



SUBCONTRACTOR PREQUALIFICATION STATEMENT

BUSINESS INFORMATION

Name _____ Date _____

Street Address _____ Suite # _____

City _____ State _____ Zip _____

Phone _____ E-mail Address _____

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? _____

Total number of employees _____ Office/Administrative _____ Field Supervisors _____ Field Labor _____

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

PRIMARY CONTACTS

Preconstruction _____ Phone _____ E-mail Address _____

Construction Contact _____ Phone _____ E-mail Address _____

Accounting Contact _____ Phone _____ E-mail Address _____

MINORITY STATUS | OWNERSHIP / CERTIFICATIONS

Is your company currently certified as a HUB (Historically Under Utilized Business) with SWUC Certification (Statewide Uniformed Certification)? YES NO

If yes, select applicable certification

HUB (Historically Underutilized Business) MWSBE (Minority, Women & Small Business Enterprise)

CBI (Charlotte Business Inclusion)

Is your company a Union Contractor? YES NO



PROJECT TYPE

Indicate the type of projects in which your organization has experience: (check all that apply)

CORPORATE INTERIORS

MEDICAL INTERIORS

CRITICAL FACILITIES

RESTAURANT

EDUCATION

What is your preferred project size? _____

LICENSING & CERTIFICATIONS

License Number

Classification

Issuing Authority

Expiration Date

GEOGRAPHIC TERRITORY

Identify the geographic territory (by State, County, or City) serviced by your Company.

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

1. _____ 2. _____ 3. _____ 4. _____

WORK IN PROGRESS

Provide major construction projects your organization has in progress.

1.	Project	_____	Date of Completion	_____
2.	Project	_____	Date of Completion	_____
3.	Project	_____	Date of Completion	_____
4.	Project	_____	Date of Completion	_____



BUSINESS REFERENCES (Please list three)

1. Full Name _____ Relationship _____
 Company _____ Phone _____
 Address _____ City _____ State _____ Zip _____

2. Full Name _____ Relationship _____
 Company _____ Phone _____
 Address _____ City _____ State _____ Zip _____

3. Full Name _____ Relationship _____
 Company _____ Phone _____
 Address _____ City _____ State _____ Zip _____

ENVIRONMENTAL HEALTH & SAFETY

Does your organization have a written safety and health plan? YES NO

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

Name _____ Phone _____ E-mail Address _____

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

If yes, please provide a separate written explanation.

Please attach OSHA 300A and 300 Logs for the last three years.

Do you have a Substance Abuse Policy? YES NO

If yes, please check the following that apply and attach a copy of your policy.

- Pre-employment testing
- Post-Accident testing
- Random testing
- For cause testing



INSURANCE & BONDING

Please list your company's Experience Modification Rate (EMR) for the last three years

Year: _____ EMR: _____ Year: _____ EMR: _____ Year: _____ EMR: _____

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 prior to performing Subcontractors scope of work.

- 1. Workman's Compensation and Employers Liability Statutory
- 2. Comprehensive General Liability
 - 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. Comprehensive Automobile Liability
 - 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. Additional Insured
 - 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 _____ City _____

State _____ Zip _____

Bonding Company _____

Name of Agent _____

Phone _____

Address _____ City _____

State _____ Zip _____

Monthly Billing Checklist:

To ensure that your monthly invoice is processed in a timely manner please be sure to follow the below instructions.

Monthly invoice/Pay Application to include:

- Exhibit 3 Billing Form – or equivalent (ie: AIA G702)
 - If you have your own invoice number, it must be listed on this form to be accepted
- Exhibit 3.1 Billing Form – or equivalent (ie: AIA G703)
- Conditional Progress/Final Lien Waiver – Not Needed if you are using Harker's Exhibit 3 Billing Form

Monthly invoice should be submitted as follows:

- Email to accounting@harkercc.com
- Invoice attached as a PDF
- Only one invoice per PDF
- PDF should be named PWO# - PayApp# → Example: 23076-15400-1
 - Retainage invoices are not required to be submitted. If submitted, the PDF should be named PWO# - PayApp# - R → Example 23076-15400-R
- Invoice due on the 20th

Things to remember:

- *If your PWO is over \$75K we will need final lien waivers from all suppliers and/or subcontractors paid more than \$5,000 – we will need unconditional finals stating they are paid in full for retainage payment to be released
 - These should be sent to caitlin.bodie@harkercc.com (not to be included with invoice submission)
- **Invoices submitted on the 20th for work completed through the last day of the month will be included in Harker's owner billing and is not due until the last day of the following month. Examples:
 - Invoice submitted for processing on March 20th, should be for work completed through March 31st. This invoice would have a due date of April 30th.
 - Invoice submitted for processing on March 5th – this invoice was either submitted late for February or early for March and would have a due date of April 30th.

Monthly Payment Update Requests / Statements can be sent to jessica.walker@harkercc.com and/or caitlin.bodie@harkercc.com

If you have any questions, you may reach out to jessica.walker@harkercc.com

Thank you!



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

CONTACT NAME		FAX (A/C, No)	
PHONE (A/C, No, Ext)			
E-MAIL ADDRESS			
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A			
INSURER B			
INSURER C			
INSURER D			
INSURER E			
INSURER F			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE L MIT APPL ES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PCP000388000	1/1/2018	1/1/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PCA002042100	1/1/2018	1/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PUB000003700	1/1/2018	1/1/2019	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PWC101165703	1/1/2018	1/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACC DENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Project

Harker and Project Owner are listed as additional insured under the general liability with respect to the written contract and/or the work performed for the above referenced project.

CERTIFICATE HOLDER**CANCELLATION**

Harker
122 W. Bland Street
Suite A
Charlotte NC 28203

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donna C. Matt

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