**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.**