IRAQI CONTRACTOR QUESTIONNAIRE

Enter Dun and Bradstreet (DUNS) Number: ______ (If available)

| 1. | GENERAL INFORMATION | | | | | | | |
|-----|---|-----------------------------|------------|-------------------------|---------|-------------------------|--------------------------|--|
| NAI | ME OF COMPANY (Full Legal Name) | | | | | | | |
| STF | REET ADDRESS | | | CITY - PROVINCE | - PCODE | : | | |
| MA | ILING ADDRESS | | | CITY - PROVINCE - | PCODE | | | |
| TEL | EPHONE | EMAIL | | | | FACSIMILE | | |
| | | | | | | | | |
| A. | (Crieck box or boxes) | CORPORATION OR COMPANY | 2[] | SUBSIDIARY | 3[] | DIVISION | 4[] PARTNERSHIP | |
| | Enter the name and location of Parent Company | | | | _DUNS | S No | | |
| | If a Division, enter name and location | | | | | | | |
| | of Corporate Headquarters | a ta vaur anaratiana | attach | additional avalan | otom, n | | | |
| | If more than one DUNS number applie | s to your operations | , attach | additional explan | atory p | age(s) | | |
| B. | (CHECK DOX OF DOXES) | MANUFACTURER/ FABRICATOR | []cc | NSTRUCTION | [] AI | RCHITECT/ENGINEER | [] TECHNICAL SERVICE | |
| | [] | GENERAL SERVICE | [] 0 | THER - SPECIFY | | - | | |
| C. | Date Business Founded: | | | D. Under Prese | ent Owi | nership Since: | | |
| E. | Number of Employees (All Facilities): | Manual | | Non-Manual | | | | |
| | FINANCIAL INFORMATION | <u> </u> | | | | | | |
| A. | Present Net Worth: \$ | | | | | | | |
| В. | Annual Sales Volume (Last 3 Years): | 1. 20 \$ | | 2. 20 \$ | | 3. 20 \$ | | |
| C. | Banking Reference: | | | Contact Phone | No | | | |
| D. | Can You Furnish a Bank Guarantee? | Yes [] No [] | If Yes, Ir | ndicate Dollar Lin | nits | [] to \$100,000 [] to | \$250,000 | |
| | | | | | | 1,000,000.00 [] Ove | | |
| | Bank: | | | | | | | |
| 3. | PERSONNEL (For This Location | — Fill in names | only w | here applicab | le) | | | |
| A. | President | | | D. Engineering Manager | | | | |
| B. | Sales Manager | | | E. QA/QC Manager | | | | |
| C. | C. Production Manager | | | F. Construction Manager | | | | |
| 4. | LABOR | | | <u> </u> | | | | |
| CR | AFT | Daily Wage Rate \$ | | CRAFT | | | Daily Wage Rate \$ | |
| 1. | | | | 6. | | | | |
| 2. | | | | 7. | | | | |
| 3. | | | | 8. | | | | |
| 4. | | | | 9. | | | | |
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| 5. | | | | 10 | | | | |

| 5. | 5. BIDDING INTEREST AND QUALIFICATIONS | | | | | |
|----------|---|--|------------------------------|---|--|-------------------|
| A. | A. Indicate geographical area(s) (City/Province) in which you have and are qualified to work. Name only those provinces in which you have had significant experience. Identify applicable commodity group(s) (see Appendix B) with appropriate geographic area. Attach additional pages if necessary. | | | | | |
| | | | | | | |
| B. | Indicate appropriate contract d | ollar range within | which you prefer a | and are currently able to b | oid (i.e., \$100,000 to \$1,500 | 0,000). |
| C. | List type of work you usually su | ubcontract to othe | | D. Indicate Industry Au (ASME, API, DIN, U | thorizations L, , BS, TEMA, Class of Co | ode-Stamp, etc.) |
| | | | | | | |
| E. | Are you certified to perform wo | rk requiring a qua | llity assurance pro | gram? | | |
| | ISO 9001 [] Yes Other | 1 [] | No | | | |
| | For your program(s) attach the compliance standard(s). | | | | | |
| 6. | PROFESSIONAL LICENSI | ES Indicate the work pages if necessa | category you are licer | nsed for and the area(s) (City/P | rovince) in which you hold each. | Attach additional |
| Ту 1. | pe of License | Location | .,. | Type of License 4. | Location | |
| 2. | | | | 5. | | |
| 3. | | | | 6. | | |
| 7. | ENGINEERING, ARCHITE LISTINGS | CTURAL AND | OTHER TECHN | ICAL SERVICES CON | ITRACTORS/SPECIFIC | DATA |
| Α. | Indicate fields of specialization | by your firm (i.e., | chemical enginee | ering, hydrology, geology, | ecological surveying, etc.) | |
| В. | List Personnel by Discipline (N | umber on Staff) | | | | |
| | Administrative | - | | rical Engineers | Oceanogra | • |
| | Architects Chemical Engineers | - | | nators | Planners: Sanitary Er | Urban/Regional |
| - | Civil Engineers | - | Geologists Hydrologists | | Soils Engir | · · |
| | Construction Inspecto | ors - | | or Designers | Specification | |
| | Draftsman | - - | | scape Architects | Structural I | |
| | Ecologists | - | Mech | anical Engineers | Surveyors | |
| | Economists | - | Minin | g Engineers | Transporta | tion Engineers |
| 8. | SAFETY EXPERIENCE (C | Complete the A | ttached Safety | and Health Summary | <u> </u> | |
| | WORK HISTORY (Comple | - | | • | | |
| r 1A | TACH A LIST OF PERMANENT ND CAPABILITIES. PLEASE DO | OFFICES AND NOT INCLUDE | ANY BROCHURE PRODUCT CATA | S WHICH FURTHER DE LOGS, INVENTORY OR | SCRIBE YOUR COMPAN' PRICE LISTS. | Y'S ACTIVITIES |
| SI | GNATURE | | | TITLE | | |
| N/ | AME | | | DATE | | |
| | | | | | | |

EXPERIENCE STATEMENT

The Contractor submits the following statement as to its experience qualifications:

- 1. If stated in the cover letter, provide only experience in work similar in type and magnitude to the identified Work Scope.
- 2. All awarded contracts have been satisfactorily completed, except as follows (Name any and all exceptions and reasons therefore, attaching additional pages if necessary):

3. The following contracts are currently in progress or have been satisfactorily completed within the last three years or the period specified in the cover letter.

- 4. Column Completion Notes:
 - a. Name and Address.
 - b. Work Description. Describe work scope and then indicate if contracted directly to customer or subcontract.
 - c. Start/Stop. Provide starting date and actual/forecast completion by mo/yr, e.g., Jan 93/Sep94.
 - d. Schedule and Budget. State either "over", "on", or "under" the contract schedule and budget.

| Item No. | Customer name, address, representative and phone no. | Work Description | Location | Value | Start/Stop | Schedule | Budget |
|-------------|--|------------------|----------|-------|------------|----------|--------|
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EXPERIENCE STATEMENT (continued)

| Item No. | Customer name, address, representative and phone no. | Work Description | Value | Location | Start/Stop | Schedule | Budget |
|-------------|--|------------------|-------|----------|------------|----------|--------|
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WORK IN PROGRESS

The following contracts are currently in progress or in bid stage for the following customers:

| Item No. | Customer Name, Address, Representative and Phone No. | Work Description | Location | Value | Start/Stop |
|-------------|--|------------------|----------|-------|------------|
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NOTES:

Work Description: Describe work scope and then indicate if prime, subcontract or in bid stage. Start/Stop: Provide schedule starting date and completion by mo/yr, e.g. Jan93/Sep94.

CONSTRUCTION PLANT AND EQUIPMENT LIST

| Equipment Type | Quantity | Owner | Location of equipment (City/Province) | Daily Rate w/o Operator | Daily Rate w/ Operator | Standby (State % of Daily Rate) |
|----------------|----------|-------|---------------------------------------|----------------------------|---------------------------|---------------------------------|
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| Equipment Type: | Provide description, | capacity, make, | model and yea | r of manufacture. |
|-----------------|----------------------|-----------------|---------------|-------------------|
|-----------------|----------------------|-----------------|---------------|-------------------|

Enter (a) for Subcontractor owned and available equipment, (b) for equipment to be hired, or (c) for equipment to be purchased. Rate is _____ and shall be prorated for greater/lesser periods. Owner: Standby:

SUBCONTRACTOR AND VENDOR LIST

CONTRACTOR shall employ the following subcontractors, suppliers and licensors who will furnish major components, equipment, materials, and/or services:

| Name and Address | Work Description | Terms | Value | Country of Origin |
|------------------|------------------|-------|-------|-------------------|
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RESUMES OF KEY PERSONNEL

| Contractor is to provide a resume for each key person in the company, containing at least the following information on each person (attach and properly designate additional pages, if necessary): | | | | | |
|--|-------|--|--|--|--|
| POSITION | TITLE | | | | |
| a. Name: | | | | | |
| b. Education/Qualifications: | | | | | |
| c. Present Position in Company: | | | | | |
| d. Relevant Experience: | | | | | |
| | | | | | |
| e. Employment History: | | | | | |
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| f. Citizenship: | | | | | |

SUMMARY OF SAFETY AND HEALTH PROGRAM

Contractor shall provide a summary description of its Safety and Health (S&H) Program. This summary shall include information on the organization of the program, including the authority and responsibility of all involved personnel. This description shall also explain administrative policies and procedures to be used in carrying out the program. Include a company S&H Manual or a sample manual from a similar project and provide details of any S&H audit and approval by any other major client, contractor or independent body in the last four years.

SUMMARY OF INSURANCE PROGRAM

Contractor shall provide a summary description of its standard insurances. This summary shall include information on the types and levels of insurances and the name of the company providing such protections.

| <u>Type</u> | <u>Level</u> | Insurance Company | Contact Name | Telephone Number |
|----------------------|--------------|-------------------|--------------|------------------|
| | | | | |
| General Liability | \$ | | | |
| Workers Compensation | \$ | | | |
| Automobile Liability | \$ | | | |
| Property | \$ | | | |
| Other | | | | |

SUMMARY OF QA/QC PROGRAM

Contractor shall provide a summary description of its Quality Assurance/Quality Control (QA/QC) Program. This summary shall include information on the organization of the program, including the authority and responsibility of all involved personnel. This description shall also explain administrative policies and procedures to be used in carrying out the program. Include a company QA/QC Manual or a sample manual from a similar project and provide details of any QA/QC audit and approval by any other major client, contractor or independent body in the last four years.