Is your business a union contractor? If no, are you willing to sign a project labor agreement?	Yes No Yes No
Business Website			

LICENSES - List license numbers under which the Business is legally qualified to do work					
State	License Number	Expiration Date	State	License Number	Expiration Date

REPRESENTATIONS -- additional pages may be attached if more space is required for any explanation(s)	
1) Has the Business failed to complete awarded work or been terminated for cause? If yes, please explain:	YES NO
2) Is the Business or any of its Owners, Officers or Major Stockholders currently involved in any arbitration or litigation? If yes, please explain:	YES NO
3) Has the Business had any judgments, bankruptcies or reorganizations? If yes, please explain:	YES NO
4) Have any of the Owners, Officers or Major Stockholders of the Business ever been indicted or convicted of felony or other criminal conduct? If yes, please explain:	YES NO
5) The Business and its employees are authorized to work in the United States. If no, please explain:	YES NO
6) The Business understands and agrees to comply with all applicable domestic product preference requirements, such as Buy American Act (federal projects) or Buy America (federally-assisted projects), for all covered items, including providing a Purchaser-provided certification.	YES NO
7) Are any of the owners, officers, or the spouses of any of such individual an employee, appointee or elected official of the Federal Government, or of any U.S. state or local governmental or quasi-public entity which relationship would restrict QFM from contracting with the Business? If yes, please explain:	YES NO

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FINANCIAL - List data for the three most recent completed fiscal years				
Year	Value of Largest Contract Completed	Annual Business Revenue	Current Fiscal Year	
	\$	\$	Current Year Projected Revenue	\$
	\$	\$	Current Total Backlog	\$
	\$	\$	Current Year Largest Contract	\$

BONDING AND SURETY				
Are you able to provide payment and performance bonds?		Single-Project Bonding Capacity:	Aggregate Bonding Capacity:	Available Bonding Capacity:
YES	NO	If yes, continue.	\$	\$
Bonding/Surety Company Name				
Contact Name			Phone	

INSURANCE - Required to apply to each project location.					<i>(Limits in Millions)</i>	
Do you maintain Commercial General Liability insurance?		YES	NO			Limit:
<i>Projects will be maritime in nature and may require coverages that respond to work done on, over, in, or adjacent to the waterways of the United States.</i>						
Do you maintain Business Auto insurance?		YES	NO	List State(s):	Limit:	
Do you maintain statutory Workers' Compensation insurance?		YES	NO	List State(s):		
Do you maintain Employers' Liability (including Stop Gap) insurance?		YES	NO	Maritime Employers' Liability?	YES	NO
Do you maintain any insurances for any statutory federal Workers' Compensation schemes? (e.g. USL&H, Jones Act, OCSLA, FELA, etc.)					YES	NO
Please list scheme(s):						
Do you maintain Contractor's Pollution insurance?		YES	NO			Limit:
Do you maintain Professional Liability insurance?		YES	NO			Limit:

INFORMATION TECHNOLOGY					
Is your Business compliant with FAR 52.204-21 - Basic Safeguarding of Covered Contractor Systems?			YES	NO	
Is your Business compliant with NIST (SP) 800-171?			YES	NO	
If not in compliance with NIST (SP) 800-171, does your Business intend to become compliant? If yes, when?			YES	NO	Target Date:

SAFETY - At a minimum, your Business will be required to comply with QFM's Safety Program.				
Do you have a Safety Plan and/or Accident Prevention Plan?			YES	NO
Do you have an alcohol and drug-free workplace program?			YES	NO
YEAR	EMR-EXPERIENCE MODIFICATION RATE (Last 3 Years)	TI _R - TOTAL INCIDENT RATE* (Last 3 Years)	*TI _R = # of Recordable Cases X 200,000 Divided by Total Employee Manhours	
Have you had any safety citations or violations within the last 3 years?			YES	NO
Have you had any environmental-related citations or violations within the last 3 years?			YES	NO
<i>For the two questions immediately above, list or attach explanation(s) for each YES answer:</i>				

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COMPLIANCE AND BUSINESS ETHICS

Does the Business have a written code, procedure or policy addressing business ethics?

YES NO

NO

Within the last 10 years, has your Business, an affiliate, or any owners/officers/principals of your Business or affiliate, been suspended, debarred, proposed for debarment or otherwise excluded from bidding on or being awarded contracts by the Federal Government, a state agency or a municipal agency?

YES NO

If yes, please explain:

Statement:

I hereby certify and warrant that the information provided above is accurate and may be relied upon in evaluating and qualifying the above Business to bid work in connection with federal, state, local and private contracts.

Signature of Authorized Representative

Date

Printed Name of Authorized Representative

Title