

# subcontractor qualification statement

Thank you for your interest in working with D.E. Harvey Builders/Harvey-Cleary Builders. Please complete the following Subcontractor Qualifications Statement and return to the following office(s) for which you wish to qualify for work.

**Houston Office**

Corporate Office  
3630 Westchase  
Houston, TX 77042  
Attn: Subcontractor  
Qualifications

**Austin Office**

8107 Springdale Road  
Suite 105  
Austin, TX 78724  
Attn: Subcontractor  
Qualifications

**San Antonio Office**

Data Park Center  
218 East Ramsey  
San Antonio, TX 78216  
Attn: Subcontractor  
Qualifications

**Washington, D.C. Office**

6710 A Rockledge Drive  
Suite 430  
Bethesda, MD 20817  
Attn: Subcontractor  
Qualifications

Date of Response: \_\_\_\_\_

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

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

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

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

Is the above address the:                      Main Office                      Branch Office                      Regional Office

If branch/regional office,  
Name of Parent Company: \_\_\_\_\_

Address of Parent Company: \_\_\_\_\_

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

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

Individual Contacts

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

# subcontractor qualification statement

List of Trades: (Attach additional pages if needed)

CSI	Code Description of Scope of Work
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List the geographical locations in which your company currently works:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is Company a  Corporation/Partnership  Individual  Joint  Venture Other

Is Company a  MBE  WBE  DBE  HUB Certified By: \_\_\_\_\_

Please attach copies of all certifications.

Year Company was Started: \_\_\_\_\_ Years Under Current Name: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Under what other names has your organization operated?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the corporate officers, partners, proprietors, members, shareholders, etc. (Attach additional list if needed)

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

# subcontractor qualification statement

How many people are currently employed with your organization? \_\_\_\_\_

List the jurisdictions and trades categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable. (Attach additional list if needed)

State	License or Registration Numbers
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List the categories of work that your organization normally performs with its own forces: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your organization ever failed to complete any work awarded to it? If yes, please explain in detail. (Attach additional pages if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any judgement, claims, arbitration or suits pending or outstanding against your organization or any of its officers? If yes, please explain in detail. (Attach additional pages if needed.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years? If yes, please explain in detail. (Attach additional pages if needed.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# subcontractor qualification statement

Has your organization or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? If yes, please explain in detail. (Attach additional pages if needed)

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Have any of the owners, officers or major stockholders of your organization ever been indicted or convicted of a felony or other criminal conduct? If yes, please explain in detail. (Attach additional pages in needed)

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Has your organization ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? If yes, please explain in detail. (Attach additional pages if needed)

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Please list and explain any litigation brought against your company in the past five (5) years claiming that you failed to make payments. Please explain in detail. (Attach additional pages if needed)

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List all Unions which you have agreement with:

Local Number

Union Name

Agreement Expiration

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

# subcontractor qualification statement

What is the largest contract your organization has ever completed?

Amount: \$ \_\_\_\_\_ Year: \_\_\_\_\_ Project Name and Scope: \_\_\_\_\_

What is your expected volume this year? \$ \_\_\_\_\_ Number of Projects: \_\_\_\_\_

Check all building types in which the organization this qualifications package if for has worked:

- |                                                     |                                                                       |
|-----------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> High-rise Office Buildings | <input type="checkbox"/> Sports/Entertainment                         |
| <input type="checkbox"/> Mid-rise Office Buildings  | <input type="checkbox"/> Industrial Buildings                         |
| <input type="checkbox"/> Hotels/Hospitality         | <input type="checkbox"/> Laboratories / Research                      |
| <input type="checkbox"/> Hospital/Healthcare        | <input type="checkbox"/> Institutional (Government, Higher Education) |
| <input type="checkbox"/> Commercial Residential     | <input type="checkbox"/> Tiltwall                                     |
| <input type="checkbox"/> Corporate Interiors        | <input type="checkbox"/> Parking Structures                           |
| <input type="checkbox"/> Retail Facilities          | <input type="checkbox"/> Design Build/Design Assist                   |

Other (Please list): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State the average annual amount of construction work performed during the past five years:

Year	Dollar Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attach a list of major projects your organization has completed in the past five (5) years. Give the name of the project, location, general contractor, owner, architect, contract amount, date of completion, and percent completed using your own forces.

Attach a list of major projects in progress. Give the name of the project, location, general contractor, owner, architect, contract amount, percent complete and the scheduled completion date.

Attach a list of the construction experience and present commitments of the key individuals of your organization.

# subcontractor qualification statement

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## References:

Please provide a minimum of three supplier references:

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please provide a minimum of three contractor references:

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

# subcontractor qualification statement

Name of your Bank: \_\_\_\_\_

Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of your Bonding Company: \_\_\_\_\_

Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of your Agent: \_\_\_\_\_

Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Dunn and Bradstreet Number: \_\_\_\_\_

Bonding Capacity:

Per Project: \$ \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_

Current Backlog: \$ \_\_\_\_\_

Please provide sample copies of your organization's insurance certificates and complete the limits below: (Copies of the D.E. Harvey Builders' requirements are attached)

	Company Name	Per Occurrence	Aggregate
General Liability:	_____	_____	_____
Auto Liability:	_____	_____	_____
Excess Liability:	_____	_____	_____

Workers Compensation Statutory Texas Coverage?  Yes  No

# subcontractor qualification statement

Name of your Bank: \_\_\_\_\_

Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of your Bonding Company: \_\_\_\_\_

Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of your Agent: \_\_\_\_\_

Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Dunn and Bradstreet Number: \_\_\_\_\_

Bonding Capacity:

Per Project: \$ \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_

Current Backlog: \$ \_\_\_\_\_

Please provide sample copies of your organization's insurance certificates and complete the limits below: (Copies of the D.E. Harvey Builders' requirements are attached)

	Company Name	Per Occurrence	Aggregate
General Liability:	_____	_____	_____
Auto Liability:	_____	_____	_____
Excess Liability:	_____	_____	_____

Workers Compensation Statutory Texas Coverage?  Yes  No



# subcontractor qualification statement

Attach a current financial statement, preferably audited, including your organization's latest balance sheet and income statement showing the following items:

Current Assets (e.g., cash, joint venture accounts, accounts receivables, notes receivable, accrued income, deposits, material inventory, and prepaid expenses);

Net Fixed Assets and any Other Assets;

Current Liabilities (e.g., accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries, and accrued payroll taxes);

Other Liabilities (e.g., capital, capital stock, authorized and outstanding shares par values, earned surplus and retained earnings).

Name, address and phone of firm preparing the attached financial statement:

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

Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Is the attached financial statement for the identical organization named on page one? If no, please explain in detail the fiduciary responsibility of the organization whose financial statement is provided.

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

Will the organization whose financial statement is attached act as guarantor of the contracts for construction? \_\_\_\_\_

# subcontractor qualification statement

Does your organization have an OSHA compliant written safety program?  Yes  No  
 If yes, please provide a complete copy.

List your organization's Experience Modifier Rate (EMR) for the last five (5) years. Please verify with an attached letter from your insurance company.

Year	EMR

Does your field team hold job site meetings?  Yes  No

If so, how often? \_\_\_\_\_

Does your organization have a Drug and Alcohol Policy?  Yes  No  
 If yes, please attach a complete copy.

Please provide the following information from the OSHA 300 Logs for the past five (5) years. If available, please attach the logs.

	20____	20____	20____	20____	20____
Number of fatalities (Column G from 300)					
Number of medical treatment cases (Column J from 300)					
Number of restricted day cases (Column I from 300)					
Number of lost day cases (Column H from 300)					
Man hours worked					
Total Recordable Incident Rate (TRIR)					
OSHA Lost Workday Incident Rate					

Note: Items in Parenthesis come from your OSHA 300 Logs.  
 Total Recordable Incident Rate = (G + H + I + J) x 200,000 / Total Man Hours  
 Lost Workday Incident Rate = H x 200,000 / Total Man Hours  
 Total Man Hours = the total number of hours worked during the calendar year by all employees

How many OSHA violations has your company received in the last five (5) years?

	20____	20____	20____	20____	20____
Number of Violations					

# subcontractor qualification statement

Any willful OSHA violations? If yes, please explain in detail.  
Attach additional pages if needed.

Yes

No

Has your organization had any employee deaths within the last five (5) years?  
If yes, please give a brief description of the circumstances.

Yes

No

Do you have a qualified Safety Manager or other person that is responsible for the safety within your company?  
If yes, name:\_\_\_\_\_ Please attach qualifications.

Yes

No

Have you implemented 100% fall protection on all jobs?

Yes

No

If requested, can you provide a site-specific program addressing the fall hazards in your work?

Yes

No

Do you have a home office representative (not directly involved with the project) who will visit and audit the project for safety?

Yes

No

Frequency \_\_\_\_\_ Name \_\_\_\_\_

Does your organization set annual safety goals?

Yes

No

If yes, please list the training required. (Attach additional pages if needed)

Does your organization have a program recognizing employees for safety excellence?

Yes

No

Does your organization have a disciplinary system in place for safety violations?

Yes

No

Does your organization review safety management systems of your sub-subcontractors?

Yes

No

Does your company conduct accident/incident investigations?

Yes

No

Does your company have management accompany an injured employee to the clinic?

Yes

No

What clinic do you use for accidents? \_\_\_\_\_

Do you have a protocol system in place with those clinics?

Yes

No

# subcontractor qualification statement

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Name of Organization: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, being an officer  
(Name of Representative) (Title of Representative)

of \_\_\_\_\_ being duly sworn deposes and says that the information contained  
(Name of Organization)

herein is true and sufficiently complete so as not to be misleading.

Notary:

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

Notary Public Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Seal:

Corporate Seal, if applicable:

# subcontractor qualification statement

## "SAMPLE"

ACORD		CERTIFICATE OF INSURANCE			DATE (MM/DD/YY)	
PRODUCER  YOUR INSURANCE AGENT / ADDRESS		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
INSURED  VENDOR / SUBCONTRACTOR NAME & ADDRESS		<b>COMPANIES AFFORDING COVERAGE</b>				
		COMPANY A				
		COMPANY B				
		COMPANY C				
		COMPANY D				
<b>COVERAGES</b>						
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 REQUIREMENTS, 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.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONT PROT <input checked="" type="checkbox"/> GENERAL AGGREGATE TO APPLY <input checked="" type="checkbox"/> PER PROJECT				GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 1,000,000 PERSONAL & ADV INJURY EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) MED EXP (Any one person)	
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNER AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	
	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR / PARTNERS / EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS <b>X</b> EACH ACCIDENT \$ 500,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE \$ 500,000	
<b>OTHER</b> D.E. HARVEY BUILDERS AND _____ ARE NAMED AS <u>ADDITIONAL INSURED</u> ON ALL POLICIES, EXCEPT WORKERS' COMPENSATION. <u>WAIVER OF SUBROGATION</u> INCLUDED IN FAVOR OF D.E. HARVEY BUILDERS AND _____ ON ALL POLICIES. THIS INSURANCE IS PRIMARY TO ANY INSURANCE MAINTAINED BY THE OWNER OR D. E. HARVEY BUILDERS. <b>ATTACH COPIES OF ADDITIONAL INSURED ENDORSEMENTS - CG2010 &amp; CG2037 (OR EQUIVALENT) TO CERTIFICATE.</b>						
NAME OF PROJECT:  PROJECT NO.:						
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>		
D.E. HARVEY BUILDERS P.O. BOX 42008 HOUSTON, TEXAS 77242-2008				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.		