

**SUBCONTRACTOR QUESTIONNAIRE**  
 Email Completed Questionnaire to [terry.huber@arcadis.com](mailto:terry.huber@arcadis.com)  
 Attn: Terry Huber (SBLO), Phone: 720-344-3720

**COMPANY INFORMATION**

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Point of Contact: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 DUNS: \_\_\_\_\_  
 EIN or SSN: \_\_\_\_\_

**BUSINESS TYPE**

Type:  Partnership,  Sole Proprietor,  Joint  
 Venture,  Limited Liability Company,  
 Corporation; in the State of \_\_\_\_\_,  
 Foreign Entity  
 Common Parent Name (if applicable): \_\_\_\_\_  
 Year Company Established: \_\_\_\_\_  
 No. Employees: \_\_\_\_\_ as of this date: \_\_\_\_\_  
 Congressional District: \_\_\_\_\_  
 (Look Up: <http://congressional-district.findthedata.org/>)

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**North American Industry Classification (NAICS) Code(s): Primary (list only one):** \_\_\_\_\_

**Secondary (list only one):** \_\_\_\_\_ **Additional NAICS:** \_\_\_\_\_

(For a full list of NAICS codes visit: <http://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2007> )

**Brief description of key services/products;** **Attach Statement of Qualifications and return with questionnaire:** \_\_\_\_\_

**States company can do business in:** \_\_\_\_\_

(\*Important - ARCADIS locates businesses by state based on location of projects)

Size of Contract Capable of Performing:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> \$0 - \$250,000       | <input type="checkbox"/> \$500,000 - \$1,000,000   | <input type="checkbox"/> \$5,000,000 - \$10,000,000 |
| <input type="checkbox"/> \$250,000 - \$500,000 | <input type="checkbox"/> \$1,000,000 - \$5,000,000 | <input type="checkbox"/> Over \$10,000,000          |

Estimated Annual Revenues: \$ \_\_\_\_\_

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**BUSINESS SIZE CLASSIFICATION** (See attached Business Concern Definitions included as Attachment 1)

- |   |  |
|---|--|
| <input type="checkbox"/> Small Business   | <input type="checkbox"/> Minority-Owned Business Enterprise (MBE) (check group below)          |
| <input type="checkbox"/> 8(a) Certified (attach certification)                  | <input type="checkbox"/> Small Disadvantaged Business (SDB) self certified (check group below) |
| <input type="checkbox"/> Women-Owned (WOSB) self certified                      | <b>MBE/SDB Groups</b>  |
| <input type="checkbox"/> HUBZone Certified (attach certification)               | <input type="checkbox"/> Native Americans <input type="checkbox"/> Hispanic Americans          |
| <input type="checkbox"/> Veteran-Owned (VOSB) self certified                    | <input type="checkbox"/> African Americans <input type="checkbox"/> Asian-Pacific Americans    |
| <input type="checkbox"/> Service-Disabled Veteran-Owned (SDVOSB) self certified | <input type="checkbox"/> Alaska Native <input type="checkbox"/> Subcontinent Asian American    |
| <input type="checkbox"/> Large Business   | <input type="checkbox"/> Other (specify): _____  |
| <input type="checkbox"/> Non-profit   |  |

Are you a certified MBE/WBE/WMBE/DVBE under the California Public Utilities Commission (CPUC):  Yes  No

Are you a certified MBE through National Minority Supplier Development Council, Inc. (NMSDC):  Yes  No

**EXPERIENCE**

Has your company worked as a prime contractor or subcontractor under a Federal contract:  Yes  No

If yes, please list your most recent Clients/Projects (attached list acceptable): \_\_\_\_\_

Has your company previously worked with ARCADIS (Malcolm Pirnie, RTKL, BBL, LFR, etc)?  Yes  No

If yes, please list the ARCADIS name(s) as a reference: \_\_\_\_\_

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**INSURANCE INFORMATION** (See attached ARCADIS Standard Insurance Requirements included as Attachment 2)

Please review attached insurance requirements (Attachment 2) and answer below:

Do you currently carry or exceed the limits as required by ARCADIS:  Yes  No

If no, would you be able to obtain higher limits as required:  Yes  No

**CLAIMS**

Are there any claims against your company or material/service litigations which would have hampered your ability to supply product/service under quoted circumstances?  Yes  No

If yes, please explain: \_\_\_\_\_

**WORKERS COMPENSATION EXPERIENCE MODIFICATION RATING (EMR) DATA**

Current EMR is: 201\_ \_\_\_\_\_

Past 3 years are: 201\_ \_\_\_\_\_, 201\_ \_\_\_\_\_, 201\_ \_\_\_\_\_

If you do not have an assigned EMR for any of the requested years, please explain: \_\_\_\_\_

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**HEALTH & SAFETY**

**Days Away, Restricted or Transferred (DART) Rates (OSHA 300)**

Current is: 201\_ \_\_\_\_\_

Past 3 years are: 201\_ \_\_\_\_\_, 201\_ \_\_\_\_\_, 201\_ \_\_\_\_\_

**Please provide a copy of your Corporate Safety Statement.**

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**SIGNATURE CERTIFICATION**

Pursuant to information for prospective bidders for prospective projects, the undersigned is submitting the information as requested with the understanding that it is to be used for determining the qualifications of the organization to perform the type and magnitude of work intended, and further, guarantee the truth and accuracy of all statements herein made. We will accept your determination of qualifications without prejudice. The surety herein named, or any other bonding company, bank, subcontractor, supplier, or any other persons, firms or corporations with which we have done business, or who have extended any credit to us are hereby authorized to furnish you with any information you may request concerning our organization including, but not limited to, information concerning performance on previous work or credit standing with any of them. We hereby release any and all such parties from any legal responsibility whatsoever of having furnished such information to you.

By signing below, the undersigned certifies, under penalty of law, that the representations and certifications are accurate, current and complete. The undersigned further certifies that it will notify ARCADIS's Procurement Representative of any changes to the representations and certifications. The representations and certifications made by the undersigned, as contained herein, concern matters within the jurisdiction of an agency of the United States and making of a false, fictitious, or fraudulent representation or certification may render the marker subject to prosecution under Title 18, United States Code, Section 1001.

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Company Name

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Authorized Representative's Signature

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Print Name and Title

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Date

## Attachment 1 BUSINESS CONCERNS DEFINITIONS

**Small Business” (SB)** concerns are businesses independently owned and operated; organized for profit; has a place of business in the U.S.; operates primarily within the U.S. or makes a significant contribution to the U.S. economy through payment of taxes or use of American products, materials or labor; and not dominant in its field on a national basis. Depending on the industry, size standard eligibility is based on the average number of employees for the preceding twelve months or on sales volume averaged over a three-year period as defined by the U. S. Small Business Administration (SBA).

**“Small Disadvantaged Business” (SDB)** concerns are businesses which are at least 51% unconditionally owned, controlled and operated by one or more socially and economically disadvantaged U.S. Citizens. (*See Minority Group Members list below*). To qualify as a Small Disadvantaged Business, a company must self certify in accordance with 13 CFR part 124 and *provide a statement to ARCADIS of such self-certification*.

**“Minority-Owned Business Enterprise” (MBE)** concerns are businesses (large or small) that are physically located in the United States or its trust territories and which are at least 51% owned, controlled and operated by one or more minority group members or in the case of any public owned business, 51% of the stock is owned by one or more minority group members. (*See Minority Group Members list below*).

**“Large Business” (LB)** concerns are all other businesses.

**“8(a) Business Concerns”** are those small businesses that are 51% or more unconditionally owned and controlled by one or more socially and economically disadvantaged individuals who are U.S. citizen of good character; and *must be certified by the U.S. Small Business Administration (SBA)*.

**“HUBZone Business Concerns”** are those small businesses that are 51% or more unconditionally and directly owned and controlled by one or more individuals who are U.S. citizens; where the principal office is located in a “Historically Underutilized Business Zone”; maintains having at least 35% of its employees reside in a HUBZone; and must be certified by the U.S. Small Business Administration (SBA).

**“Veteran-Owned Small Businesses”** concerns are small businesses that are at least 51% directly owned by one or more veterans (as defined by the Department of Veterans Affairs United States Code under 38 U.S. C. 101(2)) who are U.S. citizens; controls the management and daily operations; and holds the highest officer position.

**“Service-Disabled Veteran-Owned Businesses”** are those small businesses that are 51% or more directly owned by one or more service disabled veterans (as defined by the Department of Veterans Affairs United States Code under 38 U.S.C. 101(2) and (16)) who are U.S. citizens; controls the management and daily operations; and holds the highest officer position.

**“Women-Owned Small Business” (WOSB)** concerns are small businesses that are at least 51% unconditionally and directly owned and controlled by one or more women who are U.S. citizens; has a woman manage the day to day operations, make long-term decisions, hold the highest officer position and works full-time during normal business hours.

**Minority Group Members** are U.S. Citizens who are: African Americans, Hispanic Americans, Native Americans (American Indians, Eskimos, Aleuts, and Native Hawaiians), Asian-Pacific Americans (persons with origins are from Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, U.S. Trust Territory of the Pacific Islands [Republic of Palau], Commonwealth of the Northern Mariana Islands, Laos, Cambodia [Kampuchea], Taiwan, Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Republic of the Marshall Islands, Federated States of Micronesia, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru), Subcontinent Asian Americans (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands or Nepal). Also may include firms owned by Alaska Native Corporations (ANC), Indian Tribes, Native Hawaiian Organizations (NHO) and Community Development Corporations (CDC).

## Attachment 2 ARCADIS INSURANCE REQUIREMENTS

SUBCONTRACTOR shall provide and maintain during the term of this Agreement, at SUBCONTRACTOR's expense, the minimum limits of insurance listed below:

1. Workers' Compensation, Disability Benefit, and Employer's Liability Insurance in at least the minimum amounts required by and in compliance with the laws of the State(s) where the Work is to be performed.
2. Commercial General Liability Insurance, including contractual liability, completed operations, hazards and explosion, collapse and underground hazard coverage, with a limit of not less than \$1,000,000 per occurrence, \$2,000,000 aggregate. All such insurance policies shall provide (unless by specific statute applicable thereto it is otherwise provided) coverage for: (a) damage to above-ground or underground property; (b) collapse of structures; (c) damage resulting from explosion or blasting; (d) damages or losses arising out of liabilities assumed, except infringement, under the indemnity provision of this Agreement; and (e) damage to completed operations.

If the Work to be performed is within or near a railroad right-of-way and other railroad facilities, SUBCONTRACTOR's insurance shall not include any exclusions of coverage for any claims or liabilities associated with work, occurrences or incidents occurring within 50 feet of railroad right-of-way and other railroad facilities. SUBCONTRACTOR can generally meet this requirement by having the Contractual Liability - Railroads standard form endorsement form ISO CG 24 17 10 01 or equivalent. SUBCONTRACTOR's Certificate of Insurance shall state that the railroad liability exclusion has been removed or otherwise deleted from its Commercial General Liability policy or SUBCONTRACTOR may provide a copy of ISO CG 24 17 10 01 or its equivalent.

3. Automobile Liability Insurance covering owned, non-owned, and hired vehicles used by SUBCONTRACTOR in connection with the Work with a limit of not less than \$1,000,000 per accident combined single limit, \$1,000,000 aggregate.
4. Following form Excess Umbrella Liability Insurance extending coverage under Subcontractor's comprehensive general, automobile and Employer's Liability insurance policies with a limit of \$2,000,000 per occurrence and in the aggregate.
5. If professional services, including but not limited to engineering, architectural, laboratory analysis and/or surveying services, are part of the Work, Professional Liability (Errors and Omissions) Insurance with a limit of not less than \$1,000,000 per claim, \$1,000,000 aggregate. SUBCONTRACTOR, at its cost, agrees to maintain insurance meeting these requirements for a period of two years the date of this Agreement.
6. If the Work involves the handling or use of chemicals or contaminants or work areas containing pollutants or hazardous materials, Pollution Liability with a limit of not less than \$1,000,000 per incident, \$1,000,000 aggregate to coverage damage or losses relating to environmental impairment as may have been caused by the SUBCONTRACTOR.

SUBCONTRACTOR shall provide ARCADIS with a certificate of insurance indicating that the minimum types and limits of insurance have been procured by SUBCONTRACTOR prior to final execution of this Agreement. All certificates **must contain** the applicable ARCADIS project manager contact name (first and last name) and the ARCADIS 12-digit project number to ensure timely payment. SUBCONTRACTOR shall cause its insurers to provide a policy provision providing ARCADIS and Client with a minimum of thirty (30) days written notice prior to the

effective date of cancellation of, or diminution in the coverage provided by, any and all such policies.

SUBCONTRACTOR agrees to name "ARCADIS U.S., INC., its Client and their affiliates, directors, officers, employees, and agents" as additional insured as their interests may apply on all policies as required by Schedule C (with the exception of the Workers' Compensation, Employer's Liability, and any Professional Liability Policy). SUBCONTRACTOR shall provide copies of such endorsements.

SUBCONTRACTOR shall cause the underwriters of each of the insurance coverage required above waive all rights of subrogation against "ARCADIS U.S., Inc., its Client and their affiliates, directors, officers, employees, and agents" where allowed by law under each of the foregoing policies.

Upon request SUBCONTRACTOR shall provide ARCADIS with certified copies of its insurance policies.

SUBCONTRACTOR agrees to promptly notify ARCADIS of any claims or losses or potential claims or losses resulting from or arising out of SUBCONTRACTOR's performance of the Work and shall, within three (3) days of occurrence, provide ARCADIS with copies of SUBCONTRACTOR's correspondence pertaining to the incident, including any and all SUBCONTRACTOR accident reports.

Notwithstanding the foregoing, in the event that the contract between ARCADIS and the Client specifies greater limits of insurance than those set forth above, the SUBCONTRACTOR shall procure and maintain the limits in the amounts specified in such contract and to notify ARCADIS of any failures to comply prior to accepting the contemplated work. In the event SUBCONTRACTOR fails to provide such notice, ARCADIS shall have the right but not the obligation to procure said insurance for SUBCONTRACTOR. SUBCONTRACTOR shall pay ARCADIS any and all costs and expenses incurred by ARCADIS in procuring said insurance, and ARCADIS may deduct this amount from the Subcontract cost.

SUBCONTRACTOR shall provide proof of insurance coverage as may be required in this Agreement and each Work Authorization prior to commencing the Work. Said proof of coverage shall be in the form of a duly executed and properly endorsed insurance certificate from an insurance carrier licensed to transact insurance business in the state in which the Work is to be performed. Each certificate shall certify that all of the required insurance, as above described, has been effected and that the SUBCONTRACTOR is covered thereby.

SUBCONTRACTOR's failure to procure the required types and limits of insurance as set forth herein shall not relieve SUBCONTRACTOR of its indemnification obligations hereunder.

Any coverage provided ARCADIS by SUBCONTRACTOR'S insurance under this Agreement is primary insurance and shall not be considered contributory insurance with any insurance policies of ARCADIS, its members, subsidiaries, and affiliated companies.

Whenever an employee of SUBCONTRACTOR suffers an occupational injury or disease as a result of the Work and such injury or disease is required by the Workman's Compensation or Occupational Disease Laws to be reported to the proper authorities, a copy of such report shall be furnished promptly by SUBCONTRACTOR to ARCADIS. SUBCONTRACTOR also shall require all subcontractors to furnish copies of such reports to ARCADIS in connection with occupational injuries or diseases sustained by their employees.