

Directions: Please return the completed and signed form with your proposal or to the NGS associate that requested the information. Any questions may be directed to Purchasing.asf@anthem.com.

A. COMPANY INFORMATION

1. Company Profile

Company Full Legal Name: _____ Year founded: _____
 Company Mailing Address: _____ Point of Contact Name: _____
 Street: _____ Contact Phone #: _____
 City, State, Zip Code: _____ Contact Email: _____
 Stock Symbol (if publicly traded): _____ Annual Revenues (3 yr. average): \$ _____
 Federal Tax ID: _____ Dunn & Bradstreet Number: _____
 Number of Employees: _____

(For number of employees & annual revenues, include all affiliates. Franchisees may not need to include franchisors as affiliates.)

2. Type of Ownership:

Sole Proprietor Partnership Corporation LLC Non-Profit Other (specify) _____

3. Parent Company Name (if applicable): _____ Company website: _____

Stock Symbol (if publicly traded): _____ Parent Co. Mailing Address: _____

4. Primary NAICS Code: _____ **Secondary NAICS Code:** _____

5. Company Type: (check all appropriate boxes)

Manufacturer Distributer Service Provider Re-Seller Temporary/Staff Augmentation Company
 Other (please specify) _____

6. Type of Products or Services Offered by Your Company:

7. Competitive Qualities: What distinguishes your product or service from your competitors?

8. Quality Certification/Awards/Honors: _____

9. Previous Business: Have you previously conducted business with NGS, one of its predecessor companies, or with its parent company Anthem, Inc.?

Yes No

If yes, provide name of NGS affiliate and department, contact name and phone number, type of work performed, approximate dates, & dollar value.

10. References: Please list the 3 largest revenue-producing contracts/subcontracts that you currently hold.

| Client – Company or Agency Name | Contact Name | Contact Phone # & Email Address | Brief Description of Work | Contract Number | Business Dollar Volume | Start & End Dates (MM/YYYY) |
|---------------------------------|--------------|---------------------------------|---------------------------|-----------------|------------------------|-----------------------------|
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11. **U.S. Geographic Area Serviced by Your Company**

B. GOVERNMENT CONTRACTING

1. **Government Contracting:** Is your company currently or has it previously been debarred, excluded, or suspended from Government contracting?

Yes No

If yes, please give reason and dates: _____

2. **GSA Schedule Contract:** Is your company a GSA Schedule Contractor? Yes No

If yes, provide GSA Schedule Contract number(s): _____

3. **System for Award Management (SAM.gov):** Is your company registered in SAM? Yes No

If yes, what is your CAGE Code: _____

4. **Accounting System:** Has your accounting system been audited by DCAA? Yes No

If yes, date and details: _____

5. **Estimating System:** Has your Estimating system been audited by DCAA? Yes No

If yes, date and details: _____

6. **Procurement System:** Has your Procurement system been audited by DCMA? Yes No

If yes, date and details: _____

7. **Earned Value Management System:** Has your company had experience with EVMS system? Yes No

If yes, date and details: _____

8. **Bonding:** Is your company able to provide Bid, Payment and Performance bonds? Yes No

If yes, date and details: _____

I have the authority to provide such information on behalf of my company.

Signature: _____

Name: _____

Title: _____

Date: _____