



CONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE

Contractors seeking to provide subcontractor related services to HAKS must complete this form and submit it to HAKS Marketing Department (marketing@haks.net) for review and approval. Any potential subcontractors must be pre-qualified prior to executing a subcontract 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 Company:		Trade(s):	
Address:	Street:	City:	State: Zip Code:
FEIN:	DUNS:	Year of Formation:	
Indicate type or organization: <input type="checkbox"/> Corporation <input type="checkbox"/> PC <input type="checkbox"/> DPC <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Joint Venture	Specialty Services:	Contact Name:	
		Work Number:	
		Cell Number:	
		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 any other affiliates and/or subsidiaries.</i>			
Indicate if qualified as a Minority Contractor: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> VBE <input type="checkbox"/> OTHER (attach) <input type="checkbox"/> N/A <i>Attach current certifications per agency/city/state, etc.</i>			
Number of Employees in your Organization:		Domestic: _____	International: _____

SECTION 2: PROJECT REFERENCES

List two (2) largest projects your organization has **completed** in the last five (5) years for the scope of work that you are prequalifying for.

Project Name:		
Location:		
Owner:		
Services Provided:		
Total Contract Value:		
Prime Consultant:		
Prime Contractor:		
Your Fee:		
Subcontractor Fee:		
Percentage Completed (your scope):		
Completion Date:		

SECTION 3:	FINANCIAL INFORMATION
-------------------	------------------------------

Please attach the following:

- Financial Statements for the past 2 years
- Banking reference(s) including:
 - Relationship manager contact info
 - Average daily balance
 - Length of relationship
 - Total credit line, used and available

Has your company or any of its principals declared bankruptcy in the last five (5) years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO If yes, whom:
---	------------------------------	---

Have you ever failed to pay workers or supplier promptly in the last five (5) years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

Has your firm been subject to Davis Beacon or Prevailing Wage claims?	<input type="checkbox"/> YES	<input type="checkbox"/> NO If yes, provide details
---	------------------------------	---

SECTION 4:	BONDING INFORMATION
-------------------	----------------------------

Indicate bonding capacity for a single project (single/aggregate limits).

Name and Address of Bonding Surety:

Name of Bonding Agent and Address:

Has a Surety company ever have to step in and complete one of your projects?	<input type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain
--	------------------------------	--

SECTION 5:	INSURANCE
-------------------	------------------

Please attach the following:

- Current Certificate of Insurance listing General, Automobile, Umbrella, Contractor's Pollution Liability and any other available insurance; *Some carriers require policy review. Third Party Action Over Exclusions not acceptable .*
- General Liability and Umbrella Liability Loss History for the past five (5) years.
- If providing Environmental services, Contractor's Pollution Liability History for the past five (5) years.

Does your organization have Workers Compensation coverage in all states?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

If no, provide list of states with coverage.

Provide EMR information:

- Certified EMR letter from broker for the past three (3) years
- If your WC carrier has not issued your company an EMR because you have not accrued enough WC costs, **provide a copy of your WC Loss Run** from your WC carrier.
- If your current EMR is greater than 1.2 **provide a written explanation** of any safety methods implemented by your company to reduce this rate.

Additional Coverage:

Does your organization have U.S. Longshore & Harborworkers' Endorsement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

Does your organization have Valuable Papers coverage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO If so, policy limits?
---	------------------------------	---

Does your organization have Disability coverage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO If yes, carrier name:
--	------------------------------	---

Does your organization have Marine General Liability coverage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO If so, policy limits?
--	------------------------------	---

SECTION 6: CLAIMS AND LAWSUITS / NON-PERFORMANCE OF CONTRACT

Please provide a list of all pending claims, arbitrations, proceedings, or suits and judgments entered for the last five (5) years.

Has your organization filed any lawsuits or requested arbitration with regard to your Contracts or Clients within the last five (5) years? *If es, provide details.* YES NO

Has your organization ever been disbarred or removed from any Government Work? *If yes, provide details.* YES NO

Have you or any of your organization's principals or employees been convicted, felon or plea bargained including but not limited to bribery, kickbacks or collusive bidding? *If yes, provide details.* YES NO

Has your firm ever been cited by the Department of Labor for labor law violations? *If yes, provide details.* YES NO

SECTION 7: SAFETY

Provide your OSHA 300 & 300A logs for the last three (3) years.

YEAR	Current Yr	Previous Yr	2 Yrs Prior
OSHA Recordable Incident Rate			
OSHA DART Rate			

Has your company received an OSHA citation(s) within the last five (5) years? YES NO

If yes, please provide copies of the citation(s) and any resolutions/corrective actions/settlements. YES NO

List activities your company will be performing on HAKS projects and the anticipated hazardous work operations (*for example: excavation work, fall protection, ladders, scaffolding, confined space work, heavy equipment,e tc .*)

Activities:

Hazardous Operations:

Will you subcontract work to other subcontracts? *If yes, please detail what portion of work.* YES NO

Do you prequalify your subcontractors? YES NO *If yes, describe method used to qualify your subcontractors.*

Does your company have a written environmental, health and safety (EHS) program? YES NO *If yes, provide a copy .*

Does your company conduct field safety inspections to determine compliance with applicable regulations and procedures? YES NO *If yes, provide a sample copy of inspection form .*

Who conducts these inspections? (Position / Title)

How often are these safety inspections conducted?

Does your company have the following on your staff or on retainer?

	Yes	No	How Many	Staff	Retainer	Provide Certification Number(s)
Occupational Physician						
Certified Industrial Hygienist						
Certified Safety Professional						
Certified Health Physicist						

Does your company have an EHS orientation program for new Hires? YES NO

Do your field employees have the following trainings?

	Yes	No	N/A		Yes	No	N/A
Confined Space Entry				Fall Protection			
Construction (OSHA 10 Hours)				Ladder/Scaffolding			
Construction (OSHA 30 Hours)				Personal Protective Equipment			

Who conducts training for your company? (Name / Title)

Does your company have a system in place that tracks effective dates of applicable safety trainings for your staff? YES NO

Does your company have a program in place to discipline workers that conduct unsafe work practices? YES NO

If yes, provide as attachment .

Does your company have a written Accident Investigation Program? YES NO *If yes, provide as attachment.*

Does it include corrective action plan analysis? YES NO

Does your company maintain a program in compliance with applicable state "Right to Know" laws a/k/a the OSHA Hazard Communication Standard? YES NO

Does your company implement a medical monitoring program for employees that work on hazardous waste sites or with hazardous chemicals (for example: lead, asbestos, benzene, arsenic, formaldehyde, etc.)? YES NO *If yes, provide as attachment .*

Does your company hold "tailgate / toolbox" safety meetings? YES NO

If yes, how often?

Does your company have a written Alcohol and Substance Abuse Program? YES NO

SECTION 8: ENVIRONMENTAL REMEDIATION PRACTICES (IF APPLICABLE)

Does your company have an Environmental Management System program? YES NO *If yes, provide a copy .*

Has your company received an EPA / State Violation in the last five (5) years? YES NO

If yes, provide the following information:

- Number and type of violation(s)
- Penalties
- Corrective Actions

Has your company reported any spills in the last three (3) years? YES NO *If yes, provide information.*

If your company will be **transporting** hazardous materials or waste, provide the following:

Transportation Method Air Highway Rail Vessel

Transportation ID No(s):

Motor Carrier No(s): USDOT State

Motor Carrier Safety Rating: USDOT State

EPA/State ID No(s):

If your company will be disposing of hazardous waste, please provide the following:

Facility Name and Address:

Services (for example: hazardous waste, asbestos, PCBs, recycling, etc.):

Attach proof (for example: copy of front page) of all Federal, State and Local permits or licenses.

Is the facility approved under the CERCLA Off-Site Rule? YES NO

SECTION 3: 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. Applicant further acknowledges receipt and review of the HAKS Code of Business Ethics and Standards of Conduct (Code) and agrees all officers and personnel who have communicated or may communicate with HAKS employees during the course of doing business with HAKS will adhere to the Code .

Signature:

Completed by (Print):

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.