|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PREQUALIFICATION QUESTIONNAIRE** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Husky Ref. No.: | | | | | 8.24.1.263 | Goods/Services Title: | | Industrial Consumables | | | | |
|  | | | | | | | | | | | | |
|  | | **THIS QUESTIONNAIRE IS TO BE COMPLETED BY VENDORS WHO ARE INTERESTED IN SUPPLYING EQUIPMENT, MATERIALS AND/OR SERVICES TO HUSKY OIL OPERATIONS LIMITED. THE INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL AND SOLELY FOR THE USE OF HUSKY.** | | | | | | | | |  | |
|  | | | | | | | | | | | | |
| **COMPLETED QUESTIONNAIRE MUST BE EMAILED TO** [**Rodney.codner@huskyenergy.com**](mailto:Rodney.codner@huskyenergy.com) | | | | | | | | | | | | |
|  | |  | | | | | | | | |  | |
| Company Name: | | | |  | | | | | |  | | |
|  | | | | | | | | | | | | |
|  |  | **The signatory of this Questionnaire guarantees the trust and accuracy of all responses given herein, and is an authorized officer or agent of the company.**  **Information submitted and completed by:** | | | | | | | |  | |  |
|  |  |  | | | | | | | |  | |  |
|  |  | Name (Please Print) | | | | | | | |  | |  |
|  |  |  | | | | | | | |  | |  |
|  |  | Title | | | | | | | |  | |  |
|  |  |  | | | | | | | |  | |  |
|  |  | Signature | | | | | | | |  | |  |
|  |  |  | | | | | | | |  | |  |
|  |  | Date | | | | | | | |  | |  |
|  | | | | | | | | | | | | |
| To be completed by Husky: | | | | | | | | | | | | |
| Date Received: | | |  | | | | Procurement Signoff: | |  | | | |
|  | | | | | | | | | | | | |

Table of Contents

[1. Company Information 3](#_Toc443375824)

[2. Subcontracting 6](#_Toc443375825)

[3. Work History 6](#_Toc443375826)

[4. Current Organizational Structure 7](#_Toc443375827)

[5. Facilities & Infrastructure 7](#_Toc443375828)

[6. Capabilities Statement 8](#_Toc443375829)

[7. Technical Requirements 9](#_Toc443375830)

[8. Canada-Newfoundland and Labrador Benefits Compliance 9](#_Toc443375831)

[9. Attachments 10](#_Toc443375832)

**General Instructions**

We recognize that we have many different types of suppliers / contractors with different core competencies and skill sets. In order to effectively assess your company, we require that this Questionnaire be filled out as it applies to your firm.

Husky is committed to ensuring fairness in our vendor selection process. Prequalification will be based on your company meeting our expectations for the goods and / or services to be supplied.

**Submission Requirements**

Vendors must submit one (1) electronic copy of all requested documentation by email to [**Rodney.codner@huskyenergy.com**](mailto:Rodney.codner@huskyenergy.com), which must be clearly marked with the **Title and Reference** number of the Services for which they would like to be considered.

**RESPONSES ARE DUE NO LATER THAN 2:00 PM ON FRIDAY AUGUST 12, 2016.**

**RESPONSES RECEIVED AFTER THIS TIME WILL BE RETURNED UNOPENED.**

Vendors are required to submit their pre-qualification response in the following format and in the exact order as shown:

1. Company Information
2. Subcontracting
3. Work History
4. Current Organizational Structure
5. Facilities and Infrastructure
6. Capabilities Statement
7. Technical Requirements
8. Canada -Newfoundland and Labrador Benefits Compliance
9. Attachments

|  |
| --- |
| 1. **Company Information** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1.1** | **Company Name:** | |  | | | |
|  | Street/Mailing Address of Office completing this Questionnaire | | | | | |
|  |  | | | | | |
|  | City: |  | | | Province: |  |
|  | Postal Code: |  | | | | |
|  | Telephone: |  | | | Fax: |  |
|  | Key Company Sales Contact | | |  | | |
|  | **Canadian Head Office:** | | |  | | |
|  | Street/Mailing Address: | | |  | | |
|  | **Local Office:** | | |  | | |
|  | Street/Mailing Address: | | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1.2** | **Type of Company** | | | | | |
|  | Sole Proprietor |  |  | Partnership |  |  |
|  | Corporation – Private |  |  | Corporation – Public |  |  |
|  | Other (please identify): |  | | | | |

Please supply Certificate of Incorporation, and identify and attach as an Appendix. If private ownership, please also identify the Principle Shareholders below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name |  | | |
|  | City |  | Province/State |  |
|  |  |  |  |  |
|  | Name |  | | |
|  | City |  | Province/State |  |
|  |  |  |  |  |
|  | Name |  | | |
|  | City |  | Province/State |  |
|  |  |  |  |  |
|  | Name |  | | |
|  | City |  | Province/State |  |

|  |  |
| --- | --- |
| **1.3** | **Subsidiaries, Affiliates, etc. (indicate whether wholly-owned or percent controlled)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1.4** | **Total Number of Employees by Geographical Location** | | |
|  | Newfoundland and Labrador |  |  |
|  | Other Canadian Provinces |  |  |
|  | International |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.5** | **Declaration of Business Relationship (Company Owner/Management)** | | | |
|  | In accordance with the approval policy of Husky, **all Vendors shall, as a condition of supplying goods or services to Husky, make full disclosure of any existing business relationships with any Husky employee and/or contractor or immediate relatives.** If the Vendor fails to disclose an interest and/or the interest is falsely or insufficiently reported, Husky reserved the right to terminate or cancel any agreement of any kind which may have been entered into with the Vendor. | | | |
|  | Are you a relative or of do you have a relationship with any Husky employee that would cause any real or perceived conflicts of interest? | | | |
|  | No |  |  |  |
|  | Yes |  | (please specify): |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1.6** | **Annual Revenue & Operating Income (CDN$ in each of the last five years):** | | | | | |
|  |  | | **Revenue** | | **Operating Income** | |
|  | Year |  | $ |  | $ |  |
|  | Year |  | $ |  | $ |  |
|  | Year |  | $ |  | $ |  |
|  | Year |  | $ |  | $ |  |
|  | Year |  | $ |  | $ |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Do you have 3rd party certified financial statements available for the most recently completed fiscal year? | Yes |  | No |  |

(If yes, please attach latest copy)

1.7 Joint Ventures

The following questions apply to Joint Ventures only;

1. Please provide a copy of your organizational structure showing all members of the Joint Venture.
2. Provide the following Joint Venture Details:
3. A copy of the Joint Venture Agreement
4. A statement of the share equity of each of the participants
5. The lead participant within the Joint Venture
6. Outline how the Joint Venture will be managed with regards to objectives
7. How are the Key Business Objectives of each Participant reflected in the Joint Venture
8. The share and nature of the work provided by each participant
9. Arrangements for the transfer of systems/information technology
10. How do the Participants envisage the Joint Venture developing in the future
11. In the case of a Joint Venture, detail how Bidder will optimize/merge the different participants, organization, cultures to ensure the greatest benefits are realized for Company.

|  |
| --- |
| 2. Subcontracting |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2.1 Please list any associated work that you would typically subcontract to other vendor(s) providing the following information for each: | | | | | | | | |
| * Specific type of work being subcontracted: | | | | | |  | | |
| * Company Name: | | |  | | | | | |
| * City: | |  | | | Province/State: | |  | |
| * Contact Name at above noted Company: | | | | |  | | | |
| * Contact Phone Number for above: | | | |  | | | | |
| 2.2 Describe the process you have for selecting subcontractors: (Also see Husky’s expectations in this area for item 13 - Contracted Services and Materials – under Section 7, Contractor HSEQ Requirements) | | | | | | | | |
|  | |  | | | | | | |
|  | |  | | | | | | |

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| --- |
| 3. Work History |

Please provide a list of at least the top three (3) recent clients of your firm, with whom you have contracts for scopes of work similar to that covered by this pre-qualification process. Provide the following information for each:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Contract Name/Owner:** | | |  | | | | | |
| CDN $ Value: | |  | | | Date(s) of Contract Term: | | |  |
| Description (Contract Scope of Work. Please be specific): | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Location: |  | | | | | | | |
| Reference (Contact Name): | | | |  | | Telephone: |  | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Contract Name/Owner:** | | | |  | | | | | |
| CDN $ Value: | |  | | | Date(s) of Contract Term: | | |  |
| Description (Contract Scope of Work. Please be specific): | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Location: |  | | | | | | | |
| Reference (Contact Name): | | |  | | | Telephone: |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Contract Name/Owner:** | | |  | | | | | |
| CDN $ Value: | |  | | | Date(s) of Contract Term: | | |  |
| Description (Contract Scope of Work. Please be specific): | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Location: |  | | | | | | | |
| Reference (Contact Name): | | | |  | | Telephone: |  | |

|  |
| --- |
| 4. Current Organizational Structure |

Please provide a current Organization Chart for your company, indicating, but not limited to, management personnel and reporting relationships. Please also identify where this organization’s management personnel are located. Please ensure the organization chart indicates personnel (including names) which would be supporting the scope of work. Please also identify where these individuals are located geographically.

|  |
| --- |
| 5. Facilities & Infrastructure |

Please provide a description of the facilities & infrastructure which your company would utilize in provision of the subject services, if applicable. Please clarify whether the facilities & infrastructure which you are describing are currently occupied and utilized by your company. Please provide photographs / drawings as appropriate.

|  |
| --- |
| 6. Capabilities Statement |

Please provide an overview of your company’s capabilities. In addition, please ensure that you provide a description of your company’s specific capabilities as they related to the subject services being requested.

|  |
| --- |
| 7. Technical Requirements |

All respondents are asked to complete the questions below as part of your technical submission.  Answers to these questions can be submitted as an attachment to the questionnaire.  Respondents should note that **all questions** must be answered and appropriate documentation supplied.

| **No.** | **Technical Requirements** |
| --- | --- |
| **Operational Support** | |
| 1. | Does Contractor provide a Single Point of Contact for purchasing requirements? |
| 2. | Does Contractor offer 24/7 365 support availability? |

|  |
| --- |
| 8. Canada-Newfoundland and Labrador Benefits Compliance |

Husky Energy strongly supports providing opportunities to Canadian and in particular Newfoundland and Labrador companies and individuals, on a commercially competitive basis. Pre-qualified companies will be required to complete a Canada/Newfoundland and Labrador Benefit Questionnaire. Will you comply with requirements of Husky Energy (or any governmental authority) with respect to benefits and with all applicable guidelines of Husky Energy?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  | No |  |

***Supplier Diversity***

As part of our White Rose Diversity Plan, Husky Energy is collecting data on businesses owned and operated by members of designated groups (women, Aboriginal peoples, persons with disabilities, and members of visible minorities). Responding to the following questions is voluntary and will help us to better understand the diverse makeup of our supply chain. All information provided will be kept confidential by Husky and will be used only to assist us in ensuring that information related to procurement opportunities is appropriately targeted to diverse business owners.

1. Is your business 51% or more owned, managed and controlled by one of the following groups? Please check all that apply.

Women

Aboriginal peoples

Persons with disabilities

Visible minorities

None

1. Is your business currently certified with a national certifying organization(s)? Please check all that apply and provide applicable certification number.

CAMSC Certification #:

WEConnect International Certification #:

WBE Canada Certification #:

Other, please specify:

Certification #:

None

1. Is your business currently a member of a supplier organization/association? Please check all that apply.

NLOWE

Noia

St. John’s Board of Trade

Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

None

|  |
| --- |
| 9. Attachments |

Please indicate all attachments:

| **No.** | **Attachment** | **Yes/No** |
| --- | --- | --- |
| 1. | Certificate of Incorporation. |  |
| 2. | Declaration of Residency. |  |
| 3. | Certified 3rd Party Financial Statements. |  |
| 4. | Facilities & Infrastructure photographs/drawings. |  |
| 5. | Copy of Organization Chart (with names) for personnel supporting the contract scope of work. |  |
| 6. | A written statement indicating that there are no outstanding HSE charges, stop work orders or regulatory violations against your company. |  |
| 7. | A written statement indicating there are no outstanding non-conformances or audit action plans stemming from a Husky conducted Health, Safety, Environment and Quality supplier audit. |  |
| 8. | Copy of the most recent customer satisfaction survey relating to customer perceptions and customer satisfaction. |  |
| 9. | Is a Certificate of Clearance from the provincial Workplace Health, Safety and Compensation Commission (WHSCC) available upon request by Husky? (Note: The Workplace Health, Safety and Compensation Act requires all employers performing work in Newfoundland and Labrador to register with the Commission.  Source: http://www.whscc.nf.ca/employers/Emp\_RegisteringYourBusiness.whscc. |  |