

Bidders Pre-Qualification Questionnaire  
For ONSHORE/OFFSHORE EPCI  
HOKCHI PROJECT



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## Instructions for completing this Pre-Qualification Questionnaire

Please answer all questions within the box of the relevant section. Where space does not allow, attach and reference additional documentation. For those questions that do not apply, indicate "N/A." Failure to complete all sections may result in rejection of the pre-qualification request.

### Documentation required with submittal

Please attach copies or provide links to each of the following documents when submitting the completed Pre-Qualification form. Indicate "N/A" if not relevant to your business.

#### General

- Organization Chart
- Company Presentation
- Corporate structure diagram (ultimate parent company and subsequent layers up to Bidder organization, and from Bidder to its affiliates)
- Sales Summary of the last three years (including executed Projects and Final User location)

#### Ethics and Financial

- Ethics Charter/Policy
- Dunn & Bradstreet Report or Equivalent
- Full consolidated financial statement for the last three fiscal years

#### Quality

- Quality Manual
- ISO 9001 Certificate
- API, ASME, or other Certificate
- Quality Organization Chart

#### HSE

- Liability Insurance Certificate
- OSHA 300 Forms (most recent three years - no names) or equivalent regulating authority logs
- OHSAS 18001
- ISO 14001
- EMR Documentation (from Company's insurance carrier) or equivalent regulating authority logs
- Accident/Incident Investigation Procedure
- HSE Procedures and Standards Manual
- HSE Training Program Outline
- Hazard Communication Program
- Substance Abuse Program
- Unsafe Condition Reporting Procedure

1. General Information	
1A. Company Information	
<b>Company Information</b>	
Company's Name:	Physical Address:
Main Shareholder/Owner:	
Parent Company Subsidiaries:	
Parent Company's Percent Ownership of Each Subsidiary:	
Complete Legal Name:	DBA Name (if different):
Physical Address:	Mailing Address:
	PO Box:
Main Phone Number: ( ) -	Main Fax Number: ( ) -
Company Website:	Email: <i>(note: to be used for receipt of quote requests and purchase orders)</i>
<b>Company Contact Information</b>	
Contact Name:	Title/Department:
Phone Number: ( ) -	Email:
Supplier Questionnaire Completed by:	Date: <u>  </u> / <u>  </u> / <u>  </u>
<b>Parent Company Information</b>	
Company's Name:	Physical Address:
Main Shareholder/Owner:	
Ultimate Parent Company Subsidiaries:	
Ultimate Parent Company's Percent Ownership of Each Subsidiary:	
Complete Legal Name:	DBA Name (if different):
Physical Address:	Mailing Address:
	PO Box:
Main Phone Number: ( ) -	Main Fax Number: ( ) -
Company Website:	Email: <i>(note: to be used for receipt of quote requests and purchase orders)</i>
<b>Type of Supplier</b>	
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Fabrication <input type="checkbox"/> Distributor <input type="checkbox"/> Services <input type="checkbox"/> Broker <input type="checkbox"/> Agent <input type="checkbox"/> Subcontractor <input type="checkbox"/> Other: .....	
<b>Registration</b>	
Country of Registration:	Registered Office:
Date of Registration: <u>  </u> / <u>  </u> / <u>  </u>	Registration Number/VAT ID:
State/Province & Country of Incorporation:	
State/Federal/Municipal ID:	
1B. Ethics	

Is your company ready to adhere to the principles of Hokchi's Ethics Charter?

*Note:* See attached Business Ethics Charter

Does your company represent in any capacity the services of any foreign government, foreign state official, or representative – including but not limited to customs officials, immigration officials, or employees of national oil companies?  Yes  No

If "yes," provide a list of the foreign governments, officials, representatives, or national oil companies that you interface with, or have been in contact with, over the last five years:

### 1C. Sustainable Development

Is your company ready to adhere to the principles of Hokchi's Sustainable Operation Policy?

*Note:* See attached Hokchi Sustainable Operation Policy

Does your company have a Sustainable Operation and/or Corporate Social Responsibility Policy?

Yes  No

If "yes," provide evidence.

Is your company listed in ESG (Environment, Social & Governance) topics by rating agencies such as DJSI, Vigeo, Sustainalytics, Ecovadis, FTSE, EIRIS, CDP, etc.?  Yes  No

If "yes," provide evidence over the last three years.

Does your company assess carbon emissions?  Yes  No

If "yes," provide evidence.

Has your company signed or publicly acknowledged their adherence to the UN Universal Declaration of Human Rights or to the ILO Principles or to Global Compact or to another scheme?  Yes  No

If "yes," provide evidence.

**Legal**

(If any of the answers below is “yes,” please explain details in an attachment.)

Have there been any judgments/claims/suits pending against your company in the last three years?

Yes  No

Has your company ever filed for insolvency protection under any bankruptcy or reorganization proceeding?

Yes  No

Has your company ever been cited for an export compliance violation?

Yes  No

Are all documents pertaining to this questionnaire available for auditing?

Yes  No

If “no,” please explain:

**1E. Finance**

			Parent Company	Subsidiary/Division
<b>Balance Sheet and Profit &amp; Loss</b>				
Dun & Bradstreet/KBIS/RCS number				
Banking Reference:				
Bonding Reference:				
Current Bond Capacity:				
<b>Balance Sheet and Profit &amp; Loss</b>				
Annual reports must be attached to this prequalification.				
Currency				
Paid up capital				
1. Gross Revenue/Turnover for each of the last three years	Year	20..		
	Year	20..		
	Year	20..		
2. Value of assets				
3. Value of liabilities				
4. Value of outstanding invoices				
5. Value of work in progress				
6. Value of factored accounts receivable				

**1F. Personnel**

			Parent Company	Subsidiary/Division
Provide names of key personnel				
Chairman of the Board (CEO):				
President:				
Managing Director:				
Sales Manager:				
Production Manager:				

Engineering Manager:		
Purchaser Manager:		
Safety Manager:		
QA/QC Manager:		
Construction/Installation Manager:		
Inspection Manager:		
Other key personnel:		
Other key personnel:		

**1G. Factory/Site Information**

*(where work/service is being performed)*

Factory/Site Name:	
Mailing Address:	
Physical Address:	
Phone Number: (    )    -	
Fax Number: (    )	
Yearly production capacity (unit to be indicated):	
Average Yearly production (last 3 years):	
Number of employees (by trade):	

**Additional Factory (if any)**

*(where work/service is being performed)*

Factory /Site Name:	
Mailing Address:	
Physical Address:	
Phone Number: (    )    -	
Fax Number: (    )	
Yearly production capacity (unit to be indicated):	
Average yearly production (last three years):	
Number of employees (by trade):	

## 2. Products and/or Services Provided and References

Define each product or service provided and present most significant references from the past five years.

1: Describe product or service:

Client/Customer	Project, Location	Production Site (as per Section 1G, if applicable)	Value of contract (approx., in USD)	Client Reference	Quality Standards	e-mail and/or Phone
a)						
b)						
c)						
d)						
e)						

2: Describe product or service:

Client/Customer	Project, Location	Production Site (as per Section 1G, if applicable)	Value of contract (approx., in USD)	Client Reference	Quality Standards	e-mail and/or Phone
a)						
b)						
c)						
d)						
e)						



3: Describe product or service:						
Client/Customer	Project, Location	Production Site (as per Section 1G, if applicable)	Value of contract (approx., in USD)	Client Reference	Quality Standards	e-mail and/or Phone
a)						
b)						
c)						
d)						
e)						

4: Describe product or service:						
Client/Customer	Project, Location	Production Site (as per Section 1G, if applicable)	Value of contract (approx., in USD)	Client Reference	Quality Standards	e-mail and/or Phone
a)						
b)						
c)						
d)						
e)						

### 3. Health, Safety & Environmental (HSE)

#### 3A. Insurance

The information requested must be for the division/branch that is performing/providing the work, service, etc., for your company. Do not provide overall statistics at a national or international level.

##### Company Insurance Information

Contact:	Title:
Telephone: ( ) -	Email:
Insurance Carrier(s):	
Plan Name:	Amount of Coverage (Deductible):

##### Workers Compensation Information

Is your company self-insured for Worker's Compensation Insurance?  Yes  No

Contact:	Title:
Telephone: ( ) -	Email:

Worker Compensation Experience Modification Rate (EMR) for the last three years:

EMR:  Year:       EMR:  Year:       EMR:  Year:

#### 3B. HSE Performance

##### Injury and Illness Data

Employee hours worked the last three years (excluding subcontractors):

Hours:  Year:       Hours:  Year:       Hours:  Year:

Provide the following data from the past three years (excluding subcontractors):

	Year: <input type="text"/>		Year: <input type="text"/>		Year: <input type="text"/>	
	No.	Rate	No.	Rate	No.	Rate
Number of occupational injuries/illnesses						
Number of occupational fatalities						
Number of lost workdays						
Number of restricted work activity cases						
Number of medical treatment cases						
<b>Lost workdays</b> Cases involving days away from work (from <b>1st</b> day missed). Lost Workday Rate Formula: $\frac{(\text{No. Lost Workdays Cases} \times 200,000)}{(\text{Total Hours Worked})}$						

<b>Total Recordable Injury Rate</b> TRIR = (Fatalities + Lost Workday Cases + Restricted Duty Cases + Medical Treatment Cases) / (Total Hours Worked) X 200,000 <small>(No. Lost Workdays Cases X 200,000) / (Total Hours Worked)</small>					
Has your company received any regulatory citations in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your company hold certifications for OHSAS 18001? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your company hold certifications for ISO 14001? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please attach copies. Will Hokchi employees require access to work areas at your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>3C. HSE Management</b>					
Highest ranking HSE professional in the Company:					
Title:					
Telephone: (    ) -					
Email:					
<b>3D. HSE Programs and Procedures</b>					
1) Does your company have a formal HSE Management System? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please submit the manual.					
2) Inspections and Audits					
a. Does your company conduct HSE inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No					
b. Does your company conduct HSE program audits? <input type="checkbox"/> Yes <input type="checkbox"/> No					
c. Does your company conduct risk assessments? <input type="checkbox"/> Yes <input type="checkbox"/> No					
d. Does your company conduct RCA for incident reporting and investigations? <input type="checkbox"/> Yes <input type="checkbox"/> No					
e. Does your company conduct HSE training sessions? <input type="checkbox"/> Yes <input type="checkbox"/> No					

#### 4. Quality Assurance/Quality Control (QA/QC)

*The information requested must be for the division that is providing the work/service.*

##### 4A. Quality Certification

Is your company/division ISO 9001 certified?  Yes  No

If "yes," please attach a copy of the certificate.

Certification Registrar:

Date of certification:  /  /

Accredited body of the certification body:

If not ISO Certified, is your Quality System ISO Compliant?  Yes  No

Other certifications:

API  ABS  ASME  Other:

##### 4B. QA/QC Systems and Procedures

Does your company have a written procedure for the following?

- |                                       |                              |                             |
|---------------------------------------|------------------------------|-----------------------------|
| a. Control of Documents               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Control of Records                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Internal Audits                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Control of Non-Conforming Products | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Corrective Action                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Preventive Action                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Control of Suppliers               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

##### 4C. QA/QC Documentation and Records

1) Are documented records available for the following? If "no," please explain.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Competency, training, and/or certification for all personnel (direct and contract) for the jobs they are performing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Review of customer purchase order documents by your designated personnel prior to the commencement of any work?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Non-conforming product/material is segregated/identified in such a manner as to prevent use?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are document changes controlled and communicated to relevant personnel?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Are products/materials traceable throughout the entire process?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. QA/QC Inspection release records (In-Process, Testing, Final Inspection, etc.)?                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Please describe the following processes (include document reference title and numbers from Quality Manual).	
a. CAR review process:	
b. Prevention of use of superseded documents:	
c. Identification, disposition, and control of nonconforming product/material:	
d. Qualification and performance evaluation of subcontractors:	
e. Quality assurance for subcontracted work:	
f. Deviation request process:	
g. Control of design software:	
3. Can you submit written procedures for the processes used to perform the work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are client audit records available for Hokchi's review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you able to provide written notification at least 10 days in advance of any hold or witness points?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4D. QA/QC Management</b>	
Highest ranking QA/QC professional in the company:	
Title:	
Telephone: ( ) -	
Email:	
Does the person responsible for QA/QC have reporting lines independent of the manufacturing/fabrication organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4E. QA/QC Organization</b>	
Number of employees in QA/QC area:	
Total number of employees:	
Telephone: ( ) -	
<b>4F. QA/QC General</b>	
Are all documents pertaining to this questionnaire available for Hokchi's review?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Project Pre-Qualification		<i>The information requested must be supplied and is used for the basis of Pre-Qualification.</i>
<b>5A. Relevant Project experience</b>		
Question	Pre-Qualification Criteria	Supplier's Comments
List of projects designed under Mexican norms and standards	At least 3 projects in the last 10 years	
List of projects similar (in technical scope and size) to the one in the scope	At least 3 projects in the last 10 years	
List of projects executed in Mexico	At least 3 projects in the last 10 years	
List of projects executed in Tabasco	Addition merit basis consideration given for local experience	
List of projects executed using National Content criteria under Mexican regulations	At least 2 projects	
<b>5B. Bid Compliance</b>		
Question	Pre-Qualification Criteria	Supplier's Comments
Confirmation from bidder that it shall agree to review and endorse the early basic engineering provided during tender phase	Response of Yes Required. Attached Form is required.	
Confirmation from bidder that it shall agree to issue a 5% (of proposed Contract price) Bid bond (Stand by letter) guaranteeing the seriousness of the offer they will present upon submission of the Tender.	Response of Yes Required. Attached Form is required.	
Signed confidentiality agreement required for tender phase	Attached Confidentiality agreement is required.	
Signature on compliance of national content	Attached Form is required.	
<b>5C. Subcontracting/JV and Partnerships OFFSHORE EPCI</b>		
Does your company plan to subcontract any of the work?	No Criteria	
Bidder shall specify if the following parts of the scope will be executed using their own resources (In-House) or using a subcontractor: (Bidder shall provide list of potential subcontractors)	For items 1-11, Bidder must have a minimum of 55% In-house capability and demonstrate capabilities in subcontracted portions.	
1. Project management	Must be In-House	

2. Platforms engineering (basic and detailed)	Must be In-House	
3. Pipeline engineering	(*)	
4. Umbilical engineering	(*)	
5. Procurement and Logistics	Must be In-House	
6. Platforms fabrication	(*)	
7. Platforms transportation	(*)	
8. Platforms and pipeline installation	(*)	
9. Vessel (own / rented / subcontracted)	(*)	
10. Mechanical Completion/Commissioning	(*)	
11. Startup	(*)	
<p>(*) If not In-House, must demonstrate previous experience in JV or partnership or subcontracting that portion of the scope. Provide experience demonstrating know how and direct responsibility for the result of the subcontracted scope. To be evaluated on a case-by-case basis. Provide a subcontractors list for this project for the portions to be subcontracted.</p>		
<b>5D. Subcontracting/JV and Partnerships ONSHORE EPCI</b>		
Does your company plan to subcontract any of the work?	No Criteria	
Bidder shall specify if the following parts of the scope will be executed using their own resources (In-House) or using a subcontractor: (Bidder shall provide list of potential subcontractors)	For items 1-8, Bidder must have a minimum of 55% In-house capability and demonstrate capabilities in subcontracted portions.	
1. Project management activities	Must be In-House	
2. Engineering (basic and detailed)	Must be In-House (Note: up to 30% of Detailed engineering can be subcontracted)	
3. Civil Works	(*)	
4. Electromechanical works	(*)	

5. Procurement and Logistics	Must be In-House	
6. Interface management	Must be In-House	
7. Mechanical Completion/Commissioning	(*)	
8. Startup	(*)	
<p>(*) If not In-House, must demonstrate previous experience in JV or partnership or subcontracting that portion of the scope. Provide experience demonstrating know how and direct responsibility for the result of the subcontracted scope. To be evaluated on a case-by-case basis. Provide a subcontractors list for this project for the portions to be subcontracted.</p>		
<b>5E. Financial Condition</b>		
Company to supply complete financial statements of bidder, audited by a reputable firm, from the last 3 years	Supply of reports to be provided. Pre-qualification criteria based in company size and financial health, to be analyzed on a case by case basis.	
Company to supply complete updated financial statements of the ultimate Parent Company and the subsequent layers, audited by a reputable firm, from the last 3 years	Supply of reports to be provided. Pre-qualification criteria based in company size and financial health, to be analyzed on a case by case basis.	
<b>5F. Joint Venture</b>		
Does your company plan to enter into any Joint Venture agreement to perform this work?		
If "Yes", declare it in Form D.2	No more than 2 companies will be accepted as part of a Joint Venture.	
If "yes", Each company is required to bring capabilities and experience relevant to the execution of the project.	Companies acting as "financial partners" or contributing only with the balance sheet but without specific capabilities and experience relevant to the Project will not be accepted.	
If "yes", clarify if companies integrating the Joint Venture have worked together as associates in the last two (2) years.	Lack of compliance with minimum requirements in sections 5A, 5C and 5D may be considered accomplished if the associated company has achieved the requirement and both companies have worked together in the last 2 years. To be analyzed in a case by case basis. Not applicable for sections 5B	



	and 5E.	
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END