Baltimore Gas and Electric Company
P. O. Box 1472
Baltimore, Maryland 21203

SUPPLIER QUESTIONNAIRE

I. GENERAL INFORMATION

FIRM NAME			TAX ID #
STREET ADDRESS	CITY / STATE / ZIP CODE		
MAILING ADDRESS, P.O. BOX (IF DIFFERENT FROM ABOVE)	CITY / STATE / ZIP CODE		
REMIT TO ADDRESS	CITY / STATE / ZIP CODE		
NAME AND TITLE OF CONTACT	TELEPHONE NO. ( )	FAX NO. ( )	E MAIL ADDRESS
NAME OF PRINCIPAL(S)			MD CONTRACTOR LICENSE NO.
LOCATION OF OFFICE(S) IN THE BALTIMORE METROPOLITAN AREA			
NUMBER OF EMPLOYEES	TYPE OF PRODUCT / SERVICE PROVIDED		SIC CODES
DATE ORGANIZED	TYPE OF OWNERSHIP (INDIVIDUAL, PARTNERSHIP, CORPORATION, GOVERNMENT AGENCY)		
PARENT COMPANY OF	SUBSIDIARY OF		

HISTORICAL INFORMATION (FOR PREVIOUS THREE YEARS)

	REVENUE	NET WORTH
19	$	$
19	$	$
19	$	$
20	$	$

BONDING CAPABILITIES AMOUNT $

EDI CAPABLE? ☐ YES ☐ NO ATTACH DESCRIPTION IF YES

DO YOU ACCEPT MASTERCARD? ☐ YES ☐ NO

WEBSITE ADDRESS:

YEAR PRESENT MANAGEMENT INSTITUTED:

FINANCIAL REFERENCES: NAME ADDRESS DUN & BRADSTREET NUMBER

II. WORK CLASSIFICATION

IS YOUR COMPANY: ☐ MANUFACTURER ☐ DISTRIBUTER ☐ CONSULTANT ☐ RETAILER ☐ SERVICE ☐ WHOLESALER ☐ REPAIR/MAINT. ☐ FACTORY REP ☐ LEASING ☐ OTHER ☐ CONSTRUCTION

LIST THOSE PRODUCTS/SERVICES YOUR COMPANY PROVIDES AND INDICATE THEIR PERCENTAGE OF REVENUES

PRODUCT/SERVICE DESCRIPTION	PERCENT OF REVENUES

LIST THE MANUFACTURERS FOR WHICH YOU ARE AN AUTHORIZED REPRESENTATIVE/DISTRIBUTER

MANUFACTURER	CONTACT	TELEPHONE

III. BUSINESS CLASSIFICATION

UNION: IF YES OR BOTH, LIST CURRENT AGREEMENT(S) AND EXPIRATION DATE(S) BELOW:

☐ YES AGREEMENT AGREEMENT AGREEMENT

☐ NO

☐ BOTH EXPIRATION DATE EXPIRATION DATE EXPIRATION DATE

SMALL BUSINESS CONCERN AS DEFINED BY FEDERAL REGULATIONS: ☐ YES ☐ NO

SMALL BUSINESS: IF SMALL BUSINESS AS DEFINED BY FEDERAL REGULATIONS, MARK THE PERCENTAGE OWNED BY U.S. CITIZEN OF THE FOLLOWING GROUP(S):

% AFRICAN/BLACK % ASIAN/INDIAN % ASIAN/PACIFIC % CAUCASIAN % HANDICAPPED % HISPANIC

% NATIVE AMERICAN (ALEUTS, AMERICAN INDIANS, ESKIMOS AND NATIVE HAWAIIANS) % VIETNAM VETERAN % OTHER

AND IS: ☐ MALE ☐ FEMALE

SMALL DISADVANTAGED BUSINESSES MUST BE 51% OR MORE OWNED, OPERATED AND CONTROLLED BY ONE OR MORE MINORITIES OR WOMEN

CERTIFYING AGENCY (FOR SMALL DISADVANTAGED BUSINESS ONLY):

WHERE DID YOU HEAR ABOUT BGE'S SUPPLIER DIVERSITY PROGRAM?

IV. GEOGRAPHICAL AREAS (TO BE COMPLETED BY CONSTRUCTION/SERVICE PROVIDERS ONLY)

STATE THOSE MARYLAND COUNTIES IN WHICH YOU ARE WILLING TO WORK:

V. SAFETY PERFORMANCE (MUST BE COMPLETED BY CONSTRUCTION CONTRACTORS

LIST YOUR FIRM'S "WORKER'S COMPENSATION EXPERIENCE MODIFICATION RATE" FOR THE PAST THREE YEARS AND THE CURRENT YEAR 19 % 19 % 20 %	PLEASE INDICATE WHOSE "WORKER'S COMPENSATION EXPERIENCE MODIFICATION RATE" IS SHOWN AT LEFT, I.E., IS IT SOLELY FOR YOUR FIRM OR IS YOUR FIRM PART OF A MUCH LARGER FIRM? ☐ YES - SOLELY FOR OUR FIRM ☐ NO - OUR FIRM IS PART OF A MUCH LARGER FIRM	IF THE ANSWER TO THE QUESTION AT LEFT IS NO, PLEASE INDENTIFY THE FIRM WHOSE "WORKER'S COMPENSATION EXPERIENCE MODIFICATION RATE" IS SHOWN.

PLEASE USE YOUR LAST YEAR'S OSHA NO. 200 LOG TO FILL IN: 1. NUMBER OF LOST WORKDAY CASES 2. NUMBER OF RESTRICTED WORKDAY CASES 3. NUMBER OF CASES WITH MEDICAL ATTENTION ONLY 4. NUMBER OF FATALITIES	EMPLOYEE HOURS WORKED LAST YEAR (DO NOT INCLUDE ANY NON-WORK TIME, EVEN THOUGH PAID).
WHAT IS YOUR FIRM'S RECORDABLE INJURY INCIDENT RATE FOR THE MOST RECENT FULL YEAR BASED ON THE ABOVE NUMBERS?	DO YOU HAVE A WRITTEN SAFETY PROGRAM FOR FIELD OPERATIONS? _____ YES _____ NO

DO YOU CONDUCT PROJECT SAFETY INSPECTIONS?
☐ YES ☐ NO IF YES, WHO CONDUCTS THESE INSPECTIONS FROM THE SITE STAFF? TITLE: HOW OFTEN?

DO YOU HAVE A HOME OFFICE SAFETY REPRESENTATIVE WHO VISITS AND INSPECTS THE JOB?
☐ YES ☐ NO IF YES: NAME TITLE HOW OFTEN WILL THE REPRESENTATIVE VISIT THE SITE?
DOES THE REPRESENTATIVE HAVE THE AUTHORITY TO MAKE CORRECTIONS? ☐ YES ☐ NO WHO DOES THE REPRESENTATIVE REPORT TO? NAME TITLE

DO YOU HOLD SITE SAFETY MEETINGS FOR SUPERVISORS?
☐ YES ☐ NO HOW OFTEN? WHO CONDUCTS THESE MEETINGS? TITLE:

DO YOU HOLD CRAFT "TOOLBOX" MEETINGS?
☐ YES ☐ NO I F YES, HOW OFTEN? WHO CONDUCTS THESE MEETINGS? TITLE:

DO YOU PERFORM WORK IN COMPLIANCE WITH THE MARYLAND OCCUPATIONAL SAFETY AND HEALTH STANDARD FOR CONFINED SPACES ☐ YES ☐ NO	IF YES, DO YOU HAVE A WRITTEN PROCEDURE FOR EMERGENCY CONFINED SPACE ENTRY? ☐ YES ☐ NO	DO YOU MAINTAIN A CHEMICAL INFORMATION LIST AND MATERIAL SAFETY DATA SHEET FOR ALL HAZARDOUS CHEMICALS USED AS SPECIFIED IN THE MARYLAND "RIGHT-TO-KNOW LAW"? ☐ YES ☐ NO

VI. ENVIRONMENTAL COMPLIANCE

DO FEDERAL, STATE AND LOCAL ENVIRONMENTAL REGULATIONS APPLY TO YOUR BUSINESS ACTIVITIES? ☐ YES ☐ NO

IF SO, PLEASE ATTACH A DESCRIPTION OF YOUR COMPLIANCE RECORD. INCLUDE THE NATURE OF ANY VIOLATIONS, THEIR STATUS, AMOUNT OF FINES, ETC.

VII. ADDITIONAL INFORMATION REQUIRED

If you fail to complete the appropriate sections of the questionnaire or attach the below-listed information, Your questionnaire will be returned.

CONSTRUCTION/SERVICE CONTRACTORS MUST ATTACH THE FOLLOWING:

1. A capabilities statement which shall include no more than 15 significant projects completed over the last five years, including specific descriptive information such as project name and location, scope of work, contract value, year completed, relationship to prime contractor, and name and phone number of references to contact.
2. A description of your compliance record as described in Section VI above, if applicable.
3. Current Insurance Certificates stating your coverage of General Liability, Employer's Liability, Worker's Compensation, Automobile Liability, Excess or Umbrella Coverage, and any other type of insurance pertinent to your line of business.
4. A copy of your most recent Annual Report or other certified financial statement.
5. Certification of Small Disadvantaged Business, if appropriate.
6. A description of your eProcurement capabilities and a web link to your on-line catalog, if applicable.

MATERIAL SUPPLIERS MUST ATTACH THE FOLLOWING:

1. Description of products your firm can provide, i.e., a Line Card.
2. A description of your compliance record as described in Section VI above, if applicable.
3. List of references.
4. A copy of your most recent Annual Report or other certified Financial Statement.
5. Certification of Small Disadvantaged Business, if appropriate.

The undersigned warrants and represents the data provided above is accurate in every respect. Questionnaire prepared by:

Signature:_____ Name:

Title:_____ Date: