



**HARBOUR CONTRACTORS, INC.**

23830 WEST MAIN STREET PLAINFIELD, ILLINOIS 60544

PHONE: (815) 254-5500 FAX: (815) 254-5505

Subcontractor Contracting Services

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

**PREQUALIFICATION FORM**

**Prequalification Form will NOT be accepted unless it is completed in its entirety and signed**

Please indicate the State that you are submitting your qualifications for: \_\_\_\_\_

**Business Information:**

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

(and DBA)

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

(No PO Boxes)

\_\_\_\_\_

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

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

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

Estimating Email: \_\_\_\_\_

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

Design / Build Experience:  Yes  No

If Yes, Engineering Staff:  Internal  Subcontracted

Years in Business: \_\_\_\_\_ Status:  Union  Open Shop  Prevailing Wage

Tax Identification No.: (TIN) \_\_\_\_\_

List of all applicable State Contractor's License Numbers: \_\_\_\_\_

List all unions that you are signatory to: \_\_\_\_\_

Company Type:  Corporation  Joint Venture  DBA  Individual

Partnership  Sole Proprietor  LLC

**Work Performed / Region:**

List all unions CSI / Trade sections that your company is licensed to perform:

\_\_\_\_\_

Markets your company has experience in:

Aerospace  Casino  Educational  Entertainment  Healthcare  Hospitality  Industrial

Institutional  Residential  Railroad  Transportation  Tenant Improvement  Other:\_\_\_\_\_

**Business Certification:**

Does your business hold any of these certifications:  Yes  No  
(If yes, please complete the remainder of this section and attach documentation)

Minority Owned  Woman Owned  Small Business  Disadvantaged Business  HubZone

Veteran Owned  Helmets to Hard Hats  Other:\_\_\_\_\_

**Financial:**

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

Address: \_\_\_\_\_  
(No PO Boxes)

\_\_\_\_\_

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

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

Amount of Line of Credit: \_\_\_\_\_

Average Contract Size over the last five (5) years: \$ \_\_\_\_\_

Average annual Revenue over the last five (5) years: \$ \_\_\_\_\_

**Insurance:**

Please attach samples of your current Certificates of Insurance and Endorsements for review

**Bonding:**

Is your company bondable?  Yes  No

Bonding Capacity in aggregate: \$ \_\_\_\_\_

Bonding Capacity per project: \$ \_\_\_\_\_

Bonding Rate Percent: \_\_\_\_\_ %

Total value of current Bonded Work: \$ \_\_\_\_\_

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

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

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

Bonding Company A.M. Best Rating: \_\_\_\_\_

Bonding Company A.M. Best Rating: \_\_\_\_\_

**Past Performance:**

Has your company ever failed to complete any awarded work?  Yes  No

Are there any judgments, claims, arbitration proceedings and / or suits pending against your company or its officers?  Yes  No

Has your company filed any lawsuits, arbitration, mediation or Liens with regard to construction contracts within the last Seven (7) years?  Yes  No

**Safety:**

How many OSHA violations has this business incurred over the past (7) years? \_\_\_\_\_

What is this business' Worker's Comp EMR history for the past three (3) years and the current year?

Current Year \_\_\_\_\_ 1 Year Ago \_\_\_\_\_ 2 Years Ago \_\_\_\_\_ 3 Years Ago \_\_\_\_\_

What is this business' OSHA recordable incident rate for the past three (3) years and the current year?

Current Year \_\_\_\_\_ 1 Year Ago \_\_\_\_\_ 2 Years Ago \_\_\_\_\_ 3 Years Ago \_\_\_\_\_

How many fatalities has this business incurred over the past (7) years? \_\_\_\_\_

Does this business have a written safety policy?  Yes  No  
(Please provide a copy)

Does this business comply with the Drug Free Work Act?  Yes  No

