

## Annex D – Subcontractor Company Information

(Note: all sheets form part of the proposal)

Will subcontractors be used for this work  Yes  No

If no, complete Section 13 (only) this Annex. If yes, please state the service(s) this subcontractor will perform or the goods this subcontractor will provide below.

**Submit multiple copies of Annex D, one for each Subcontractor included in this Proposal.**

**IMPORTANT NOTE: All subcontractors must comply with/meet all Mandatory Technical Requirements shown in Appendix D and evidenced/included in the proposal.**

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1. **Subcontractor Name** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Phone numbers: Cellular** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

2. **Principal(s), Director(s), and Shareholder(s) of the Company:**

\_\_\_\_\_

\_\_\_\_\_

3. **What is the corresponding % of the bid prices will this subcontractor perform** \_\_\_\_\_%

4. **Company Insurance details:**

Commercial Third Party Insurance carried: BD\$ \_\_\_\_\_

Workers Compensation Insurance carried: BD\$ \_\_\_\_\_

5. **Company's Bermuda Payroll Tax No.:** \_\_\_\_\_

6. **Company's Bermuda Social Insurance No.:** \_\_\_\_\_

7. **Company Banking Details:**

Name and address of principal bankers:

\_\_\_\_\_

\_\_\_\_\_

Include a letter from principal bank confirming credit status of Bidder.

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

\_\_\_\_\_

## Annex D – Subcontractor Company Information (continued)

**9. Number of Employees/Bermudians**

Please indicate the total number of persons employed by the subcontractor and the number and percentage of Bermudian employees.

|                                 |  |
|---------------------------------|--|
| <b>TOTAL NUMBER OF STAFF</b>    |  |
| <b>NUMBER OF BERMUDIAN</b>      |  |
| <b>NUMBER OF NON-BERMUDIANS</b> |  |
| <b>PERCENTAGE OF BERMUDIANS</b> |  |

**10. Attach a copy of the Company`s Certificate of Incorporation (if applicable)**

**11. Safety, Health and Environmental Policies**

Please indicate whether the company has a (i) safety and health policy, (ii) sustainable goods and/or services policy, and/or (iii) an environmental policy. If so, then please provide a copy.

Copies are attached    Yes\_\_\_\_\_ No\_\_\_\_\_

**12. Do you offer apprenticeships/training opportunities? \_\_\_\_\_**

**Apprenticeships/training opportunities**

Please indicate whether the company offers apprenticeships or training opportunities. If no apprenticeship or training opportunities exist, then indicate below. (Add more lines as needed)

| NUMBER | NAME | NON<br>BERMUDIAN | BERMUDIAN | APPRENTICESHIPS OR TRAINING OFFERED<br>BY YOUR COMPANY (month/year) |
|--------|------|------------------|-----------|---|
|        |      |                  |           |   |
|        |      |                  |           |   |
|        |      |                  |           |   |

**13. By signing this Annex D, I certify this information provided is true and correct.**

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Date: \_\_\_\_\_