



## Contractor/Supplier Survey Questionnaire

Your company is being considered as a potential supplier for Peoples Natural Gas Company LLC (PNG), please complete the following questionnaire. The information you provide will assist us in accurately identifying the type of work/materials you perform/provide. All information will be considered confidential and treated accordingly. Please answer N/A for questions that are non-applicable to your firm. The questionnaire packet includes questions on your company's capabilities, financials, safety program, insurance levels and minority identification. All questions must be answered to be considered as potential contractor/supplier for Peoples Gas. **\*Note – Completion and submittal of this questionnaire does not obligate People's to contract work or materials**

### PROSPECTIVE INFORMATION

COMPANY NAME: (INDICATE DBA)									
MAILING ADDRESS:				TAX ID:			PHONE:		
EMAIL ADDRESS :									
CITY:				STATE:			ZIP CODE:		
CONTACT PERSON:				TITLE:			PHONE:		
TYPE OF WORK AND/PROCEDURES YOU ARE INTERESTED IN PROVIDING:									
WHAT CATEGORY OF LICENSE(S) DOES YOUR FIRM POSSES?									
TYPE:					TYPE:				
STATE:		TAX ID			STATE:		TAX ID #		

### INSURANCE

**PEOPLES NATURAL GAS insurance requirements are as follows:**

NOT APPLICABLE:

TYPE OF INSURANCE	REQUIREMENTS	CURRENT COVERAGE
Workers Compensation	AS PER STATUTORY REQUIREMENTS	
Employers Liability	\$2,000,000	
General Liability	\$2,000,000	
Automobile Liability	\$2,000,000	
Excess Liability	\$5,000,000	
Professional Liability (security/Cyber)	\$5,000,000 PER CLAIM \$10,000,000 PER AGGREGATE	
INSURANCE COMPANY:		
ADDRESS:		
PHONE:	E-MAIL:	POLICY #
CITY:	STATE:	FAX:
		ZIP CODE:
UNDERWRITER:		

**\*Insurance coverage not meeting current PEOPLES NATURAL GAS requirements will be examined case by case**

#### SAFETY PROGRAM

A. DOES YOUR COMPANY HAVE A WRITTEN SAFETY/ HEALTHY PROGRAM THAT INCLUDES A MISSION STATEMENT AND/OR POLICIES AND PROCEDURES?			
B. IF YES, PLEASE ATTACH OR EMAIL A COPY OF YOUR PROGRAM			
C. SAFETY COORDINATOR CONTACT			
NAME:		EMAIL:	
		PHONE:	

#### DRUG & ALCOHOL PLAN

All Contractors/Suppliers to PEOPLES NATURAL GAS shall have a drug and alcohol plan and procedure that is in compliance with **49CFR Part 199 – DRUG AND ALCOHOL TESTING and Part 40 – (DOT)** as verified by VERIFORCE Attn: Drug & Alcohol Dept., 1776 Woodstead Ct., Suite 119, The Woodlands, TX 77380, 800.426.1604 ([drugalc@verforce.com](mailto:drugalc@verforce.com)) Please provide a letter or email from VERIFORCE certifying that your drug and alcohol plans are found satisfactory.

#### DOT OPERATOR QUALIFICATIONS

NOT APPLICABLE:

ARE YOR FAMILIAR WITH THE OPERATOR QUALIFICATIONS REQUIREMENTS?	
DO YOU MAINTAN YOUR OWN QUALIFICATION PROGRAM AND COVERED TASK?	
HAVE YOUR EMPLOYEES EVER BEEN QUALIFIED BY ANOTHER GAS DISTRIBUTION OR GAS TRANSMISSION COMPANY?	
IF YES, WHO?	
DO YOU CURRENTLY HAVE EMPLOYEES QUALIFIED TO PERFORM COVERED TASKS?	
IF YES, WHO ISSUED THE QUALIFICATIONS?	

#### LABOR UNION INFORMATION

NOT APPLICABLE:

Does your firm operate with union employees?	Yes		No	
Union Name:		Contract Expiration Date		
Union Name:		Contract Expiration Date		

#### OFFICE LOCATIONS

ADDRESS:	CONTACT NAME:	PHONE NUMBER

## PERSONNEL & GAS WORK HISTORY

- A. PLEASE PROVIDE A LISTING OF KEY MANAGEMENT EMPLOYEES THAT WOULD BE ASSOCIATED WITH ANY WORK DONE FOR PEOPLES NATURAL GAS:

NAME	TITLE	AREA OF RESPONSIBILTYY

- B. PLEASE LIST ANY TYPE OF WORK YOU HAVE DONE OR ANY PRODUCTS YOU HAVE PROVIDED IN THE PAST FOR THE GAS INDUSTRY?

--

- C. IDENTIFY KEY EMPLOYEES THAT HOLD GAS INDUSTRY EXPERIENCE WITH YEARS OF EXPERIENCE THEY HAVE:

NAME:			
TITLE:			
CATEGORY OF WORK:		NUMBER OF YEARS EXPERIENCE HELD:	

NAME:			
TITLE:			
CATEGORY OF WORK:		NUMBER OF YEARS EXPERIENCE HELD:	

NAME:			
TITLE:			
CATEGORY OF WORK:		NUMBER OF YEARS EXPERIENCE HELD:	

WELDERS AND FUSERS MUST BE CERTIFIED TO WORK AND FUSE ON PEOPLES NATURAL GAS PIPELINES. PLEASE PROVIDE A LISTING OF CERTIFIED WELDERS AND FUSERS WITH THEIR NAME AND CARD NUMBERS.

### Welders

<i>Name</i>	<i>Card number</i>

### Fusers

<i>Name</i>	<i>Card number</i>

--	--

### EQUIPMENT

NOT APPLICABLE:

- A. PLEASE LIST ALL GAS BUSINESS EQUIPMENT THAT YOU HAVE AND ARE AVAILABLE FOR USE ON PEOPLES NATURAL GAS JOBS:

--

### MINORITY VENDOR/SUPPLIER DIVERSITY

TO QUALIFY AS A DIVERSE SUPPLIER TO PEOPLES NATURAL GAS, A BUSINESS SHOULD BE CERTIFIED BY A GOVERNMENT AGENCY OR THIRD PARTY CERTIFICATION ORGANIZATION AS A DIVERSE-OWNED BUSINESS. WE STRONGLY ENCOURAGE NON-CERTIFIED, DIVERSE-OWNED BUSINESSES TO OBTAIN CERTIFICATION. OUR PREFERRED CERTIFICATION ORGANIZATIONS INCLUDE THE REGIONAL AFFILIATES OF THE NATIONAL MINORITY SUPPLIER DIVERSITY COUNCIL AND WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL.

A. IS YOUR FIRM A MINORITY VENDOR WITH CERTIFICATION? (IF YES, PLEASE ATTACH)	YES		NO		MBE	WBE	SBE	VET	OTHER	
B. DOES YOUR FIRM HAVE A SUPPLIER DIVERSITY PLAN IN PLACE WITH REPORTING? (IF YES, PLEASE ATTACH PLAN)		YES			NO				WITH 2 <sup>ND</sup> TIER	

### REFERENCES

- A. Please provide three references of projects started and completed within the past twenty-four (24) months?

Project:		Estimated Value: (USD) \$	
Client Contact:		Contact Telephone:	
Project:		Estimated Value (USD) \$	
Client Contact:		Contact Telephone:	
Project:		Estimated Value (USD) \$	
Client Contact:		Contact Telephone:	

- B. Has your company received any citations in the past three years from federal, state, or local agencies?

Yes

No

**\*If yes, please attach a description of the nature of the citation and the abatement actions taken**

- C. Has your company ever failed to complete a project that started?

Yes

No

**\*If yes, please complete**

Project:		Client:	
Location:			
Reason:			

D. What category of licenses(s) (general, mechanical, electrical, etc) does your firm possess?				
Type:			State:	
Type:			State:	
Type:			State:	
E. Do you use subcontractors?		Yes		No
Please describe:				

FINANCIALS			
SIGNING OF THIS APPLICATION GIVES PEOPLES NATURAL GAS REPRESENTATIVE PERMISSION TO PULL COMPANY CREDIT REPORT AND REVIEW COMPANY FINACIALS. ALL INFORMATION OBTAINED WILL BE USED FOR THE PURPOSE OF BUSINESS RELATED TO PEOPLES NATURAL GAS.			
Signatures			
I AUTHORIZE THE VERIFICATION OF THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE AND CORRECT. I HAVE RECEIVED A COPY OF THIS APPLICATION.			
PERSON COMPLETING APPLICATION:		TITLE:	
SIGNATURE OF APPLICANT:		DATE:	
SUBMIT SIGNED APPLICATION TO <a href="mailto:SCMVENDORS@PEOPLES-GAS.COM">SCMVENDORS@PEOPLES-GAS.COM</a> OR SEND EMAIL INQUIRY FOR CORRECT FAX NUMBER TO SUBMIT.			