



Harvey Construction Corporation  
 10 Harvey Road  
 Bedford, NH 03110  
 Telephone (603) 624-4600  
 Facsimile (603) 668-0389  
 www.harveyconstruction.com

## 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 # \_\_\_\_\_ 2007: \_\_\_\_\_

Dunn & Bradstreet Rating: \_\_\_\_\_ 2006: \_\_\_\_\_

ISO Certified (Y or N)? \_\_\_\_\_ 2005: \_\_\_\_\_

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

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

Has the firm participated in a LEED Certification project (Y or N)? \_\_\_\_\_  
If yes, identify project/year: \_\_\_\_\_  
\_\_\_\_\_

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 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: \_\_\_\_\_

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

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

Are all employees insured by the company? \_\_\_\_\_

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

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	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:			



Name of project		Type of building	
City		Contract Amount:	\$
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:			

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Name of project		Type of building	
City		Contract Amount:	\$
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:			

Subcontractor Qualification Form

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:			



## 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

Return to:

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



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