**RFP FORM G**

**OFFEROR’S ADDITIONAL REPRESENTATIONS**

Offeror represents to Triad as follows: [Check all that are applicable to proposed subcontract.]

If applicable, Offeror can meet the insurance requirements contained in the model subcontract Special Condition, SC-10(x) *Insurance Requirements*.

If applicable, Offeror can meet the requirements contained in the model subcontract Exhibit F, Environmental, Safety and Health Requirements.

If applicable, Offeror can meet the requirements contained in the model subcontract Exhibit G, Security Requirements.

If applicable, Offeror can meet the requirements contained in the model subcontract Exhibit H, Quality Assurance Requirements.

Offeror:

Signature of the Officer or Employee responsible for this submittal

Typed Name and Title of the Officer or Employee

Date

**NOTE:** **THIS FORM IS FOR PROPOSAL EVALUATION AND WILL NOT BE PART OF THE SUBCONTRACT.**