



DATE: _____

SUBCONTRACTOR RESUME

COMPANY NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP: _____
NAME(S) OF PRICIPAL(S): _____
PHONE: _____ FAX: _____ EMAIL: _____
ESTIMATOR(S) NAME(S): _____

IN BUSINESS SINCE: _____ Circle One UNION / NON-UNION
ANNUAL VOLUME: _____ BONDING CAPACITY: _____
NUMBER OF OSHA CITATIONS RECEIVED IN PAST FIVE YEARS: _____
INSURANCE EXPERIENCE MODIFICATION RATE (EMR): _____
FEDERAL IDENTIFICATION NO: _____
CONTRACTORS LICENSE NUMBER: _____
NO. OF EMPLOYEES: OFFICE _____ FIELD _____

GENERAL/ AUTO LIABILITY INSURANCE - PLEASE ATTACH CERTIFICATE OF PROOF

****NOTE THAT HARVEY INC REQUIRES MINIMUM COVERAGE OF ONE MILLION DOLLARS FOR GENERAL AND AUTO LIABILITY INSURANCE.****

SCOPE OF WORK: _____
DOLLAR RANGE OF CONTRACTS: _____
MINIMUM: _____ MAXIMUM: _____
GEOGRAPHICAL AREAS COVERED:

_____ SAN DIEGO CO ONLY	_____ ARIZONA	_____ TEXAS
_____ SOUTHERN CALIFORNIA	_____ NEVADA	_____ UTAH
_____ CENTRAL CALIFORNIA	_____ NEW MEXICO	_____ IDAHO
_____ NORTHERN CALIFORNIA	_____ COLORADO	_____ OREGON
_____ WASHINGTON		



DO YOU HAVE MINORITY STATUS? IF SO _____ MBE
 _____ WBE
 _____ DVBE
 CERTIFYING AGENCY _____

HAS YOUR COMPANY EVER PERFORMED WORK UNDER A DIFFERENT COMPANY NAME?
 IF YES, PLEASE LIST THE COMPANY NAME(S): _____

HAS YOUR COMPANY WORKED PREVIOUSLY ON HARVEY INC PROJECTS?
 IF YES, PLEASE LIST EACH PROJECT NAME: _____

SUBCONTRACTORS REFERENCES

PLEASE LIST A MINIMUM OF FOUR REFERENCES WITH CONTACT NAME AND ADDRESS, GENERAL CONTRACTOR NAME, PHONE AND PROJECT NAME.

CONTACT: _____ PHONE: _____ PROJECT : _____

CONTACT: _____ PHONE: _____ PROJECT : _____

CONTACT: _____ PHONE: _____ PROJECT : _____

CONTACT: _____ PHONE: _____ PROJECT : _____

PLEASE LIST A MINIMUM OF FOUR MAJOR SUPPLIERS WITH CONTACT NAME AND FAX.

CONTACT: _____ PHONE: _____ FAX: _____

CONTACT: _____ PHONE: _____ FAX: _____

CONTACT: _____ PHONE: _____ FAX: _____

CONTACT: _____ PHONE: _____ FAX: _____

BANK REFERENCE - PLEASE COMPLETE, SIGN AND RETURN THE ATTACHED VERIFICATION FORM

PLEASE SUBMIT THE COMPLETED SUBCONTRACTOR RESUME TO:

HARVEY INC.

8973 COMPLEX DRIVE SAN DIEGO, CA 92123

O:858.769.4000 F: 858.569.6590



SUBCONTRACTOR BANK VERIFICATION

COMPANY NAME: _____
ADDRESS: _____
CONTACT: _____

YOU HAVE BEEN LISTED AS A BANK REFERENCE FOR THE ABOVE LISTED FIRM. PLEASE
VERIFY INFORMATION AT YOUR EARLIEST CONEINIENCE. YOUR TIME SPENT IS MUCH
APPRECIATED. THANK YOU.

BANK NAME: _____
PHONE _____ FAX _____
CONTACT: _____
ACCOUNT NUMBER: _____
DATE OPENED: _____ AVERAGE BALANCE: _____

AUTHORIZATION SIGNATURE: _____ DATE: _____
VERIFICATION SIGNATURE: _____ DATE: _____

PLEASE RETURN THE COMPLETED REFERENCE SHEET VIA FAX TO: 858.569.6590



(SIGNATURE)

SUBCONTRACTOR ACKNOWLEDGES THAT IT CAN AND WILL COMPLY WITH THE BELOW INSURANCE REQUIREMENTS

We are looking forward to working with you. Prior to commencing any construction or delivery of materials, equipment or manpower, we must have an insurance certificate as outlined below:

** If you currently do not retain employees, please state so on your letterhead. Indicate that you will notify Harvey, Inc. immediately should this situation change.

1.0 - Subcontractors Insurance

Subcontractor shall purchase and maintain insurance of the type specified below. When requested by Contractor, Subcontractor shall furnish copies of policies for each coverage required.

1.1 - Best's Rating

All coverages required below will be placed with insurance companies licensed to do business in the State of California with a minimum A.M. Best rating of A- VIII. A specific exception to this requirement will be the State Compensation Insurance Fund of California.

1.2 - Evidence of Insurance

Prior to commencing the work, Subcontractor shall furnish Contractor with a certificate(s) of insurance, executed by a duly authorized representative of each insurer, showing compliance with the insurance requirements set forth below.

1.3 - Cancellation of Insurance

All certificates shall provide for 30 days written notice to Contractor prior to the cancellation or non-renewal of any insurance referred to herein. 10 days notice of cancellation will be provided for non-payment of premium.

1.4 - Amendment of Certificate of Insurance

The words "endeavor to" and "but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives" shall be deleted from the certificate form's cancellation provision.

1.5 - Failure to Maintain Insurance

Failure to maintain the required insurance may result in termination of this contract at Contractor's option.

1.6 - Failure to Require a Certificate of Insurance

Failure of Contractor to demand such certificate or other evidence of full compliance with these insurance requirements or failure of Contractor to identify a deficiency from evidence that is provided shall not be construed as a waiver of Subcontractor's obligation to maintain such insurance.

2.0 - Commercial General Liability (CGL) Insurance

Subcontractor shall maintain Commercial General Liability (CGL) insurance with a limit of not less than \$1 million each occurrence. If such CGL insurance contains a general aggregate limit, it shall apply separately to this project as evidenced by ISO Endorsement CG 25 03 or equivalent.

CGL insurance shall be written on the current version of the ISO occurrence form CG 00 01 (or a substitute form providing equivalent coverage) and shall cover liability arising from premises operations, independent contractors, products/completed operations, personal injury and advertising injury, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).

2.2 - Additional Insured

Contractor (and Owner if required) shall be included as an 'additional' insured under the CGL, using current versions of ISO additional insured endorsements CG 20 10 and CG 20 37 (completed operations) or their equivalents. This coverage shall be maintained in effect for the benefit of Contractor and Owner for a period of __ years following the completion of the work specified in Section __ of this contract. Additional insured coverage as required in the subparagraph shall apply as primary insurance with respect to any other insurance or self-insurance programs afforded to Contractor or Owner.

2.3 - Continuing Completed Operations Liability Insurance

Subcontractor shall maintain Commercial General Liability (CGL) insurance with a limit of not less than \$1 million each occurrence for at least __ years following substantial completion of the work.

3.0 - Business Automobile Liability Insurance

Subcontractor shall maintain Business Automobile Liability insurance with a limit of not less than \$1 million each accident.

Such insurance shall cover liability arising out of any auto (including owned, hired, and non-owned autos), and shall be written on the current version of ISO form CA 00 01, or a substitute form providing equivalent liability coverage. If necessary, the policy shall be endorsed to provide contractual liability coverage equivalent to that provided in the 1990 and later editions of CA 00 01.

4.0 - Workers Compensation and Employers Liability Insurance

Subcontractor shall maintain Workers Compensation and Employers Liability insurance as required by statute. Employers Liability limits shall not be less than \$1 million each accident for bodily injury by accident or \$1 million each employee for bodily injury by disease.

5.0 - Waiver of Subrogation

Contractor waives all rights against Owner and its agents, officers, directors and employees for recovery of damages to the extent these damages are covered by the Commercial General Liability, Business Automobile, or Workers Compensation insurance required by Subcontractor pursuant to this Agreement.

6.0 - Professional Liability Insurance

If the Subcontractor is a licensed architect, engineer or designer, provides architectural, engineering or design, or retains same, a certificate of insurance shall be supplied showing professional liability coverage in an amount of not less than \$1 million per claim and aggregate, including limited contractual liability coverage. Insurance will be maintained in force, assuming it is available at a rate similar to what the Subcontractor is now paying, for a period of three (3) years after substantial completion of this project.

The retroactive date of the professional liability policy will predate the beginning of any services provided under the contract, and the retroactive date will not be advanced during the period of time that the Subcontractor (architect, engineer or designer) is required to carry the coverage.