

SUBCONTRACTOR INFORMATION FORM



36000 SE Industrial Sandy, Oregon 97055

Office: (503)668-3516

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Instructions:

Please complete the entire form and return via fax or email to tara@konell.net

General Information:

Company Name: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Type of Business:

Corporation Partnership LLC Sole Proprietor _____

CCB Number: _____ Federal Tax ID Number: _____

Year Established: _____

Scop 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 Expiration: ____ / ____ / ____

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: _____

The undersigned declares that all information provided is true and accurate to the best of their knowledge.

Name: _____

Printed

Signature: _____

Date: _____

Title: _____