

My Apps ▽

Printed By: Bradley Keist Date Printed: Jul 20, 2020

Vendor Responsibility For-Profit v2 Form

Status: Certified

The content of any attached documents will not print with this page. To view or print an attached document, you must open it separately by clicking the corresponding hyperlink in the 'Uploaded Files' section of a question. Note:

> 75 State Street Boston, MA 02109 United States

Basic Vendor Data

Entity Information

Legal Business Entity Name: AMERICAN WELL CORPORATION

TIN (EIN or SSN): 205009396 1100211263 Vendor ID:

75 State Street Boston, MA 02109 United States Principal Place of **Business:**

(617)204-3500 (617)428-4917

Website: www.americanwell.com

Email: megann.lapierre@americanwell.com

Business Entity Information

Telephone: Fax:

Business Type: For-Profit **Business Activity:** Non-Construction

Authorized Contacts

Name: Megann LaPierre Address:

Title: Vice President of Sales Operations

Telephone: (617)204-3500 (617)428-4917 Fax:

Email: megann.lapierre@americanwell.com

1.0	Legal Business Entity type - Check appropriate box and provide additional information:
	Corporation (including PC)
	Limited Liability Company (LLC or PLLC)
	Limited Liability Partnership
	Limited Partnership
	General Partnership
	Sole Proprietor
	Other
	Date of Incorporation
	06/01/2006
1.1	Was the Legal Business Entity formed or incorporated in New York State?
	○ Yes
	◎ No
	Indicate jurisdiction where the Legal Business Entity was formed or incorporated:
	USA
	Other
	State
	Delaware
	Bounde
	Attach a Certificate of Good Standing from the applicable jurisdiction or provide an explanation if a Certificate of Good Standing is not available:
	Select method for providing this information:
	Enter Below
	Attach Document(s) Attach Document(s)
	Attach Document(s) with Explanation
	Uploaded Files
	Certificate of Good Standing, pdf 80K
	Certificate of Good Stantaingspan
1.2	Is the Legal Business Entity publicly traded?
1.2	Yes
	No
	♥ No
1.3	Does the Legal Business Entity have a DUNS Number?
	○ No
	Enter DUNS number
	79-428-8444
1.4	If the Legal Business Entity's Principal Place of Business is not in New York State, does the Legal Business Entity maintain an office in New York State?
	Note: Select "N/A" if Principal Place of Business is in New York State.
	Yes
	○ No
	○ _N /A

MVP Health Plan
4. Vendor Responsibility Questionnaires

	Page 123
1.5	Is the Legal Business Entity a New York State certified Minority-Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), New York State Small Business (SB), or federally certified Disadvantaged Business Enterprise (DBE)?
	○ Yes
	◎ No
] 1.6	Identify Officials and Principal Owners, if applicable.
	Note: If more than four (4) Officials or Principal Owners need to be listed, select "Attach Document" as the response.
	If applicable, reference to relevant SEC filing(s) containing the required information is optional.
	Select method for providing this information:
	Enter Below
	Attach Document(s)
	Uploaded Files
	American Well Ownership.pdf 60K

II. Reporting Entity Information

2.0	The Reporting Entity for this questionnaire is:
	(Note: Select only one)
	Legal Business Entity
	Organizational Unit within and appraising under the authority of the Local Pusiness Entity

III. Leadership Integrity

Within the past five (5) years, has any current or former Reporting Entity Official or any individual currently or formerly having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation on behalf of the Reporting entity with any government entity been:

3.0	Sanctioned relative to any business or professional permit and/or license?
	○ Yes
	◎ No
	Other
3.1	Suspended, debarred or disqualified from any government contracting process?
	Yes
	◎ No
	Other
3.2	The subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation for any business-related conduct?
	Yes
	No No
	Other
3.3	
3.3	Charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a judgment for:
	a. Any business-related activity; orb. Any crime, whether or not business-related, the underlying conduct of which is related to truthfulness?
	○ Yes
	No
	Other
	- Culti

IV. Integrity - Contract Bidding

Within the past five (5) years, has the Reporting Entity:

Been suspended or debarred from any government contracting process or been disqualified on any government procurement, permit, license, concession, franchise or lease, including, but not limited to, debarment for a violation of New York State Workers' Compensation or Prevailing Wage laws or New York State Procurement Lobbying Law? 4.0 O Yes No No 4.1 Been subject to a denial or revocation of a government prequalification? O Yes No No 4.2 Been denied a contract award or had a bid rejected based on a non-responsibility finding by a government entity? O Yes No No Had a low bid rejected on a government contract for failure to make good faith efforts on any Minority-Owned Business Enterprise, Women-Owned Business Enterprise or Disadvantaged Business Enterprise goal or statutory affirmative action requirements on a previously held contract? 4.3 O Yes No No

4.4 Agreed to a voluntary exclusion from bidding/contracting with a government entity?

O Yes

No No

Initiated a request to withdraw a bid submitted to a government entity in lieu of responding to an information request or subsequent to a formal request to appear before the government entity?

O Yes

No No

V. Integrity - Contract Award

Within the past five (5) years, has the Reporting Entity:

5.0	Been suspended, cancelled or terminated for cause on any government contract including, but not limited to, a non-responsibility finding? Yes No
5.1	Been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any government contract? Yes No
5.2	Entered into a formal monitoring agreement as a condition of a contract award from a government entity? Yes No

VI. Certification/Licenses

Within the past five (5) years, has the Reporting Entity:

6.0	Had a revocation, suspension or disbarment of any business or professional permit and/or license? Yes No
6.1	Had a denial, decertification, revocation or forfeiture of New York State certification of Minority-Owned Business Enterprise, Women-Owned Business Enterprise or federal certification of Disadvantaged Business Enterprise status for other than a change ownership? Yes No

VII. Legal Proceedings

Within the past five (5) years, has the Reporting Entity:

7.0	Been the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation? Yes No
7.1	Been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime? Yes No
7.2	Received any OSHA citation and Notification of Penalty containing a violation classified as serious or willful? Yes No
7.3	Had a government entity find a willful prevailing wage or supplemental payment violation or any other willful violation of New York State Labor Law? Yes No
7.4	Entered into a consent order with the New York State Department of Environmental Conservation, or received an enforcement determination by any government entity involving a violation of federal, state or local environmental laws? Yes No
7.5	Other than the previously disclosed: a. Been subject to fines or penalties imposed by government entities which in the aggregate total \$25,000 or more; or b. Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any government entity? Yes No

VIII. Financial and Organizational Capacity

8.0	Within the past five (5) years, has the Reporting Entity received any formal unsatisfactory performance assessment(s) from any government entity on any contract?	
	Yes	
	● No	
8.1	Within the past five (5) years, has the Reporting Entity had any liquidated damages assessed over \$25,000? Yes	
	No No	
8.2	Within the past five (5) years, have any liens or judgments (not including UCC filings) over \$25,000 been filed against the Reporting Entity which remain undischarged? Yes	
	No No	
8.3	In the last seven (7) years, has the Reporting Entity initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?	
	○ Yes ◎ No	
8.4	During the past three (3) years, has the Reporting Entity failed to file or pay any tax returns required by federal, state or local tax laws? Yes No	
8.5	During the past three (3) years, has the Reporting Entity failed to file or pay any New York State unemployment insurance returns? Yes No	
8.6	During the past three (3) years, has the Reporting Entity had any government audit(s) completed?	
	○ Yes ○ No	
	Did any audit of the Reporting Entity identify any reported significant deficiencies in internal control, fraud, illegal acts, significant violations of provisions of contract or grant agreements, significant abuse or any material disallowance?	
	Yes	
	No No	

IX. Associated Entities

9.0

This section pertains to any entity(ies) that either controls or is controlled by the Reporting Entity.

(See definition of "Associated Entity" for additional information to complete this section.) Does the Reporting Entity have any Associated Entities? Note: The response must be "Yes," if the Reporting Entity is either: An Organizational Unit; or • The entire Legal Business Entity which controls, or is controlled by, any other entity(ies). O Yes O No Within the past five (5) years, has any Associated Entity Official or Principal Owner been charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a judgment for: Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness? O Yes No
 Does any Associated Entity have any currently undischarged federal, New York State, New York City or New York local government liens or judgments (not including UCC filings) over \$50,000? O Yes ◎ No Within the past five (5) years, has any Associated Entity been disqualified, suspended or debarred from any federal, New York State, New York City or other New York local government contracting process? O Yes No
 Within the past five (5) years, has any Associated Entity been denied a contract award or had a bid rejected based upon a non-responsibility finding by any federal, New York State, New York City, or New York local government entity? O Yes No No Within the past five (5) years, has any Associated Entity been suspended, cancelled or terminated for cause (including for non-responsibility) on any federal, New York State, New York City or New York local government contract? O Yes ◎ No Within the past five (5) years, has any Associated Entity been the subject of an investigation, whether open or closed, by any federal, New York State, New York City, or New York local government entity for a civil or criminal violation with a penalty in excess of \$500,000? O Yes O No Within the past five (5) years, has any Associated Entity been the subject of an indictment, grant of immunity, judgment, or conviction (including entering into a plea bargain) for conduct constituting a crime? O Yes Within the past five (5) years, has any Associated Entity been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any federal, New York State, New York City, or New York local government entity? O Yes $\bigcirc\hspace{-0.05cm} \mid_{No}$ Within the past five (5) years, has any Associated Entity initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending? O Yes

Last Modified: Jul 3, 2018 Modified By: Megann LaPierre

O No

X. Freedom of Information Law (FOIL)

10.0	Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL).
	Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.
	Yes
	No No

Certification

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State government entities (including the Office of the State Comptroller (OSC)) in making responsibility determinations regarding award or approval of a contract or subcontract and that such government entities will rely on information disclosed in the questionnaire in making responsibility determinations; (2) acknowledges that the New York State government entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (3) acknowledges that intentional submission of false or misleading information may result in criminal penalties under State and/or Federal Law, as well as a finding of non-responsibility, contract suspension or contract termination.

The undersigned certifies that he/she:

- is knowledgeable about the submitting Business Entity's business and operations;
- · has read and understands all of the questions contained in the questionnaire;
- · has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Business Entity's responses are true, accurate and complete, including all attachments, if applicable;
- · understands that New York State government entities will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
- is under an obligation to update the information provided herein to include any material changes to the Business Entity's responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State government entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Legal Business Name: AMERICAN WELL CORPORATION

Certifier's Name: Megann LaPierre
Certifier's Title: VP, Sales Operation
Certification Date: Nov 18, 2019

About OSC | Employment | Contact Us | Privacy and Links Policies | Regulations | Accessibility | FOIL | Webcasts © Office of the New York State Comptroller