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| **PREQUALIFICATION QUESTIONNAIRE** |
|  |
| Husky Ref. No.: | 8.5.3.088 | Goods/Services Title: | Freight Forwarding and Customs Clearance / Ships Agency Services |
|  |
|  | **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**  |
|  |  |  |
| 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: |       |
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**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 travis.burke@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 TUESDAY, OCTOBER 11, 2016 at 3:00 pm (NDT).**

**RESPONSES RECEIVED AFTER THIS TIME WILL NOT BE CONSIDERED.**

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. Contractor HSEQ Requirements
8. Canada -Newfoundland and Labrador Benefits Compliance
9. Attachments
10. Additional Comments

|  |
| --- |
| 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: |       |

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| --- | --- |
| **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 |       |

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

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

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| **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): |       |

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| 2. Subcontracting |

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| 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: |       |

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

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| 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.

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| 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.

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| 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.

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| 7. Contractor HSEQ Requirements  |

Respondents are requested to submit the following documentation.

If there are any questions please contact the Husky Procurement Representative.

| **Document Submission Checklist** |
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| **Document** | **Submitted YES/NO**  |
| 1. A copy of any registrations/certifications if available for the latest standard of ISO 9001, ISO 14001, and ISO 18001, CSA Z1000-06, COR (Certificate of Recognition of the Newfoundland and Labrador Construction Safety Association) or any other HSEQ certifications or registrations, or equivalent. \*Certification/Registration is not a requirement but does assist Husky in its overall evaluation.
 |  |
| 1. A copy of the supplier’s most recent HSEQ management system audit or, as relevant for the statement of work, individual health & safety, environmental or quality audits.
 |  |
| 1. A copy of the supplier’s Alcohol and Drug Policy
 |  |
| 1. A copy of the supplier’s year-to-date HSE statistics, including:

-Lost-time Incident Rate = (200,000 hrs x Number of Lost-time incidents) Divided by Total Exposure Person Hours-Total Recordable Incident Rate = (200,000 hrs x Number of Recordable Incidents) Divided by Total Exposure Person Hours |  |
| 1. A statement indicating the supplier has no outstanding HSE charges or regulatory violations.
 |  |
| 1. A Certificate of Clearance from the Workplace Health, Safety and Compensation Commission for work being conducted by the supplier within the province of Newfoundland and Labrador.
 |  |
| 1. A copy of the supplier’s health and safety management system manual and/or associated procedures including safe work practices, hazard identification etc.
 |  |
| 1. A copy of the supplier’s Health, Safety, Environment and Quality policy(ies)
 |  |
| 1. A copy of the last two OHS Committee meeting minutes (if the company size doesn’t require a committee then minutes of meetings with the worker H&S representative)
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| 8. 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.

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| **Freight Forwarding**  |
|  | Please provide an overview of your experience in completing freight forwarding activities? |
|  | Please provide resumes, **including training and certifications** for all management and supervisory positions.Resumes **must** include, at minimum:* Total years relevant experience
* Total years in current position

Complete listing of relevant technical training |
|  | Please provide an overview of your competency assurance program. |
|  | Please provide an overview of your global network for the provision of freight forwarding services |
|  | Please provide details of the facilities that will be used to execute this service (location, size, ownership, staffing, material handling equipment) |
|  | Do you have a security plan for the warehouse and yard? Please provide description of proposed security measures including details of surveillance equipment, staffing, procedures etc. |
|  | Do you have a documented process to identify and implement continuous improvement opportunities? Please explain |
|  | What procedures do you have for general housekeeping of the warehouse and outside storage. Please explain. |
|  | Please provide details of your shipment tracking system |
|  | Please provide details of any service components that may be subcontracted |
|  | Do you provide a 24/7 service? If so provide details of how after hours support will be provided |
|  | Please provide an overview of how freight forwarding is linked to customs brokerage service |
|  | Please detail your experience in providing freight services in a project environment |
|  | Is your company certified through IATA  |
|  | What is your knowledge with international shipping regulations, in particular related to crating and packaging requirements |
|  | Do you own your own vehicles for delivery and pick up, if not, are these services under contract? |
|  | Can your business provide training sessions, webinars, lunch and learns, etc. to better familiarize clients of pending changes to regulations, policies, best practices or for general information. |
|  | Do you have USA office or affiliation? |
|  | How do you deal with temporary imports into the USA to avoid unnecessary charges |
|  | What actions have you taken to comply with the new Air Cargo Security (ACS) program?  |
| **Customs Brokerage** |
|  | Please provide an overview of your experience providing customs brokerage services |
|  | Please provide resumes, **including training and certifications** for all management and supervisory positions.Resumes **must** include, at minimum:* Total years relevant experience
* Total years in current position

Complete listing of relevant technical training |
|  | Please provide an overview of your competency assurance program. |
|  | Please provide details of your after-hours support capability |
|  | Are you able to complete shipments to/from the USA?  |
|  | Please provide details of how you ensure compliance with CBSA requirements. |
|  | Are you able to provide GST direct services? Please provide details of how this is managed |
|  | Are you able to provide customs consulting services? If so please provide an overview of your capability and resources |
|  |  |
| **Ships Agency** |
|  | Please provide an overview of your experience providing ships agency services |
|  | Please provide resumes, **including training and certifications** for all management and supervisory positions.Resumes **must** include, at minimum:* Total years relevant experience
* Total years in current position

Complete listing of relevant technical training |
|  | Please provide an overview of your competency assurance program. |
|  | Please provide an overview of your global network for agency work in non-Canadian ports |
|  | Are you able to coordinate line handling services within the port of St John’s and other NL ports? Please provide details |

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| 9. 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

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| 10. Additional Comments |

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|  |       |
|  |       |
|  |       |

**Sample Declaration of Residency**

Vendorrepresents that **\*** forCanadian Income tax purposes

**\*\* is** a resident of Canada [ ]

 **is not** a resident of Canada  [ ]

Furthermore, we attach a **Certificate of Incorporation** and undertake to immediately inform Husky Oil Operations Limited of any future change in our company’s tax status.

|  |  |
| --- | --- |
|  |  |
| **Name:** |  |
|  |  |
| **Title:** |  |
|  |  |
| **Signature:** |  |
|  |  |
| **Date:** |  |

\* (please include complete entity name)

\*\* (please check as appropriate)