

Largest Project Completed to Date \$ _____ For _____
Contact Name _____
Phone # _____

Contractors License Number _____ State _____
_____ State _____
_____ State _____

(Attach list if more room is needed)

Does your Company have a State of Oregon Public Works Bond? yes no

Dunn & Bradstreet # _____

MINORITY BUSINESS CERTIFICATION

State MBE WBE SBE DBE DVBE
Federal MBE WBE SBE DBE DVBE

LABOR

Is your company signatory to any union labor agreements? yes no
If yes, please list _____

BONDING CAPACITY

Is your company able to provide payment and performance bonds? yes no
If yes, answer the following questions: Single Project Limit \$ _____
Aggregate Limit \$ _____ Bonding Rate _____
Bonding Company/Address _____
Agent Name/Phone _____

Has your Company ever initiated a contract claim or litigated against an owner, designer, or general contractor? yes no (if yes, please provide brief explanation) _____

Has your firm failed to complete a contract, or had one terminated within the past 5 years? yes no (If yes, please explain) _____

Are there any pending legal judgements against your Company? yes no (if yes please explain) _____

SCOPE OF WORK

Public Works Projects yes no

Private Projects yes no

Type of Trade(s) your Company performs / supplies _____

Size of project your Company is capable of performing (range) \$ _____ to \$ _____

Areas you would be willing to work in:

- Willamette Valley (McMinnville to Eugene) Central Oregon (Bend, Redmond)
- Southern Oregon (Roseburg to Ashland & Klamath Falls) Eastern Oregon
- Columbia Gorge (Hood River, The Dalles) Southeastern Washington

What percentage of your Company's work is generally subcontracted _____%

Has your Company participated in a LEEDS Certified Project? yes no

SAFETY

Experience Modification Rate (EMR) for the most recent 3 years
(year/rate) _____/_____
_____/_____
_____/_____

Has your Company been cited for any serious (as defined by OSHA) OSHA violations within the past 3 years? yes no (if yes, please provide dates, locations, and describe incidents)

Who is the "point of contact" for safety issues within your firm? Name: _____
Phone: _____ Title: _____

Does your Company have a written safety program? yes no

Does your Company have a drug testing program? yes no

PERFORMANCE AND REFERENCES

Current Projects- List your Company's three largest current projects

Name of Project _____ General Contractor _____
Contact Name _____ Phone # _____
Contract Value \$ _____ % Complete _____%

Name of Project _____ General Contractor _____
Contact Name _____ Phone # _____
Contract Value \$ _____ % Complete _____%

Name of Project _____ General Contractor _____
Contact Name _____ Phone # _____
Contract Value \$ _____ % Complete _____%

Completed Projects- List three projects completed within the last 2 years

Name of Project _____ General Contractor _____
Contact Name _____ Phone # _____
Contract Value \$ _____ Completion Date _____

Name of Project _____ General Contractor _____
Contact Name _____ Phone # _____
Contract Value \$ _____ Completion Date _____

Name of Project _____ General Contractor _____
Contact Name _____ Phone # _____
Contract Value \$ _____ Completion Date _____

Trade References- List three of your Company's subcontractors or suppliers

	<u>Company Name</u>	<u>Contact Person</u>	<u>Phone #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____