



ONE CORPORATE DRIVE, SUITE 600, SHELTON, CONNECTICUT 06484-6211

Susan M. DeLeon
 Contract Administration Manager
 (203) 925-7260
 (203) 926-8829 FAX

Type of work your company performs: _____

BIDDER INFORMATION QUESTIONNAIRE: *BUSINESS*

1. a) Legal Name: _____

Mailing Address: _____

Contact Person: _____

Title: _____

Phone Number: _____

Fax Number: _____

E-mail address: _____

Web Site: _____

Delivery Address: _____

Business Form: (Corp., Proprietorship, Partnership, etc.) _____

State of Incorporation/Registration: _____

Tax I.D.#: _____

Date Commenced Business: _____

b) Subsidiary of: _____

Address of Parent Company: _____

c) List those companies with which your Company is affiliated:

Company Name	City	State
_____	_____	_____
_____	_____	_____
_____	_____	_____

d) Company's Officers/Partners:

Name	Title
_____	_____
_____	_____

e) Branch Office Locations:

City	State
_____	_____
_____	_____

2. a) Net worth of Business:

20__ \$ _____ 20__ \$ _____ 20__ \$ _____

b) Approximate annual sales over the past three years:

20__ \$ _____ 20__ \$ _____ 20__ \$ _____

c) Name of your surety company: _____

Bonding Agency through which you deal: _____

Contact: _____ Phone #: () _____

Available Bonding limits (based on 100% of awarded contract value):

Performance and Labor Bond \$ _____ maximum

Material Payment Bonds \$ _____ maximum

d) Banking Reference

Bank: _____

Contact: _____ Title: _____

Phone #: () _____

BIDDER INFORMATION QUESTIONNAIRE: TECHNICAL

1. a) Company Name: _____
Number of Permanent Employees _____ Office: _____
Trade: _____
Are the employees unionized? Yes _____ No _____
If unionized, please list union affiliations.

b) Please provide the experience of the principal individuals of your Company who would be available to work on Iroquois Projects.

Individual's Name and Position	# of Years	Experience
_____	_____	_____
_____	_____	_____
_____	_____	_____

c) Has your company ever failed to complete any contract(s) awarded to you? If so, please explain.

2. Approximate contract dollar value you are prepared to accept:
\$ _____ Minimum \$ _____ Maximum

3. a) Please provide a list and summary of work that you are currently contracted for.
b) Please provide a list of major contracts awarded in the past 3 years, including the name of a contact for reference.

BIDDER INFORMATION QUESTIONNAIRE: **COMPLIANCE**

Do you have a written Sexual Harassment Prevention Policy? Yes / No

Description	Yes	No	N/A
If yes, does the program include work practices and procedures such as:			
- No tolerance in violation of law or Iroquois Sexual Harassment Prevention Policy			
- No retaliation			
Where applicable, have employees been:	Yes	No	N/A
- Trained on an annual basis			

Do you have a written Drug & Alcohol Policy? Yes / No

Description	Yes	No	N/A
If yes, does the program include work practices and procedures to include:			
- Compliance with DOT Regulations 49CFR Part 199			
Where applicable, have employees been:			
- Trained			

Do you have a Background Screening Program? Yes / No

Description	Yes	No	N/A
If yes, does the program include following Background Screen Categories:			
- Criminal			
- Drugs and Alcohol			
- DMV			
- Employment Verification			
- E-Verify			
- Education			
- Professional References			
- Homeland Security			
Where applicable, have employees been:			
- Trained			

FOR SERVICE AND CONSTRUCTION CONTRACTORS ONLY
Please Complete

BIDDER INFORMATION QUESTIONNAIRE: ACCIDENT HISTORY

Accident History

	Year_____		Year_____		Year_____	
	No.	Rate	No.	Rate	No.	Rate
Fatalities						
Lost workday case injuries and illnesses involving days away from work, or days of restricted work activity, or both. (Rate = Total LW and restricted cases x 200,000/Total Employee Hours)						
Lost workday case injuries and illnesses involving days away from work. (Rate = LW cases** x 200.000 / Total Employee Hours)						
Total OSHA Recordable Injury and Illnesses Rate (Rate = Total Injuries and Illnesses x 200,000/Total Employee Hours)						
Workers Compensation Experience Modification Rate (EMR) Data						

Have you received any regulatory (EPA, OSHA, etc.), civil or criminal citations in the last three years?_____

If yes, please list here:_____

BIDDER INFORMATION QUESTIONNAIRE: HEALTH & SAFETY PROGRAM

Do you have a written H, S & E Program? Yes / No

Description	Yes	No	N/A
If yes, does the program include work practices and procedures such as:			
a. Equipment Lockout and Tagout (LOTO)			
b. Confined Space Entry			
c. Injury & Illness Recording			
d. Fall Protection			
e. Personal Protective Equipment			
f. Portable Electrical/Power Tools			
g. Vehicle Safety			
h. Compressed Gas Cylinders			
i. Electrical Equipment Grounding Assurance			
j. Powered Industrial Vehicles (Cranes, Forklifts, JLGs, etc.)			
l. Accident/Incident Reporting			
m. Unsafe Condition Reporting			
n. Emergency Preparedness, including evacuation plan			
o. Waste Disposal/Waste Minimization/Spill Prevention			
p. Back Injury Prevention			
q. Hazwoper Training			
r. Heat Stress Prevention			
s. Scaffold Building /Scaffold Use			
t. General NDT & Radiography			

Do you have written programs for the following:

Description	Yes	No	N/A
a. Hearing Conservation			
b. Spill prevention and waste minimization			
c. Hazard Communication			
d. Respiratory Protection			

Where applicable, have employees been:

	Yes	No	N/A
- Trained			
- Fit Tested			
- Medically approved			

BIDDER INFORMATION QUESTIONNAIRE: **ENVIRONMENTAL, HEALTH
SAFETY TRAINING**

Description	Yes	No	N/A
a. Do you know the regulatory safety, health and environmental training requirements for your employees?			
b. Have your employees received the required safety, health and environmental training and retraining and is it documented?			
c. Do you have a specific safety, health and environmental training program for supervisors?			
d. Are all employees trained in the work practices needed to safely perform his/her job?			
e. Is each employee instructed in the known potential of fire, explosion, or toxic release hazards related to his/her job, the process and the applicable provisions of the emergency action plan?			

BIDDER INFORMATION QUESTIONNAIRE: **INSPECTIONS & AUDITS**

Description	Yes	No	N/A
a. Do you conduct Safety, Health & Environmental inspections?			
b. Do you conduct Safety, Health & Environmental program audits?			
c. Are corrections of deficiencies documented?			