

**NEW YORK STATE DEFERRED COMPENSATION PLAN
VENDOR RESPONSIBILITY QUESTIONNAIRE
(ADM-288-dc, Revised March 2007)**

1. VENDOR IS: <input type="checkbox"/> PRIME CONTRACTOR <input type="checkbox"/> SUB-CONTRACTOR		
2. VENDOR'S LEGAL BUSINESS NAME:	3. IDENTIFICATION NUMBERS: a) FEIN #: b) DUNS #:	
4. D/B/A – Doing Business As (if applicable) & COUNTY FILED:	5. WEBSITE ADDRESS (if applicable):	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE:	7. TELEPHONE NUMBER:	8. FAX NUMBER:
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE IN NEW YORK STATE, if different from above:	10. TELEPHONE NUMBER:	11. FAX NUMBER:
12. PRIMARY PLACE OF BUSINESS IN NEW YORK STATE IS: <input type="checkbox"/> Owned <input type="checkbox"/> Rented If rented, please provide landlord's name, address, and telephone number below:	13. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE: Name: Title: Telephone Number: Fax Number: e-mail:	
14. VENDOR'S BUSINESS ENTITY IS: (please check appropriate box below and provide additional information):		
a) <input type="checkbox"/> Business Corporation	Date of Incorporation:	State of Incorporation*:
b) <input type="checkbox"/> Sole Proprietor	Date Established:	
c) <input type="checkbox"/> General Partnership	Date Established:	
d) <input type="checkbox"/> Not-for-Profit Corporation	Date of Incorporation:	State of Incorporation*: Charities Registration Number:
e) <input type="checkbox"/> Limited Liability Company (LLC)	Date Established:	
f) <input type="checkbox"/> Limited Liability Partnership	Date Established:	
g) <input type="checkbox"/> Other – Specify:	Date Established:	Jurisdiction Filed (if applicable):
* If not incorporated in New York State, please provide a copy of authorization to do business in New York. (www.dos.state.ny.us)		
15. PRIMARY BUSINESS ACTIVITY: (Please identify the primary business categories, products, or services provided by your business.)		

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16. NAME OF WORKERS' COMPENSATION INSURANCE CARRIER:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. The Vendor is legally exempt from obtaining workers' compensation insurance coverage. b. The Vendor has obtained workers' compensation insurance coverage from an insurance carrier. c. The Vendor is self-insured or participates in an authorized group self-insured plan. d. The Vendor is legally exempt from obtaining disability benefits insurance coverage. e. The Vendor has obtained disability benefits insurance coverage from an insurance carrier. f. The Vendor is self-insured. g. Acceptable proof of coverage or exemption from coverage is included herewith.			
It is mandatory that you include acceptable proof of coverage or exemption from coverage. Please see Attachment A to this questionnaire – Workers' Compensation and Disability Benefits Insurance Coverage for what constitutes acceptable proof.			
17. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS AND ALL OFFICERS WHO DIRECT THE DAILY OPERATIONS OF THE VENDOR (Attach additional pages if necessary):			
a) NAME (print):	TITLE:	b) NAME (print):	TITLE:
c) NAME (print):	TITLE:	d) NAME (print):	TITLE:
A detailed explanation is required for each question below answered with a "Yes," and must be provided as an attachment to the completed questionnaire. You must provide adequate details or documents to aid the contracting agency in making a determination of vendor responsibility. Please number each response to match the question number.			
18. Tax Law §5-a Compliance (ST-220-TD and ST-220-CA)			
Pursuant to Tax Law §5-a, certain contractors seeking to enter into contracts with the Deferred Compensation Board are required to certify to the New York State Department of Taxation and Finance that the contractor, and, to the best of the contractor's knowledge, any affiliates and subcontractors, are registered to collect state sales and compensating use tax, that the contractor and, to the best of the contractor's knowledge, any affiliates and subcontractors, did not have sales with New York State of tangible personal property or taxable services in excess of \$300,000 during the immediately preceding four consecutive sales tax quarters. The contractor must also certify in writing to the procuring agency that the requisite certification has been made to New York State Department of Taxation and Finance, or that the certification is not required to be filed, and that the certification is correct and complete			
Vendors must complete the forms ST-220-TD and ST-220-CA if the total cumulative value of the contract, including the original contract award value, and any amendments, extensions, or renewals, exceeds \$100,000.00. General information on this requirement, including links to Publication 223, Questions and Answers Concerning Tax Law Section 5-a, and Forms ST-220-TD and ST-220-CA, can be obtained on the New York State Office of the State Comptroller's Web site at http://nysosc3.osc.state.ny.us/agencies/gbull/g222a.htm .			
a. The vendor has submitted a fully completed ST-220-TD to the New York State Department of Taxation and Finance.			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
b. The vendor has submitted a fully completed ST-220-CA, Contractor Certification, to THE BOARD.			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			

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<p>19. Is the Vendor certified in New York State as (please check all that are applicable):</p> <p><input type="checkbox"/> Minority Business Enterprise (MBE) <input type="checkbox"/> Women’s Business Enterprise (WBE) <input type="checkbox"/> Disadvantaged Business Enterprise (DBE)?</p> <p>Please provide a copy of any of the above certifications that apply.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>20. Does the Vendor use, or has it used in the past ten (10) years, any other Business Name, FEIN, or D/B/A other than those listed in items 2-4 above?</p> <p>List all other business name(s), Federal Employer Identification Number(s), or any D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>21. Are there any individuals now serving in a managerial or consulting capacity to the Vendor, including principal owners and officers, who now serve or in the past three (3) years have served as:</p> <p>a. An elected or appointed public official or officer? List each individual’s name, business title, the name of the organization and position elected or appointed to – with applicable service dates.</p> <p>b. A current or former full or part-time employee in a New York State agency or as a consultant, in their individual capacity, to any New York State agency? List each individual’s name, business title or consulting capacity, and the New York State agency name and employment position - with applicable service dates.</p> <p>c. If yes to item #21b, did this individual perform services related to the Solicitation, negotiation, operation and/or administration of public contracts for the BOARD? List each individual’s name, business title or consulting capacity, and the New York State agency name, and consulting/advisory position - with applicable service dates. List each contract name and assigned NYS number.</p> <p>d. If yes to #21b, did this/these individuals perform similar services to those by the RFP?</p> <p>e. An officer of any political party organization in New York State, whether paid or Unpaid? List each individual’s name, business title or consulting capacity, and the official political party position held – with applicable service dates.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>22. Within the past five (5) years, have any of the following individuals</p> <ul style="list-style-type: none"> • the vendor; • any individuals serving in managerial or consulting capacity; • owners; • officers; • major stockholder(s) (10% or more of the voting shares for publicly traded companies, 25% or more of the shares for all other companies); • affiliate¹ • or any person involved in the bidding or contracting process: 	

¹ “Affiliate” meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners who own more than 50% of the voting stock of the vendor; or (c) any entity, whose voting stock is more than 50% owned by the same individual, entity, or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity’s daily operations, that entity will be an “affiliate” for purposes of this questionnaire.

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<p>a) 1. been suspended, debarred or terminated by a local, state, or federal authority in connection with, a contract or contracting process;</p> <p>2. been disqualified for cause as a bidder on any permit, license, concession franchise, or lease;</p> <p>3. entered into an agreement to a voluntary exclusion from bidding/contracting;</p> <p>4. had a bid rejected on a New York State contract for failure to comply with the MacBride Fair Employment Principles;</p> <p>5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract;</p> <p>6. had status as a Women’s Business Enterprise, Minority Business Enterprise, or Disadvantaged Business Enterprise denied, de-certified, revoked, or forfeited;</p> <p>7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state, or federal government contract;</p> <p>8. been denied an award of a local, state, or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or</p> <p>9. had a local, state, or federal government contract suspended or terminated for cause prior to the completion of the term of the contract?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>22. b) been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state, or federal law including but not limited to, fraud, extortion, bribery, racketeering, price-fixing, bid collusion, or any crime related to truthfulness and/or business conduct?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>22. c) been issued a citation, notice, or violation order, or are pending an administrative hearing or proceeding or determination for violations of:</p> <p>1. federal, state, or local health laws, rules or regulations, including but not limited to Occupational Safety & Health Administration (OSHA) or New York State labor law;</p> <p>2. state or federal environmental laws;</p> <p>3. unemployment insurance or workers’ compensation coverage or claim requirements;</p> <p>4. Employee Retirement Income Security Act (ERISA);</p> <p>5. federal, state, or local human rights laws;</p> <p>6. civil rights laws;</p> <p>7. federal or state security laws;</p> <p>8. Federal Immigration and Naturalization Services (INS) and Alienage laws;</p> <p>9. state or federal anti-trust laws; or</p> <p>10. charity or consumer laws?</p> <p>For any of the above, detail the situation(s), the date(s), the name(s), title(s), address(es) of any individuals involved and, if applicable, any contracting agency, specific details related to the situation(s), and any corrective action(s) taken by the vendor.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>23. In the past three (3) years, has the vendor or its affiliates had any claims, judgments, injunctions, liens, fines, or penalties secured by any governmental agency?</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien, or other and provide an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open or unsatisfied, indicate the status of each item as “open” or “unsatisfied.”</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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<p>24. Has the vendor (for profit and not-for profit corporations) or its affiliates, in the past three (3) years, had any governmental audits that revealed material weaknesses in its system of internal controls, compliance with contractual agreements, and/or laws and regulations or any material disallowances?</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. Detail the type of material weakness found or the situation(s) that gave rise to the disallowance, any corrective action taken by the vendor and the name of the auditing agency.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>25. Is the vendor exempt from income taxes under the Internal Revenue Code?</p> <p>Indicate the reason for the exemption and provide a copy of any supporting information.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>26. During the past three (3) years, has the vendor failed to:</p> <p>a) file returns or pay any applicable federal, state, or city taxes? Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability.</p> <p>b) file returns or pay New York State unemployment insurance? Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>27. Have any bankruptcy proceedings been initiated by or against the vendor or its affiliates within the past seven (7) years (whether or not closed) or is any bankruptcy proceeding pending by or against the vendor or its affiliates regardless of the date of filing?</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. If it is an affiliate, indicate the affiliate's name and FEIN. Provide the court name, address, and docket number. Indicate if the proceedings have been initiated, remain pending, or have been closed. If closed, provide the date closed.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>28. Is the vendor currently insolvent, or does vendor currently have reason to believe that an involuntary bankruptcy proceeding may be brought against it?</p> <p>Provide financial information to support the vendor's current position. For example: Current Ratio, Debt Ratio, Age of Accounts Payable, Cash Flow, and any documents that will provide the agency with an understanding of the vendor's situation.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>29. Has the vendor been a contractor or subcontractor on any contract with any New York State agency in the past five (5) years?</p> <p>List the agency name, address, and contract effective dates. Also provide state contract identification number, if known.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. In the past five (5) years, has the vendor or any affiliates:</p> <p>a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded;</p> <p>b) received an overall unsatisfactory performance assessment form any government agency on any contract; or</p> <p>c) had any liens or claims over \$25,000 filed against the firm which remain undischarged or were unsatisfied for more than 90 days?</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor, and the name of the contracting agency.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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Attachment A

**WORKERS' COMPENSATION AND
DISABILITY BENEFITS INSURANCE COVERAGE**

Workers' Compensation Requirements under WCL §57.

A vendor seeking to enter into a contract or purchase order with the New York State Deferred Compensation Board ("the Board") must provide evidence of compliance with the Workers Compensation Law. To comply with the coverage provisions of the Workers' Compensation Law, a vendor must:

- A) be legally exempt from obtaining workers' compensation insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be self-insured or participate in an authorized group self-insured plan.

Therefore, to assist the State in enforcing Section 57 of the Workers' Compensation Law, a vendor **must** provide **one** of the following forms to the Board before a contract can be approved:

1. Acceptable evidence of exemption from law:
 - A. **WC/DB-100** - Affidavit for New York entities and any out-of-state entities with no employees, that New York State Workers' Compensation and/or Disability Benefits insurance coverage is not required; **or**
 - B. **WC/DB-101** - affidavit that an out-of-state or foreign employer working in New York State does not require specific New York State workers' compensation and/or disability benefits insurance coverage;

(These affidavits must be stamped as received by the NYS Workers' Compensation Board)

OR

2. Acceptable evidence of coverage under the law:
 - A. **C-105.2** – Certificate of Workers' Compensation Insurance (a vendor's insurance carrier will send this form to the Board on request); **or**
 - B. **SI-12** – Certificate of Workers' Compensation Self-Insurance (the vendor can obtain this Certificate by calling the Workers' Compensation Board's Self-Insurance Office at 518-402-0247); **or**
 - C. **GSI-205.2** – Certificate of Participation in Workers' Compensation Group Self-Insurance (the vendor's Group Self-Insurance Administrator will send this form to the Board on request).

PLEASE NOTE: Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are not authorized to issue it.

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DISABILITY BENEFITS REQUIREMENTS UNDER WCL §220 SUBDIVISION 8

To comply with coverage provisions of the Disability Benefits Law, a vendor business may:

- A) be legally exempt from obtaining disability benefits insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be self-insured

Therefore, to assist the State in enforcing Section 220 subdivision 8 of the Disability Benefits Law, a vendor **must** provide **one** of the following forms to the Board before a contract can be approved:

1. Acceptable evidence of exemption from law:
 - A. **WC/DB-100** - Affidavit for New York entities and any out-of-state entities with Benefits insurance coverage is not required; **or**
 - B. **WC/DB-101** - affidavit that an out-of-state or foreign employer working in New York State does not require specific New York State workers' compensation and/or disability benefits insurance coverage;

(These affidavits must be stamped as received by the NYS Workers' Compensation Board)

OR

2. Acceptable evidence of coverage under the law:
 - A. **DB-120.1** – Certificate of Disability Benefits Insurance (a vendor's insurance carrier will send this form to the Board on request); **or**
 - B. **DB-820/829** Certificate/Cancellation of Insurance (a vendor's insurance carrier will send this form to the Board on request); **or**
 - C. **DB-155** – Certificate of Disability Benefits Self Insurance (the vendor can obtain this Certificate by calling the Workers' Compensation Board's Self-Insurance Office at 518-402-0247.

If you have any questions or require additional information, please contact the Workers' Compensation Board, Bureau of Compliance, at (518) 486-6307. The above forms are available at: www.wcb.state.ny.us under "common forms" and must be notarized and returned to the address or fax number on the form. The Workers' Compensation Board will send back a stamped copy, to your firm which must accompany the "Questionnaire" being sent to the Board.