

 Contractor Qualification Questionnaire

 Construction & Maintenance Services

1. Company Name:       Date:

Street Address:       City, State, Zip Code:

Telephone No.:      Website:

Federal Tax Payer ID No.:       Dunn & Bradstreet No.:

2. What specific services does the Company propose to provide for GTC?

CONSTRUCTION SERVICES:

[ ]  Substation Construction [ ]  Substation Site Preparation & Grading

[ ]  Transmission Line Construction [ ]  Transmission Line ROW Clearing

[ ]  Other

MAINTENANCE SERVICES:

[ ]  Transmission Line Maintenance [ ]  Substation Maintenance

[ ]  Electronic Maintenance [ ]  Relay Maintenance

[ ]  Other

3. Parent company (if applicable):

4. Number of years the Company has operated under above name and date of incorporation:

5. Names of any predecessors or affiliates:

6. List main contact person, title, telephone number, e-mail address, and mailing address (if different than address listed under Item #1) to whom all communications with GTC should be addressed:

7. Provide the following:

1. Total number of permanent (full- and part-time) employees:
2. Number of management employees:

8. Provide an organizational chart or list with current Company employee names and titles as well as directors.

9. Provide the Company’s most recent Georgia Secretary of State annual registration.

10. Has any director or employee of GTC, Oglethorpe Power Corporation, Georgia System Operation Corporation or any Electric Membership Corporation (“EMC”) in Georgia had a past or present affiliation (e.g. as an owner, officer, or investor) with the Company or any subcontractors who may perform work for GTC? [ ]  Yes [ ]  No If “Yes,” state person’s name, position,affiliated entity, and degree of involvement:

11. Has the Company, its predecessor(s), affiliates, officers, or directors been a party to a lawsuit or other legal or administrative proceeding during the previous three years? [ ]  Yes [ ]  No If so, please identify the proceeding, the parties, the nature of the dispute and the ultimate result or current status:

12. Has the Company ever defended a claim or been asked to pay damages under a contract provision as a result of alleged negligence or otherwise? [ ]  Yes [ ]  No

If so, provide explanation:

13. Has a customer ever alleged that the Company failed to complete a contract, job or assignment?

[ ]  Yes [ ]  No If so, provide explanation:

**COMPANY FINANCIAL AND INSURANCE INFORMATION**

1. Attach the most recent Company Financial Statement.

2. List names of financial institutions with whom the Company has established lines of credit. Show credit lines:

3. Attach a sample certificate of insurance itemizing the corporate casualty program for:

a. Workers Compensation Insurance and Employers’ Liability

b. Commercial/General Liability Insurance

c Comprehensive Automobile Liability Insurance

d. Excess Liability Insurance

4. Provide the Company’s Experience Modification Rate (EMR) for the current and previous two years, including documentation from the Company’s workers’ compensation insurance carrier:

5. Which companies are covered under the Company’s current EMR?

6. Have there been any changes in corporate structure for the company(ies) related to the modifiers indicated? [ ]  Yes [ ]  No

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### COMPANY EXPERIENCE, RESOURCES & REFERENCES

1. Attach a reference list of companies that have retained the Company over the past three year period, including:

a. Electric utilities or other customers and type of services provided, including details of projects completed.

b. Names, email addresses, and telephone numbers of individuals in each reference’s organization who would be knowledgeable about the Company’s services and contracts.

c. Approximate dollar value of significant contracts, scopes of work and project timelines.

2. Provide resumes of key personnel (management and supervisory) for the services the Company plans to provide for GTC.

1. How many crews does the Company have total?

4. How many crews does the Company have that would support GTC?

5. Provide a complete listing of all construction equipment and vehicles owned by the Company, including equipment age (do not list rental equipment).

6. List names of all personnel qualified and experienced in working on energized facilities:

7. List all relevant projects currently in progress in the Southeast United States:

Give a detailed description of the work scope, location, dollar value and expected completion date for each project.

8. Provide a minimum of three (3) references for jobs you have in progress or completed within the last five years, including names, telephone numbers, and email addresses:

For construction, the scope of work (for references) must include:

Substation Construction:

Voltage level, clearance conditions, new substation or modification, use of mobile transformer, major equipment installed, protective equipment installed, structure types, and project dates/duration.

Line Construction:

Voltage level, number and types of structures installed, conductor size, length in circuit miles, crew and equipment make-up, distribution work involved, hot work experience, mat usage, topography, and project dates/duration.

Substation Site Preparation and Grading:

Site size/acreage, quantity of fill material, quantity of offsite borrow, quantity of rock removal, type of drainage system, erosion control measures, retaining walls, and compaction specification, clearing methods, experience with sensitive environmental concerns, and project dates/duration.

Right of Way Clearing:

Number of acres cleared, clearing methods and equipment used, width of R/W cleared, miles cleared roadside, miles cleared in or around energized line, mat usage, topopgraphy, and project dates/duration.

# SAFETY & TRAINING

# REVIEW OF QUESTIONNAIRE WILL NOT BE CONSIDERED WITHOUT THIS INFORMATION

1. Attach a redacted history of the Company’s work-related injuries and illnesses, including fatalities, over the past (3) years, including OSHA 300A and 300 Logs and a list of all OSHA violations.

2. Attach a copy of the Company’s written safety program.

3. What percentage of field employees are currently certified in First Aid/CPR?

4. Is your mechanical equipment regularly inspected, tested and currently certified (as per OSHA, ANSI, etc.)? [ ]  Yes [ ]  No

5. Describe any training provided to employees who use your mechanical equipment:

6. Does the Company supply employees with the applicable Personal Protective Equipment (PPE), such as hard hats, rubber gloves, safety glasses, belts, arc-rated harnesses & lanyards, arc-rated clothing, etc.?

[ ]  Yes [ ]  No

7. Does the Company have a written policy regarding the distribution, use, maintenance and replacement of PPE? [ ]  Yes (please provide) [ ]  No

8. What is the Company’s regular testing period for the PPE?

9. List all safety training courses provided for employees:

10. List any Company or subcontractor employees who have the following training or certifications and identify the dates of such training:

(a) “Qualified Personnel” training under the General NPDES Permit for Storm Water Discharges from Infrastructure Construction Activities (GAR 100002):

(b) Live Line Work on High Voltage Transmission Lines (Energized Facilities):

(c) Crane Operator Certification:

(d) Other:

### SUBCONTRACTORS

1. Does the Company intend to use subcontractors for any portion of the services to be provided to GTC?

[ ]  Yes [ ]  No

2. If Yes, please provide the name(s), address(es), contact(s), and service(es) provided as well as the EMR and safety information required above for the subcontractor(s):