



## 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 and attach a copy of the certification document

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 \_\_\_\_\_  
2. Project \_\_\_\_\_  
3. Project \_\_\_\_\_  
4. Project \_\_\_\_\_

Date of Completion \_\_\_\_\_  
Date of Completion \_\_\_\_\_  
Date of Completion \_\_\_\_\_  
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. Professional Liability \$1,000,000
5. Additional Insured
  - a. Harker LLC must be listed as additional insured.
  - b. The Project / Owner must also be listed as additional insured for Project Specific COIs - only required if awarded a project & the information will be given at time of PWO distribution.

### General Liability

Name of Agent \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Bonding Company

Name of Agent \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bonding Capacity Letter is Required.

Financial Statements may be required upon request.

## **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](mailto: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 20<sup>th</sup>

### **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](mailto:caitlin.bodie@harkercc.com) (not to be included with invoice submission)
- \*\*Invoices submitted on the 20<sup>th</sup> 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 20<sup>th</sup>, should be for work completed through March 31<sup>st</sup>. This invoice would have a due date of April 30<sup>th</sup>.
  - Invoice submitted for processing on March 5<sup>th</sup> – this invoice was either submitted late for February or early for March and would have a due date of April 30<sup>th</sup>.

Monthly Payment Update Requests / Statements can be sent to [jessica.walker@harkercc.com](mailto:jessica.walker@harkercc.com) and/or [caitlin.bodie@harkercc.com](mailto:caitlin.bodie@harkercc.com)

If you have any questions, you may reach out to [jessica.walker@harkercc.com](mailto: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	
	PHONE (A/C, No. Ext)	FAX (A/C, No)
	E-MAIL ADDRESS	
	INSURER(S) AFFORDING COVERAGE	
	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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 <input type="checkbox"/> OTHER:	Y	Y	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"/> <b>AUTOMOBILE LIABILITY</b> <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	Y	Y	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	Y	PUB000003700	1/1/2018	1/1/2019	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCR PTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	Y N/A	PWC101165703	1/1/2018	1/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							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

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