



Subcontractor Data Collection Form

The Bering Sea Group is committed to providing opportunities to Small Businesses with a wide range of backgrounds. Information collected will be placed in a database for future use to help in the selection of subcontractors as contract opportunities become available. If you would like more information about this process please contact Director of Contracting, Mike Taylor at mtaylor@beringseagroup.com or call (907)762-8520.

Subcontractor Information	Name of Subcontractor:				Date:		
	Address:						
	City:		State:		Zip Code:		
	Contact Name:						
	Phone:		Email:				
	Alternate Contact Information:						
	Have you done business with a Bering Sea Group company in the past?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Primary North American Industry Classification System (NAICS) Code:						
	Secondary NAICS Code:				DUNS No.:		
	Employer Identification No. (EIN):				CAGE Code:		
Form of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____							
Business Status (check all that apply):							
<input type="checkbox"/> Small Business <input type="checkbox"/> Woman Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Disabled Veteran Owned <input type="checkbox"/> HUB Zone <input type="checkbox"/> Minority Owned (specify: _____) <input type="checkbox"/> 8(a) Certified							
Workers Compensation Experience Modification Rating (EMR) for last 3 years:							
Current: _____ Year 2: _____ Year 3: _____							
Annual Gross Revenue (last three completed fiscal years):							
Current: _____ Year 2: _____ Year 3: _____							
Average Number of Employees (last fiscal year): _____							
Are there any judgments, claims or suite pending against your company?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been involved in any bankruptcy or reorganization Proceedings?					<input type="checkbox"/> Yes* <input type="checkbox"/> No		
Have you received any regulatory (EPA, OSHA, etc.) citations in last three years?					<input type="checkbox"/> Yes* <input type="checkbox"/> No		
Do you have a written Health & Safety Program?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a Substance Abuse Program (pre-employment, for-cause, and random testing)?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your company NIST 800-171 / DFARS 252.204-7012 Cybersecurity compliant?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been debarred, or proposed for debarment, for federal contract opportunities?					<input type="checkbox"/> Yes* <input type="checkbox"/> No		
BSG Verified: _____							
Required Documentation:							
<ul style="list-style-type: none"> • OSHA 300 Reports (past three years); • Signed Form W-9 (attached); • Signed Automated Clearing House (ACH) authorization (attached) • Table of Contents of Health and Safety Program (if applicable) 							

** A detailed response to a "yes" response is required.
 Please email completed form to contracting@bseak.com. For questions please call (907) 278-2311 (ask for contracting department).*