



GOVERNMENT OF BERMUDA

Ministry of Public Works

Department of Works and Engineering
Request for Qualifications for Engineering Services
**Devon Springs Water Treatment Plant
(Reverse Osmosis Unit A) Refurbishment**
46 Devon Springs Road
Devonshire FL 01, Bermuda
Project No. 50/201/75

RESPONSE FORMS

All sheets form part of the prequalification package (page 1 of 10)

Company's Legal Name: _____

Attachment A Statement of Qualifications

TO: The Government of Bermuda, Ministry of Public Works

We confirm that we have submitted a bona fide response to this RFQ, and have provided all the necessary documents and evidence to support this.

Contractors included in this submission (please tick and provide company name as applicable below):

- Mechanical Engineering (Prime Contractor)
Company Name _____
- Process Controls Engineering
Company Name _____
- Electrical Engineering
Company Name _____
- Other Engineering
Company Name _____

Having examined this Request for Qualifications documents and Addenda Nos: _____ Inclusive for the execution of the above named response, we, the undersigned, offer to participate in a formal tender process for the works to refurbish Unit A Reverse Osmosis Plant at the Devon Springs Water Treatment Plant, if prequalified and if RFP is issued.

We undertake, if our Submission is accepted, to participate in a formal tendering process.

We understand that you are not bound to invite any contractor that makes a submission under this request for Qualification.

Dated this _____ day of _____, 2015.

SIGNED:

(signature) _____ in the capacity of _____

(block letters) _____

Duly authorized to sign submissions for and on behalf of:

(firm) _____

(address) _____

WITNESS:

(signature) _____

(block letters) _____



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Company's Legal Name: _____

FINANCIAL STABILITY

We confirm that we, the undersigned, are conducting business as a proper legal entity and **are not** delinquent in making payments for outstanding debts for Government receivables such as Social Insurance contributions, Payroll Tax and Public Works (formerly Works & Engineering) fees.

We confirm that we, the undersigned, are conducting business as a proper legal entity and **are** delinquent in making payments for outstanding debts for Government receivables such as Social Insurance contributions, Payroll Tax and Public Works (formerly Works & Engineering) fees. However, we confirm that we are working with the relative Government agencies to pay off the debt.

SIGNED:

(Signature) _____

(Print) _____

ON BEHALF OF:

(Company) _____

ADDRESS: _____

PHONE No.

(office): _____

(mobile): _____

EMAIL: _____

DATED: _____



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Company's Legal Name: _____

Attachment B COMPANY INFORMATION

Submit multiple copies of Attachment `B`, one for each Contractor/Subcontractor included in this Bid.

1. **Principal(s) and Director(s) of the Firm:** _____

2. **Contractor's Insurance details:** _____

2.1 All Risks Policy No.: _____

2.1.1 Name and address of Insurer: _____

2.1.2 Expiry date: _____

2.2 Workers Compensation Policy No.: _____

2.2.1 Name and address of Insurer: _____

2.2.2 Expiry date: _____

2.3 Performance Bond to be carried _____

3. **Company's Bermuda Payroll Tax No.:** _____

4. **Company's Bermuda Social Insurance No.:** _____

5. **Do you have any involvement with other entities that may be seen as a conflict of interest? If so, please provide details:**



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Company's Legal Name: _____

COMPANY PROFILE INFORMATION SUMMARY

TOTAL NUMBER OF EMPLOYEES:	
NUMBER OF FULL-TIME BERMUDIANS:	
NUMBER FULL-TIME NON BERMUDIANS:	
NUMBER OF PART-TIME BERMUDIANS:	
NUMBER PART-TIME NON BERMUDIANS:	

COMPANY TRAINING INFORMATION

Does your company offer employees any form of training?

YES NO

If yes, please provide description

SIGNED:

(Signature) _____

(Print) _____

(Date) _____



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Company's Legal Name: _____

Attachment C EXPERIENCE QUESTIONARE

Personnel Qualifications

Construction Project Manager

Company Name: _____

Employee Name	Title	Employed Since and Total Years' Experience	Certifications and Dates Received

Project Coordinator

Company Name: _____

Employee Name	Title	Employed Since and Total Years' Experience	Certifications and Dates Received

Plumbing Tradespersons

Company Name: _____

Employee Name	Title	Employed Since and Total Years' Experience	Certifications and Dates Received



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Company's Legal Name: _____

Attachment 'C' – Personnel Qualifications (continued)

Electrical Tradespersons

Company Name: _____

Employee Name	Title	Employed Since and Total Experience Years'	Certifications and Dates Received

Process Control System Technicians

Company Name: _____

Employee Name	Title	Employed Since and Total Experience Years'	Certifications and Dates Received

Note: Include resumes for all personnel identified in this Form.

SIGNED:

(Signature) _____

(Print) _____

(Date) _____

Attachment D Project Experience



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RESPONSE FORMS

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Company's Legal Name: _____

Does your company have experience, in the last 5 years, performing work involving Refurbishment (Reverse Osmosis) Water Treatment plants? Please provide examples below and add more lines as needed.

YES

NO

PROJECT NAME	SPECIFIC WORK REQUIREMENTS	CLIENT NAME	TIME FRAME	REFERENCE CONTACT NAME	REFERENCE CONTACT NUMBER

SIGNED:

(Signature) _____

(Print) _____

(Date) _____



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Company's Legal Name: _____

Does your company have experience, in the last 5 years, performing work involving Control Systems for (Reverse Osmosis) Water Treatment plants? Please provide examples below and add more lines as needed.

YES

NO

PROJECT NAME	SPECIFIC WORK REQUIREMENTS	CLIENT NAME	TIME FRAME	REFERENCE CONTACT NAME	REFERENCE CONTACT NUMBER

SIGNED:

(Signature) _____

(Print) _____

(Date) _____



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Company's Legal Name: _____

Does your company have a written safety policy?

YES

NO

Does your company have experience in the drafting and implementation of risk assessments and health and safety plans/protocol? Please provide examples below and add more lines as needed.

YES

NO

PROJECT NAME	SPECIFIC WORK REQUIREMENTS	CLIENT NAME	TIME FRAME	REFERENCE CONTACT NAME	REFERENCE CONTACT NUMBER

SIGNED:

(Signature) _____

(Print) _____

(Date) _____



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Company's Legal Name: _____

MAJOR COMPANY ACCIDENTS IN THE LAST 5 YEARS

Please list the details of all major company accidents within the last five years.(add more lines if needed)

PROJECT NAME & LOCATION	DATE OF ACCIDENT	ACCIDENT DETAILS	DESCRIPTION OF INJURIES	PROPERTY DAMAGE

SIGNED:

(Signature) _____

(Print) _____

(Date) _____