



COMPANY NAME:

POINT OF CONTACT: _____

EMAIL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____

PHONE: _____ ZIP CODE: _____

COMPANY WEBSITE: _____

SUBMIT YOUR FORM



UPLOAD A PHOTO OR EMAIL DIRECTLY TO:
ESTIMATING@HALHAYS.COM

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

APPLICATION SIGNATURE: _____

DATE: _____



BUSINESS PROFILE

YEAR FOUNDED: _____

ANNUAL REVENUE: (LAST THREE YEARS)

NO. EMPLOYEES: _____

YEAR 1

YEAR 2

YEAR 3

UNION AFFILIATION: _____

SERVICES:

CONTRACTOR LICENSES:

SERVICE AREAS:

NOTE: If the information submitted is incomplete, Hal Hays Construction, Inc. may not be able to process your prequalification form. The acceptance of a prequalification form is not a guarantee of work.



CERTIFICATIONS

DISADVANTAGED BUSINESS STATUS:

- | | |
|--|---|
| <input type="checkbox"/> SERVICE-DISABLED VETERAN OWNED BUSINESS | <input type="checkbox"/> NATIVE AMERICAN OWNED BUSINESS |
| <input type="checkbox"/> DISABLED VETERANS BUSINESS ENTERPRISE | <input type="checkbox"/> LGBTQ+ OWNED BUSINESS |
| <input type="checkbox"/> BLACK OWNED BUSINESS | <input type="checkbox"/> WOMEN OWNED BUSINESS |
| <input type="checkbox"/> HISPANIC OWNED BUSINESS | <input type="checkbox"/> OTHER: _____ |

ADDITIONAL CERTIFICATIONS

<input type="checkbox"/> ISO 9001 - # _____	<input type="checkbox"/> ISN - # _____	GRADE: _____
<input type="checkbox"/> LEED CERTIFIED - # _____	<input type="checkbox"/> Sempra Energy - SDG&E -	<input type="checkbox"/> Sempra Energy - So. Cal Gas -
<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> So. Cal Edison	<input type="checkbox"/> _____



FINANCIAL & SAFETY

INSURANCE INFORMATION:

COMPANY: _____

LIMITS: _____

DIR #: _____

DUNS #: _____

OSHA
RECORDABLE INCIDENTS RATE:

EMR RATE:

YEAR 1	YEAR 2	YEAR 3
_____	_____	_____
_____	_____	_____

(LAST THREE YEARS)

BONDABLE: YES NO

YES

SINGLE AGGREGATE

IN THE LAST FIVE YEARS, HAS YOUR COMPANY RECEIVED A NOTICE OF VIOLATION FOR:

- EPA ENVIRONMENTAL VIOLATION
- OSHA VIOLATION

ATTACH YOUR COMPANY HSE MANUAL OR IIPP TO THE END OF THIS DOCUMENT

INITIAL: _____



CLIENT AND PROJECT EXPERIENCE

HIGHLIGHTED CLIENTS SERVED - PAST FIVE (5) YEARS - ATTACH ADDITIONAL DOCUMENT IF DESIRED

CLIENT NAME	PROJECT NAME
● _____	● _____
● _____	● _____
● _____	● _____
● _____	● _____
● _____	● _____

REFERENCES - PLEASE PROVIDE THREE (3) MINIMUM - ATTACH ADDITIONAL DOCUMENT IF DESIRED

COMPANY _____	CONTACT _____
EMAIL _____	PHONE _____
COMPANY _____	CONTACT _____
EMAIL _____	PHONE _____
COMPANY _____	CONTACT _____
EMAIL _____	PHONE _____

INITIAL: _____

PLEASE ATTACH ANY ADDITIONAL DOCUMENTS AT THE END OF THIS FORM