



BIDDER

QUALIFICATION

QUESTIONNAIRE

(“BQQ”)

Company Name:

Seminole Electric Cooperative Inc., (“SECI”) appreciates your interest in becoming a potential qualified Contractor/Supplier. Please note that submission of a completed BQQ does not guarantee your participation in any future bid offerings. If SECI has a need for your services, we will contact you.

Company Name: _____

Seminole Electric Cooperative, Inc.
16313 North Dale Mabry Highway
Tampa, Florida 33688-2000

Please do not leave any fields blank. If it is not applicable, please enter "N/A".

GENERAL INFORMATION

1. **Full Legal Name of Firm:** _____

Street Address: _____

PO Box: _____

City/State/Zip: _____

Contact: _____

NAME

TITLE

Phone Numbers: _____

OFFICE

FAX

CELL

Email & Web Addresses: _____

EMAIL

WEB

Federal Tax ID No.: _____

Incorporation: _____

STATE

DATE

Officers: _____

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

2. **If your company has performed under contract with SECI previously, provide:**

CONTRACT NUMBER

CONTRACT TITLE

CONTRACT NUMBER

CONTRACT TITLE

CONTRACT NUMBER

CONTRACT TITLE

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3. **Provide a detailed organizational chart and/or description showing where your company falls in the corporate structure (i.e. ownership of the company stated above and any subsidiaries, affiliated or parent companies).**

4. **Is your company publicly held?**

Circle One: Yes No

If yes, please provide a copy of your most recent Form 10-K and Form 10-Q.

5. **If your company is not publicly held, please provide the following information:**

Describe any pending legal proceedings to which your company or any of its subsidiaries is a party or of which any of their property is the subject. Include the name of the court or agency and State in which the proceedings are pending, the date instituted, the principal parties thereto, a description of the factual basis alleged to underlie the proceeding, the relief sought, and the current status of the proceeding.

Describe any judgments that are outstanding against your company. Include information on judgment creditors, where and when docketed, and amount.

Attach a separate sheet if necessary.

6. **Number of years in active, full time business under current business name:** _____

7. **Number of years in active, full time business under other business name:** _____

8. **Does your company hold active license(s) required by Florida Statute for the type of work you are wanting to perform for Seminole Electric Cooperative, Inc.?**

Circle One: Yes No

If yes, please state the license(s) type and number(s) (i.e. GCL, Mechanical, HVAC, etc.)

9. **Is your company incorporated in the State of Florida?**

Circle One: Yes No

10. **Is your company currently registered with the Division of Corporations in the State of Florida?**

Circle One: Yes No

Company Name: _____

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11. Does your company follow **Critical Infrastructure Protection** (CIP-013), Cyber Security – Supply Chain Risk Management (C-SCRM) rules and regulations under the Federal Energy Regulatory Commission (FERC) including but not limited to: security incident notification, coordinated incident responses, personnel termination notifications where applicable, vulnerability disclosures with respect to products and services, verification of vendor software integrity and authenticity, and coordination of vendor remote access controls?

Circle One: Yes No N/A – Not applicable to company's business

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1. **Describe the services for which your company wants to be qualified. Provide brochures and marketing materials. If you do not provide all services in-house, what services do you have to subcontract? How many licensed Engineers do you have on staff? Licensed in what States? Working out of which company office? Please provide resumes of key staff members. Please provide any other relevant information you feel Seminole Electric Cooperative, Inc. should know about.**

[illegible]

Company Name: _____

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2. **Which of your office locations would primarily serve:**

SECI Headquarters, Tampa: _____

Seminole Generating Station, Palatka: _____

Midulla Generating Station, Bowling Green: _____

3. **Provide three (3) references, i.e., firms for which your company has performed work. SECI will be checking references.**

A. Firm Name: _____

Address: _____

Contact: _____

Phone: _____

Email: _____

B. Firm Name: _____

Address: _____

Contact: _____

Phone: _____

Email: _____

C. Firm Name: _____

Address: _____

Contact: _____

Phone: _____

Email: _____

Company Name: _____

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QA/QC AND SAFETY

1. **Does your company have a Quality Assurance/Quality Control program?**

Circle One: Yes No

2. **If yes, is your QA/QC program in compliance with any industry organizations or standards?**

Circle One: Yes No

If yes, please describe: _____

3. **Would SECI be able to obtain a copy of the document for review, if requested?**

Circle One: Yes No

4. **Does your company have a written safety program?**

Circle One: Yes No

5. **Would SECI be able to obtain a copy of the document for review, if requested?**

Circle One: Yes No

6. **What is your OSHA recordable injury and illness rate?** _____

7. **If you have a safety program administrator, provide contact information?**

Contact: _____

Phone: _____

Email: _____

8. **Has there been any OSHA enforcement brought against your company in the past three (3) years?**

Circle One: Yes No

9. **Please furnish any other relevant information, which may be helpful to SECI in understanding and evaluating your responses to this section.**

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FINANCIAL QUALIFICATIONS

1. Provide contact information for financial questions:

Contact: _____
Phone: _____
Email: _____

2. In the event a surety bond, Contractor's Bond or an irrevocable Letter of Credit is required, it shall be in the penal sum of not less than the maximum Contract value. Please provide the following:

Surety Company: _____
Address: _____

Contact: _____
Phone: _____
Email: _____

3. The company now has the following bonded jobs under contract:

_____ COMPANY	_____ BONDED AMOUNT
_____ COMPANY	_____ BONDED AMOUNT
_____ COMPANY	_____ BONDED AMOUNT
_____ COMPANY	_____ BONDED AMOUNT

4. Please provide a copy of audited financial statements for the past two (2) years and latest quarterly financial statements (minimum of Statement of Cash, Balance Sheet, and Income Statement) for the company listed above (including full years and interim reports).

NOTE: If parent company financial statements are sent, a parent company guarantee must accompany the financial statements.

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5. **Bankruptcy:** Has the company filed for bankruptcy under this or any other corporate name?

Circle One: Yes No

If Yes – 1) Date of filing: _____

2) Date of discharge: _____

6. **Does the company have any liens or judgments filed against it?**

Circle One: Yes No

If yes, please describe.

7. **Please list your primary bank.** (Most banks require all information requested below in order to provide a reference.)

Bank Name: _____

Address: _____

Contact: _____

Phone: _____

Fax: _____

Account Number: _____

Federal Tax ID No.: _____

8. **Dun & Bradstreet No.:** _____

9. **To be used as credit references, list the names of three (3) firms from whom you made purchases of supplies and/or equipment in the past three (3) years.**

A. Firm Name: _____

Address: _____

Contact: _____

Phone: _____

Email: _____

Company Name: _____

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B. Firm Name: _____
Address: _____

Contact: _____
Phone: _____
Email: _____

C. Firm Name: _____
Address: _____

Contact: _____
Phone: _____
Email: _____

The company hereby represents and warrants that all statements set forth herein are true and correct. If a partnership, the partnership name must be signed, followed by the signature of at least one of the partners. If a corporation, the corporate name must be signed, followed by the signature of a duly authorized officer and the corporate seal affixed.

(Official Seal)

COMPANY

DATE

SIGNATURE

TITLE