

Contractor/Supplier Questionnaire

To be considered as a potential supplier for Aqua, 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 diversity classification. All questions must be answered to be considered as potential contractor/supplier for Aqua. ***Note – Completion and submittal of this questionnaire does not obligate Aqua to contract work or materials**

PROSPECTIVE INFORMATION

COMPANY NAME: (INDICATE DBA)					
PHONE NUMBER:		TAX ID:		WEBSITE:	
MAILING ADDRESS :					
CITY:		STATE:		ZIP CODE:	
CONTACT PERSON:		TITLE:		PHONE:	
CONTACT PERSON EMAIL:		PAYMENT TYPE – CHECK ALL THAT APPLY:			
PAYMENT TERMS:		CREDIT CARD:	CHECK:	ACH:	
TYPE OF WORK & PROCEDURES YOU ARE INTERESTED IN PROVIDING:					
WHAT CATEGORY OF LICENSE(S) DOES YOUR FIRM POSSESS?					
TYPE:	STATE:	TYPE:	STATE:		
DOES YOUR FIRM OPERATE WITH UNION EMPLOYEES?	YES	NO	UNION NAME:		

INSURANCE

***Below lists the maximum insurance limits. Requirements will be determined by type of work on a case by case basis.**

Aqua insurance requirements are as follows:

Please provide your certificate of insurance. Terms below are required to be included in the certificate of insurance description of operations box.

- "Essential Utilities, Inc. and its subsidiary companies, its officers, directors, partners, representatives, agents and employees are named Additional Insureds on General and Automobile Liability policies as their interest may appear in the underlying agreement with listed company in regard to work performed or services provided by the named insured. A waiver of subrogation in favor of Essential Utilities, Inc., affiliated companies, its officers, directors, partners, representatives, agents and employees on the General Liability and Workers Compensation policies where permissible by law. Policies shall be primary and non-contributory."

TYPE OF INSURANCE	REQUIREMENTS	CURRENT COERAGE
Workers Compensation	\$500,000	
General Liability	\$1,000,0000 each occurrence \$2,000,0000 per aggregate	
Automobile Liability	\$1,000,000	
Excess Liability	\$4,000,000	
If Applicable: Professional Liability	\$2,000,000	
If Applicable: Security/Cyber	\$5,000,000	
If Applicable: Pollution Liability	\$2,000,000	

INSURANCE COMPANY:	
ADDRESS:	POLICY #
PHONE:	E-MAIL:

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:
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PERSONNEL & INDUSTRY WORK HISTORY

A. PLEASE PROVIDE A LISTING OF KEY MANAGEMENT EMPLOYEES THAT WOULD BE ASSOCIATED WITH ANY WORK DONE FOR AQUA:

NAME	TITLE	AREA OF RESPONSIBILTIIY

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

C. IDENTIFY KEY EMPLOYEES WITH WATER 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:		

SUPPLIER DIVERSITY

TO QUALIFY AS A DIVERSE SUPPLIER TO AQUA, A BUSINESS MUST BE CERTIFIED BY A GOVERNMENT AGENCY OR THIRD PARTY CERTIFICATION ORGANIZATION AS A DIVERSE-OWNED BUSINESS IN ONE OF THE FOLLOWING CATEGORIES: MINORITY-OWNED BUSINESS ENTERPRISE (MBE), WOMAN-OWNED BUSINESS ENTERPRISE (WBE), VETERAN-OWNED BUSINESS ENTERPRISE (VBE), PERSONS WITH DISABILITIES-OWNED BUSINESS ENTERPRISE (PDBE), OR LESBIAN GAY BISEXUAL TRANSGENDER-OWNED BUSINESS ENTERPRISE (LGBT).

A. IS YOUR FIRM A DIVERSE SUPPLIER WITH CERTIFICATION? (IF YES, PLEASE ATTACH)	YES	NO	MBE	WBE	VBE	PDBE	LGBT
B. DOES YOUR FIRM HAVE A SUPPLIER DIVERSITY PLAN IN PLACE WITH REPORTING? (IF YES, PLEASE ATTACH PLAN)	YES	NO	WITH 2 ND TIER?				

REFERENCES

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:	

D. Has your company received any citations in the past three years from federal, state, or local agencies?	Yes	No
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***If yes, please attach a description of the nature of the citation and the abatement actions taken.**

A. Has your company ever failed to complete a project that started?	Yes	No
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***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?

If yes, please describe:	
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FINANCIALS

SIGNING OF THIS APPLICATION GIVES AN AQUA REPRESENTATIVE PERMISSION TO PULL COMPANY CREDIT REPORT AND REVIEW COMPANY FINACIALS. ALL INFORMATION OBTAINED WILL BE USED FOR THE PURPOSE OF BUSINESS RELATED TO AQUA.

ACCEPTANCES

ALL SUPPLIERS ARE EXPECTED TO ADOPT AQUA'S SUPPLIER CODE OF CONDUCT, WHICH YOU CAN FIND HERE: [CODE OF CONDUCT](#)

ALL SUPPLIERS ARE EXPECTED TO ACCEPT AQUA'S TERMS AND CONDITIONS, WHICH YOU CAN FIND HERE: [TERMS AND CONDITIONS](#)

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:	
PLEASE SUBMIT SIGNED APPLICATION TO podesk@aquaamerica.com			

FOR AQUA INTERNAL USE ONLY

REQUESTED BY:	
APPROVER'S SIGNATURE:	
REQUEST DATE:	