



## SUBCONTRACTOR PREQUALIFICATION STATEMENT

### BUSINESS INFORMATION

#### SUBMITTED BY

Name \_\_\_\_\_ Date \_\_\_\_\_  
Street Address \_\_\_\_\_ Suite # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Principal Office \_\_\_\_\_

Scopes of Work \_\_\_\_\_

Division Manager \_\_\_\_\_ Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Project Manager \_\_\_\_\_ Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Preconstruction \_\_\_\_\_ Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Accounting Dept. \_\_\_\_\_ Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

#### ORGANIZATION

How many years has your organization been in business as a Contractor? \_\_\_\_\_

How many years has your organization been in business under its present business name? \_\_\_\_\_

Please list all Landlord or Buildings that your organization is listed as a required / preferred vendor.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Total number of employees \_\_\_\_\_ Office/Administrative \_\_\_\_\_ Field Supervisors \_\_\_\_\_ Field Labor \_\_\_\_\_

#### LICENSING & CERTIFICATIONS

*Provide licensing information for the following states.*

North Carolina Contractors License# \_\_\_\_\_

South Carolina Contractors License# \_\_\_\_\_

Is your organization currently certified as a HUB (Historically Under Utilized Business) with SWUC Certification (Statewide Uniformed Certification)?

YES NO If yes, select applicable certification MBE WBE DVBE SDB/DBE

Are members of your organization CEWA Certified? YES NO



## EXPERIENCE

Has your organization ever failed to complete an awarded scope of work? YES  NO

If so, provide a separate written description.

Are there any judgments, claims, arbitrations proceedings or suites pending or outstanding against your organization? YES  NO

If so, provide a separate written description.

Does your organization subcontract work to others? YES  NO

Does your organization have a service department? YES  NO

Do you have 24hr. coverage? YES  NO

Does your organization have experience with LEED projects? YES  NO

*Provide major construction projects your organization has in progress.*

1. Project \_\_\_\_\_ Date of Completion \_\_\_\_\_

Owner \_\_\_\_\_

Architect \_\_\_\_\_ Percentage of work performed with your own forces. \_\_\_\_\_

2. Project \_\_\_\_\_ Date of Completion \_\_\_\_\_

Owner \_\_\_\_\_

Architect \_\_\_\_\_ Percentage of work performed with your own forces. \_\_\_\_\_

3. Project \_\_\_\_\_ Date of Completion \_\_\_\_\_

Owner \_\_\_\_\_

Architect \_\_\_\_\_ Percentage of work performed with your own forces. \_\_\_\_\_

4. Project \_\_\_\_\_ Date of Completion \_\_\_\_\_

Owner \_\_\_\_\_

Architect \_\_\_\_\_ Percentage of work performed with your own forces. \_\_\_\_\_

## SAFETY

Does your organization have a written safety plan? YES  NO

Identify the person within your organization directly responsible for Safety Program Management.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Has your firm had any OSHA violations within the most recent three (3) years? YES  NO

If yes, please provide a separate written explanation.



## REFERENCES

Bonding Company \_\_\_\_\_  
Name of Agent \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

## INSURANCE REQUIREMENTS

All Subcontractors are required to obtain at their own expense, the following minimum insurance coverage (listed below). A Certificate of Insurance is required to be on file with Harker LLC prior to performing Subcontractors scope of work.

1.	<u>Workman's Compensation and Employers Liability</u>	Statutory
2.	<u>Comprehensive General Liability</u>	
	a. Bodily Injury – Each Person and Occurrence	\$1,000,000 / \$2,000,000
	b. Property Damage – Each Occurrence and Aggregate	\$1,000,000 / \$2,000,000
3.	<u>Comprehensive Automobile Liability</u>	
	a. Bodily Injury – Each Person and Occurrence	\$1,000,000
	b. Property Damage – Each Occurrence	\$1,000,000
	c. Or Combined Single Limit	\$1,000,000
4.	<u>Additional Insured</u>	
	a. Harker LLC must be listed as additional insured.	
	b. The Project / Owner must also be listed as additional insured.	

General Liability \_\_\_\_\_  
Name of Agent \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

*Please list three professional references.*

1. Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

2. Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

3. Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_



## BILLING & PAMENT INFORMATION / NOTICE OF CONTRACT & LIEN WAIVER REQUIREMENTS

The below is a standard list of documents that will be required for payment. Additional documentation may be required at the request of the Owner.

1. A current Certificate of Insurance must be on file prior to processing application for payment
2. A signed W-9 must be on file prior to processing application for payment
3. All invoices will be submitted on Harker LLC's Exhibit 3 accompanied by a schedule of values and conditional lien waiver (Referenced documents are included in Harker LLC's issued subcontract package)
4. Conditional lien waivers must be submitted from all suppliers showing the amount owed to them for the specific billing period.
5. Second tier lien waivers may be required.
6. Payment applications must be submitted on or before the 20<sup>th</sup> day of each month.
7. Work must be completed and accepted by governmental agencies, having jurisdiction, the Owner, the Contractor and the inspecting Architect and the Subcontractor shall have fulfilled all obligations to be performed by Subcontractor under the Subcontract Agreement.
8. 10% retainage will be held on each progress payment.
9. Retainage will be paid within 30 days after the last of the following occur:
  - a. Completion of the work by Subcontractor including punch list.
  - b. Acceptance thereof by Architect, Owner, and Harker LLC
  - c. Furnishing of evidence satisfactory to Contractor that there are no claims, obligations, liens outstanding or unsatisfied for labor, services, materials, equipment, taxes or other items performed, furnished or incurred in connection with the Work, unconditional lien waivers executed from each supplier.
  - d. Delivery of all guaranties, warranties, bonds, instruction manuals, performance reports, as-built drawings and similar items required of Subcontractor or its Suppliers.
  - e. Delivery of general release in form satisfactory to Harker LLC, executed by Subcontractor running to and in favor of Harker LLC and Owner.

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information on behalf of my organization stated on this prequalification statement or interview may result in disqualification.

Signature \_\_\_\_\_

Date \_\_\_\_\_