



Date: \_\_\_\_\_

2241 Kettner Blvd., Suite 300  
San Diego, California 92101-1769  
Phn: (619) 233-7900 | Fax: (619) 233-1889

## SUBCONTRACTOR PREQUALIFICATION FORM

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Company Fax: \_\_\_\_\_

Company Website: \_\_\_\_\_

Geographic Region: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

DUNS Number: \_\_\_\_\_ Cage Code: \_\_\_\_\_

Trade(s) or Scope of Work: \_\_\_\_\_

NAICS Code(s): \_\_\_\_\_

Does your company perform Prevailing Wage work? Yes \_\_\_\_\_ No \_\_\_\_\_

California Public Works Contractor Registration Number: \_\_\_\_\_

### BUSINESS CLASSIFICATION (Please select all that apply.)

#### FEDERAL CLASSIFICATIONS

- Woman-Owned Small Business (WOSB) \_\_\_\_\_
- HUBZone Business (HZ) \_\_\_\_\_
- Veteran-Owned Small Business (VOSB) \_\_\_\_\_
- Service-Disabled Veteran-Owned (SDVOSB) \_\_\_\_\_
- Small Disadvantaged Business (SDB) \_\_\_\_\_
- Certified 8(a) \_\_\_\_\_
- Alaska Native Corporation (ANC) \_\_\_\_\_
- Native American / Tribal Owned Enterprise (Indian tribe) \_\_\_\_\_
- Small Business (SB) \_\_\_\_\_
- Large Business (LB) \_\_\_\_\_

#### CALIFORNIA STATE BUSINESS CERTIFICATIONS

- Disabled Veteran Business Enterprise (DVBE) \_\_\_\_\_
- Minority Business Enterprise (MBE) \_\_\_\_\_
- Woman Business Enterprise (WBE) \_\_\_\_\_
- Disadvantaged Business Enterprise (DBE) \_\_\_\_\_
- Small Business (SBE) \_\_\_\_\_
- Other: \_\_\_\_\_
- Certifying Agency for Classification (if any): \_\_\_\_\_

For more information, you can visit the U.S. Small Business Association website at <http://www.sba.gov> or your local SBA office. Or contact the California Department of General Services (DGS) at <http://www.dgs.ca.gov>; California Public Utilities Commission at <http://www.cpuc.ca.gov/puc>; or the California Unified Certification Program (CUCP – CALTRANS) <http://www.dot.ca.gov/hq/bep/ucp.htm>.

Penalty for Misrepresentation – Reference FAR 52.219-1(d)(2) Under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a small, HUBZone small, small disadvantaged, or women-owned small business concern in order to obtain a contract to be awarded under the preference programs established pursuant to section 8(a), 8(d), 9, or 15 of the Small Business Act or any other provision of Federal law that specifically references section 8(d) for a definition of program eligibility, shall- (i) Be punished by imposition of fine, imprisonment, or both; (ii) Be subject to administrative remedies, including suspension and debarment; and (iii) Be ineligible for participation in programs conducted under the authority of the Act.

**INSURANCE**

Harper Construction Company provides General and Excess Liability insurance for its construction projects under a Contractor Controlled Insurance Program (CCIP). A CCIP is a single insurance program that insures the General Contractor and enrolled Subcontractors of any tier, for work performed at the Project Site. CCIP enrollment is mandatory for all eligible Subcontractors, but is not automatic. For prequalification purposes, please provide an "Evidence Only" Certificate of Insurance showing the following coverage's:

POLICY	LIMIT
<b>Worker's Compensation</b> <i>* Exemption or Self-Insured documentation</i>	\$1,000,000 or Statutory
<b>General Liability</b>	\$2,000,000
<b>Auto Liability</b>	\$1,000,000
<b>Excess/Umbrella</b>	\$1,000,000
<b>Professional Liability</b> <i>* Design and Engineering Professionals</i>	\$1,000,000
<b>Pollution Liability</b> <i>* As required for business operations</i>	\$1,000,000
<b>Installation Floater</b> <i>* As required for business operations</i>	\$1,000,000

**BONDING**

Harper reserves the right to request Payment and Performance Bonds of any subcontractor. Please provide the following:

1. Does your company currently have a surety line of credit established with a surety company?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, what is the name of your current Surety Company? (Not your agent) \_\_\_\_\_
2. How long have you been with your current Surety Company? \_\_\_\_\_
3. What is your current single project bond limit? \_\_\_\_\_
4. What is your current aggregate bond limit? \_\_\_\_\_
5. How much of your aggregate bond limit is available to you? \_\_\_\_\_
6. What is your contract bond rate? \_\_\_\_\_
7. How many projects is your firm currently bonded for? \_\_\_\_\_
8. What is your firm's largest bonded project to date? \_\_\_\_\_
9. At any time during the past ten years, has any surety company made any payments on your firm's behalf to satisfy any claims made against a performance or payment bond issued on you firm's behalf?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please provide additional information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SAFETY**

Please provide the following:

- 1. Subcontractors must provide their Workers Compensation Experience Modification Rate (EMR) for the past three years.

Year: \_\_\_\_\_ EMR Rate: \_\_\_\_\_ Year: \_\_\_\_\_ EMR Rate: \_\_\_\_\_ Year: \_\_\_\_\_ EMR Rate: \_\_\_\_\_

- 2. Harper Construction may not hire subcontractors with an EMR higher than 1.10. This threshold also applies to lower tiers. Note that Specific Project Owners may require a lower EMR. If EMR is higher than 1.10, please provide explanation:

\_\_\_\_\_  
\_\_\_\_\_

- 3. Does your company have a written Company Safety Policy & Program? Yes \_\_\_\_\_ No \_\_\_\_\_  
*Copies to be provided upon request.*

- 4. Does your company provide safety training for all employees? Yes \_\_\_\_\_ No \_\_\_\_\_

- 5. Federal Contractors provide Safety DART Rate: \_\_\_\_\_

**REFERENCES**

Please list at least two major suppliers and/or two contractors who you have recently worked for.

Reference One

- 1. Company Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Contact Title: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ Project Location: \_\_\_\_\_  
 Scope of Work Performed: \_\_\_\_\_  
 Project Completed Date: \_\_\_\_\_

Reference Two

- 2. Company Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Contact Title: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ Project Location: \_\_\_\_\_  
 Scope of Work Performed: \_\_\_\_\_  
 Project Completed Date: \_\_\_\_\_

*(Attach additional information)*