**Annex 4**

**Company Overview**

**The Bidder shall provide proof that it has minimum of three (3) years of experience as Security Service Provider.**

**The Bidder shall furnish evidence of its status as qualified Supplier. Qualification will be based of meeting of all the following minimum pass/fail criteria regarding the Bidders general experiences and financial position:**

**Does your company have official license/ certification as a registered Security Service Provider?**

|  |  |
| --- | --- |
|  | **Yes** |
|  | **No** |

**If yes, please provide.**

**Does your company manage project with similar scope and complexity?**

|  |  |
| --- | --- |
|  | **Yes** |
|  | **No** |

**If yes, please provide.**

**Does your company management have experience to manage projects of similar scope and complexity?**

|  |  |
| --- | --- |
|  | **Yes** |
|  | **No** |

**If yes, please provide.**

**Can you provide references for similar completed/ on going projects?**

|  |  |
| --- | --- |
|  | **Yes** |
|  | **No** |

**If yes, please provide.**

**Do your company guards to be deployed have basic knowledge of English language?**

|  |  |
| --- | --- |
|  | **Yes** |
|  | **No** |

**If yes, please provide.**

**Does your company provide equal opportunity for employment to equally qualified female staff?**

|  |  |
| --- | --- |
|  | **Yes** |
|  | **No** |

**If yes, please provide.**

**Does your company pay staff according with minimum wage guidelines of Georgia?**

|  |  |
| --- | --- |
|  | **Yes** |
|  | **No** |

**Operational Plan**

**Does your company have Mobilization Plan for execution of the project?**

|  |  |
| --- | --- |
|  | **Yes** |
|  | **No** |

**If yes, please provide.**

**Does your company have Guard Duty/ Supervision Plan?**

|  |  |
| --- | --- |
|  | **Yes** |
|  | **No** |

**If yes, please provide.**

**Does your company have Training Plan?**

|  |  |
| --- | --- |
|  | **Yes** |
|  | **No** |

**If yes, please provide.**

**Does your company have Quality Control Plan?**

|  |  |
| --- | --- |
|  | **Yes** |
|  | **No** |

**If yes, please provide.**

**Does your company have Insurance Plan?**

|  |  |
| --- | --- |
|  | **Yes** |
|  | **No** |

**If yes, please provide.**

**Does your company have First Aid Plan?**

|  |  |
| --- | --- |
|  | **Yes** |
|  | **No** |

**If yes, please provide.**

**Does your company have Personal Conduct Code for the guards?**

|  |  |
| --- | --- |
|  | **Yes** |
|  | **No** |

**If yes, please provide.**

**Does your company provide uniforms for the guards?**

|  |  |
| --- | --- |
|  | **Yes** |
|  | **No** |

**If yes, please provide.**

**Does your company have Standard Operating Procedure (SOP) for each plan?**

|  |  |
| --- | --- |
|  | **Yes** |
|  | **No** |

**If yes, please provide.**