



## Subcontractor Pre-Qualification Form

Please respond to the following questions and submit to Harvey as soon as possible. Companies will be notified of upcoming bids when contact with Harvey 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 or any relevant information.

### **W-9 must be provided in order to process prequalification.**

Date: \_\_\_\_\_

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: \_\_\_\_\_ 2018 Revenue: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ 2017 Revenue: \_\_\_\_\_

Dunn and Bradstreet #: \_\_\_\_\_ 2016 Revenue: \_\_\_\_\_

ISO Certified? (Y or N) \_\_\_\_\_ 3-Year Average: \_\_\_\_\_

Union Affiliations: \_\_\_\_\_ If yes, please list affiliations: \_\_\_\_\_

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

Subcontractor Work? (Y or N) \_\_\_\_\_ If yes, please list work subcontracted: \_\_\_\_\_

MBE, WBE, SBE? \_\_\_\_\_



Primary work capabilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 ever 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Number of Employees: \_\_\_\_\_  
Home Office

Field Operations

**Staff Breakdown**

Engineering: \_\_\_\_\_

Project Managers: \_\_\_\_\_

Shop: \_\_\_\_\_

Construction Supervision: \_\_\_\_\_

Administration: \_\_\_\_\_

Field Engineers: \_\_\_\_\_

Fabrication Shop: \_\_\_\_\_

Laborers: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_



### Life Safety Information

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.

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): \_\_\_\_\_

OSHA Lost Days Incident rate (current year): \_\_\_\_\_

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

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



## Experience List

List at least four major project completed in the past three years including attached separate sheet for additional information:

1.

<hr/>		<hr/>	
Name of Project		Type of Building	
<hr/>		<hr/>	
Contract Amount: \$		<hr/>	
<hr/>		<hr/>	
City	State	( )	
<hr/>		<hr/>	
Contractor Contact		Phone	E-mail
<hr/>		<hr/>	
Owner Contact		Phone	E-mail
<hr/>		<hr/>	
Architect/Engineer Contact		Phone	E-mail
<hr/>		<hr/>	
Subcontractor Project Manager		Subcontractor Foreman	
<hr/>		<hr/>	
Start Date		End Date	
<hr/>		<hr/>	
Comments: <hr/>			
<hr/>			

2.

<hr/>		<hr/>	
Name of Project		Type of Building	
<hr/>		<hr/>	
Contract Amount: \$		<hr/>	
<hr/>		<hr/>	
City	State	( )	
<hr/>		<hr/>	
Contractor Contact		Phone	E-mail
<hr/>		<hr/>	
Owner Contact		Phone	E-mail
<hr/>		<hr/>	
Architect/Engineer Contact		Phone	E-mail
<hr/>		<hr/>	
Subcontractor Project Manager		Subcontractor Foreman	
<hr/>		<hr/>	
Start Date		End Date	
<hr/>		<hr/>	
Comments: <hr/>			
<hr/>			



3.

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: \_\_\_\_\_  
\_\_\_\_\_

4.

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: \_\_\_\_\_  
\_\_\_\_\_





## Bonding and Banking Information

Bonding Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Website: \_\_\_\_\_

President: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone E-mail

Contact: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone E-mail

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

Contact: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone e-mail

