

SUBCONTRACTOR AND/OR SUPPLIER QUALIFICATIONS

Please fill out the questionnaire below on general credit/company information. We need this information with each new project we start. Only complete those items applicable to your company and return this form to our office so that we may have a complete project file. Your cooperation is appreciated.

| | | | | | | | |
|---|------------------------------|--|------------------------|------------------------------|--|-----------------------------|--|
| Subcontractor or Supplier Legal Name: | | | | | | | |
| certifies to the following: | | | | | | | |
| Business Address: | | | | | | | |
| City | | State | | Zip: | | | |
| Mailing Address: | | | | | | | |
| City | | State | | Zip: | | | |
| Phone | | Fax | | Email: | | | |
| After Hours Phone: | | Person to Contact | | | | | |
| After Hours Phone: | | Second Person to Contact | | | | | |
| Company Contacts: | | | | | | | |
| | | Estimator | | | | Project Manager | |
| | | | | | | | |
| | | | | | | | |
| Bank & Branch: | | | | | | | |
| Address: | | City | | State | | Zip | |
| Contact: | | Phone | | Fax | | | |
| Bonding Agent | | | | | | | |
| Address: | | City | | State | | Zip | |
| Contact: | | Phone | | Fax | | | |
| Your business is classified as (please check the appropriate box): | | | | | | | |
| <input type="checkbox"/> A Single Proprietorship | | <input type="checkbox"/> A Corporation Organized in the State of | | | | | |
| <input type="checkbox"/> A Partnership | | <input type="checkbox"/> Other Organization (describe) | | | | | |
| Please list the name(s), title of owner(s), partners, or officers of the company: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Is your company a certified minority or woman-owned enterprises? | | | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| <input type="checkbox"/> MBE | <input type="checkbox"/> WBE | <input type="checkbox"/> DBE | Registration No. _____ | | | | |
| Annual Volume: | | | | In Business Since: | | | |

Do you perform work with your own forces? Yes No

Are you signatory to a union? Yes No If yes, which union?

Carpenters Yes No

Operators Yes No

Finishers Yes No

Laborers Yes No

Other: _____

List CSI classification(s) that you intend to bid on:

| |
|--|
| |
| |
| |
| |

It is required that you attach a copy of your State and/or applicable City Business Licenses to this form.

| | | | |
|--|--|--------------------------------|--|
| Washington State Contractors License No. | | Expiration Date: | |
| Oregon State Contractors License No. | | Expiration Date: | |
| California State Contractors License No. | | Expiration Date: | |
| Montana State Contractors License No. | | Expiration Date: | |
| Idaho State Contractors License No. | | Expiration Date: | |
| Arizona State Contractors License No. | | Expiration Date: | |
| City of _____ License No. | | Expiration Date: | |
| Federal Tax Identification No. | | or Owner's Social Security No. | |
| UBI No. (Unified Business Identifier) | | Labor & Industries No. | |

Safety Statistics - Number of lost time accidents for the last three year Industrial Insurance Rate From F225-004-000 Workers Compensation Experience Factor Rate)

EMR Rating 2007: _____ EMR Rating 2006: _____ EMR Rating 2005: _____

Use your OSHA No. 300 log to fill in the following number of injuries and illnesses for the three most current years:

| | | | |
|---|------|------|------|
| | 20__ | 20__ | 20__ |
| Total Number of Workers' Comp. Claims | | | |
| Number of Lost Time Workers' Comp. Claims | | | |
| Total Number of Fatalities | | | |

Employee worker-hour worked last year: _____

Do you have a written Safety Program? Yes No

Identify your company safety office and phone number: _____

General Liability Insurance Carrier - please provide a certificate of insurance providing prior proof of General Liability Coverage listing General Aggregate at \$2,000,000).

| | | | | | | | |
|-----------------|--|-------|--|-------|--|-----|--|
| Carrier: | | | | | | | |
| Address: | | City | | State | | Zip | |
| Contact: | | Phone | | Fax | | | |

Project classifications you are interested in bidding:

| | | |
|--|---|--|
| <input type="checkbox"/> Senior Living Communities (ALF, SNF, etc) | <input type="checkbox"/> Medical Office Buildings | <input type="checkbox"/> Warehouse / Distribution |
| <input type="checkbox"/> Office Buildings | <input type="checkbox"/> Manufacturing / Industrial | <input type="checkbox"/> Historic / Renovations |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Banks | <input type="checkbox"/> Midrise Buildings |
| <input type="checkbox"/> Team Build | <input type="checkbox"/> Private Schools | <input type="checkbox"/> Tenant Improvements |
| <input type="checkbox"/> Mixed Use | <input type="checkbox"/> Hotels | <input type="checkbox"/> Churches / Synagogues / Temples |
| <input type="checkbox"/> Golf Course Clubhouses | <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Not For Profit |
| <input type="checkbox"/> Prevailing Wage | <input type="checkbox"/> H.U.D. | <input type="checkbox"/> City / State / Federal |
| <input type="checkbox"/> General Services Administration (GSA) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other | | |

Geographic area of operations: _____

Preferred project size _____

List the three projects which best represent your qualifications:

Project Name/Location: _____

Contact Amount: _____

Contractor Contact: _____ Phone: _____

Project Name/Location: _____

Contact Amount: _____

Contractor Contact: _____ Phone: _____

Project Name/Location: _____

Contact Amount: _____

Contractor Contact: _____ Phone: _____

List of suppliers / subcontractors with whom you have worked (phone numbers and contact names required):

| | | | |
|----|--|----------|--------|
| 1. | | Contact: | Phone: |
| 2. | | Contact: | Phone: |
| 3. | | Contact: | Phone: |
| 4. | | Contact: | Phone: |
| 5. | | Contact: | Phone: |
| 6. | | Contact: | Phone: |

Customer references (addresses, phone numbers and contact name require):

| | | | | | | |
|---------------------|--|-------|--|-------|--|-----|
| Reference #1 | | | | | | |
| Address: | | City | | State | | Zip |
| Contact: | | Phone | | Fax | | |

| | | | | | | |
|---------------------|--|-------|--|-------|--|-----|
| Reference #2 | | | | | | |
| Address: | | City | | State | | Zip |
| Contact: | | Phone | | Fax | | |

| | | | | | | | |
|---------------------|--|-------|--|-------|--|-----|--|
| Reference #3 | | | | | | | |
| Address: | | City | | State | | Zip | |
| Contact: | | Phone | | Fax | | | |

Have you had any disputes within the last three years with a client/owner/contactor in which either arbitration or litigation was initiated?

Yes No If yes, please explain:

Have you had any Labor & Industries claims within the last three years?

Yes No If yes, please explain:

I hereby certify that, to the best of my knowledge, the information stated on this form is accurate.

| | |
|--------------------|-------------|
| Signature _____ | Title _____ |
| Printed Name _____ | Date _____ |