



SUBCONSULTANT PRE-QUALIFICATION QUESTIONNAIRE

Potential subconsultants must complete this form and submit it to HAKS Marketing Department for review and approval. Any potential subconsultants must be pre-qualified prior to executing a subcontract agreement with HAKS. The information provided on this form will be reviewed as part of the selection criteria. Please provide the requested information as completely as possible to facilitate review and evaluation of your qualifications.

SECTION 1: COMPANY INFORMATION

Name of Firm / Company:		
Address of Subconsultant:		
FEIN:	DUNS:	Year of Formation:
Indicate type or organization:		Contact Name:
<input type="checkbox"/> Corporation <input type="checkbox"/> PC <input type="checkbox"/> DPC <input type="checkbox"/> S-Corp	<input type="checkbox"/> Sole Proprietorship	Work Number:
<input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP	<input type="checkbox"/> Joint Venture	Cell Number:
<input type="checkbox"/> Other _____		Email:
Is this business affiliated or a subsidiary of any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Parent Company: <i>Provide list of other affiliates and/or subsidiaries.</i>		
Is Sub qualified as a Minority Contractor? <i>If so, please indicate:</i> <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> EBE <input type="checkbox"/> VBE <input type="checkbox"/> SBE <input type="checkbox"/> N/A		
Certified by which Agency (<i>Attach certificates for verification</i>): _____		
Number of Employees in your Organization: Domestic: _____ International: _____		

SECTION 2: ADDITIONAL INFORMATION

Please attach the following:

- Financial Statements for the past 2 years
- Standard Form 330 (formerly Standard Form 254 / 255)
- Current Certificate of Insurance; *Some carriers require policy review. Third Party Action Over Exclusions not acceptable.*
- Certified EMR letter from broker for the past 3 years
- OSHA Violations for the last 5 years (*Attach details*)

General Liability & Professional Liability Loss history for the past 3 years (*may be required upon request*)

CERTIFICATION

The undersigned warrants and represents the data provided in this document is accurate in all respects and I am authorized to sign on behalf of the firm.

Completed By:	
Signature:	
Title:	Date:

HAKS will not discriminate on the grounds of race, religion, color, sex, national origin, age, disability or any other classification protected under the law in the selection and retention of Subconsultants/Vendors, including but not limited to procurements of materials and leases of equipment. HAKS will comply fully with all requirements relating to the participation of small, disadvantaged, minority, and/or women-owned businesses and expects that its subconsultants and vendors will do so as well. HAKS will not participate either directly or indirectly in any discrimination prohibited by applicable law.