



**Supplier Profile Questionnaire**

Please complete and return to: Supplier Diversity Program  
Principal Financial Group  
711 High Street  
Des Moines, Iowa 50392-4800

**Identification Information**

Company Name		Legal Name	
Address		City	State
		Zip Code	
Web Site	Federal ID #/Social Security Number	Dun & Bradstreet No.	
Year Established	EDI (Electronic Data Interchange) Capable <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Employees	
Gross Revenues For Past 3 Years			
Year _____ \$ _____	Year _____ \$ _____	Year _____ \$ _____	
Geographic Service Area <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International		If Regional Or Local, Specify Service Area(s)	
Type Of Business <input type="checkbox"/> Retailer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Consultant <input type="checkbox"/> Wholesale <input type="checkbox"/> Professional Service <input type="checkbox"/> Service Provider <input type="checkbox"/> Publication/Broadcaster <input type="checkbox"/> Courier/Transportation <input type="checkbox"/> Distributor <input type="checkbox"/> Construction <input type="checkbox"/> Other _____		Legal Structure <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Franchise <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-Profit	
Products/Services (list primary competencies/products)			

List 3 Major Customers And Contacts		
Company Name	Contact Name	Phone

**Contact Person**

Name	Title
Phone	Fax
Email	

**Ownership & Certification Information (A copy of your current certification must be returned with this form or this profile will be considered incomplete.) Please check all applicable boxes.**

Company is at least 51% owned, controlled and actively managed by

Minority Person(s)     Woman/Women

If minority owned, check

African American     Asian Indian American     Asian Pacific American  
 Hispanic American     Native American/Alaskan Native

Certifying Agency  
 NWBOC     WBENC     NMSDC     Federal     State     Local     Other \_\_\_\_\_

Certification Expiration Date \_\_\_\_\_

**Other Information**

Has your company ever been a supplier with the Principal Financial Group?    If yes, please indicate contact

Yes     No

How did you learn about our program?

\_\_\_\_\_

**I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT**

**X**

Signature of Company Officer	Print Name	Title	Date