



DATE: _____

SUBCONTRACTOR PREQUALIFICATION

COMPANY NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP: _____
NAME(S) OF PRICIPAL(S): _____
PHONE: _____ FAX: _____ EMAIL: _____
ESTIMATOR(S) NAME(S): _____

IN BUSINESS SINCE: _____ Circle One UNION / NON-UNION
ANNUAL VOLUME: _____ BONDING CAPACITY: _____
NUMBER OF OSHA CITATIONS RECEIVED IN PAST FIVE YEARS: _____
INSURANCE EXPERIENCE MODIFICATION RATE (EMR): _____
FEDERAL IDENTIFICATION NO: _____
CONTRACTORS LICENSE NUMBER: _____
NO. OF EMPLOYEES: OFFICE _____ FIELD _____

GENERAL/ AUTO LIABILITY INSURANCE - PLEASE ATTACH CERTIFICATE OF PROOF

****NOTE THAT HARVEY INC REQUIRES MINIMUM COVERAGE OF ONE MILLION DOLLARS FOR GENERAL AND AUTO LIABILITY INSURANCE.****

SCOPE OF WORK: _____
DOLLAR RANGE OF CONTRACTS: _____
MINIMUM: _____ MAXIMUM: _____
GEOGRAPHICAL AREAS COVERED:

_____ SAN DIEGO CO ONLY	_____ ARIZONA	_____ TEXAS
_____ SOUTHERN CALIFORNIA	_____ NEVADA	_____ UTAH
_____ CENTRAL CALIFORNIA	_____ NEW MEXICO	_____ IDAHO
_____ NORTHERN CALIFORNIA	_____ COLORADO	_____ OREGON
_____ WASHINGTON		



DO YOU HAVE MINORITY STATUS? IF SO _____ MBE
 _____ WBE
 _____ DVBE
 CERTIFYING AGENCY _____

HAS YOUR COMPANY EVER PERFORMED WORK UNDER A DIFFERENT COMPANY NAME?
 IF YES, PLEASE LIST THE COMPANY NAME(S): _____

HAS YOUR COMPANY WORKED PREVIOUSLY ON HARVEY INC PROJECTS?
 IF YES, PLEASE LIST EACH PROJECT NAME: _____

SUBCONTRACTORS REFERENCES

PLEASE LIST A MINIMUM OF FOUR REFERENCES WITH CONTACT NAME AND ADDRESS, GENERAL CONTRACTOR NAME, PHONE AND PROJECT NAME.

CONTACT: _____ PHONE: _____ PROJECT : _____
 CONTACT: _____ PHONE: _____ PROJECT : _____
 CONTACT: _____ PHONE: _____ PROJECT : _____
 CONTACT: _____ PHONE: _____ PROJECT : _____

PLEASE LIST A MINIMUM OF FOUR MAJOR SUPPLIERS WITH CONTACT NAME AND FAX.

CONTACT: _____ PHONE: _____ FAX: _____
 CONTACT: _____ PHONE: _____ FAX: _____
 CONTACT: _____ PHONE: _____ FAX: _____
 CONTACT: _____ PHONE: _____ FAX: _____

BANK REFERENCE - PLEASE COMPLETE, SIGN AND RETURN THE ATTACHED VERIFICATION FORM

PLEASE SUBMIT THE COMPLETED SUBCONTRACTOR RESUME TO:

HARVEY INC.

8973 COMPLEX DRIVE SAN DIEGO, CA 92123

O:858.769.4000 F: 858.569.6590