



**BIDDER**

**PREQUALIFICATION**

**QUESTIONNAIRE**

**BIDDER PREQUALIFICATION QUESTIONNAIRE**

The following Questionnaire is used for any field, material, subject, service or equipment, for which SECI requires suppliers or contractors at any of its facilities. Complete answers will expedite adding your company to the appropriate SECI Bidder's List. Emphasis in this Questionnaire has been placed on Plant Operations, since routine materials and services do not need the amount of oversight that Plant equipment typically needs, because the Plant Essential/Critical/Serious equipment can cause unit derates or plant outages. In answering this Questionnaire, please note that not all sections and questions will apply to all suppliers or contractors. However, please answer all applicable questions completely. Use N/A if a question is not appropriate for the subject. **Please do not leave any questions blank.**

**SECTION I**  
**GENERAL**

1. Full Legal  
Name of Firm \_\_\_\_\_  
Street Address \_\_\_\_\_  
\_\_\_\_\_  
P.O. Box \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Contact Name \_\_\_\_\_ Telephone No \_\_\_\_\_  
Position Title \_\_\_\_\_  
Fax No. \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Federal Tax I.D. No. \_\_\_\_\_

A. Technology Capabilities - check box if noted technologies are used by your firm.

AutoCAD     Voice Mail     Scanning Technology     Computer to computer faxing  
 E-Mail (note maximum attachment size \_\_\_\_\_)  
 Internet Site (provide web address) \_\_\_\_\_

Other: \_\_\_\_\_

B. Associated Firms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. State Whether Individual Owner \_\_\_\_\_ Partnership \_\_\_\_\_  
Your Company is: Corporation \_\_\_\_\_ Joint-Venture \_\_\_\_\_

Date of Organization: \_\_\_\_\_

Incorporated in the State of \_\_\_\_\_

D. List Names and Titles of Officers/Partners of Firm: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

E. Has the company been reorganized or restructured under its present name? \_\_\_\_\_  
Under any other name? \_\_\_\_\_  
If so, what were they and why and when did they occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Please clarify relationships of any associated companies (parent, subsidiaries, etc.) that relate to the financial position of your firm or your firm's capabilities to complete the proposed work for Seminole.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Describe the type of product or service for which the company wants to be qualified. The description needs to be detailed enough for SECI to determine what the appropriate existing plant or Headquarters services, products, components, or systems will be considered (i.e.: High Energy Pumps, High Temperature High Pressure Valves/Piping, Consulting/Engineering Services, Turbines/Generators, Delivery of Phosphoric Acid, Delivery of Copiers, Delivery of Office Supplies, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach/enclose a brochure describing the capabilities of the company with respect to the above description.

1. Is the office identified above:
- A. A Regional Sales Office: \_\_\_\_\_
  - B. A Regional Factory/Repair Facility: \_\_\_\_\_
  - C. A Factory/Headquarters Facility: \_\_\_\_\_
  - D. If the office is not the Headquarters supply the following for the Headquarters:  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

3. How many years has firm been in active, full-time business under present business name?  
\_\_\_\_\_ years.

4. How many years has this company been performing the business described at the above location?  
\_\_\_\_\_ years.

5. What percentage of the company's total business is the described business?

- 1. Services \_\_\_\_\_%
- 2. Repair Parts \_\_\_\_\_%
- 3. Consumables and supplies \_\_\_\_\_%
- 4. Other \_\_\_\_\_%

1. How many personnel are dedicated to the Operations described above?

\_\_\_\_\_ (vs. Administrative/Support Staff) \_\_\_\_\_

2. Does this company perform this work in more than one location?  Yes  No

If yes, name the other locations which perform this work. Attach a description sheet if more space is necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify which location would primarily serve SECI's Tampa/Palatka/Midulla facility and which other facilities may supply additional support. Include the physical size of the facilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please check one or more of the following if your company provides services for:

A. Essential:

- ABB turbine/generator including valves
- Foster Wheeler boiler
- Sulzer hp bypass valves
- Byron Jackson boiler feed pumps
- Delaval boiler feed pump turbines
- Novenco forced draft fans
- Philadelphia Gear air preheater gear drives
- Sturtevant primary air fans

B. Critical:

- Foster Wheeler coal ball mills
- Philadelphia Gear coal ball mill gear drives
- Byron Jackson startup boiler feed pumps
- Green Fan induced draft fans
- Centac air compressors
- Joy air compressor

C. Serious:

- Goulds closed cooling water pumps
- Nash vacuum pumps
- Allis Chalmers circulating water pumps
- Goulds circulating water booster pumps
- Ingersoll Rand condensate pumps

1. Total company personnel (the identified facility only) \_\_\_\_\_

Of the above amount:

	Full- time	Part-time
A. Number of technical repair personnel	_____	_____
B. Number who are foreman or field supervisors	_____	_____
C. Number who are engineers	_____	_____
D. Number who are Management/Administrative	_____	_____

2. How many licensed Engineers do you currently employ? (identify whether this number is at this facility or at another facility).

\_\_\_\_\_

\_\_\_\_\_

3. What industry organizations does the company belong to?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach or enclose resumes of all Engineers and Field Service Supervisors, etc. who would perform work for SECI.

4. If awarded a contract for construction, attach/enclose resumes of the construction superintendents and supervisors listed hereunder who would work throughout the course of construction for SECI.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Attach description or brochure of all shop equipment. Description should include size of facility.

6. Attach description or listing of all mobile tooling (i.e. This would be the industrial tooling that the Supplier has available and would bring with him to the job site to perform the work described. SECI understands that Field Personnel will have a certain amount of hand tools, but expects to see that the company supplies their personnel with the tooling to perform the job as necessary).

7. Can the company provide personnel to perform 24 hour service on site during an emergency or critical situation? \_\_\_\_\_

8. List any services performed for the company by off-site sub-contractors (i.e. engineering, chrome plating, babbitted bearing repair, machining, etc.).

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

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10. Is the QA/QC program in compliance with any industry organizations or standards?

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

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12. Does your company have a safety program?

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

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14. What is your OSHA incidence rating? \_\_\_\_\_ Effective date: \_\_\_\_\_  
Worker's Compensation  
Experience Modification Rating \_\_\_\_\_ Effective date: \_\_\_\_\_

15. Who is the safety program administrator? \_\_\_\_\_

16. Furnish any other information which may be helpful to SECI in understanding and evaluating your responses above.

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17. Please indicate whether your firm has ever performed under contract with SECI previously.

Yes  No

If answer was yes, what were the contract titles and numbers? Also, provide purchase order numbers, if work was awarded through purchase order, in the space provided below; and a brief description of work performed.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

18. In the event a surety bond is required, a Contractor's Bond in a penal sum not less than the maximum Contract price will be furnished by:

NAME (Surety Company)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE #

Date \_\_\_\_\_

(Signed) \_\_\_\_\_

Representative of Surety Company

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

_____	\$ _____
_____	_____
_____	_____
_____	_____

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. A typewritten copy of all such names and signatures shall be appended. No alterations, erasures, corrections or interlineations will be permitted.)

\_\_\_\_\_  
(Official Seal)

\_\_\_\_\_  
NAME OF BIDDER/COMPANY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

SECTION II  
FINANCIAL QUALIFICATIONS

1. The Bidder maintains a permanent place of business at:

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2. Please provide a detailed organizational chart showing where your company falls in the corporate structure (i.e. ownership of the company stated above and any subsidiaries owned by the company stated above).

3. Person to contact with financial questions:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

4. Number of years in active, full time business under present business name:

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5. Please provide a copy of audited financial statements for the past two years and latest quarterly financial statements for the company listed above (including full years and interim reports). If a parent company financial statements are sent a parent company guarantee must accompany the financial statements.

6. Provide a list of any and all parental guarantees, letters of credit or other support required by other sales your company has been required to place in the past two years.

Purchaser	Credit Support Type	\$ Value
_____	_____	_____
_____	_____	_____

SECTION III  
REFERENCES

1. Please list, as references, the names and addresses of five (5) firms, at least three of which are utilities, for which your firm has performed work or supplied materials or equipment. Additionally, please list the name of the person dealt with at the reference point. These names will be construed as references, and SECI, by their inclusion, will feel free to check these references.

a. Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

b. Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

c. Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

d. Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

e.

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

2. To be used as credit references, please list the names of four (4) firms from whom you made purchases of supplies and/or equipment in the past three (3) years.

a.

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

b.

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

c.

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

d.

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

3. Bank References:

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

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Account Number: \_\_\_\_\_

Taxpayer ID: \_\_\_\_\_

\_\_\_\_\_  
Prospective Bidder Signature; Needed to collect information

SECTION IV  
LEGAL ACTIVITY

1. If your company is publicly held, please provide a copy of your most recent Form 10-K and Form 10-Q.
2. 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.

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3. Are there any judgments that are outstanding against your company?

Yes       No

If yes:

	Judgment Creditors	Where Docketed and Date	Amount
a.)	_____	_____	\$ _____
b.)	_____	_____	\$ _____
c.)	_____	_____	\$ _____
		Total Judgments:	\$ _____

SECI REVIEW COMMENTS

Reviewer(s): 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
Position: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date: \_\_\_\_\_

1. Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Additional information or material necessary for review:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does the reviewer(s) recommend a site visit before approval for addition to the bidder=s list?  
 Yes  No

Reason (s):  
\_\_\_\_\_  
\_\_\_\_\_

Approval for inclusion on Bidder's list:  Yes  No

4. Which products/services is the Vendor/Contractor approved for?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Any limitations, additional comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_