



Subcontractor Qualification Form

Instructions: Please respond to the following questions and submit as soon as possible. Firms will be notified of upcoming Harvey bids when contact with us is initiated. No contracts will be issued with subcontractors or vendors until a pre-qualification form is submitted to Harvey. All responses should be accompanied with a cover letter signed by an officer of the company as well as a company brochure.

Date:

General Information

Company Name:

Address:
Street City State Zip

Phone: () Parent Company:

Fax: () Address:

Website:

President:
Name Phone e-mail Address

Contact:
Name Phone e-mail Address

Years in business: Avg. Annual Volume (3
Years):

Federal ID No.: Annual Sales:

Dunn & Bradstreet # 2013:

Dunn & Bradstreet Rating: 2012:

ISO Certified (Y or N)? 2011:

Union Affiliations: If yes, please list
affiliations:

Self-perform (Y or N)? If yes, please list self-perform
trades:



Subcontract work (Y or N)? If yes, please list work subcontracted:

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MBE, WBE, SBE?

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Primary work capabilities:

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Geography of operations:

	Massachusetts (Y or N):	
	Maine (Y or N):	
	New Hampshire (Y or N):	
	Vermont (Y or N):	

Has the firm ever defaulted on a contract (Y or N)?

Has the firm experienced recent reorganization (Y or N)?

Are there any pending judgments against the firm (Y or N)?

Are there current claims against the firm (Y or N)?

Are there any current liens against the firm (Y or N)?

Comments:



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Total number of employees:

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 Home Office

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 Field Operations

Staff Breakdown

Engineering:

Project Managers:

Shop:

Construction Supervision:

Administration:

Field Engineers:

Fabrication Shop:

Laborers:

Other:

Life Safety Information

Name of Safety Agent:

Company:

Address:				
	Street	City	State	Zip
	()			
	Phone	e-mail		

Experience Modification Rating (EMR):

Does the firm have a written safety plan (Y or N)?

Does the firm have an orientation program for new hires (Y or N)?

Has the firm been cited for any serious safety violations (Y or N)?

Has the firm experienced any fatalities or willful OSHA violations(Y or N)?



OSHA Recordable Incident rate (current year):

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OSHA Lost Days Incident rate (current year):

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Are all employees insured by the company?

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Does the firm have a drug testing policy (Y or N)?

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Please attach the company's three year OSHA 200/300 injury log.

Please attach the firm's hazardous communication program.

Under a separate cover submit a sample certificate of insurance showing coverage and limits for general liability, automobile liability, excess umbrella liability and worker's compensation.

Under separate cover please submit a log and summary of occupational injuries and illnesses as required by the US Department of Labor (previous 12 months).

Experience List

List at least four major projects completed in the past 3 years including (attach separate sheet for additional information):

..... Name of project Type of building
..... City State
..... Contractor Contact Contract Amount: \$
..... Owner Contact	() Phone e-mail
..... Architect/Engineer Contact	() Phone e-mail
..... Subcontractor Project Manager Subcontractor Foreman
..... Start date End date
..... Comments:	



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Name of project Type of building

City State Contract Amount: \$

Contractor Contact ()
Phone e-mail

Owner Contact ()
Phone e-mail

Architect/Engineer Contact ()
Phone e-mail

Subcontractor Project Manager Subcontractor Foreman

Start date End date

Comments:
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Name of project Type of building

City State Contract Amount: \$

Contractor Contact ()
Phone e-mail

Owner Contact ()
Phone e-mail

Architect/Engineer Contact ()
Phone e-mail

Subcontractor Project Manager Subcontractor Foreman

Start date End date



Comments:
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Name of project Type of building

City State Contract Amount: \$

Contractor Contact ()
Phone e-mail

Owner Contact ()
Phone e-mail

Architect/Engineer Contact ()
Phone e-mail

Subcontractor Project Manager Subcontractor Foreman

Start date End date

Comments:
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List at least two major projects currently under construction (attach separate sheets for additional information).

Name of project		Type of building	
City		State	Contract Amount: \$
Contractor Contact	()	Phone	e-mail
Owner Contact	()	Phone	e-mail
Architect/Engineer Contact	()	Phone	e-mail
Subcontractor Project Manager		Subcontractor Foreman	
Start date		End date	
Comments:			

Name of project		Type of building	
City		State	Contract Amount: \$
Contractor Contact	()	Phone	e-mail
Owner Contact	()	Phone	e-mail
Architect/Engineer Contact	()	Phone	e-mail
Subcontractor Project Manager		Subcontractor Foreman	
Start date		End date	



Comments:

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Bonding and Banking Information

Bonding Company Name:

Address:
Street City State Zip

Phone: (.....)

Fax: (.....)

Website:

President: (.....)
Name Phone e-mail Address

Contact: (.....)
Name Phone e-mail Address

Aggregate Bonding Capacity: \$ Single Project Bonding Capacity: \$

Total Number of Projects Currently Bonded: Total Current Bonding: \$

Bank:

Address:
Street City State Zip

Phone: (.....)

Fax: (.....)

Website:



.....
Account No.:

President: ()
Name Phone e-mail Address

Contact: ()
Name Phone e-mail Address

.....
Date Signature Print Name

Sustainability

Does your company have a formalized environmental sustainability program (Y or N)?

If so, does your company measure and assess performance of your sustainability program (Y or N)?

Is your company taking steps to efficiently use resources, material, and energy, as well as recycle and prevent pollution, in the work you do (Y or N)?

Does your company ask suppliers and vendors to meet minimum environmental criteria (Y or N)?

Does your company employ LEED Certified Professionals (Y or N)?

Has the firm participated in a LEED Certification project (Y or N)?

If yes, identify project/year:

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Return to:

Harvey, Attention: Carl G DuBois, Director of Project Planning, 10 Harvey Road, Bedford, NH 03110

