

SUPPLIER / CONTRACTOR PREQUALIFICATION FORM



Submit To: Sunflower Electric Power Corporation
trnpvlteam@sunflower.net

*ALL INFORMATION PROVIDED HEREIN SHALL BE CONSIDERED CONFIDENTIAL
All items with an asterisk (*) must be completed for your application to be considered.*

SECTION 1 - GENERAL BUSINESS INFORMATION

*Company Name: _____

*Company Address: _____

*Telephone No: _____ *Fax No: _____

*Contact Person: _____ *Contact Email: _____

*Total No of Employees - Office: _____ *Field: _____

Please attach an organization chart and brief resume of key personnel.

*No of Years in Business: _____ *Ownership Status (check all that apply):

- MBE WBE DVBE Large Business Small Business
 Handicapped-Owned Business Enterprise Other _____

*Are you directly or indirectly signatory to any labor agreements? Yes No

If Yes, which unions? _____

*Is the above company a branch office or subsidiary? Yes No

If Yes, please provide the following:

Company Name: _____

Company Address: _____

*Contractor's Licenses, Accreditations, and Certifications:

Do you have a Sunflower contact requesting the submittal of this form?

Yes No *If Yes, contact name? _____

What services/goods is your company applying to be prequalified for?

SECTION 2 – FINANCIAL

*Total annual sales for past 3 years: 20__ : _____ 20__ : _____ 20__ : _____

*Largest single contract in last 3 years: _____

*Current Backlog: _____

Surety Agent Information: _____

Bonding Agent Information: _____

Dun & Bradstreet (Score / Assessment): _____

*Total Available Bonding Capacity: _____

*Most recent average 3 Bond issuance % rates: _____

*Has your company ever failed to complete any work awarded to it? Yes No

*Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its Officers? Yes No

*Has your organization ever filed for bankruptcy? Yes No

**Please enclose at least 1 of the 3 items listed below:*

- *Letter of Credit and Financial Reference*
- *Dunn & Bradstreet Credit Report*
- *3 years of Audited Financial Reports*

SECTION 3 – CAPABILITIES/REFERENCES

**Please attach historical information detailing company's strengths and performance for projects completed/materials provided that would assist in supplier selection for quoting purposes.*

**Please attach other information related to your company that may be included in the supplier file of qualifications including goods/services that can be provided, construction equipment capabilities, local or regional office, etc.*

**List 3 representative projects in our industry completed in the past five (5) years:*

Project 1:

Client Name: _____

Contact Info: _____

Location: _____

Description: _____

Contract Amount: _____ Completion Date: _____

Project 2:

Client Name: _____

Contact Info: _____

Location: _____

Description: _____

Contract Amount: _____ Completion Date: _____

Project 3:

Client Name: _____

Contact Info: _____

Location: _____

Description: _____

Contract Amount: _____ Completion Date: _____

SECTION 4 – SAFETY

*Company Safety and Health Contact:

*Name: _____ *Title: _____

*Number of years in this position with your company? _____

*Total years of experience of safety and health in this industry? _____

*Percentage of their time spent on safety and health related matters: _____

*How many fulltime safety and health employees does your company have? _____

*Does your company have a written safety, health, and accident prevention program?

Yes No

*Does your company have a written accident/incident investigation procedure?

Yes No

*Does your company require near-miss incidents to be investigated? Yes No

*Does your company have a written drug free workplace program that includes random drug testing? Yes No

*Has OSHA inspected your company in the past three years? Yes No

*Has your company received any Federal or State Plan OSHA citations within the last three years? Yes No

*If Yes, how many of each of the following types of citations were received?

Willful: _____ Imminent Danger: _____ Serious: _____

Non-Serious: _____ Minimal: _____

*How many OSHA recordable injuries did your company experience in each of the last three years?

Last Yr.: _____ 2 Yrs. Ago: _____ 3 Yrs. Ago: _____

*How many lost time accidents has your company experienced in each of the last three years?

Last Yr.: _____ 2 Yrs. Ago: _____ 3 Yrs. Ago: _____

*How many fatalities has your company experienced in each of the last three years?

Last Yr.: _____ 2 Yrs. Ago: _____ 3 Yrs. Ago: _____

*What is your company's OSHA reported DART rate for each of the last three years?

Last Yr.: _____ 2 Yrs. Ago: _____ 3 Yrs. Ago: _____

SECTION 5 – INSURANCE

*What is your company's Experience Modification Rate (EMR)? _____

If work is awarded with Sunflower the following insurance requirements must be met:

Supplier will obtain and maintain at its sole cost and expense during the term of this Contract with insurers licensed to do business in all jurisdictions where Work/Services are performed and that have an A.M. Best rating of A- or better, insurance coverage of the kind and in the minimum amounts listed below.

Insurance Type	Minimum Coverage Amount
Workers Compensation Coverage A	Statutory
Employers Liability Coverage B	\$1,000,000 Ea. Accident \$1,000,000 By Disease Policy Limit \$1,000,000 By Disease Ea. Employee
Commercial General Liability Form General Aggregate Limit (<i>applied separately to this project/location</i>) Products/Completed Operations Personal & Advertising Injury Each Occurrence Limit Fire Damage Limit (One Fire) Medicare Expense Limit (One Person)	Occurrence \$1,000,000 \$1,000,000 Aggregate Limit \$1,000,000 Limit \$1,000,000 Limit \$50,000 Limit \$5,000 Limit

<p>Commercial Automobile Liability Vehicle Coverage Bodily Injury/Property Damage Uninsured/Underinsured Motorist</p>	<p>All Owned, Non-Owned & Hired \$1,000,000 Combined Single Limit \$1,000,000 Per Accident</p>
<p>Excess Liability Insurance The Supplier shall maintain excess liability insurance, with limits of no less than \$1,000,000 to protect Supplier against all claims in excess of the limits provided under the worker's compensation and employer's liability, commercial automobile liability and commercial general liability policies.</p>	
<p>Professional Liability Insurance The Supplier shall maintain professional liability insurance with limits of no less than \$2,000,000 if the services performed involve professional services to include, but are not limited to, engineering, architectural, surveying, or consulting services. Coverage must apply to economic damaged resulting from a professional error, act, or omission arising out of the scope of services defined in an agreement.</p>	

ADDITIONAL REQUIREMENTS

- Sunflower Electric Power Corporation must be included as an additional insured under all the policies listed excluding professional liability and worker's compensation.
- All policies shall contain provisions whereby the Suppliers' insurers waive all rights of subrogation against Sunflower and its agents, officers, directors, and employees for recovery of damages to the extent these damages are covered by any of the Supplier's insurance policies maintained above.
- Suppliers' insurance will apply on a primary and non-contributory basis. Any deductibles or self-insured retentions carried by Supplier are the sole responsibility of Supplier and must be declared on certificates of insurance.
- The Supplier shall cause each subcontractor engaged by Supplier in the performance of this Contract to maintain insurance coverages at least equal to those required of the Supplier.
- The insurance coverage required above shall be maintained by Supplier during the term of this Contract, and shall not be canceled, or materially altered by Supplier without 30-days advance written notice to Sunflower.
- Supplier's initial compliance with this requirement shall be evidenced by the certificate of insurance, issued by Supplier's insurers, on forms approved by the Kansas Insurance Department.
 - Sunflower shall have the right, but not the obligation, to prohibit Supplier or any subcontractor from entering the project site until such certificate(s), or other evidence that insurance has been placed in complete compliance with the above insurance requirements, is received and approved by Sunflower.

- Failure of Sunflower to demand such certificate(s) or other evidence of full compliance with these insurance requirements, or failure of Sunflower to identify a deficiency from evidence that is provided, shall not be construed as a waiver of Supplier's obligations to maintain such insurance.
- Sunflower shall have the right at any time to require insurance limits greater than those stated above, or to require other changes in insurance coverages. In any such event, the additional premium or premiums payable solely as the result of such additional insurance requirements shall be added to the Contract price.

SECTION 6 - AUTHORIZATION

*I have reviewed and authorized release of this information for confidential use by Sunflower Electric Power Corporation.

*Signature

*Date

*Printed or Typed Name

*Title