

Registration Form – Supplier and Subcontractor

IHI/Kiewit Cove Point considers its reputation one of its most valuable assets. We are well aware that the quality of our work is a direct reflection of the material and service providers we partner with. To that end, we take those decisions very seriously. IHI/Kiewit Cove Point is continuing to build a variety of complex and exciting projects, and we look forward to the opportunity to add your company to our list of valued contributors.

Please review and fill out this form in its entirety. Our ability to include you as a potential supplier and/or subcontractor is directly related to the quality of your submittal. Thank you for your time, effort and support of IHI/Kiewit Cove Point.

Return the completed form to: CovePoint.PreQual@Kiewit.com

Confidentiality: All proprietary and non-public information submitted for registration will be considered official information acquired in confidence, and IHI/Kiewit Cove Point will maintain its confidentiality to the extent permitted by law.

Date Submitted:	Submitter's Name:
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BUSINESS TYPE: Please select one...

- Supplier** – Complete only sections A through H and J
- Subcontractor** – Complete all sections

A. COMPANY INFORMATION:

Full Legal Name	
Fed ID# or SS#	
D&B #	
Company Address	
City, Zip & State	
Country	
Company Phone	
Website	
Bid Contact	Receive RFP? Yes <input type="checkbox"/> No <input type="checkbox"/>
Title	
Office Phone	Cell: Email Address:

Representative Firm N/A

Company Name	Receive RFP? Yes <input type="checkbox"/> No <input type="checkbox"/>
Company Address	
City, Zip & State	
Website	
Sales Contact	
Office Phone	Cell: Email Address:

1. Type of Organization:

<input type="checkbox"/> Corporation	Date Founded:	Date Ownership:
<input type="checkbox"/> Incorporation	Date Founded:	Date Ownership:
<input type="checkbox"/> Individual	Date Founded:	Date Ownership:
<input type="checkbox"/> LLC	Date Founded:	Date Ownership:
<input type="checkbox"/> Partnership	Date Founded:	Date Ownership:
<input type="checkbox"/> Other:	Date Founded:	Date Ownership:

2. Principal Officers:	Present Position:	Years with Company:

3. Nature of Business:

a. Are you approved or qualified as: (check all that apply and submit a copy of the certification)

Disabled Veteran Businesses (DVBE)	Yes <input type="checkbox"/>
HUBZone Business Enterprises (HUB)	Yes <input type="checkbox"/>
Minority Owned Businesses (MBE)	Yes <input type="checkbox"/>
Small Disadvantaged Businesses (SDB)	Yes <input type="checkbox"/>
Disadvantaged Business Enterprises (DBE)	Yes <input type="checkbox"/>
Women Owned Businesses (WBE)	Yes <input type="checkbox"/>

b. Are you an Equal Opportunity Employer? Yes No

c. Do you have a written Quality Assurance/Quality Control Program? Yes (please attach QA/QC manual) No

B. PARENT COMPANY INFORMATION: N/A

Full Legal Name	
D&B #	
Physical Address	
Country	

C. OTHER SUBSIDIARIES OR AFFILIATES: N/A

Full Legal Name	
D&B #	
Physical Address	
Country	
Primary Contact	
Title	
Telephone	
Email Address	

D. EXPERIENCE:

1. Have you done business with IHI or Kiewit before?

Yes No

If yes, please provide IHI or Kiewit project information:

Date	Project Name/ Description	Location	IHI/Kiewit Cove Point Reference

If no, please provide 3-5 project references that we may call:

Date	Project Name/Description	Location	Customer Reference	Customer Phone

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2. What work do you routinely subcontract or utilize lower-tier suppliers?

3. Who are the major subcontractors you routinely utilize?

4. Do you provide equipment or materials from outside the United States?

Yes No

If yes, please list components and corresponding countries:

Component	Country

5. Please indicate your Union status:

Union Non-Union Both

If applicable, list all Unions with whom you have contract or working agreements:

Union Name	Local Number	Expiration Date

6. List the states/ provinces for which you have current licenses: *(attach a separate sheet if necessary and include a clear copy of the licenses)*

State/Province	License #	Type	\$ Limit	Expiration

7. Have any of the above licenses ever been suspended, denied or revoked?

Yes No

If yes, please explain:

8. Has your organization ever failed to complete the full scope initially awarded in any contract?

Yes No

If yes, please explain:

9. Are there any judgments, claims, arbitration proceedings or lawsuits pending, outstanding or threatened which your organization or its officers are or have been a party?

Yes No

If yes, please explain:

10. Has your company filed any liens, lawsuits, arbitration proceedings, or otherwise initiated any formal dispute resolution process with regard to any work you have done in the last five years?

Yes No

If yes, please explain:

11. Are you now or have you ever been involved in any bankruptcy or reorganization proceedings?

Yes No

If yes, please explain:

12. Please feel free to provide descriptive brochures and literature that may assist in our assessment of your capabilities and knowledge of your products or services.

E. PERSONNEL INFORMATION:

1. Please provide Personnel information for your company:

Personnel Type	Total
Total number of company personnel	
Total number of shop personnel	
Number of Engineering personnel	
Number of registered Professional Engineers (P.E.)	
Number of Project Managers	
Number of Controls/Scheduling personnel	
Number of Purchasing personnel	

2. What plant shutdowns will your firm observe within the next twelve (12) months?

F. FINANCIAL INFORMATION:

1. Annual sales volume: (last three years, expressed in U.S. Dollars)

20____	20____	20____
\$	\$	\$

2. Please provide requested financial information below:

Item	Amount
Largest contract completed to date (contract value)	\$
Largest contract completed in the last 3 years (contract value)	\$
What is the value of your Company's present backlog for executed contracts?	\$
This year's projected revenue?	\$
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)	

3. Banking information:

Name of Bank	
Address of Bank	
Telephone No.	
Contact	

4. Bank's current rating (specify rating agency):
5. Is your Company capable of providing a Performance Letter of Credit? Yes No
6. Bonding information:

Item	Response
Capacity (\$)	
Current Work Bonded (\$)	
Bonding Company	
Address (Bonding Agent)	
Telephone No.	
Contact	
May we contact your surety provider?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does Bonding Co. appear on the U.S. Treasury list?	
Cost of Payment and Performance Bond (%)	
Cost of Supply Bond (%)	

7. Indicate all names of all surety companies utilized by bidder within the last 3 years and list number of times surety had to complete bidder's work.
8. Please attach a copy of the most recently audited income statement and balance sheet.

G. INSURANCE COVERAGE:

Please provide insurance coverage information below and attach a certificate of insurance:

Type	Maximum Coverage Amount (\$)	Company
Worker's Compensation		
Commercial General Liability		
Automotive Liability		
Excess Liability		
Other		

H. TECHNICAL/QUALITY CERTIFICATES:

1. Does your company hold any (nuclear or non-nuclear) technical/ quality certificates?
Yes No

If yes, please list and attach a copy of applicable certificates:

Certificate Description/Scope	Nuclear (Y/N)	Issuing Agency	Certificate No.	Expiration

I. SAFETY: ****Safety Section For Subcontractors Only****

1. Has your Company or individuals of your Company been the subject of a safety/health related citation within the past 5 years?

Yes No

If yes, please provide details and/or citation summary.

2. Please attach Safety & Health Program / Manual (if applicable).

A. SAFETY & HEALTH STATISTICS							
1. EXPERIENCE MODIFICATION RATE (EMR) DATA: <input type="checkbox"/> N/A							
a.	EMR IS (CHECK ONE):		EMR for the last three years:		c. EMR ANNIVERSARY DATE:		
	<input type="checkbox"/> Interstate Rate <input type="checkbox"/> Intrastate Rate State of Origin: _____ <input type="checkbox"/> Monopolistic State Rate <input type="checkbox"/> Dual Rate		b.	Year	EMR	d. STANDARD INDUSTRIAL CODE (SIC):	
				20 _____	_____		
				20 _____	_____		
				20 _____	_____		
2. INJURY AND ILLNESS DATA:							
a.	Employee hours worked last three years	20 _____	20 _____	20 _____			
3. PLEASE PROVIDE THE FOLLOWING DATA:							
Incidents		20		20		20	
		No.	RATE	No.	RATE	No.	RATE
<i>Fatalities</i> Rate = Number of Fatalities 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 Illness Rate. Rate = Total Injuries and Illnesses x 200,000 / Total Employee Hours.							
B. SAFETY & HEALTH MANAGEMENT							
1. Highest ranking Environmental Health & Safety professional in the company:							
Name:		Title:			Telephone:		
E-mail Address:							
2. Do you have or provide:							
a.	Full time EH&S Director (Corporate Level)					Yes <input type="checkbox"/>	No <input type="checkbox"/>
b.	Full time Project EH&S Manager(s)					Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, who, by position, manages safety at the project/site level?							
3. Does your company currently have a Drug & Alcohol Testing Program?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, does your Drug & Alcohol Testing Program include the following?							
a.	Pre-employment Testing					Yes <input type="checkbox"/>	No <input type="checkbox"/>
b.	Random Testing					Yes <input type="checkbox"/>	No <input type="checkbox"/>
c.	Testing for Cause					Yes <input type="checkbox"/>	No <input type="checkbox"/>
d.	Post Incident Testing					Yes <input type="checkbox"/>	No <input type="checkbox"/>

4. PERSONAL PROTECTION EQUIPMENT (PPE):							
a.	Is applicable PPE provided for employees?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
Please check those which apply: <input type="checkbox"/> Hard Hats <input type="checkbox"/> Gloves (Work, Welding) <input type="checkbox"/> Sideshield Safety Glasses <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Chemical/Splash Goggles <input type="checkbox"/> Face Shields <input type="checkbox"/> Welding Shields <input type="checkbox"/> Respirator - Replacement Filter <input type="checkbox"/> Rubber Boots <input type="checkbox"/> Safety Foot Guards <input type="checkbox"/> Welding/Burning Goggles <input type="checkbox"/> Safety Harness - with Lanyard <input type="checkbox"/> Fire Retardant Clothing <input type="checkbox"/> Chemical Specific Gear <input type="checkbox"/> H2S Monitors <input type="checkbox"/> Other (please list)							
5. SUBCONTRACTORS:							
a.	Do you use safety and health performance criteria in selection of subcontractors?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
b.	Do you evaluate the ability of subcontractors to comply with applicable health and safety requirements as part of the selection process?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
c.	Do your subcontractors have a written Safety & Health Program?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
Do you include your subcontractors in:							
Site Specific Safety & Health Orientation		Yes <input type="checkbox"/>		No <input type="checkbox"/>			
d.	Safety & Health Meeting	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
Inspections		Yes <input type="checkbox"/>		No <input type="checkbox"/>			
Audits		Yes <input type="checkbox"/>		No <input type="checkbox"/>			
C. TRAINING AND QUALIFICATION							
a.	Have employees been trained in appropriate job skills?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
b.	Are employees job skills certified where required by regulatory or industry consensus standards?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
c.	List crafts which have been certified:						
d.	How are equipment operators certified? (Crane, PIT, JLG, earth movers, etc.)						
1. SAFETY & HEALTH TRAINING:							
a.	Do you have a Safety & Health Training Program for new hires and newly hired or promoted supervisors?	NEW HIRES			SUPERVISORS		
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b.	Does program provide instruction on:	NEW HIRES			SUPERVISORS		
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	New Worker Orientation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Safe Work Practices	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Safety Supervision				Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Toolbox Meetings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Emergency Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	First Aid Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Incident Investigation				Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Fire Protection and Prevention	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Safety Intervention and/or Involvement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Hazard Communication	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Company Safety Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Hazard Recognition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Task Planning	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Injury Reporting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Personal Protective Equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Respiratory Equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Housekeeping	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Toxic Substances	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Electrical Safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Fall Protection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Driving Safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Disciplinary Procedure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Drug & Alcohol Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Hazardous Material Storage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Hazardous Material Disposal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Environmental Requirements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Scaffolding safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Excavation safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Confined Space	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Equipment Operation (PIT, Crane, JLG, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Lockout/Tagout	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

2. TRAINING RECORDS:

a. Do you collect and retain all training records for your employees? Yes No

PLEASE NOTE: If you intend to quote projects subject to OSHA's Process Safety Management Standard 29 CFR 1910.119 (i.e., Refineries, Petro-Chemical), please complete the questions below:

- Do you have a written program complying with OSHA Process Safety Management per 29 CFR 1910.119 (A copy must be submitted prior to award of any contract at or adjacent to an existing Process Facility)?
Yes No
- Have your employees been provided the necessary training to perform their work safely?
Yes No
- Prior to beginning work at a process facility, is each employee instructed in the known potential fire, explosion, or toxic hazards, and the process related to his/her job and the facility emergency action plan?
Yes No
- Do you document that each employee has received and understands the required training?
Yes No
- Are there means to assure that your employees follow the safety rules of the facility, including safe work practices required per OSHA Process Safety Management 29 CFR 1910.119 (f) (4)?
Yes No

J. ATTACHMENT CHECKLIST

As indicated in various sections above, attachments are required to complete this application form. The checklist below is provided for your convenience, please check all that applies.

<input type="checkbox"/>	1. Disadvantaged/ Minority Business Certificates
<input type="checkbox"/>	2. Quality Assurance/ Quality Control Program/ Manual
<input type="checkbox"/>	3. State Licenses
<input type="checkbox"/>	4. Financial Statements (Income Statement & Balance Sheet)
<input type="checkbox"/>	5. Company brochures and literature
<input type="checkbox"/>	6. Certificate of Insurance & Declaration
<input type="checkbox"/>	7. Technical/ Quality Certificates
<input type="checkbox"/>	8. Drug and Alcohol Policy
<input type="checkbox"/>	9. OSHA Process Safety Management
<input type="checkbox"/>	10. Safety & Health Program
<input type="checkbox"/>	11. EMS (Equipment/ Material/ Subcontracting Service) Master List (form provided by IHI/Kiewit Cove)

FOR IHI/KIEWIT COVE POINT USE ONLY:

Review Checklist Completed: Yes No

Approved	<input type="checkbox"/>
Pending for additional information from Supplier/Subcontractor	<input type="checkbox"/>
Not Approved	<input type="checkbox"/>

Signature: _____

Title: _____

Date: _____

The following deficiencies must be addressed prior to approval: _____

Supplier/Subcontractor Informed: Yes No