



Date: _____

2241 Kettner Blvd., Suite 300
San Diego, California 92101-1769
Phn: (619) 233-7900 | Fax: (619) 233-1889
Karianne Sjostedt, Small Business Liaison Officer
Prequalify@harperconstruction.com

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

- 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) _____
- How long have you been with your current Surety Company? _____
- What is your current single project bond limit? _____
- What is your current aggregate bond limit? _____
- How much of your aggregate bond limit is available to you? _____
- What is your contract bond rate? _____
- How many projects is your firm currently bonded for? _____
- What is your firm's largest bonded project to date? _____
- 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)