

SUBCONTRACTOR/SUPPLIER INFORMATION FORM



36000 SE Industrial Way
Sandy, OR 97055

Office (503) 668-3516
Fax (503) 668-3518

Instructions

Please complete entire form and fax to (503)-668-3518, or E-mail to Sasha@konell.net

General Information

Company Name: _____

Mailing Address: _____

Telephone: _____

Fax: _____

Contact: _____

Contact E-mail: _____

Type of Business

Corporation Partnership LLC Sole Proprietor Other: _____

CCB Number: _____

Federal Tax I.D. Number: _____

Year Business Established: _____

Scope of Work: _____

OMWESB Certification

MBE ESB DBE WBE

SBA Small Business Concerns

Yes No

Bank Reference

Name: _____

Contact: _____

Telephone: _____

Bonding Agent

Name: _____

Contact: _____

Telephone: _____

Bonding Limit: _____

Insurance

General liability Carrier: _____

Policy Issued: _____ / _____ / _____

Insurance Broker/Agent: _____

Telephone: _____

Experience Modification Rate

Current Rate: _____ 1 Year Prior: _____ 2 years Prior: _____

Does your company maintain and enforce an active drug screening policy? Yes No

In the past 5 years has your company been issued any OSHA/WISHA violations? Yes No

- If yes please explain below:

The undersigned declares that all information provided is true and correct.

Name: _____

Signature: _____

Date: _____

Title: _____

*This form must be completed and returned to Konell annually .