

Prospective Supplier Form

Submission of this form is for informational purposes and internal use only. It is not a guarantee of business and does not ensure "Approved" vendor status. You will be contacted at Conagra Brands' discretion upon review of your submission. Inquiries providing products/services not currently sought will be maintained for future consideration. Thank you for your interest.

COMPANY INFORMATION

Company Name

Contact Person

CEO/Owner Name

Contact Title

Website

Telephone

Email

HQ Address

City/State

Zip

Mailing Address

City/State

Zip

Year Established

Tax ID

of Employees

D&B# / Stock Symbol

Gross Annual Sales for last 3 years (\$X,XXX,XXX)

Year

Amount

Year

Amount

Year

Amount

Legal Structure (make a selection) Public Private

Are you bonded? Yes No

Standard Industrial Classification (SIC) Codes

North American Industry Classification System (NAICS) Codes

Type of Business Category of Goods/Services

If other

Goods/Services Description

Quality Assurance Certifications

Immediate Geographic Service Area

Please Specify

EDI (Electronic Data Interchange) Capable? Yes No If yes, what version

CERTIFICATIONS

Disregard this section if you are not a minority or women-owned business.

% Diversity Ownership

If yes, provide certification expiration date (MM/YY)

Minority Owned Business Enterprise (MBE)? Yes

Women Owned Business Enterprise (WBE)? Yes

Veteran Owned Business Enterprise (VOB)? Yes

Service Disabled Veteran Owned Business (SDV)? Yes

Lesbian, Gay, Bisexual, or Transgender Business Enterprise (LGBTE)? Yes

Small Business (SB)? Yes

Small Disadvantaged Business (SDB)? Yes

HubZone Business? Yes

Other Certification(s)

REFERENCES (MAJOR CUSTOMERS)

Company Name	Contact	Phone	Spend with your Organization	Goods / Services Sold
--------------	---------	-------	------------------------------	-----------------------

INSURANCE

Insurance Carrier

The below limits represent Conagra's basic insurance requirements. Conagra reserves the right to request increased limits and additional coverages based on the risk associated with the work to Conagra's operations.

	<u>Conagra Requirement</u>	<u>Your Coverage (\$X,XXX,XXX)</u>
<u>Commercial General Liability</u>		
Minimum Single Limit	\$1,000,000/occurrence	
Maximum Deductible	\$1,000,00/occurrence	
<u>Commercial Automobile</u>	\$1,000,000/occurrence	
<u>Worker's Compensation</u>		
State Requirement	N/A	
Employer's Liability	\$1,000,000/occurrence	
<u>Excess or Umbrella Liability</u>	\$5,000,000/occurrence	

AWARDS RECEIVED

Excellence / Recognition Awards Received

Key Accounts / Bids Received