

# 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 proce	ss prequalification.
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Date:					
Company Name: Address:	Street	City	State	Zip	
Phone:	_( )	Parent Company:			
Fax:	( )				
Website:					
President:	Name	() Phone	E-mail Address		
Contact:	Name	( ) Phone	E-mail Address		
Years in Business:		2018 Revenue:			
Federal ID Numbe	r:	2017 Revenue:			
Dunn and Bradstr	eet #:	2016 Revenue:			
ISO Certified? (Y	or N)	3-Year Average:			
Union Affiliations:		If yes, please list affiliati	ons:		
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):	
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Has the firm ever defaulted on a contract? (Y	or N)
Has the firm ever experienced recent reorgani	zation? (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
Staff Breakdown	Field Operations
Engineering:	
Shop:	Construction Supervision:
Administration:	
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:	Cor	npany:		
Address:				
Street		City	State	Zip
( )				
Phone		E-mail		
Experience Modification Rati	ng (EMR):			
Does the firm have a written s	afety plan? (Y or N)	_		
Does the firm have an orienta	tion program for new hires? (Y or	r N)		
Has the firm been cited for an	y serious safety violations? (Y or	N)		
Has the firm experienced any	fatalities or willful OSHA violatio	ons? (Y or N)		
OSHA Recordable Incident ra	nte (current year):			
OSHA Lost Days Incident rat	e (current year):			
Does the firm have a drug test	ing 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. Name of Project			
Name of Project	Type of Building		
	Contract Amount: \$		
City State			
	( )		
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.			
Comments:			
2. Name of Project			
Name of Project	Type of Building		
	Contract Amount: \$		
City State			
	( )		
Contractor Contact	() Phone	E-mail	
Owner Contact	() Phone	E-mail	
Architect/Engineer Contact	() Phone	E-mail	
5			
Subcontractor Project Manager	Subcontractor Foreman		
• •			
Start Date	End Date		
Comments:			



3.	
Name of Project	Type of Building
	Contract Amount: <u>\$</u>
City State	
	() Phone E-mail
Contractor Contact	Phone E-mail
	() Phone E-mail
Owner Contact	Phone E-mail
	() 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
	() Phone E-mail
Owner Contact	Phone E-mail
	() Phone E-mail
Architect/Engineer Contact	Phone E-mail
Subcontractor Project Manager	Subcontractor Foreman
Start Date	End Date
Comments:	



**Experience** List – please list at least two major projects <u>currently under construction</u> (attach separate sheets for additional information):

1.		
1. Name of Project	Type of Building	
	Contract Amount: \$	
City State		
	( )	
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:		
2. Name of Project	Type of Building	
Tume of Froject		
City State	Contract Amount: \$	
Contractor Contact	( )	
Contractor Contact		E-mail
Owner Contact	() Phone	E-mail
	()	E-mail
Architect/Engineer Contact	Phone	E-mail
Subcontractor Project Manager	Subcontractor Foreman	
Start Date	End Date	
Comments:		



# Bonding and Banking Information

Bonding C	ompany Name:					
Address:						
	Street	City		State	Zip	
Phone:	( )					
Fax:	_( )					
Website:						
President:		(	)			
	Name	Phone	2	E-ma	nil	
Contact:		(	)			
	Name	Phone	2	E-ma	uil	
Aggregate I	Bonding Capacity: <u></u>		Single Projec	t Bonding Ca	pacity:	\$
Total Numb	per of Projects Currently Bonded:		Total Curren	t Bonding:		\$
	0 v		_	0		
Bank:						
Address:						
	Street		City	St	ate	Zip
Phone: (	)					
Fax: (	)					
Website:						
Account No						
President:			)			
	Name	Phone		e-mail		
Contact:		(	)			
	Name	Phone		e-mail		



### 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, please identify project(s)/year(s):	

Date

Signature

Print Name

### Please return to:

James Brennan jbrennan@hccnh.com

Harvey Construction Corporation 10 Harvey Road Bedford, NH 03110 P: (603) 624-4600 F: (603) 668-0389